



APR 22 2014

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for Operations
Mine Safety and Health Administration

THROUGH:

MARVIN LICHTENFELS [REDACTED]
Acting Administrator for [REDACTED]
Metal and Nonmetal Mine Safety and Health Administration

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Director, Office of Assessments, Accountability, Special
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FROM:

ALFRED L. CLAYBORNE [REDACTED]
Deputy Director, Office of Accountability and Special
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SUBJECT:

MSHA Office of Accountability Audit, MNM North Central District,
Indianapolis, Indiana Field Office and [REDACTED]
[REDACTED]

Introduction

This memorandum summarizes the Office of Accountability's audit of the subject district office, field office, and mine. The audit included MSHA field activities; level of enforcement; conditions and practices at the mine; Field Activity Reviews (FARs); Office Reviews (ORs); and MSHA supervisory and managerial oversight. The audit included evaluations to determine if there were any deficiencies in areas commonly identified during Agency internal reviews of MSHA's actions following past mine disasters.

Positive findings are included in this audit report.

Overview

This audit was conducted by Accountability Specialists Jerry Kissell and Mark Odum from [REDACTED] through [REDACTED]. [REDACTED] accompanied the accountability specialists during this audit.

The audit team arrived at the Indianapolis Field Office and the satellite field office located in Vincennes, Indiana on [REDACTED]. A conference call was conducted by [REDACTED] to make the introduction of the audit team to all staff in both locations. Auditors observed postings, mine files and office work areas at this time.

The audit team traveled with the inspection party to the [REDACTED] on a regular (E-01) inspection on [REDACTED]. Areas and activities examined included the quarry, high walls, roadways, signage, and equipment operation (front end loader operation loading haul trucks), the 8-9 transfer tower structure, (from the quarry), transfer tower dust collector, number 8 limestone conveyor belt head pulley area, number 9 limestone conveyor belt, number 4 stone conveyor belt head pulley, stone sampler crusher, number 5 shale conveyor belt, number 6 shale conveyor belt, number 10 stone conveyor belt, number 10 limestone tripper, East crane, East crane MCC room, West crane, West crane MCC room, and two ACCOLIFT 2-ton overhead hoists. All areas inspected included observations of travel ways, guarding, general housekeeping, electrical disconnect boxes and cables, and bulletin board postings. The team observed work practices and safety talks given to individual miners as encountered.

Audit Results

The audit revealed positive findings in several areas, including the following:

1. Enforcement personnel conducted themselves in a professional and courteous manner at all times during the audit and during the inspection.
2. Inspection procedures observed during the audit appeared in compliance with MSHA policy and procedures.
3. Enforcement personnel used appropriate enforcement tools during the mine site visit.
4. Field Accompanied Reviews (FARs) and Office Reviews (ORs) for the Indianapolis, IN Field Office were adequately documented. [REDACTED] completed the minimum required number of Field Activity Reviews and 20 Office Reviews (13 required) exceeding the minimum number of office reviews required for FY 2012. In FY 2013, [REDACTED] completed 9 Field Accompanied Reviews (8 required) and completed 21 Office Reviews (15 required) exceeding the minimum number required.
5. Staff and safety meetings were well documented and showed updates and reviews of MSHA initiatives and policy memoranda.

This audit did not reveal any issues that require a corrective action.
Attachments

- A. Internal Review Summary
- B. Office of Accountability Checklist
- C. Statistics
- D. Citations/Orders issued during this audit

1.	[REDACTED]	56.12018
2.	[REDACTED]	56.14107a
3.	[REDACTED]	56.14107a
4.	[REDACTED]	56.12025
5.	[REDACTED]	56.12032
6.	[REDACTED]	56.12004
7.	[REDACTED]	56.12025
8.	[REDACTED]	56.14112b
9.	[REDACTED]	56.12032
10.	[REDACTED]	56.12008
11.	[REDACTED]	56.12001

- E. Examples of Citations Issued During Previous E01 Inspections
(No issues were identified during this audit)
- F. Audit Checklist Items
(No checklist items were identified during this audit)
- G. District Corrective Action Plan
(No corrective action plan required)

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Attachment A – Internal Review Summary

The table below lists the most common internal review findings following mine disasters. The Indianapolis, IN field office had none of the most commonly identified issues.

