

December 07, 2009

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

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

BILLY R. RANDOLPH
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Coal District 9, Price
[REDACTED]

Introduction:

This memorandum summarizes the Office of Accountability audit of the subject mines and field office. Audit subjects included, but were not limited to, the Uniform Mine File, MSHA field activities, level of enforcement, evaluations of gravity and negligence, Field Activity Reviews (FARs), MSHA supervisory and managerial oversight, mine plans, and the condition and practices at the mines. The audit was conducted during the week of [REDACTED] by Billy R. Randolph (Accountability Specialist) and Peter J. Montali (Acting Director of the Office of Accountability). Positive findings and issues requiring attention are included in this audit report.

Overview:

The audit team traveled to the subject field office and mines to observe and evaluate areas mentioned above.

Areas of the [REDACTED] Mine examined during this audit were the active main travelways & haulage ways, areas of the main and section belt drives and beltlines, section refuge chamber, approved plans, and postings. Areas of the [REDACTED] Mine examined during this audit were records, postings, check in check out system, main travel haulage, 5th left longwall section, section ventilation controls, refuge chamber, power center, emulsion storage tank, 5th left long-wall section beltline, and section belt drive.

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

1. Interviews with field office supervisor indicate knowledge of enforcement procedures, policies, and evaluation of conditions.
2. Personnel at the field displayed a professional attitude and appearance.
3. Inspectors' notes were detailed and extensive.
4. 103i Inspections were conducted within proper timeframes.
5. CMI's conducting inspections during the accountability audits conducted the inspections in a professional manner and were knowledgeable in the Agency's policy, procedure, and regulations.
6. CMI's addressed each violation identified during the inspection.

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

1. Citations issued for violations are not always properly evaluated regarding gravity, negligence and type of action. { *See Attachment C* }
2. Statement in the condition or practice such as "No Methane Present", "No Ignition Source", "roller not hot", "Area was wet", "Belt off at time of citation", "The machine was not in operation at time of citation", "no CH4 detected and belt sensors were in place", should not be written in the body of citation and is not according to policy {*See Citation and order writing handbook pp 7*}.
3. The proper level of enforcement is not always being utilized. Inspectors are evaluating the citation with the circumstances just at the time of issuance and not considering "if a miner has been, will be, or could be if normal mining operations were to continue". { *Citation & Order writing Handbook pp 17* } – *See Attachment C*
4. [REDACTED] could not clearly define minimum criteria required to issue a citation under 104(a)
[REDACTED]

5. Repeat violations are not always used in the determination of negligence.
6. Record of examination refuge chambers were not being entered into the pre-shift examination record book for any of the refuge chambers at the (b) (6) Mine.

FEDERAL REGISTER VOL. 73 NO. 252, DECEMBER 31, 2008 AMENDED 75.360 TO INCLUDE PRE-SHIFT EXAMINATION OF THE REFUGE ALTERNATIVE.)

RECOMMENDATION: MEMO OR PIB BE ISSUED TO ENSURE THAT ALL DISTRICTS ARE AWARE OF THIS REQUIREMENT THAT THE EXAMINATION OF REFUGE CHAMBERS BE ENTERED ON EACH PRE-SHIFT.

7. A PETITION OF MODIFICATION WAS GRANTED TO THE [REDACTED] MINE REGARDING THE BELT FIRE SUPPRESSION SYSTEM. ONLY 1 LINE NOT 2 BRANCH LINES IS

REQUIRED. THE SPRINKLER SYSTEM IS LOCATED ABOVE THE TOP BELT AND IS NOT REQUIRED TO SPRAY THE BOTTOM PART OF THE TOP BELT AND THE TOP PART OF THE BOTTOM BELT. IN ADDITION, THE SPRINKLERS ARE NOT REQUIRED TO BE AT 8 FOOT INTERVALS BUT CAN BE ON 10 FOOT SPACING.

a. **CONCERN:** THIS PETITION FOR MODIFICATION WAS GRANTED IN THE 1980'S. WITH THE ADVANCEMENT OF TECHNOLOGY AND LARGER EQUIPMENT UTILIZED, AND WHAT WAS LEARNED AT ARACOMA, DOES IT CURRENTLY PROVIDE EQUAL OR GREATER PROTECTION THAN 75.1101-8(B) REQUIRES?

