

June 17, 2009

MEMORANDUM FOR: MICHAEL A. DAVIS
Deputy Assistant Secretary for Operations
Mine Safety and Health Administration

THROUGH: PETER J. MONTALI
Acting Director of Accountability for
Mine Safety and Health Administration

FROM: ARLIE A. WEBB
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SUBJECT: MSHA Office of Accountability Audit, McAlester,
Oklahoma, Field Office, and [REDACTED],
[REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included MSHA supervisory and managerial oversight, MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities, the Uniform Mine File, mine plans, the Emergency Response Plan, and the conditions and practices at the mine. The audit was conducted during the week of [REDACTED] by Arlie A. Webb and Charles J. Thomas. Positive findings and issues requiring attention are included in this audit report.

Overview

The accountability specialists traveled to the McAlester, Oklahoma Field Office and to the [REDACTED] to observe and evaluate enforcement activities and mine conditions. Accompanying the specialists were [REDACTED]. Also accompanying the audit team were [REDACTED].

Underground areas of the mine examined during this audit included all belt conveyor entries, fire detection and fire-fighting materials, portions of the main intakes and returns, the working section, selected pieces of equipment, SCSR caches, escapeways, lifelines, and provisions for post-accident tracking, communications and emergency shelters.

Record books, maps, and other required postings on the surface were also examined. The roof control plan and ventilation plans were also compared to the conditions and practices in the mine.

S&S Rate Comparison

S&S rates for the McAlester, Oklahoma, field office are comparable to the national average and are higher than the district rates for both FY2008 and to-date in FY2009.

| Fiscal Year | Field Office | Coal District 9 | National Avg. |
|-------------|--------------|-----------------|---------------|
| 2008 | 33.8 | 28.9 | 35.0 |
| 2009 | 36.3 | 24.0 | 36.0 |

However, a close examination of enforcement actions at this particular mine during the first half of FY 2009 indicate that gravity, negligence, and S&S determinations are not consistent with the seriousness of the violations observed.

Time and Activity Comparison

A review of time distribution for the McAlester field office indicates the need to decrease “other” time and increase on-site time.

| Surface Facilities - E01 Inspections | | | | | | |
|--------------------------------------|-------------|-------------|---------------|---------------------------|----------------------------|---------------|
| | Travel Time | Other Time | Total On-Site | Citations Written On-Site | Citations Written Off-Site | Total Percent |
| % in FY 2008 | 29.2 | 38.7 | 32.0 | 2.1 | 0.0 | 100 |
| % in FY 2009 | 60.0 | 20.0 | 20.0 | 0.0 | 0.0 | 100 |

| Surface Mines - E01 Inspections | | | | | | |
|---------------------------------|-------------|-------------|---------------|---------------------------|----------------------------|---------------|
| | Travel Time | Other Time | Total On-Site | Citations Written On-Site | Citations Written Off-Site | Total Percent |
| % in FY 2008 | 25.8 | 17.7 | 56.2 | 2.3 | 0.4 | 100 |
| % in FY 2009 | 30.5 | 11.0 | 56.5 | 3.1 | 2.0 | 100 |

| Underground Mines - E01 Inspections | | | | | | |
|-------------------------------------|-------------|-------------|---------------|---------------------------|----------------------------|---------------|
| | Travel Time | Other Time | Total On-Site | Citations Written On-Site | Citations Written Off-Site | Total Percent |
| % in FY 2008 | 21.9 | 21.5 | 55.9 | 3.8 | 0.7 | 100 |
| % in FY 2009 | 25.2 | 17.0 | 57.8 | 5.4 | 0.0 | 100 |

Audit Results

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

1. [REDACTED]
2. The Mine Rescue Station maintained nearby was in excellent condition and well stocked with supplies.
3. Methane monitors and face equipment were maintained in permissible condition (except as otherwise stated in this report) at this gassy mine.
4. The audit team observed two different inspectors conducting quality imminent danger examinations.

The audit also revealed issues in several categories that require corrective actions, including the following:

1. Lack of oversight including:
 - a. No documentation for Field Activity Reviews and Accompanied Activities.
 - b. Inadequate review of inspection reports, forms, and citations.
2. [REDACTED] did not conduct mine visits at a mine with high methane liberation rate and poor compliance history.
3. Excessive termination dates for citations.
4. Insufficient time spent on off shifts and weekends during E01 inspections.
5. E02 spot inspections were not conducted in accordance with the Mine Act and MSHA policy.
6. Deficiencies within the approved roof control and ventilation plans were not immediately identified and resolved.
7. Peer Reviews were not thorough.

The attached checklist addresses the findings of the audit. Positive issues as well as issues requiring action are covered in detail in the checklist.

Attachments

- A. Audit checklist, with comments, recommendations, and references
- B. Citations involving excessive termination time
- C. Citations where S&S determination were questionable
- D. Citations issued during this audit

| | | | |
|-----|--|------------------|--------------------------|
| 1. | | 75.1714-5 | |
| 2. | | 75.400 | |
| 3. | | 75.400 | |
| 4. | | 75.400 | |
| 5. | | 75.1715 | |
| 6. | | 75.1501 | |
| 7. | | 77.410(c) | |
| 8. | | 77.400 | Modified to 75.400 |
| 9. | | 75.512 | |
| 10. | | 75.512 | |
| 11. | | 75.1725(a) | Modified to 75.1731(a) |
| 12. | | 75.1103-8(a) | Vacated by Inspector |
| 13. | | 75.1100-8(a) | |
| 14. | | 75.1103-8(a) | |
| 15. | | 75.1103-8(a) | |
| 16. | | 75.333(b)(1) | Modified to 75.333(b)(2) |
| 17. | | 75.333(b)(1) | Modified to 75.333(b)(2) |
| 18. | | 75.1722(c) | |
| 19. | | 75.402 | |
| 20. | | 75.402 | |
| 21. | | 75.402 | |
| 22. | | 75.362(b) | |
| 23. | | 75.515 | |
| 24. | | 75.333(b)(3) | |
| 25. | | 75.380(d)(4)(ii) | |
| 26. | | 75.512 | |
| 27. | | 75.518 | |
| 28. | | 75.605 | |
| 29. | | 75.1107-9(a)(1) | |
| 30. | | 75.606 | |

- E. Analysis of rock dust surveys taken during this audit

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1. Evaluate supervisory review of inspection reports and documentation for completeness.

Adequate Inadequate Not Applicable Comments Below

This office has not had a full-time supervisor in more than a year. Although acting supervisors are being used to perform those duties in the interim, the work product review process lacks consistency as evidenced by the additional issues listed below.

Action Required – This field office must be provided with a full-time supervisor to properly review work products, travel with inspectors, and ensure consistency.

Note - This issue has been resolved. A full-time supervisor is now in place.

2. Determine if supervisors address report deficiencies immediately.

Adequate Inadequate Not Applicable Comments Below

Same as No. 1 above.

3. Determine if supervisors are visiting each assigned mine at least annually.

Adequate Inadequate Not Applicable Comments Below

Although the acting supervisors have been visiting mines assigned to the field office, these visits have been done in an enforcement mode rather than as accompanied activities or in an oversight capacity.

Action Required – This field office must be provided with a full-time supervisor to properly review work products, travel with inspectors, and ensure consistency.

Note - This issue is in the process of being resolved. A full-time supervisor is now in place. Monitoring of mine visits by the ADM is recommended to ensure complete resolution of this issue.

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4. Evaluate the quality of Field Activity Review reports (FARs).

Adequate Inadequate Not Applicable Comments Below

Documentation was not provided to show that Field Activity Reviews were conducted on personnel at the McAlester, Oklahoma, field office within the past Fiscal Year.

Action Required – Field Activity Reviews must be conducted as per Agency requirements.

Reference – Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1, Section IV.

5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted

Adequate Inadequate Not Applicable Comments Below

Documentation was not provided to show that any Accompanied Activities were conducted on personnel at the McAlester, Oklahoma, field office within the past Fiscal Year.

Action Required – Accompanied Activities must be conducted as per Agency requirements.

Reference – Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1, Section VI.

6. Evaluate the quality of Accompanied Inspections.

Adequate Inadequate Not Applicable Comments Below

Documentation was not provided to show that any Accompanied Activities were conducted on personnel at the McAlester, Oklahoma, field office within the past Fiscal Year.

Action Required – Accompanied Activities must be conducted as per Agency requirements.

Reference – Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1, Section V.

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7. Determine if supervisors are thoroughly reviewing mine files at least annually
 Adequate Inadequate Not Applicable Comments Below

UMF reviews were conducted by acting supervisors.

8. Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities

Adequate Inadequate Not Applicable Comments Below

Although persons had been temporarily promoted to the position of field office supervisory no documentation was produced to indicate the ADM was holding the acting field office supervisors responsible for conducting Field Activity Reviews or Accompanied Activities at the McAlester, Oklahoma, field office within the past Fiscal Year.

Action Required – The Assistant District Manager is to hold subordinate supervisors accountable for conducting reviews of inspector work products.

Reference – Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1, Section XI.

11. Determine if ADMs and DMs are visiting mines with poor compliance at least monthly

Adequate Inadequate Not Applicable Comments Below

The mine visited by the audit team liberates in excess of 2.5 million cubic feet of methane per 24 hours and has a poor compliance history. The spreadsheet provided for supervisor/manager mine visits indicates no visits to this mine by district-level supervisors, ADMs or the District Manager during the first half of Fiscal Year 2009.

Spreadsheets indicate the District Manager made only 6 of the required 12 mine visits during FY 2008, and only 5 visits during the first half of FY 2009.