Common Internal Review Findings	Examples of Deficiencies found in this Accountability Review:
Failure to identify deviations in approved plans.	Not identifying operator departures from requirements in any plan that requires approval, such as training plans, roof control plans, ventilation plans, emergency response plans, etc.
Incomplete or inadequate inspections.	Not following policy or procedures for conducting inspections. Failure to cite all violations. Not inspecting all areas and equipment.
Failure to conduct 103(i) spot inspections according to policy.	Not conducting spot inspections in a timely manner and at irregular intervals.
Supervisors did not provide adequate oversight.	No review/lax review of inspection reports. Inadequate review of PKW/SAR forms. Failure to conduct required Field Activity Reviews and Accompanied Activities.
Improper evaluations of gravity, negligence and type of enforcement action.	Inadequate documentation to support citation and evaluation. Failure to consider and document aggravating or mitigating circumstances.
Inadequate Peer Reviews	Inadequate district level Peer Reviews. Failure to adopt and follow corrective action plans. Failure to follow up or monitor effectiveness of corrective action plans.
Weakness in the ACR Program	Not following ACR handbook. Inadequate management oversight. Failure to follow the Mine Act, MINER Act, 30 CFR and MSHA policy.
MSHA data not used or reviewed.	Key Indicators, Mine Profile, Inspection completion reports not being used. Failure to keep MSIS data up to date and accurate.
Lack of unwarrantable failure tracking system	No or inadequate unwarrantable failure sequence tracking system.
Conflict of Interest	Inspecting prior employers, employment of relatives
Failure to comply with Hazard Complaint Procedures.	Improper coding of inspections. Inadequate documentation of inspections/investigations.

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Common Internal Review Findings	Examples of Deficiencies found in this Accountability Review:
Investigations of multi-phase plans	Failure to conduct on-site evaluations of plans.
Failure to observe retreat mining.	Inadequate periodic evaluations when retreat mining is conducted
Section 103(a) is violated when an operator gives advance notice of MSHA's presence on mine property	Citation not issued when advance notice of impending MSHA inspection.
Tracking tool was needed to monitor personnel resources and those devoted to special investigations	Not monitoring resources devoted to special investigations.
Needed to improve tracking of retraining of supervisors, inspectors, and specialists	Some supervisors, inspectors, and specialists were not being retrained.

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Attachment B – Audit Checklist

1. Determine if complete and thorough E01 inspections are being conducted and /or if policy and procedures were properly followed.
Adequate Corrective Action Needed Comments Below

2. Determine if documentation for inspections is complete and thorough.
Adequate Corrective Action Needed Comments Below

3. Determine if citations and orders issued during previous inspections were properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.
Adequate Corrective Action Needed Comments Below

4. Evaluate inspector(s) examination of required records and postings for compliance with applicable standards.
Adequate Corrective Action Needed Comments Below
Equipment and work place exams of areas traveled were properly reviewed.

5. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles.
Adequate Corrective Action Needed Comments Below
No drilling or blasting took place during the mine visit.

6. Evaluate the inspector(s) on-site contaminant assessment and documentation.
Adequate Corrective Action Needed Comments Below
No health samples were taken during this inspection. A review of previous inspection reports verify the last health survey was conducted in January 2013 with no violations.

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7. Evaluate inspector(s) examination of electrical equipment, transformer stations, and/or electrical circuits.

Adequate Corrective Action Needed Comments Below

8. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate Corrective Action Needed Comments Below

Field notes reviewed show daily and final close-outs are consistently conducted.

9. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

Adequate Corrective Action Needed Comments Below

No PKW's were reviewed during this audit

10. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate Corrective Action Needed Comments Below

No 103(i) mines in the jurisdiction of the district or field office.

11. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.

Adequate Corrective Action Needed Comments Below

12. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate Corrective Action Needed Comments Below

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13. Are required Office Reviews (ORs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?
(One E-01/Inspector/every six months/FY –minimum)

Adequate Corrective Action Needed Comments Below

14. Are Field Accompanied Reviews (FARs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?
(one/inspector/year - minimum)

Adequate Corrective Action Needed Comments Below

15. Determine if a 104(d) tracking system is in place and being kept current at the office being audited.

Adequate Corrective Action Needed Comments Below

No mines currently on the 104(d) series for this FO.

16. Determine if the Mine Files are legible, up to date, and reviewed by supervisors..

Adequate Corrective Action Needed Comments Below

17. Determine if supervisors are visiting active mines.

Adequate Corrective Action Needed Comments Below

18. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to current issues and the Agency's mission.

Adequate Corrective Action Needed Comments Below

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19. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Office Reviews and Field Accompanied Activity Reviews.

20. Determine if district management personnel are reviewing work products and reports for accuracy and completeness.

Adequate Corrective Action Needed Comments Below

21. Determine if District Manager is using discretion in granting conferences and monitoring the ACR program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CLRs.