8. FARs and AAs are not adequately documented and do not always contain sufficient constructive comments to help inspection personnel improve. Boxes were checked with no comments.
9. Hazards should be included in the condition or practice on form 7000-3 and generally found not to be included during this review. [See Attachment C]
10. Evaluations are not being used regarding continuing operations. Generally evaluated as the condition is at the time of the citation. (Darby internal review pp 40-41)
11. Two 50/50 gauges are available for field office use. With the amount of underground operations and the citations issued during the accountability audit regarding fire outlet pressure and quantity, it is recommended that additional units be provided for CMI use.

S&S Rate Comparison:

Although the S&S rates for the district and field office were comparable to the national average during FY 2008, the FY 2009 rates were lower than the national average for FY 2009.

S&S Rate Comparison			
Fiscal Year	Price, UT Field Office	Coal District 9	National Average
2008	29%	29%	35%
2009	22%	24%	34%

Time and Activity Comparison:

Although time distribution for E01 inspections conducted by the Vansant field office during FY 2009 are generally good, the data indicates a need to address time expended in the "other" category.

Surface Facilities - E01 Inspections					
Travel	Other	Total On-Site	Citation Writing On-Site	Citation Writing Off-Site	Total Percent

% of Total	10.7	24.7	*62.6	7.9	2.0	100.0
------------	------	------	-------	-----	-----	-------

*Total On-Site Hours include citation writing on-site

Surface Mines - E01 Inspections						
	Travel	Other	Total On-Site	Citation Writing On-Site	Citation Writing Off-Site	Total Percent
% of Total	12.8	18.0	*63.2	7.7	6.0	100.0

*Total On-Site Hours include citation writing on-site

Underground Mines - E01 Inspections								
	Travel	Other	MMU	Total On-Site		Citation Writing On-Site	Citation Writing Off-Site	Total Percent
% of Total	12.8	19.8	20.4	*64.2		5.54%	<1	100.0

*Total On-Site Hours include citation writing on-site &MMU

Audit Results:

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. OA Checklist with comments, recommendations and references
- B. Citations issued during this audit



Mine

- | | | |
|-----|------------|-----------------|
| 1. | [REDACTED] | 77.204 |
| 2. | [REDACTED] | 77.204 |
| 3. | [REDACTED] | 75.1100-3 |
| 4. | [REDACTED] | 75.1100-3 |
| 5. | [REDACTED] | 75.904 |
| 6. | [REDACTED] | 75.333(b)(3) |
| 7. | [REDACTED] | 75.333(b)(3) |
| 8. | [REDACTED] | 75.1600-2(e) |
| 9. | [REDACTED] | 75.333(b)(3) |
| 10. | [REDACTED] | 75.1100-1(f)(1) |
| 11. | [REDACTED] | 75.516 |
| 12. | [REDACTED] | 75.516 |
| 13. | [REDACTED] | 75.1100-1(f)(1) |
| 14. | [REDACTED] | 75.1714-2(b) |
| 15. | [REDACTED] | 75.1100-3 |
| 16. | [REDACTED] | 75.202(a) |
| 17. | [REDACTED] | 75.1403 |
| 18. | [REDACTED] | 75.1103-11 |



Mine

- | | | |
|----|------------|--------------|
| 1. | [REDACTED] | 75.220(a)(1) |
| 2. | [REDACTED] | 75.370 |
| 3. | [REDACTED] | 75.807 |
| 4. | [REDACTED] | 75.350 |
| 5. | [REDACTED] | 75.400 |
| 6. | [REDACTED] | 75.333(d)(3) |

C. Enforcement actions with questionable evaluations of gravity and/or negligence
(With questioned areas shaded)

1.	Evaluate supervisory review of inspection reports and documentation for completeness.					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
A review of the prior inspection reports indicate improper determination of negligence, gravity, and type of action on a number of citations issued [See Attachment C]						

2.	Determine if supervisors address report deficiencies immediately					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
The deficiencies highlighted on the citation listing in Attachment C have that been reviewed by the supervisor were not addressed or corrected.						

3.	Determine if supervisors are visiting each assigned mine at least annually					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Supervisors accompany inspectors on their regular inspections and 103(i) inspections routinely.						

4.	Evaluate the quality of Field Activity Review reports (FARs)					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
All FAR's reviewed had all marked the same with no comments on any of the ones reviewed.						