Action Required – Mines with indications of poor compliance or low enforcement levels should be visited by district-level management (ADM/DM). These visits should then be recorded on the spreadsheet provided by headquarters for that purpose.

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Reference – CMS&H Memo No. HQ-07-081-A (SEC-103) Mine Visits and Accompanied Supervisory/Managerial Activities.

14. Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames

Adequate Inadequate Not Applicable Comments Below

E02 spot inspections are not conducted as required by the Mine Act and MSHA Policy.

E02s were conducted on three consecutive Mondays -
E02s were conducted on three consecutive Tuesdays -
E02s were conducted on three consecutive Wednesdays -
E02s were conducted on three consecutive Thursdays -

There were seven other occasions where E02 inspections were conducted on the same day of the week during consecutive weeks. There were four instances when the time between E02 inspections at this mine exceeded 9 working days.

This mine liberates in excess of 2.5 million cubic feet of methane per 24 hour period.

Action Required – Supervisors, Assistant District Managers, and the District Manager must insure that E02 inspections are conducted at irregular intervals and in accordance with time frame established by the Mine Act.

Reference – 1977 Mine Act - §103(I), and Sago, Darby, Aracoma Internal Review – Corrective Action Plan, Pages B-5 & B-6.

15. Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection

Adequate Inadequate Not Applicable Comments Below

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16. Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness

Adequate Inadequate Not Applicable Comments Below



Action Required – Inspector work products must be reviewed for completeness to determine if those products indicate that thorough inspections are being conducted.

Reference - Sago, Aracoma, and Darby Internal Reviews, Pages B-3 through B-18
Reference - Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1)

17. Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector

Adequate Inadequate Not Applicable Comments Below

Oversight of time usage at this field office is not always adequate. A review of time and activity data for E01 inspections during Fiscal Years 2008 and 2009 revealed:

Other time ranged from a low of 12.4% to a high of 26.9%.
 13 instances when mmu time was shown without any outby time.
 10 instances for E02 inspections when mmu time was shown without any outby time.
 8 instances where Time and Activity sheets did not match the inspection event calendar.

Action Required – Supervisors and managers must exercise proper oversight of inspector work products to ensure complete, thorough inspections, proper use of inspection time, and to enhance the supervisors’ ability to mentor subordinates.

Reference - Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1.

19. Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations

Adequate Inadequate Not Applicable Comments Below

Lack of adequate oversight resulted in excessive abatement times, termination times,

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and S&S determinations for citations issued at this mine during Fiscal Year 2008-2009.

Examples excessive times are listed in Attachment B.

Examples of questionable S&S determination are listed in Attachment C.

Action Required – Supervisors must monitor and mentor inspection personnel in properly evaluating citations and orders.

Reference - Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1.

Reference - Sago, Aracoma, and Darby Internal Reviews, Page B-12

23. Determine if second level reviews are used to assess supervisory review of enforcement actions

Adequate Inadequate Not Applicable Comments Below

Documentation was not provided to show that any Second Level Reviews were conducted on activities or work products at the McAlester, Oklahoma, field office within the past Fiscal Year.

Action Required – Second-level reviews must be completed as per Agency requirements.

Reference - Coal Mine Safety and Health Supervisor’s Handbook (AH-08-III-1), Chapter 1, Section XI.

25. Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.

Adequate Inadequate Not Applicable Comments Below

26. Evaluate the district’s process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations

Adequate Inadequate Not Applicable Comments Below

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29. Determine if complete and thorough inspections are being conducted and adequately documented

Adequate Inadequate Not Applicable Comments Below

See Items 1, 14, 17, 52, 53, 54, 58, 59, 100, and 117.

30. Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety

Adequate Inadequate Not Applicable Comments Below

Rock dust surveys were not conducted during the two most recently completed E01 inspections. The last documented record of a rock dust survey was dated [REDACTED]. Inspection notes and/or other records did not document any reason for the lack of rock dust surveys. In response to this issue, the audit team required that rock dust surveys be conducted during the team's mine visit.

Action Required – Rock dust surveys must be conducted to determine whether or not the mine is in compliance with incombustible content requirements.

Reference – General Coal Inspection Procedures and Inspection Tracking System Handbook (PH08-V-1), Section III, Item G-13. Sago, Aracoma, Darby Internal Review – Corrective Action Plan, Pages B-4 & B-5.

31. Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate Inadequate Not Applicable Comments Below

According to data submitted by the operator, interviews with the operator, and information entered into MSHA databases by MSHA personnel, this mine has worked at least 6 days per week since the first quarter of Fiscal Year 2006. The mine produced coal on 2 shifts per day and had 1 maintenance shift per day. The mine employed an average of 50 persons during that time.

Off-shift and weekend inspection activities during the two E01 inspections completed prior to this audit were insufficient.

230.00 man hours were charged to E01 Event [REDACTED]. Only 6.75 hours were charged on

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off shifts (none of which was underground). There was no inspection activity time charged on Saturdays or Sundays.

244.00 man hours were charged to E01 Event Of this total, 40.00 hours were charged on off shifts (26.50 hours of which was underground). Although there were 20.50 hours charged on Saturdays and Sundays, none of that time was underground.

Action Required – Inspections must be conducted on off shifts and weekends to permit the inspector to determine the attitudes and practices of the miners and mine managers on those shifts.

Reference – General Coal Mine Inspection Procedures and Inspection Tracking System Handbook (PH-08-V-1), Page 14, Item 6.

32. Determine if the SCSR inventory database has been implemented to track inspections of SCSRs

Adequate Inadequate Not Applicable Comments Below

34. Determine if all mine record books, postings, and other required materials are examined during the inspection

Adequate Inadequate Not Applicable Comments Below

35. Determine if all provisions of the MINER Act are evaluated during the inspection

Adequate Inadequate Not Applicable Comments Below

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37. Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement

Adequate Inadequate Not Applicable Comments Below

See Attachments B and C for citations that were deemed questionable regarding gravity, negligence, persons affected, S&S, and level of enforcement.

Likewise, citations issued by inspectors during the audit contain inconsistencies in the evaluations of conditions and practices.

- does not give an indication of how long the violation may have existed, nor does it identify specifically where the violation is located.
- Citations do not consider the number of persons who are located inby the violation (on the working section)
- Citations do not describe how long, how wide, nor how deep the accumulations were, and does not consider the number of persons who are located inby (downwind) of the violation.
- Citation does not specify how much air was leaking from the belt entry into the return air course, and does not consider the number of persons who are located inby the violation.

Recommendation - Citations should describe, with particularity, the condition or practice that is in violation.

Reference - Federal Mine Safety and Health Act of 1977, §104(a).

38. Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

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| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 39. | Check adequacy of preshift/onshift examinations | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| | | | | | | |

| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 40. | Evaluate inspector's observation of roof conditions. Is a copy of the currently approved roof control plan maintained on the section? | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| | | | | | | |

| | | | | | | |
|---|--|------------|-------------------------------------|----------------|--------------------------|----------------|
| 42. | Evaluate conditions on working section and observe work cycle | | | | | |
| Adequate | <input type="checkbox"/> | Inadequate | <input checked="" type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| Conditions on the working section did not reflect the level of care and attention to detail expected for a mine that liberates approximately 2.5 million cubic feet of methane each 24 hours. | | | | | | |
| See the following citations in Attachment D, Citations Issued During the Audit: | | | | | | |
|  | Rock dust was not maintained to within 40-feet of the face Accumulations of combustible material under the section feeder Employee tracking system was not maintained Trailing cable on shuttle car was not properly maintained | | | | | |

| | | | | | | |
|----------|--|------------|--------------------------|----------------|--------------------------|----------------|
| 43. | Observe air quantity, quality, and gas checks by inspector | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| | | | | | | |

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|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 44. | Determine adequacy of Emergency Response Plan training (interview miners) | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|----------|--|------------|--------------------------|----------------|--------------------------|----------------|
| 45. | Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training? | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 47. | Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 50. | Examine lifelines, manddoors, and related signage | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|--|---|------------|-------------------------------------|----------------|--------------------------|----------------|
| 51. | Examine escapeway map for compliance with regulations | | | | | |
| Adequate | <input type="checkbox"/> | Inadequate | <input checked="" type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| The location of SCSR caches was not marked on the escapeway map. Citation No. <input type="text" value=""/> (See Attachment D) was issued during the audit. | | | | | | |

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52. Evaluate integrity of primary and alternate escapeways

Adequate Inadequate Not Applicable Comments Below

The integrity of the alternate escapeway was questionable because the operator did not properly maintain stoppings and there was a provision within the ventilation plan allowing "drainage holes" in stoppings. Citation No. [REDACTED] was issued for accumulations of combustible materials in the primary escapeway.

Note - This issue has been resolved. Upon being notified of this plan discrepancy, the District Manager took immediate action and required a revision of the ventilation plan, eliminating that provision.

53. Evaluate integrity of return side stopping line

Adequate Inadequate Not Applicable Comments Below

Citation Nos. [REDACTED] were issued during the audit for not properly maintaining a stopping line. These stoppings separate the belt entries from the alternate escapeway.

54. Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries

Adequate Inadequate Not Applicable Comments Below

In addition to citations issued to the operator not properly maintaining the required incombustible content of rock dust and not properly maintaining stopping lines, citations were issued for lack of proper guarding at a belt drive and an improperly maintained power cable bushing at a belt drive starter box.