Adequate Corrective Action Needed Comments Below

Not reviewed during this audit

22. Determine if managers and supervisors are using required standardized reports to review critical data relevant to inspections and investigations.

Adequate Corrective Action Needed Comments Below

23. Determine if Districts are conducting in-depth Peer Reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate Corrective Action Needed Comments Below

24. Is information (mine status, methane liberation, number of employees, etc.) being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate Corrective Action Needed Comments Below

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25. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.

Adequate Corrective Action Needed Comments Below

26. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate Corrective Action Needed Comments Below

27. Determine if inspectors have an understanding of when a violation of Section 103(a) for Advance Notice occurs and whether appropriate citations are issued for Advance Notice.

Adequate Corrective Action Needed Comments Below

28. Determine if the management resource tracking tool is being used to track resources regarding Special Investigations.

Adequate Corrective Action Needed Comments Below

29. Determine if retraining of supervisors, inspectors, and specialists is being tracked.

Adequate Corrective Action Needed Comments Below

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Attachment C – Statistics

S&S Rate Comparison

During FY 2012, the S&S rates for the Indianapolis, IN Field Office were lower than the average for the North Central district and the national average. For FY 2013, the field office S&S rates were above the district average and below the national average. Citations issued during the audit were appropriately issued and consistent with policy and procedures. (See attachment D)

Fiscal Year	Indianapolis Field Office	North Central District	National Average
2012	21%	22%	27%
2013	22%	18%	25%

Time and Activity Comparison

A comparison of FY 2012 and FY 2013 time distribution for the Indianapolis, IN Field Office at all mining operations shows that time in the Other category has slightly decreased and was about the same as the national average and On-Site time has increased and is higher than the national average.

Time Distribution (%) – E01 Inspections							
FY	Area/Office	Travel	*Other	**On-Site Enf. time	Total Enf. Time	Non Enf. time	Total Percent
2012	FO	17%	16%	39%	72%	28%	100%
	Nat'l Avg	20%	15%	43%	78%	22%	100%
2013	FO	20%	15%	45%	80%	20%	100%
	Nat'l Avg	21%	15%	42%	78%	22%	100%

* Other time includes off site citation/order writing, health equipment calibration, and mailing of samples

** Total On-Site time includes citations written on-site

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Attachment D- Citations issued during the Audit

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I--Violation Data			
1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number	
4. Served To		5. Operator	
6. Mine		7. Mine ID (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)	
<p>The General Electric disconnect box located to the left of the control box labeled 048 D.A. Rapper #1 (8&9 Tower) wasn't labeled to show what circuit it controls. From the location of the box it can't be determined which circuit it controls. Without proper labeling of all disconnect boxes an effective lock-out/tag-out procedures program can't be established & implemented. The other control boxes here were labeled. As to how long the label had been missing from this box wasn't determined at this time. There was no write-up of this condition noted in the most recent work-place exam. A person being injured due to a circuit being energized while work was being done or a person being injured because the wrong box was de-energized will result in a reportable injury or worse. Company trained electricians do the electrical repairs in this area of the plant.</p>			
See Continuation Form (MSHA Form 7000-3a)			
9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12018
Section II--Inspector's Evaluation			
10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment			
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)			
Section III--Termination Action			
17. Action to Terminate The disconnect box was labeled West Reversing Damper Coil.			
18. Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock)			
Section IV--Automated System Data			
19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill M	
22. Signature		23. AR Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20415. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

Section I—Violation Data		
1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID (Contractor)	

8. Condition or Practice 8a. Written Notice (103g)

There was no guard on the rotating shaft at the head section of the #9-stone belt in the material storage building. There was a section 4"-wide & from 31"-37" above the floor without a guard. There was a grease point located above the shaft & to the left of the shaft here. It looked as if this shaft had never been guarded in the past. Contact with moving parts will result in a reportable injury or worse. No write-up of this condition was provided even though it hadn't been recognized as a hazard in the past by the person doing work-place exams in this area. Continued mining practices will reasonably result in an injury at this location. Standard 56.14107a was cited

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14107a

Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III—Termination Action

17. Action to Terminate A guard was put in place over the shaft of the #9-belt.

18. Terminate	A. Date Mo Da Yr <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV—Automated System Data		
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	<input type="text" value=""/>	M
22. Signature <input type="text" value=""/>		23. AR Number <input type="text" value=""/>