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

District Field Office Mine ID

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

Performance-based issues are not being immediately addressed, as evidenced by inaccurate evaluations of gravity and/or negligence during accompanied inspections. During an accompanied visit citation [REDACTED] {See attachment D} was issued for methane accumulation of over 2% and was evaluated as 104(a) Non S&S, Unlikely, No Days Lost and 7 people affected. The action to terminate this citation was written as "The longwall was shut down and the gas dropped to 2 percent of methane".

Accompanied visit during event # [REDACTED] citation [REDACTED] was issued under 75.512 but multiple violations were combine rather that issuing separate citations according to policy. The body of the citation read as follows; "In the 10th West (a 2-entry development section off the west side of the Mains which is under construction) between crosscut-3 and crosscut-4 in what will be the future belt entry, the Operator failed to maintain the battery charging station located there in a safe operating condition. The re-set switch for the fire suppression system was damaged. The entrance gland conduit nut was cut down one side and no longer could serve the purpose for which it was designed. Also, the plunger rod on the re-set switch was without a knob. In addition, the grounding cable used between the charging station and the battery set being charged had 2-cuts in the outer jacket which exposed the copper conductor of the cable in question". The citation was evaluated as 104(a) Non S&S, Unlikely, Lost Work Days, 1 Affected, Mod Negligence.

6. Evaluate the quality of Accompanied Inspections
Adequate Inadequate Not Applicable Comments Below

See #4 & 5 above.

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

District Field Office Mine ID Date

7. Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate Inadequate Not Applicable Comments Below

Audit did not have the opportunity to review all of the mine files.

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

Adequate Inadequate Not Applicable Comments Below

Supervisors are conducting general mine visits and FARs but the quality of the reviews is questionable. [see 4 & 5 above and attachment D]

9. Determine if District Manager is using Performance Management System to hold ADMs accountable for oversight of subordinates

Adequate Inadequate Not Applicable Comments Below

Not reviewed due to time constraints of the Audit team

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

Adequate Inadequate Not Applicable Comments Below

How is poor compliance determined?

12. Evaluate required monthly reports of supervisory and management mine visits

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

13. Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district

Adequate Inadequate Not Applicable Comments Below

Price FO has 26 mining operations which 12 mines are classified as either Non Producing, Temporarily Idled, or New Mines. Personnel assigned to the field office are as follows; 14 CMI's UG, 2 Mine Safety & Health Specialists, 1 Electrical, and 2 Supervisors.

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

Adequate Inadequate Not Applicable Comments Below

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

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

Adequate Inadequate Not Applicable Comments Below

See Attachment C

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

Time expended in the "other" category for regular inspections at surface accounts for 25% of the total time.

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

District Field Office Mine ID Date

18. Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures

Adequate Inadequate Not Applicable Comments Below

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

See Attachment C.

20. Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine

Adequate Inadequate Not Applicable Comments Below

Enforcement levels at the Price field office were below the national average for S&S elevated enforcement levels. Price FO had an S&S rate of 22% with the National Rate of 34%. (*See Attachment C*)

21. Determine if District Manager is monitoring the ACRI program and using the Performance Management System to ensure that CLRs justify changes

Adequate Inadequate Not Applicable Comments Below

ACRI Program was not audited.

22. Determine if District Manager is using discretion in granting conferences

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

ACRI review was not conducted at time of this audit.

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

Adequate Inadequate Not Applicable Comments Below

Review of the Peer Review was not conducted at the time of this audit.

24. Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance

Adequate Inadequate Not Applicable Comments Below

Supervisor stated that he has never had to take any actions for any reason with the inspectorate workforce.

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

Adequate Inadequate Not Applicable Comments Below

Fire fighting equipment not being maintained. Five citations issued 75.1100/75.1103 during the audit with one citation issued for the waterline no being charged with water and available for fire fighting. {See Attachment B Cit#'s (b) (6)}
(b) (6) See Aracoma Internal Review pp 105-112

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

Inspector's notes were detailed and extensive. Very good notes.

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the audit.

33. Determine if areas deemed "too wet" for rock dust surveys are re-visited and sampled

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the audit

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

Inspection was ongoing therefore it was not determined if all provisions were evaluated during this audit.

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

District Field Office Mine ID Date

36. Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals

Adequate Inadequate Not Applicable Comments Below

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 Items No. 19, No. 79, and Attachment C.

38. Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

Audit team travel in the outby areas and did not examine the active working places or faces at the time of the audit.

39. Check adequacy of preshift/onshift examinations

Adequate Inadequate Not Applicable Comments Below

A review of the record books indicate hazards were reported at various times.

40. Evaluate inspector's observation of roof conditions.

Adequate Inadequate Not Applicable Comments Below

Inspector identified a hazard regarding loose ribs along the beltline and took proper enforcement action to correct the hazard.

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

District Field Office Mine ID Date

41. Evaluate operator's workplace examinations

Adequate Inadequate Not Applicable Comments Below

42. Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

Sections were not visited during the audit. Sections were inspected prior to the audit team arriving.

43. Observe air quantity, quality, and gas checks by inspector

Adequate Inadequate Not Applicable Comments Below

45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training?

Adequate Inadequate Not Applicable Comments Below

Audit team did not have the opportunity to interview miners during the audit.

46. Evaluate Self-Contained, Self-Rescuer condition, storage, signage

Adequate Inadequate Not Applicable Comments Below

Self rescuers were carried by all miners observed except for one miner not maintaining his rescuer within 50 feet of his work area. Citation issued. {See Attachment B - Cit # (b) (6)}

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

District Field Office Mine ID Date

47. Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training

Adequate Inadequate Not Applicable Comments Below

Did not evaluate during the audit.

48. Examine electrical cables on several pieces of equipment

Adequate Inadequate Not Applicable Comments Below

Underground face equipment was examined prior to the audit.

49. Evaluate several pieces of equipment for permissibility

Adequate Inadequate Not Applicable Comments Below

Equipment checked previously by the resident inspector.

50. Examine lifelines, manddoors, and related signage

Adequate Inadequate Not Applicable Comments Below

51. Examine escapeway map for compliance with regulations

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

52. Evaluate integrity of primary and alternate escapeways

Adequate Inadequate Not Applicable Comments Below

3 citations were issued for failure to maintain separation between intake, belt and/or return air courses. See Attachment B - Citation nos. (b) (6)

53. Evaluate integrity of return side stopping line

Adequate Inadequate Not Applicable Comments Below

See item 52.

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

Adequate Inadequate Not Applicable Comments Below

Belt air not maintained according to approved plan, Accumulations at section 6 North section belt, Air lock door not in a closed position - See Attachment B - Citation nos. (b) (6)

55. Evaluate conveyor belt isolation from other air courses

Adequate Inadequate Not Applicable Comments Below

See item #54

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

Citation issued for the water line not being charged (water shut off) ^{(b) (6)}
citation issued for a fire valve inoperative, {cit # ^{(b) (6)}}, 2 citations issued for
excessive pressure at the fire hose outlet when tested ^{(b) (6)} - See
Attachment B- See Aracoma Internal Review pp 105 - 118

57. Observe and evaluate fire detection methods

Adequate Inadequate Not Applicable Comments Below

Section 2 entry longwall retreat section beltline - cit # ^{(b) (6)} issued for inadequate air
movement in the belt entry which in turn renders the sensor ineffective. {See Attachment
B}

58. Evaluate cleanup of accumulations and application of rock dust

Adequate Inadequate Not Applicable Comments Below

See Attachment B - Cit# ^{(b) (6)}

59. Evaluate condition of conveyor belt drives, and fire suppression systems

Adequate Inadequate Not Applicable Comments Below

Fire suppression systems on belt drives only require one line through petition of
modification instead of 2 branch lines. One line above the top belt is approved but does
not require the system to have 2 branch lines and positioned to spray the top part of the
top belt, bottom part of the top belt and top part of the bottom belt. In addition, the
sprinklers are at intervals of no more than 10 feet which is 2 feet further than required
under 75.1101-8(a).

*Recommendation: A review of the approved petition of modification should be conducted to
determine if this system is providing at least the same or greater protection required by the*

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

District Field Office Mine ID Date

standard. This petition was approved more than 20 years ago and through technological advancement, the belts and take-up units have increased substantially and it is unclear if it currently provides adequate protection.

60. Determine if all required record books are adequately completed and in compliance with applicable standards .

Adequate Inadequate Not Applicable Comments Below

Review of the record books revealed examinations of the refuge chambers were not being entered each shift in the appropriate record book.