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56. Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)

Adequate Inadequate Not Applicable Comments Below

57. Observe and evaluate fire detection methods

Adequate Inadequate Not Applicable Comments Below

58. Evaluate cleanup of accumulations and application of rock dust

Adequate Inadequate Not Applicable Comments Below

As mentioned previously in Item 30, rock dust surveys were not conducted during the two most recent E01 inspections. The last record of a survey was dated

In response to this issue, the audit team required that rock dust surveys be conducted during the team's mine visit. One survey was conducted in an area outby the active section, and the other was in support of a citation issued on the active section. Analysis of samples collected in the outby survey was 16.67% non-compliant. The survey conducted on the active section was 100% non-compliant (Appendix E).

Action Required – Rock dust surveys must be conducted to determine whether or not the mine is in compliance with incombustible content requirements. Proper enforcement actions must be taken regarding all non-compliant surveys.

Reference – General Coal Inspection Procedures and Inspection Tracking System Handbook (PH08-V-1), Section III, Item G-13. Sago, Aracoma, Darby Internal Review – Corrective Action Plan, Pages B-4 & B-5.

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|--|--|------------|-------------------------------------|--|
| 59. | Evaluate condition of conveyor belt drives, and fire suppression systems | | | |
| Adequate | <input type="checkbox"/> | Inadequate | <input checked="" type="checkbox"/> | Not Applicable <input type="checkbox"/> Comments Below |
| Although fire suppression systems on belt conveyor drives were adequate, the drives themselves were not well maintained as mentioned in Item No. 54 above. Citations were issued to the operator for not examining and testing the fire suppression systems on four belt drives. | | | | |

| | | | | |
|----------|---|------------|--------------------------|--|
| 60. | Determine if all required record books are adequately completed and in compliance with applicable standards | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable <input type="checkbox"/> Comments Below |
| | | | | |

| | | | | |
|----------|---|------------|--------------------------|--|
| 61. | Examine mine map for accuracy of workings and escapeway locations | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable <input type="checkbox"/> Comments Below |
| | | | | |

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|----------|--|------------|--------------------------|--|
| 62. | Examine mine bulletin board and evaluate adequacy of all required postings | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable <input type="checkbox"/> Comments Below |
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| | | | | |
|----------|--|------------|--------------------------|--|
| 63. | Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable <input type="checkbox"/> Comments Below |
| | | | | |

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64. Determine if approved plans address and are compatible with mining conditions and equipment

Adequate Inadequate Not Applicable Comments Below

65. Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area

Adequate Inadequate Not Applicable Comments Below

66. Determine if districts are conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

A review was conducted at the McAlester, OK, field office in FY 2009 (). The review was conducted at a surface mine located in Texas. The review involved a mine visit, determination of root causes, proposed corrective actions, and due dates for those actions. However, the report did not contain any provisions for follow-up or measurement of the effectiveness of the corrective actions.

Recommendation – All accountability reviews should address follow-up and measurement of the effectiveness of corrective actions. Headquarters should also consider including mines with a combination of high methane liberation and a low level of enforcement as a concern to the Administrator, Deputy Administrator, and District Managers.

Reference - Accountability Program Handbook (AH08-III-4), Cover Memo, Page 2 and Page 8.

67. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

The headquarters-level accountability review conducted in was thorough and contained findings, requirements, root causes, corrective actions, and

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planned dates for completion of corrective actions.

However, there were no means identified for follow-up and measurement of the effectiveness of the corrective actions.

Action Required – As a necessary follow-up tool, the district must establish a means for monitoring the effectiveness of each corrective action.

Reference – Follow-up and Evaluation – Page 8, Accountability Program Handbook (AH08-III-4).

70. Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions
Adequate Inadequate Not Applicable Comments Below

73. Evaluate the approved roof control plan after in-mine visit
Adequate Inadequate Not Applicable Comments Below

With the exceptions noted in Item No. 100 below, the roof control plan appeared to adequately address conditions and equipment in the mine.

Recommendations are included in Item No. 100

74. Evaluate approved ventilation plan after in-mine visit
Adequate Inadequate Not Applicable Comments Below

Item 3 on Page 2 of the currently approved ventilation plan (stamped "Approved - states that "In the event water develops in the mine and accumulates against established permanent ventilation controls, an opening in the permanent ventilation device (excluding seals) shall be made to relieve the water."

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This provision of the approved ventilation plan is in direct conflict with regulations requiring the isolation of intake and return entries from belt entries.

Action Required – Revision of ventilation plan to comply with regulations.

Reference – 30CFR, §75.333(b)(2), 30CFR, §75.333(b)(3), and 30CFR, §75.333(b)(4)

Note – This issue has been resolved. The ventilation plan has been revised to prohibit this practice. No further action is required.

75. Evaluate approved training plan after discussion with miners

Adequate Inadequate Not Applicable Comments Below

80. Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date

Adequate Inadequate Not Applicable Comments Below

Although interviews indicated that most inspectors were familiar with tracking of 104(d) issuances, there was no Standard Operating Procedure (SOP) in the field office to provide guidance.

Recommendation – The Office of Accountability has observed that most districts provide an SOP in the Uniform Mine File to guide inspectors in the process of tracking 104(d) issuances. Adopting this procedure would enhance the consistency and effectiveness of 104(d) tracking.

Reference – PH94-V-9(2) Uniform Mine File Procedures Handbook, Chapter 2, B-3, Section 104(d) Unwarrantable Failure

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| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 81. | Determine if all plans and documents in the Uniform Mine File are legible, and up to date | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|---|---|------------|-------------------------------------|----------------|--------------------------|----------------|
| 83. | Determine if plan review and approval process provides reasonable assurance that miners are protected | | | | | |
| Adequate | <input type="checkbox"/> | Inadequate | <input checked="" type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| The plan review and approval process did not identify and initiate corrections for plan discrepancies as noted in Items 52, 53, and 74 above. | | | | | | |

| | | | | | | |
|----------|--|------------|--------------------------|----------------|--------------------------|----------------|
| 85. | Determine if miners are adequately trained in the provisions of any new plan prior to its implementation | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|----------|---|------------|--------------------------|----------------|--------------------------|----------------|
| 90. | Determine if dated copy of approval/disapproval letter is in file | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

| | | | | | | |
|----------|--|------------|--------------------------|----------------|--------------------------|----------------|
| 91. | Determine if copies of the plan are distributed as per an established list | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <hr/> | | | | | | |

District Field Office Mine ID

92. Determine if a copy of the most recent plan is provided for inclusion in the Uniform Mine File

Adequate Inadequate Not Applicable Comments Below

94. Determine if required information is submitted in the plan

Adequate Inadequate Not Applicable Comments Below

95. Evaluate recommendations made to the District Manager proposing approval/disapproval of plan

Adequate Inadequate Not Applicable Comments Below

Interviews revealed that on several occasions, inspection personnel questioned the ventilation plan provision permitting holes or openings in permanent stoppings. Such comments should have been transmitted from [REDACTED] to the [REDACTED] and [REDACTED]. However, no evidence could be found to indicate this matter was brought to the District Manager's attention

Action Required – The district's plan approval group must note and take action whenever discrepancies are identified regarding plan inadequacies.

Reference – MSHA Form 2000-204 and instructions in the Mine Ventilation Plan Approval Procedures Handbook (PH92-V-6), Chapter 6

Note – This issue has been resolved. Upon being notified of this plan discrepancy, the District Manager took immediate action and required a revision of the ventilation plan, eliminating that provision.

District Field Office Mine ID

| | |
|---|---|
| 98. | Determine if proposed plans are evaluated for provisions contrary to standards or regulations |
| Adequate <input type="checkbox"/> Inadequate <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below | |
| See Item No. 95 above. | |

| | |
|--|--|
| 100. | Determine if all plan approval groups communicate to prevent conflicting elements of plans |
| Adequate <input type="checkbox"/> Inadequate <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below | |
| <p>There is an apparent conflict between the approved roof control plan and the approved ventilation plan regarding cut depths. The ventilation plan specifies a maximum cut depth of either 20 feet or 30 feet depending on the type of face ventilation utilized, while the roof control plan allows a 40 foot cut depth.</p> <p><i>Recommendation – Since all mine plans affects each other in some degree, plan approval groups should ensure approved plans do not contain conflicting information.</i></p> | |

| | |
|---|--|
| 114. | Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date |
| Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below | |
| Supervisors and Managers appear to be completing the spreadsheets for mine visits. | |

| | |
|---|---|
| 115. | Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists |
| Adequate <input type="checkbox"/> Inadequate <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below | |
| <p>Communication between the district office and the McAlester, Oklahoma field office does not appear to be effective based on the negative results regarding Items 4, 5, 6, 8, 11, 14, 23, 29, 74, and 80.</p> <p><i>Recommendations are included in each of the aforementioned Items.</i></p> | |

District Field Office Mine ID

117. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?

Adequate Inadequate Not Applicable Comments Below

Field office personnel are not ensuring that mine operators accurately complete MSHA Form 7000-1 (Accident, Injury, and Illness Report). Of the nine 7000-1 forms submitted by the mine operator between [REDACTED] six involved roof falls at or above the anchorage zone. None of these six reports were completed accurately, and no action was taken by the field office to require compliance. Section B, Item 4 did not include a valid means to prevent a recurrence of the accident.

Action Required – Supervisors and managers must review MSHA Form 7000-1 and require them to be accurate and complete. Properly completed, these forms provide MSHA with valuable information regarding accidents and enable the Agency to take proactive measures toward prevention.

Reference – 30 CFR - §50.20, and MSHA Form 7000-1 Instructions

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

Adequate Inadequate Not Applicable Comments Below

The equipment appears adequate at this time. However, local information indicates the possibility of an additional underground mine and/or the reactivation of one that is currently idled. At that time, the field office will not have the resources necessary to conduct remote calibration (“bump testing”) of gas detectors. In addition, gas detection is often necessary in surface mines and processing plants. Inspectors must be able to properly bump test gas detection equipment while inspecting from remote locations.