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number	
4. Served To	5. Operator		
6. Mine	7. Mine ID		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The guarding wasn't adequate on the on the spoke wheels of the stone sampler crusher, located to the left of the head pulley of the #9-stone belt in the material storage building. On the left-side spoked wheel there was an opening at the center of the spokes that was 6"-long, 8"-tall & 2 1/2"-wide where contact could be made. The spokes guard on the right-side had an opening that was 5"-long by 3 1/2"-tall where contact could be made with the spoke-wheel. The control for the crusher was located to the left-rear of this unit & is used on a regular basis for sampling of the rock from the nearby conveyor belt. Continued use of the crusher in this condition will result in the loss of a body part. No write-up of this condition was provided even though the guarding hadn't been adequate in the past. Standard 56.14107a was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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Section II—Inspector's Evaluation

10. Gravity: A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	
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Section III—Termination Action

17. Action to Terminate Additional guarding was installed on the spoke wheels of the stone sampler crusher.

18. Terminate	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill M	
22. Signature			23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
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District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
 Continuation

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]	
6. Mine ID [REDACTED]		7. Mine ID [REDACTED] (Contractor)	

Section II--Justification for Action

Continuation of 8. Condition or Practice

[REDACTED]

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number [REDACTED]	11. Signature [REDACTED]	12. Date Mo Da Yr [REDACTED]
		AR Number [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-3a, Mar 85 (revised)

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District Field Office Mine ID Date

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <input type="text"/>	2. Time (24 Hr. Clock) <input type="text"/>	3. Citation/ Order Number <input type="text"/>
4. Served To <input type="text"/>		5. Operator <input type="text"/>
6. Mine <input type="text"/>		7. Mine ID <input type="text"/> (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

An effective verifiable path to ground low enough in impedance to cause the circuit protective device to interrupt during fault condition wasn't provided for the 110-volts coil on the west rapper at the baghouse for the dust collector of the #8-stone conveyor belt. There were only 2-wires noted going to this device thru the conduit that ended about 1 1/2'-above the coil. Exposure to fault current will result in shocks, burns or an electrocution. Contact wouldn't normally occur with this device. It looked as if it hadn't been properly grounded in the past. Standard 56.12025 was cited

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12025
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Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
F. Dated Mo Da Yr			
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr <input type="text"/>	B. Time (24 Hr. Clock) <input type="text"/>
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Section III—Termination Action

17. Action to Terminate A new ground wire was installed & tested with results provided as required.

18. Terminate	A. Date Mo Da Yr <input type="text"/>	B. Time (24 Hr. Clock) <input type="text"/>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <input type="text"/>	21. Primary or Mill M
22. Signature <input type="text"/>		23. AR Number <input type="text"/>

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

A junction box cover was noted missing from the east-crane. The junction box was located at the end of the walk-way on the right-side near the grease pump on the upper level. Contact with bare energized wires or connections will result in shocks, burns or an electrocution. As to how long the junction box had been in this condition wasn't learned at this time. The operator stated that he hadn't noticed that this cover was missing. Standard 56.12032 was cited

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12032
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III—Termination Action

17. Action to Terminate A new junction box cover was made & installed on the east crane.

18. Terminate	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill M
22. Signature		23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

U.S. Department of Labor
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Section I--Violation Data

1. Date Mo Da Yr <input type="text"/>	2. Time (24 Hr. Clock) <input type="text"/>	3. Citation/ Order Number <input type="text"/>
4. Served To <input type="text"/>	5. Operator <input type="text"/>	
6. Mine <input type="text"/>	7. Mine ID <input type="text"/> (Contractor)	

8. Condition or Practice 8a. Written Notice (103g)

The lock-nut on the conduit had come loose from the junction box for the lighting in the area of the #6-shale belt dust collector. The nut had come loose from the threads of the metal conduit leading to the light mounted at the ceiling of the next level down from this box. This had allowed the inner wires to be pulled tight against the metal junction box & the metal conduit leading to the light bracket. No visual damage was noted to the jackets of the wires. Contact with fault current will result in shocks, burns or an electrocution. It looked as if this condition had occurred in the recent past. There is a certain amount of vibration in this area when the west crane is in use. Standard 56.12004 was cited.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12004
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The conduit was reinstalled on the bottom of the junction box.

18. Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill M
22. Signature		23. AR Number

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Reported To		5. Operator	
6. Mine		7. Mine ID	
8. Condition or Practice		8a. Written Notice (103g)	

An effective verifiable path to ground low enough in impedance to cause the circuit protective device to interrupt during a fault condition wasn't provided for the metal conduit & light bracket of the light located the next level below the #6-shale belt dust arrestor. This was evidenced by the fact that the nut had come loose from the junction box here & there were only 2-wires noted run to this circuit. In the past the path to ground had been provided thru this conduit & it was no longer connected to the junction box. Contact with fault current will result in shocks, burns or an electrocution. It looked as if this condition had recently occurred & it wasn't noted on the work-place exam for this area. Standard 56.12025 was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12025

Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
			F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate

18. Terminate	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill
			M
22. Signature			23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
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Section I--Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)

8. Condition or Practice 8a. Written Notice (103g)

The guard was noted missing from the wheel on the #10-limestone belt traveler. The wheel was located above the flooring here & 20"-inside the frame of the platform mounted to the traveler. It was located at the north-east end of the device. There was a hole noted in the frame at the back-side of the wheel where it looked as if a device such as a guard had been mounted in the past & the frame was darker than the rest of the frame. Travel wouldn't normally be done in this area while the traveler was in motion. Contact with an exposed pinch point between the wheel & the track of the traveler will result in the loss of a body part or worse. As to how long the guard had been missing wasn't learned at this time. This condition had been noted on the work-place exams for this area. Standard 56.14112b was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14112b
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III--Termination Action

17. Action to Terminate A new guard was installed to prevent contact with the wheel on the traveler.

18. Terminate	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill M
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order
 Continuation

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) <input checked="" type="checkbox"/>	Mo Da Yr [Redacted]	3. Citation/Order Number [Redacted]
4. Served To [Redacted]		5. Operator [Redacted]	
6. Mine [Redacted]		7. Mine ID [Redacted] (Contractor)	

Section II--Justification for Action

Continuation of 8. Condition or Practice

[Redacted]

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number [Redacted]		
11. Signature [Redacted]	AR Number [Redacted]	12. Date Mo Da Yr [Redacted]	13. Time (24 Hr. Clock) [Redacted]

MSHA Form 7000-3a, Mar 85 (revised)

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 Mine Safety and Health Administration
 Office of Accountability

District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

There was a large diameter hole noted on the MCC breaker panel on the west crane in the MCC. The hole appeared to be about 5" in diameter at the top of the right-side of the panel. There was a piece of non-conductive material noted here blocking access to this opening. There were no exposed bare wires or connections that could be seen at this location. Contact with bare exposed energized wires or connections will result in a fatal electrical shock. No write-up of this condition was provided as the operator stated that he hadn't noticed this condition when he did his pre-use check of the crane. Standard 56.12032 was cited. [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12032
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	
15. Area or Equipment				

18. Termination Due	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III—Termination Action

17. Action to Terminate A cover was installed over the opening in the breaker panel.

18. Terminate	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill M
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

A proper fitting wasn't provided for the power cable where it exited the junction box in the west crane operator's cab. The cable was noted supplying power for the power strip located to the left of the metal junction box. No visual damage was noted to the outer jacket of the cable. There is a certain amount of vibration noted when the crane is in use. Contact with fault current will result in shocks, burns or an electrocution. No write-up of this condition was provided on the operator's pre-use check of this unit. It looked as if there never was a proper fitting located here to protect this cable. Standard 56.12008 was cited.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12008
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate A proper fitting was installed on the power cable in the west crane operator's cab.

18. Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill M
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District North Central Field Office Indianapolis, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
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Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)

8. Condition or Practice 8a. Written Notice (103g)

The ACCOLIFT overhead hoist located at the west crane area was noted protected by the wrong capacity circuit breaker. The 3-HP 480-volts drive motor rated at 5.1-amps was noted protected by a 30-amp circuit breaker. The circuit breaker was located in a control box labeled North Fan, Hoist & Heater. The 30-amp breaker may not interrupt in timely manner when the breaker was needed to interrupt power to this circuit. Contact with fault current will result in shocks, burns or an electrocution. The crane circuit wouldn't normally be contacted during a fault condition. The breaker was sized right for the fan or heater but it has a too high of rating for the hoist motor circuit.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12001
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action

A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/Order Number	F. Dated Mo Da Yr
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15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III—Termination Action

17. Action to Terminate

18. Terminate	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill M	23. AR Number [REDACTED]
22. Signature [REDACTED]			

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID Date

Attachment E – Examples of Citations Issued During Previous E01 Inspections

(No issues were identified during this audit)

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID Date

Attachment F – Audit Checklist items

(No issues were identified during this audit)

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

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Attachment G – North Central District Corrective Action Plan

(No corrective action required)