Recommendation – In offices where inspectors must stay overnight away from the field office to complete inspections, adequate equipment must be provided for bump testing gas detection equipment.

District Field Office Mine ID

| | | | | | | |
|----------|--|------------|--------------------------|----------------|--------------------------|----------------|
| 119. | Determine if adequate close-out conferences are being conducted at the end of each inspection. | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| | | | | | | |

| | | | | | | |
|--|---|------------|--------------------------|----------------|--------------------------|----------------|
| 121. | Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities. | | | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> | Not Applicable | <input type="checkbox"/> | Comments Below |
| <i>Recommendation – The Office of Accountability suggests the district consider adding one inspection FTE to the McAlester field office to perform collateral duties related to roof control, ventilation.</i> | | | | | | |

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District Coal Dist 9 Field Office McAlester, OK Mine ID 3 [REDACTED]

Issuances with excessive termination time/past due

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|--|------------|--------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.400 | [REDACTED] | [REDACTED] | 2 | 50 | 48 |
| Coal dust and float coal dust accumulations on mine ribs and floor in the return aircourse (alternate escapeway) for 2000' | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|-----------------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.1100-1(f)(2) | [REDACTED] | [REDACTED] | 4 | 52 | 48 |
| Excessive water pressure at hose nozzle. 150 p.s.i.g. 1 1/2 breaks outby the section feeder on MMU 001-0. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|--|------------|--------------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.364(b)(2) | [REDACTED] | [REDACTED] | 1 | 36 | 35 |
| Inadequate Weekly examinations in the alternate escapeway. Nine violations were found along the Alternate Escapeway. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|-----------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.202(a) | [REDACTED] | [REDACTED] | 0 | 23 | 23 |
| Roof bolts not firmly against the roof in the main haul road and primary escapeway. Unsupported area measures 12'by 8'. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|--------------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.370(a)(1) | [REDACTED] | [REDACTED] | 61 | 80 | 19 |
| Failure to comply with the approved ventilation plan, which requires sumps to be on down-dip side and not more than 1 crosscut in depth. The 1 West #2 sump is 5 crosscuts in depth and 6 entries wide. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|--|------------|-----------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.202(a) | [REDACTED] | [REDACTED] | 0 | 18 | 18 |
| Unsupported roof in the 2 South Panel main haul road and primary escapeway. The area measured 7'X 7'. This road way is traveled on a frequent and regular basis. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|-----------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.311(f) | [REDACTED] | [REDACTED] | 0 | 18 | 18 |
| Within 25'of the #2 belt portal substantial coal has been allowed to accumulate under the belt and adjacent to it. The accumulations measured 25'X 14'and up to 36" in depth. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|--|------------|--------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.400 | [REDACTED] | [REDACTED] | 0 | 16 | 16 |
| Failure to clean the active 3 West section from entry #2 to #4 in crosscut #20, in entry #3 from crosscut #18 to #20, and in entry #4 from crosscut #19 to #20. Loose coal and coal dust was rib to rib in the area with depths measured up to 6". | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|--------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.503 | [REDACTED] | [REDACTED] | 2 | 8 | 6 |
| The Joy 10 SC22 shuttle car, company # 1, 2G-3191A-0, being operated on MMU 002-0, was not being maintained in permissible condition. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|---|------------|--------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.208 | [REDACTED] | [REDACTED] | 4 | 9 | 5 |
| The operator failed to post a visible sign, or a physical barrier to impede travel into an area which had caved. A fall had occurred between entries 4 and 5 at crosscut # 4 in 2nd south area and had not been barricaded at either end of the fall. | | | | | | | |

| Violation No. | Issue Date | 30 CFR | Due Date | Term Date | Days Given | Days to Term | Days Past Due |
|--|------------|-----------|------------|------------|------------|--------------|---------------|
| [REDACTED] | [REDACTED] | 75.202(a) | [REDACTED] | [REDACTED] | 4 | 9 | 5 |
| The operator failed to scale the top of the return entry. The top was fractured in many different places and there was large amounts of loose rock hanging from the top. The location was 3/4 the way down the return rock slope in the secondary escapeway. | | | | | | | |

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Office of Accountability

District Field Office Mine ID

Mine Citation/Order

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



| | |
|--|--------------------------|
| Section I--Violation | |
| 1. Date | 3. Citation/Order Number |
| 4. Served To | |
| Contractor) <input type="checkbox"/> | |
| 8a. Written Notice (103g) <input type="checkbox"/> | |

The Mine Operator failed to maintain the back-up warning device on the Kawasaki 95 Front end loader. The warning device was not audible above the surrounding noise levels. The alarm was not audible when the machine was in reverse while backing up. There was limited exposure to this condition. The loader was operating at the coal stockpile, loading out trucks. No persons were observed on foot in the area at the time of this observation. The Mine Operator removed the loader from service to adjust the alarm level.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---------------------------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 77.410(c) |

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 104(a) | | 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 | Time (24 Hr. Clock) |
| | | |

Section III--Termination Action

17. Action to Terminate The alarm has been fixed. It now above the surrounding noise level.

| | | |
|----------------|------------------|---------------------|
| 18. Terminated | A. Date Mo Da Yr | Time (24 Hr. Clock) |
| | | |

Section IV--Automated System Data

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

MSHA Form 7000-3, April 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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Section I--Violation Data

| | | | |
|---------|-------------------------------|--------------------------|---------------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| 2. Part | <input type="text" value=""/> | 4. Part | <input type="text" value=""/> |
| | | | (Contractor) <input type="checkbox"/> |

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

Accumulations of coal dust, and loose coal fines were deposited inside the first airlock on the number one belt entry. The black colored accumulations were dry and wouldn't ball up when pressed together in the hand. The dry accumulations covered the mine floor and where approximately one inch in depth. The affected area was approximately fifth feet in length.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|--------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 77.400 |
|--------------|---|-------------------|---------------------------------|--------|

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 104(a) 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 area has been cleaned.

18. Terminated 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 | |
| 22. Signature | <input type="text" value=""/> | | | | |

MSHA Form 7000-3, April 2010 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 2002, the Department of Labor 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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Section I--Violation Data

| | |
|--|--|
| 1. Date <input type="text" value=""/> | 3. Citation/Order Number <input type="text" value=""/> |
| 4. Section (100) <input type="text" value=""/> | |
| 5. Condition or Practice <input type="text" value=""/> | |
| 8a. Written Notice (103g) <input type="checkbox"/> | |

The Mine Operator failed to maintain the electrical receptacle on the American Electrical Transformer located at #2 belt conveyor entry. The spring that latched the Cathead plug was not functioning. It would not latch. Exposure is limited due to another protective devices built into the circuit breaker circuitry.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.512 |
|--------------|--|-------------------|---|

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 104(a) 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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

18. Terminated 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

22. Signature 23. AR Number

MSHA Form 7000-3a 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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Section I--Violation Data

| | | | |
|--------------------------|----------|--|--------------------------|
| 1. Date | Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/Order Number |
| 6. Condition of Practice | | 8a. Written Notice (103g) <input type="checkbox"/> | |

The Mine Operator failed to maintain the electrical red ground fault indication light on Transformer located at #3 belt conveyor. The light bulb was missing. This light indicates that a ground fault has occurred. The circuitry has other device that will trip the circuit breaks if a ground fault condition were to occur. Therefore the exposure is limited.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---------------------------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.512 |

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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input 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 104(a) | | 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 bulb was replaced.

| | | |
|----------------|------------------|------------------------|
| 18. Terminated | 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 |
|--|------------------|---------------------|

22. Signature

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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Section I--Violation Data

| | | | |
|--------------------------|-------------------------------|-------------------------------|--|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Served To | <input type="text" value=""/> | <input type="text" value=""/> | |
| | | | (Contractor) |
| 8. Condition or Practice | | | 8a. Written Notice (103g) <input type="checkbox"/> |

A bad top belt roller had failed at the #3 belt exchange approximately adjacent to the transformer for #3 belt. The middle roller had failed and the roller was rotating causing a metal to metal condition to occur. The belt was wet and there was no indication that the broken roller was hot. The Mine Operator removed the belt from service to replace the top rollers.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1725(a) |
|--------------|---|-------------------|---------------------------------|------------|

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 checked="" 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 104(a) | | 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) |
| | <input type="text" value=""/> | <input type="text" value=""/> |

Section III--Termination Action

17. Action to Terminate The roller was removed.

| | | |
|----------------|-------------------------------|-------------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
| | <input type="text" value=""/> | <input type="text" value=""/> |

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2003) 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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| | |
|--|--|
| Section I—Violation Data | |
| 1. Date <input type="text" value="Mo Da Yr"/> <input type="text" value="2 Time (24 Hr. Clock)"/> | 3. Citation/Order Number <input type="text" value=""/> |
| 4. Severity <input type="text" value=""/> 5. Common or Unusual <input type="text" value=""/> (Contractor) | |
| 8a. Written Notice (103g) <input type="checkbox"/> | |

The Mine Operator failed to examine and test the water suppression for the 1 belt exchanges in the mine. The normal Mine Examiner was off work due to a sickness and the replacement Examiner was unaware that he was required to examine the fire suppression devices. The last date required on the books indicated All the exchanges will need to be examined.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1103-8(a) |
|--------------|--|-------------------|---------------------------------|--------------|

| | | | | |
|---|--|--|------------------------------------|--|
| 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 104(a) | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Writer 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 <input type="text" value="Mo Da Yr"/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|---|--|

Section III—Termination Action

| | | |
|-------------------------|---|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date <input type="text" value="Mo Da Yr"/> | B. Time (24 Hr. Clock) |

| | | |
|---|--|---|
| Section IV—Automated System Data | | |
| 19. Type of Inspection (activity code) E01 | 20. Event Number <input type="text" value=""/> | 21. Primary or Mill <input type="text" value=""/> |
| 22. Signature <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 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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Section I--Violation Data

| | | |
|-------------------------------|-------------------------------|--|
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| | | (Contractor) <input type="checkbox"/> |
| 8. Condition or Practice | | 89. Written Notice (103g) <input type="checkbox"/> |

The Mine Operator failed to examine and test the water suppression for the 2 belt exchanges in the mine. The normal Mine Examiner was off work due to a sickness and the replacement Examiner was unaware that he was required to examine the fire suppression devices. The last date required on the books indicated All the exchanges will need to be examined.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|----------------------|------------------------------------|--------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1103-8(a) |
|--------------|--|----------------------|------------------------------------|--------------|

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 104(a) | | 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 <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|---------------------------------------|--|

Section III--Termination Action

| | | |
|-------------------------------|-------------------------------|-------------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2000) 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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Section I--Violation Data

| | | | |
|--------------|-------------------------------|------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Served To | <input type="text" value=""/> | 5. Operator | <input type="text" value=""/> |

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

The Mine Operator failed to examine and test the water suppression for the 3 belt exchanges in the mine. The normal Mine Examiner was off work due to a sickness and the replacement Examiner was unaware that he was required to examine the fire suppression devices. The last date required on the books indicated All the exchanges will need to be examined.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|----------------------|------------------------------------|--------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1103-8(a) |
|--------------|--|----------------------|------------------------------------|--------------|

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 104(a) 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=""/> |
|---------------------|--|--|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|--|--|
| 18. Terminated | A. Date Mo Da Yr <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|--|--|

Section IV--Automated System Data

| | | | | | |
|---|-------------------------------|------------------|-------------------------------|---------------------|-------------------------------|
| 19. Type of Inspection (activity code) | E01 | 20. Event Number | <input type="text" value=""/> | 21. Primary or Mill | <input type="text" value=""/> |
| 22. Signer | <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 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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Section I--Violation Data

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

The Mine Operator failed to examine and test the water suppression for the 4 belt exchanges in the mine. The normal Mine Examiner was off work due to a sickness and the replacement Examiner was unaware that he was required to examine the fire suppression devices. The last date required on the books indicated All the exchanges will need to be examined.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1103-8(a) |
|--------------|--|-------------------|---------------------------------|--------------|

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 104(a) | | 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 <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|---|---|

Section III--Termination Action

| | | |
|-------------------------|---|---|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |

Section IV--Automated System Data

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

MSHA Form 7000-3a 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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Section I--Violation Data

| | | | |
|--------------|----------|------------------------|--------------------------|
| 1. Date | Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/Order Number |
| | | | |
| 4. Signed To | | | (Contractor) |

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

The Mine Operator failed to maintain several stopping along the #3 belt entry. The following describes the problems encountered during the examination this day and the state of the dilapidated ventilation control devices:

1. A 4 inch round hole was missing the metal cap on stopping # 2. The hole allows a large volume of air to mix from the intake entry to the #3 belt.
2. There is several stopping leaking along the stopping row between the belt entry and the return entry. The volume of air is varied from a little to a lot.
3. The air lock door at cross cut # 8 in #3 belt entry between the return

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---------------------------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.333(b)(1) |

Section II--Inspector's Evaluation

| | | | | |
|---|--|---|------------------------------------|--------------------------|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" 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 checked="" type="checkbox"/> No <input 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 104(a) | | 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 |
| | |

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|------------------|------------------------|
| 18. Terminated | 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 | Primary or Mill |
| | | | |
| 22. Signat | | | |

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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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] | 5. Operator |
| | | | [Redacted] |

Section II--Justification for Action

Continuation of 8. Condition or Practice

and the air lock chamber has a broken hinge. This condition allows a large volume of air to be released from the belt entry to the return.

These conditions constitute a serious problem if a fire were to occur in the belt entry. The fumes from the fire would be pulled from the belt entry into return at dangerous rate ; exposing the miner(s) in the secondary escapeway to a potentially deadly condition. This citation will service as notice to the Mine Operator that stopping shall be maintained for the purpose for which they were originally built.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | |
|---------------------------|-----------------------------|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] |
|---------------------------|-----------------------------|

| |
|----------------|
| 11. [Redacted] |
|----------------|

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| | |
|--|--|
| Section I--Violation Data | |
| 1. Date <input type="text" value=""/> | 3. Citation/Order Number <input type="text" value=""/> |
| 4. Served To <input type="text" value=""/> | |
| (Contractor) <input type="checkbox"/> | |

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

The Mine Operator failed to maintain several stopping along the #4 belt entry. The following describes the problems encountered during the examination this day and the state of the dilapidated ventilation control devices:

1. There is a round hole in the bottom of the cross cut #1 in the far entry adjacent to the return side of #4 entry that is sucking air through the opening.

These conditions constitute a serious problem if a fire were to occur in the belt entry. The fumes from the fire would be pulled from the belt entry into return at dangerous rate

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.333(b)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|---|--|--|--|------------------------------------|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" 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 checked="" type="checkbox"/> No <input 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 <input type="text" value="104(a)"/> | 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 | | E. Citation/Order Number | | F. Dated Mo Da Yr | |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---|--|
| 18. Terminated | A. Date <input type="text" value="Mo Da Yr"/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|---|--|

Section IV--Automated System Data

| | | |
|---|--|---|
| 19. Type of Inspection (activity code) <input type="text" value="E01"/> | 20. Event Number <input type="text" value=""/> | 21. Primary or Mill <input type="text" value=""/> |
|---|--|---|

22. Sign

MSHA Form 7000-3a (Rev. 10-2003) 35
MSHA Form 7000-3a 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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Mine Safety and Health Administration
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District Field Office Mine ID Date

Mine Citation/Order
Continuation

U.S. Department of Labor
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Section I--Subsequent Action/Continuation Data

| | | |
|---|--|--|
| 1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original) Mo Da Yr [Redacted] | 3. Citation/Order Number [Redacted] |
| 4. Served To [Redacted] | 5. Operator [Redacted] (tor) | |

Section II--Justification for Action

Continuation of 8. Condition or Practice

; exposing the miner(s) in the secondary escapeway to a potentially deadly condition. This citation will service as notice to the Mine Operator that stopping shall be maintained for the purpose for which they were originally built.

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 |
|---------------------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | |
|---------------------------|-----------------------------|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] |
|---------------------------|-----------------------------|

| | | | | |
|------------|------------|------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
|------------|------------|------------|------------|------------|

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
Mine Safety and Health Administration



Section I--Violation Data

| | | |
|-----------------------------------|--------------------------------------|--|
| 1. Date Mo Da Yr [Redacted] | 2. Time (24 Hr. Clock) [Redacted] | 3. Citation/ Order Number [Redacted] |
| 4. Description [Redacted] | | 5. Operator [Redacted] (Contractor) <input type="checkbox"/> |

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

The Mine Operator failed to maintain the guard for the #4 belt conveyor sprocket drive pulleys. The guard had become unsecured and the top of the metal guard dropped down on top the drive chains causing two holes to occur in the metal cover. The dimensions of holes where measure at 7" by 12", 5"by 8" and a 13" long crack. The condition of the guard and the location created a potential of a serious hand and arm injuries to occur. There is a walkway adjacent to the broken guard and there is a potential for a miner to come into contact with the said guard. The Mine Operator locked and tagged the belt conveyor drive to make repairs. Due to the fabrication requirement to repair the guard the abatement time is extended to allow for the repair to occur correctly.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.1722(c) |
|--------------|--|-------------------|---|

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 Los: 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 104(a) 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]

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr [Redacted] B. Time (24 Hr. Clock) [Redacted]

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number [Redacted] 21. Primary or Mill

22. Signature [Redacted]

MSHA Form 7000-3, April 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, 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

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

Section I--Violation Data

| | | | | | |
|--------------------------|-------------------------------|---------------------|-------------------------------|--|-------------------------------|
| 1. Date | <input type="text" value=""/> | Time (24 Hr. Clock) | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| 6. Condition or Practice | | | | 7. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) | |

The Mine Operator failed to apply enough rock dust to control the propagation of airborne float coal dust in the following area along the Mines conveyor belt.

The 1 conveyor belt is dry in several areas and the mine floor is black in color. The mine operator will be required to cover the said area with enough rock dust to prevent a proliferation of a coal dust ignitions and fires along the belt entries.

Due to the natural of this coal mine and the fact that the mine liberates over 2 million cubic feet of methane a day is reason enough for this Inspector to believe that insufficient amount of rock dust could be a

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---------------------------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.402 |

Section II--Inspector's Evaluation

| | | | | |
|---|--|---|------------------------------------|--------------------------|
| 10. Gravity: | | | | |
| A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" 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 checked="" type="checkbox"/> No <input 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 104(a) | | 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" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |

Section III--Termination Action

17. Action to Terminate

| | |
|--|--|
| 18. Terminated | |
| A. Date Mo Da Yr <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |

Section IV--Automated System Data

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

MSHA is committed to 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 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"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr [Redacted] | 3. Citation/Order Number [Redacted] |
| [Redacted] | | [Redacted] (Contractor) |

Continuation of 8. Condition or Practice

serious contributor to a mine fire or explosion. Please note that during this inspection it was brought to the Mine Operators attention that there was a bad top conveyor roller and also a metal to metal contact with the damaged guard for the # 4 sprocket pulley. It should also be noted that there were several problems the permanent ventilation control device along the #3, and #4 belt entries.

This citation will service as notice to the Mine Operator that lack of rock dust in the conveyor entries will be viewed as aggravated conduct if it occurs again.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

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

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District Field Office Mine ID

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

| | |
|---|--|
| Section I--Violation Data | |
| 1. Date <input type="text" value="Mo Da Yr"/> <input type="text" value="2. Time (24 Hr. Clock)"/> | 3. Citation/Order Number <input type="text" value=""/> |
| 4. Served To <input type="text" value=""/> | 5. Operator <input type="text" value=""/> <small>(contractor)</small> |
| 8a. Written Notice (103g) <input type="checkbox"/> | |

The Mine Operator failed to apply enough rock dust to control the propagation of airborne float coal dust in the following area along the Mines conveyor belt.

The 2 conveyor belts are dry in several areas and the mine floor is black in color. The mine operator will be required to cover the said area with enough rock dust to prevent a proliferation of a coal dust ignitions and fires along the belt entries.

Due to the natural of this coal mine and the fact that the mine liberates over 2 million cubic feet of methane a day is reason enough for this Inspector to believe that insufficient amount of rock dust could be a serious contributor to a mine fire or explosion. Please note that during this inspection it was brought to the Mine Operators attention that there

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.402 |
|--------------|--|-------------------|---|

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:

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 <input type="text" value="Mo Da Yr"/> <input type="text" value="Time (24 Hr. Clock)"/> |
|---------------------|--|

Section III--Termination Action

17. Action to Terminate

| | |
|----------------|---|
| 18. Terminated | A. Date <input type="text" value="Mo Da Yr"/> <input type="text" value="B. Time (24 Hr. Clock)"/> |
|----------------|---|

Section IV--Automated System Data

| | | |
|---|--|---|
| 19. Type of Inspection (activity code) <input type="text" value="E01"/> | 20. Even: Number <input type="text" value=""/> | 21. Primary or Mill <input type="text" value=""/> |
| 22. Signat <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 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
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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"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr [Redacted] | 3. Citation/Order Number [Redacted] |
| 4. Served To [Redacted] | | (contractor) |

Section II--Justification for Action

Continuation of 8. Condition or Practice

was a bad top conveyor roller and also a metal to metal contact with the damaged guard for the # 4 sprocket pulley. It should also be noted that there were several problems the permanent ventilation control device along the #3, and #4 belt entries.

This citation will service as notice to the Mine Operator that lack of rock dust in the conveyor entries will be viewed as aggravated conduct if it occurs again.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | |
|--|--------------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To A. Date Mo Da Yr [Redacted] | B. Time (24 Hr. Clock) [Redacted] | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|--|--------------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

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

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District Field Office Mine ID Date

Mine Citation/Order U.S. Department of Labor
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Section I--Violation Data

1. Date 2. Time (M, H, S) 3. Citation/Order Number

4. Served To 5. Operator

6. Contractor

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

The Mine Operator failed to apply enough rock dust to control the propagation of airborne float coal dust in the following area along the Mines conveyor belt.

The 4 conveyor belts are dry in several areas and the mine floor is black in color. The mine operator will be required to cover the said area with enough rock dust to prevent a proliferation of a coal dust ignitions and fires along the belt entries.

Due to the natural of this coal mine and the fact that the mine liberates over 2 million cubic feet of methane a day is reason enough for this Inspector to believe that insufficient amount of rock dust could be a serious contributor to a mine fire or explosion. Please note that during this inspection it was brought to the Mine Operators attention that there

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health Safety Other B. Section of Act C. Part/Section of Title 30 CFR

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:

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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill

22. Sig 23. AR Number

MSHA 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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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. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 3. Citation/Order Number <input type="text" value=""/> |
|---|--|---|

| | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

Section II--Justification for Action

Continuation of 8. Condition or Practice

was a bad top conveyor roller and also a metal to metal contact with the damaged guard for the # 4 sprocket pulley. It should also be noted that there were several problems the permanent ventilation control device along the #3, and #4 belt entries.

This citation will service as notice to the Mine Operator that lack of rock dust in the conveyor entries will be viewed as aggravated conduct if it occurs again.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | |
|---------------------------|--|
| 9. Type of Inspection E01 | 10. Event Number <input type="text" value=""/> |
|---------------------------|--|

| | | | |
|-------------------------------|-------------------------------|-------------------|-------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | 12. Date Mo Da Yr | 13. Time (24 Hr. Clock) |
|-------------------------------|-------------------------------|-------------------|-------------------------|

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| | | | |
|---|--|--|--|
| Section I--Violation Data | | | |
| 1. Date <input type="text" value="Mo Da Yr"/> | 2. Time (24 Hr. Clock) <input type="text" value=""/> | 3. Citation/ Order Number <input type="text" value=""/> | |
| 4. Served To <input type="text" value=""/> | | | |
| (Contractor) <input type="checkbox"/> | | | |

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

The Mine Operator failed to adequately examine the belt conveyor entries. The mine conveyor entries were examined from the surface to the # 5 head this morning. There has been several serious problems cited that points to the root cause as a lack of a sufficient examination. Therefore this citation is issued for the lack of an adequate examination. The following express the concerns of this Inspector:

The lack of rock dust, the problems with the ventilation control devices, the lack of the examination of the fire suppression devices on the exchanges, and the metal to metal contact points discovered are worrisome and warrant a serious re-look at the examination methods employed by the examiners. Due to the natural of this coal mine and the fact that the mine

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.362(b) |
|--------------|--|-------------------|--|

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:

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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill

22. Signal 23. AR Number

MSHA Form 7000-3a (Rev. 10-2003) Under 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
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Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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Section I—Violation Data

| | | | |
|--------------------------|-------------------------------|------------------------------|--|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Served To | <input type="text" value=""/> | 5. Operator | <input type="text" value=""/> |
| | | | (Contractor) |
| 8. Condition or Practice | | | 8a. Written Notice (103g) <input type="checkbox"/> |

The power cable supplying power to the #2 belt drive motor has pulled out of the bushing where it enters the starter box. The Mine Operator was notified of this condition over the mine phone. We discussed it. He is sending someone to repair it.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.515 |
|--------------|--|-------------------|---------------------------------|--------|

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 104(a) | | 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 <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|---------------------------------------|--|

Section III—Termination Action

17. Action to Terminate The cable bushing has been fixed.

| | | |
|----------------|---------------------------------------|--|
| 18. Terminated | A. Date <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|---------------------------------------|--|

Section IV—Automated System Data

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

MSHA Form 7000-3, April 2000 (rev. 05/00) 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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Office of Accountability

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Section I--Violation Data

| | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| <input type="text" value=""/> | | <input type="text" value=""/> | |

The Mine Operator failed to maintain several stopping along the #3 belt entry. The following describes the problems encountered during the examination this day and the state of the dilapidated ventilation control devices:

1. A 4 inch round hole was missing the metal cap on stopping # 2. The hole allows a large volume of air to mix from the intake entry to the #3 belt. These conditions constitute a serious problem if a fire were to occur in the belt entry. The fumes from the fire would be pulled from the belt entry into return at dangerous rate; exposing the miner's) in the secondary escapeway to a potentially deadly condition. This citation will service as notice to the Mine Operator that stopping shall be maintained for the

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.333(b)(3) |
|--------------|--|-------------------|---------------------------------|--------------|

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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate This citation is terminated. The hole was sealed by placing a steel cap over the hole.

18. Terminated A. Date B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill

22. Signal

MSHA Form 7000-3a (Rev. 10-2000) 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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Continuation

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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] |
| [Redacted] | [Redacted] | [Redacted] |

Continuation of 8. Condition or Practice
purpose for which they were originally built.

It should be noted that this citation was issued because it was a a different standard that citation [Redacted] Therefore, I had to issue another citation.



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 |
| Section IV--Inspection Data | | | |
| 9. Type of Inspection | E01 | 10. Event Number | [Redacted] |
| [Redacted] | AP Number | 12. Date | 13. Time (24 Hr. Clock) |

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Section I--Violation Data

| | | | |
|--------------|-------------------------------|------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Served To | <input type="text" value=""/> | 5. Operator | <input type="text" value=""/> |

The mine operator failed to show the location of SCSRs on escapeway map.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---------------------------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.1714-5 |

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: 009

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

12. Type of Action 104(a) 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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The map was updated to include the location of SCSRs.

18. Terminated A. Date B. Time (24 Hr. Clock)

Section IV--Automated System Data

| | | | |
|--|-----|------------------|---------------------|
| 19. Type of Inspection (activity code) | E02 | 20. Event Number | 21. Primary or Mill |
| 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.

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| | |
|---|--|
| Section I--Violation Data | |
| 1. Date <input type="text" value=""/> | 3. Citation/Order Number <input type="text" value=""/> |
| 4. Served To <input type="text" value="Bobby Meadows"/> | 5. Operator <input type="text" value=""/> |
| (Contractor) <input type="checkbox"/> | |
| 6. Written Notice (103g) <input type="checkbox"/> | |

Accumulations of combustibile material were found in the primary intake escapeway from crosscut 23 to crosscut 32 ranging from two to six inches in depth for the entire width of the roadway.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR <input type="text" value="75.400"/> |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | |
|---|--|---|---|
| 10. Gravity: | | | |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> | | | D. Number of Persons Affected: <input type="text" value="009"/> |
| 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 <input type="text" value="104(a)"/> | | 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 <input type="text" value=""/> F. Dated Mo Da Yr | |

15. Area or Equipment

| | | |
|---------------------|---------------------------------------|---|
| 16. Termination Due | A. Date <input type="text" value=""/> | Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|---------------------------------------|---|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------------------------|--|
| 18. Terminated | A. Date <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|---------------------------------------|--|

Section IV--Automated System Data

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

MSHA Form 7000-3, as amended. Pursuant to 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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Section I--Violation Data

| | | | |
|--|-------------------------------|-------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| <input type="text" value=""/> | | <input type="text" value=""/> | |
| | | (Contractor) | |
| 8a. Written Notice (103g) <input type="checkbox"/> | | | |

Rock dust was not maintained to within forty feet of the faces in entry #5, #4, and the last open crosscut from entry #3 to entry #2. This condition would result in the propagation of an explosion in the event of a face ignition. The methane levels in these areas ranged from .2% to .4%.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.402 |
|--------------|--|-------------------|---------------------------------|--------|

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: 002

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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The areas were adequately rockdusted.

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

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill

22. Signature

MSHA Form 7000-3a (Rev. 10-2000) has been revised to include information regarding the Small Business and Agriculture Regulatory Ombudsman and Regional Fairness Boards to receive comments from small businesses about regulatory 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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Section I--Violation Data

| | | | | | |
|--------------|-------------------------------|---------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | Time (24 Hr. Clock) | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Served To | <input type="text" value=""/> | | 5. Operator | <input type="text" value=""/> | |
| | | | Contractor | | |

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

There were accumulations of loose coal measuring six inches deep by ten inches wide and two feet in length behind and under the 480 VAC electric motor on the 2 south section Stamler feeder. The feeder was not running at time of observation.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|----------------------|------------------------------------|--------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.400 |
|--------------|--|----------------------|------------------------------------|--------|

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 104(a) 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 accumulations were removed.

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E02 20. Event Number 21. Primary or Mill

22. Signature 23. AR Number

MSHA Form 7000-3, April 1999. If 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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Section I--Violation Data

| | | | |
|--|-------------------------------|-------------------------------|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| <input type="text" value=""/> | | <input type="text" value=""/> | |
| (Contractor) <input type="checkbox"/> | | | |
| 8a. Written Notice (103g) <input type="checkbox"/> | | | |

The operator failed to maintain the established check-in/check-out system. Upon examination, it was found that three miners had failed to check out at the end of their shift and had already left the mine property, and two miners underground that had failed to check in. This citation will serve as notice to the operator that further failure to maintain the check-in/check-out system at this mine will be viewed as aggravated conduct. Please note that this mine has been cited previously for the same condition. It is imperative that the mine maintain the system to ensure the safety of the miners underground.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|---------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1715 |
|--------------|--|-------------------|---------------------------------|---------|

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: 014 |
| 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 104(a) | | 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" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|--|--|

Section III--Termination Action

17. Action to Terminate The operator corrected the check-in/check-out system.

| | | |
|----------------|---------------------------------------|--|
| 18. Terminated | A. Date <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|---------------------------------------|--|

Section IV--Automated System

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

MSHA Form 7000-3a (Rev. 10-2003) Under 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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Section I--Violation Data

| | | | |
|--|-------------------------------|--------------------------|---------------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| 4. Signed To | <input type="text" value=""/> | | (Contractor) <input type="checkbox"/> |
| 5a. Written Notice (103g) <input type="checkbox"/> | | | |

The operator failed to maintain the tracking system to show the assigned location and expected movement of the miners underground. This system shall be maintained to establish the whereabouts of every miner underground in the event of an emergency. During today's inspection, it was found that the movement of several miners had not been documented.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|---------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1501 |
|--------------|---|-------------------|---------------------------------|---------|

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: 014

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

12. Type of Action 104(a)

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 Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The operator corrected the tracking system.

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

Section IV--Automated System

19. Type of Inspection (activity) 20. Event Number 21. Primary or Mill

22. Signature 23. AR Number

MSHA Form 7000-3a is required by the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration 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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Section I—Violation Data

| | | | |
|--|-------------------------------|------------------------------|---------------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Reported by | <input type="text" value=""/> | | (Contractor) <input type="checkbox"/> |
| 8a. Written Notice (103g) <input type="checkbox"/> | | | |

The operator failed to maintain a 4 foot unobstructed walkway from the number 7 belt entry at 21 block to the intake primary escapeway. There were three (3) joints of three (3) inch water line in front of the stopping with a door leading from the beltway to the primary intake escapeway. The operator immediately detailed miners working nearby to remove the pipe.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|------------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.380(d)(4)(ii) |
|--------------|---|-------------------|---------------------------------|------------------|

Section II—Inspector's Evaluation

| | | | | |
|---|--|---|--------------------------|------------------------------------|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" 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 checked="" type="checkbox"/> No <input 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 104(a) | | 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" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|---------------------|--|--|

Section III—Termination Action

17. Action to Terminate The three joints of 3 inch plastic water line were removed.

| | | |
|----------------|--|--|
| 18. Terminated | A. Date Mo Da Yr <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> |
|----------------|--|--|

Section IV—Automated System Data

| | | |
|---|-------------------------------|-------------------------------|
| 19. Type of Inspection (activity of) | 20. Event Number | 21. Primary or Mill |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| 22. Signature <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 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

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

Section I—Violation Data

| | | | |
|--------------------------|--|------------------------------|---------------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/ Order Number | <input type="text" value=""/> |
| 4. Signed To | <input type="text" value=""/> | | (Contractor) <input type="checkbox"/> |
| 5. Condition of Practice | 8a. Written Notice (103g) <input type="checkbox"/> | | |

The operator failed to maintain the Stancor 1.5 horsepower, 480VAC, Serial Number C3011A in permissible condition. The lead seal was missing from the cable entrance gland on top of the pump. The pump was not in use and was not plugged into an electrical power source.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.512 |
|--------------|--|-------------------|--|

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 104(a) | | 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 | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | |
| 15. Area or Equipment | | | | |
| 16. Termination Due | | | | |
| A. Date <input type="text" value=""/> | | B. Time (24 Hr. Clock) <input type="text" value=""/> | | |

Section III—Termination Action

17. Action to Terminate The section electrician intalled the proper lead seal on the cable entrance gland.

| | | | |
|----------------|---------------------------------------|--|--|
| 18. Terminated | A. Date <input type="text" value=""/> | B. Time (24 Hr. Clock) <input type="text" value=""/> | |
|----------------|---------------------------------------|--|--|

Section IV—Automated System

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

MSHA Form 7000-3a (Rev. 10-2003) 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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Section I--Violation Data

| | | | |
|--------------------------|-------------------------------|--|-------------------------------|
| 1. Date | <input type="text" value=""/> | 3. Citation/Order Number | <input type="text" value=""/> |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> | |

The Stancor, Model P20CE, Serial 3011A, located in the main return of the 2 South section was not provided with the correct capacity circuit breaker. The pump starter box contained a 10.75 amp breaker. This breaker exceed the maximum allowable amperage to provide overload and short circuit protection for a 1.5 horsepower 480VAC electrical motor. The pump was not plugged into an electrical power source. The pump had not been used to pump water for more than a week.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|--|-------------------|---------------------------------|--------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.518 |
|--------------|--|-------------------|---------------------------------|--------|

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: 00 | |
| 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 104(a) | | 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 | | E. Citation/Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | |
| 15. Area or Equipment | | | | |

| | | | | |
|---------------------|---------|-------------------------------|---------------------|-------------------------------|
| 16. Termination Due | A. Date | <input type="text" value=""/> | Time (24 Hr. Clock) | <input type="text" value=""/> |
|---------------------|---------|-------------------------------|---------------------|-------------------------------|

Section III--Termination Action

17. Action to Terminate The pump was taken out of service to have the breaker replaced with a breaker of the correct amperage.

| | | | | |
|----------------|---------|-------------------------------|------------------------|-------------------------------|
| 18. Terminated | A. Date | <input type="text" value=""/> | B. Time (24 Hr. Clock) | <input type="text" value=""/> |
|----------------|---------|-------------------------------|------------------------|-------------------------------|

Section IV--Automated System Data

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

MSHA Form 7000-3, April 06 (rev) 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

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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. Severity | | 5. Location | |
| 6. Condition of Practice | | 8a. Written Notice (103g) | |

The trailing cable was not properly clamped to the reel of the #2 Joy Shuttle Car on the 2 South section. The cable had pulled out of the restraining clamp and the clamp was resting on the insulated 480VAC power conductors. The cable leads were insulated and the ground pilot wire and grounds were connected.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---------------------------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.605 |

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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input 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: 00 |
| 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 104(a) | | 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 | | E. Citation/Order Number | |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | F. Dated Mo Da Yr | |
| 15. Area or Equipment | | | |

| | | |
|---------------------|---------|------------------------|
| 16. Termination Due | A. Date | B. Time (24 Hr. Clock) |
| | | |

Section III--Termination Action

17. Action to Terminate The cable was clamped with the clamp resting on the outer jacket of the shuttle car trailing cable.

| | | |
|----------------|---------|------------------------|
| 18. Terminated | A. Date | B. Time (24 Hr. Clock) |
| | | |

Section IV--Automated System Data

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

MSHA Form 7000-3a 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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Office of Accountability

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Mine Safety and Health Administration



Section I--Violation Data

| | | |
|--------------|-------------|------------------------------|
| 1. Date | 2. Time | 3. Citation/ Order Number |
| 4. Served To | 5. Operator | |

The fire suppression nozzle located over the left tram motor of the #2 shuttle car was not protected against the entrance of moisture, dust, or dirt.

See Continuation Form (MSHA Form 7003-3a)

| | | | | |
|--------------|--|----------------------|------------------------------------|-----------------|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.1107-9(a)(1) |
|--------------|--|----------------------|------------------------------------|-----------------|

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 104(a) | | 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 | B. Time (24 Hr. Clock) |
|---------------------|---------|------------------------|

Section III--Termination Action

17. Action to Terminate A cap was installed over the nozzle to prevent the entrance of moisture, dust or dirt.

| | | |
|----------------|---------|------------------------|
| 18. Terminated | A. Date | B. Time (24 Hr. Clock) |
|----------------|---------|------------------------|

Section IV--Automated System Data

| | | |
|--|------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number | 21. Primary or Mill |
| 22. Signature | | |

MSHA Form 7000... 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

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Section I--Violation Data

| | |
|---------------------------|--------------------------|
| 1. Date | 3. Citation/Order Number |
| 4. Signed To | 5. Operator |
| 8a. Written Notice (103g) | |

The trailing cable was not being protected from damage on the #2 shuttle car on the 2 South section. The plastic cable guide in front of the elephant ear had worn out and allowed the cable to come in contact with sharp edges on the metal in front of the cable guide. Over an extended period of time this would result in damage to the trailing cable outer jacket.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---------------------------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 75.606 |

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 104(a)

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 plastic cable guide was turned over to the opposite side which was unworn.

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

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill

MSHA Form 7000-3a is provided in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996. The Small Business Regulatory Enforcement Fairness Act 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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 Office of Accountability

District Field Office Mine ID

Rock Dust Sample Submission Form

Page 1 of 2

Rock Dust Sample Submission Form U.S. Department of Labor
 Mine Safety and Health Administration

Spot Survey

Field Office: F. O. Code:

Supervisor Email: Clerk Email:

Zero Point:

Collector's Comments:

Collector's Comments

- Advancing
- Retreating

| Lab Number | Bag Number | Sample Type | Location in Mine | Intake/Return | Handheld CH4 | Bottle No. (If App.) | Bottle Analysis | Dust Analysis | Required | Compliant |
|------------|------------|-------------|---------------------------|---------------|--------------|----------------------|-----------------|---------------|----------|-----------|
| | 1A1 | Rib | #1 Entry 0+0 | R | 0.1 | | | 88.1 | 80.4 | Yes |
| | 1B1 | Rib | #2 Entry 0+0 | R | 0.1 | | | 87.5 | 80.4 | Yes |
| | 1C1 | Band | #3 Entry 0+0 | I | 0.0 | | | 81.7 | 65 | Yes |
| | 1D1 | Band | #4 Entry 0+0 | I | 0.0 | | | 85.1 | 65 | Yes |
| | 1E1 | Rib/Floor | #5 Entry 0+0 | I | 0.0 | | | 63.4 | 65 | No |
| | 1F1 | Rib/Floor | #6 Entry 0+0 | I | 0.0 | | | 78.7 | 65 | Yes |
| | 1A2X | Rib | Cross-Cut 2-1 0+385 feet | R | 0.2 | | | 72.9 | 80.8 | No |
| | 1B2X | Rib | Cross-Cut 2-3 0+385 feet | R | 0.1 | | | 74.8 | 80.4 | No |
| | 1C2X | Band | Cross-Cut 3-4 0+385 feet | I | 0.0 | | | 90.9 | 65 | Yes |
| | 1D2X | Band | Cross-Cut 4-5 0+385 feet | I | 0.0 | | | 87.8 | 65 | Yes |
| | 1E2X | Rib/Floor | Cross-Cut 5-6 0+385 feet | I | 0.0 | | | 85.5 | 65 | Yes |
| | 1F2X | Rib/Floor | Cross-Cut 6-7 0+385 feet | I | 0.0 | | | 70.8 | 65 | Yes |
| | 1A3 | Rib | #1 Entry 0+420 feet | R | 0.1 | | | 87.6 | 80.4 | Yes |
| | 1B3 | Rib | #2 Entry 0+420 feet | R | 0.1 | | | 83.4 | 80.4 | Yes |
| | 1C3 | Band | #3 Entry 0+420 feet | I | 0.0 | | | 92.3 | 65 | Yes |
| | 1D3 | Band | #4 Entry 0+420 feet | I | 0.0 | | | 90.4 | 65 | Yes |
| | 1E3 | Rib/Floor | #5 Entry 0+420 feet | I | 0.0 | | | 70.8 | 65 | Yes |
| | 1F3 | Rib/Floor | #6 Entry 0+420 feet | I | 0.0 | | | 68.8 | 65 | Yes |
| | 1A4 | Rib | #1 Entry 0+840 feet | R | 0.2 | | | 92.7 | 80.8 | Yes |
| | 1B4 | Rib | #2 Entry 0+840 feet | R | 0.2 | | | 76.2 | 80.8 | No |
| | 1C4 | Rib | #3 Entry 0+840 feet | R | 0.1 | | | 87.9 | 80.4 | Yes |
| | 1D4 | Band | #4 Entry 0+840 feet | I | 0.0 | | | 58.6 | 65 | No |
| | 1E4 | Rib/Floor | #5 Entry 0+840 feet | I | 0.0 | | | 66.1 | 65 | Yes |
| | 1F4 | Rib/Floor | #6 Entry 0+840 feet | R | 0.1 | | | 87.5 | 80.4 | Yes |
| | 1A5 | No Sample | #1 Entry 0+1260 feet | R | 0.2 | | | | | |
| | 1B5 | Rib | #2 Entry 0+1260 feet | R | 0.2 | | | 91.2 | 80.8 | Yes |
| | 1C5 | Band | #3 Entry 0+1260 feet | I | 0.0 | | | 83.7 | 65 | Yes |
| | 1D5 | Band | #4 Entry 0+1260 feet | I | 0.0 | | | 85.2 | 65 | Yes |
| | 1E5 | Rib/Floor | #5 Entry 0+1260 feet | I | 0.0 | | | 67.7 | 65 | Yes |
| | 1F5 | Rib/Floor | #6 Entry 0+1260 feet | I | 0.0 | | | 73.4 | 65 | Yes |
| | 1G5 | Rib/Floor | #7 Entry 0+1260 feet | I | 0.0 | | | 83.7 | 65 | Yes |
| | 1A6X | No Sample | Entry Discontinued | R | | | | | | |
| | 1B6X | Rib | Cross-Cut 2-3 0+1720 feet | R | 0.2 | | | 73.4 | 80.8 | No |
| | 1C6X | Band | Cross-Cut 3-4 0+1720 feet | I | 0.0 | | | 69.2 | 65 | Yes |
| | 1D6X | Band | Cross-Cut 4-5 0+1720 feet | I | 0.0 | | | 81.5 | 65 | Yes |
| | 1E6X | Rib/Floor | Cross-Cut 5-6 0+1720 feet | I | 0.0 | | | 83.8 | 65 | Yes |
| | 1F6X | Rib/Floor | Cross-Cut 6-7 0+1720 feet | I | 0.0 | | | 87.3 | 65 | Yes |

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

District Field Office Mine ID Date

Rock Dust Sample Submission Form

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| | | | | | | | | | |
|-------------------------------|-----|-------------------------------|----------------------|---|-----|-------------------------------|------|------|---|
| <input type="text" value=""/> | 1B7 | Rib | #2 Entry 0+2100 feet | R | 0.2 | | 82.6 | 80.8 | Yes |
| For Laboratory Use Only | | | | | | | | | |
| Date Received | | Lab Numbers | | | | Date Emailed | | | |
| <input type="text" value=""/> | | <input type="text" value=""/> | | | | <input type="text" value=""/> | | | |
| Lab Comments | | | | | | | | | SURVEY IS NON- COMPLIANT |

MSHA Form 2000-156, Jun 81 (revised)



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

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Rock Dust Sample Submission Form

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Rock Dust Sample Submission Form U.S. Department of Labor
 Mine Safety and Health Administration

Spot Survey

Field Office: McAlester, OK F. O. Code: 0901

Inspector Email: [Redacted] Supervisor Email: [Redacted] Clerk Email: [Redacted] Manager Email: [Redacted]

Mine ID: [Redacted] Mine: [Redacted] Company: [Redacted]

Sampling Area: [Redacted] Zero Point: [Redacted]

Last Open Cross-Cut #39 break

Collector's Comments: Citation issued. Faces were not adequately rock dusted to within 40 feet of the face.

Advancing
 Retreating

| Lab Number | Bag Number | Sample Type | Location in Mine | Intake/Return | Handheld CH4 | Bottle No. (If App.) | Bottle Analysis | Dust Analysis | Required | Compliant |
|------------|------------|-------------|---|---------------|--------------|----------------------|-----------------|---------------|----------|-----------|
| [Redacted] | 1 | Rib | #6 Entry 47 feet outby face | I | 0.2 | | | 31.5 | 67 | No |
| [Redacted] | 2 | Rib | #5 Face 50 feet outby face | I | 0.2 | | | 23.9 | 67 | No |
| [Redacted] | 3 | Rib | Cross-cut #39 halfway between #2 and #3 Entry | I | 0.2 | | | 27.3 | 67 | No |

For Laboratory Use Only

Date Received: [Redacted] Lab Numbers: [Redacted] Date Emailed: [Redacted]

Lab Comments: [Redacted]

**SURVEY IS
 NON-
 COMPLIANT**