Refuge chambers at these mines have been in existence for a number of years and need to be retro-fitted to adequately check the oxygen gauges to determine if they are accurate. VA has had units in their state retrofitted to meet the examination requirements.

61. Examine mine map for accuracy of workings and escapeway locations

Adequate Inadequate Not Applicable Comments Below

Audit team did not have an opportunity to review on a one shift inspection.

62. Examine mine bulletin board and evaluate adequacy of all required postings

Adequate Inadequate Not Applicable Comments Below

63. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes

Adequate Inadequate Not Applicable Comments Below

Audit team did not have an opportunity to review on a one shift inspection

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

District Field Office Mine ID Date

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

Audit team did not have the opportunity to evaluate one set of seals. Did not inspect seals during the days the audit team visited the mine site.

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

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

75. Evaluate approved training plan after discussion with miners
Adequate Inadequate Not Applicable Comments Below

Areas of travel during the audit - did not have the opportunity to discuss with miners. Outby areas not in the active section were visited.

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

District Field Office Mine ID Date

77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate Inadequate Not Applicable Comments Below

See Attachment C

78. Ten most current completed E02 (103(i) spot) inspection reports

Adequate Inadequate Not Applicable Comments Below

79. Citations, orders, and safeguards issued during previous two quarters

Adequate Inadequate Not Applicable Comments Below

Evaluations for gravity, negligence, and the type of enforcement action taken are not always consistent with the narrative of the citations issued. Examples of this inconsistency are found in *Attachment C*.

Recommendation - Proper evaluation of gravity, negligence, and level of enforcement should be addressed during staff meetings. In addition, the OA recommends that district management consult with the National Mine Academy regarding supplemental training for all inspection personnel regarding these issues.

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

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

District Field Office Mine ID Date

81. Determine if all plans and documents in the Uniform Mine File are legible, and up to date

Adequate Inadequate Not Applicable Comments Below

84. Determine if approved plans are being properly implemented and continue to be revised/adequate as conditions in the mine change

Adequate Inadequate Not Applicable Comments Below

See item # 59

85. Determine if miners are adequately trained in the provisions of any new plan prior to its implementation

Adequate Inadequate Not Applicable Comments Below

Not evaluated on the one shift audit.

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

99. Determine if the uniform mine file is reviewed for information related to plan adequacy

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

102. Determine if input is solicited from field office inspectors/supervisors, and recommendations are addressed prior to approval

Adequate Inadequate Not Applicable Comments Below

Cannot be determined

111. Determine if plans contain required safety precautions for operating remote controlled equipment

Adequate Inadequate Not Applicable Comments Below

Plans appear to be adequate but the audit team did not observe remote controlled equipment since the audit focused on the outby areas.

114. Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date

Adequate Inadequate Not Applicable Comments Below

Did not have the opportunity to review the spreadsheets or database.

115. Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists

Adequate Inadequate Not Applicable Comments Below

Cannot be determined at this time - New supervisor at the Price FO

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

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Adequate regarding review of the documentation regarding close out conferences but a close conference was not conducted during the audit review since the inspection has not been completed.

121. Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.

Adequate Inadequate Not Applicable Comments Below

See Item # 13

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--Violations				
1. Date		3. Citation/Order Number		
				(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>				
<p>The 6' by 10' chain link fence guard panel guarding the magnet dump site just outby the Rock Canyon Belt Portal is not secured on the right side. The guard is leaning against the magnet I-beam structure. There is an 18" opening at the bottom of the guard, between the guard and the other chain guarding.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	77.204
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		Time (24 Hr. Clock)		
Section III--Termination Action				
17. Action to Terminate The guarding was secured.				
18. Terminated				
A. Date		B. Time (24 Hr. Clock)		
Section IV--Automated System				
19. Type of Inspection (activity code) E01		20. Event Number		21. Primary or Mill
				23. AR Number
<small>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 (1-888-724-3247), 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.</small>				

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	<input type="text" value=""/>	2. Time (24 Hr. Clock)	<input type="text" value=""/>	3. Citation/Order Number
				(Contractor) <input type="checkbox"/>
8a. Written Notice (103g) <input type="checkbox"/>				
<p>There is an unguarded opening on the BC #1 belt near the magnet dump. The opening measured 7' by 5' 6". There is substantial evidence of falling coal and rock in the immediate area. Coal and rock measured up to 9" in diameter. There is evidence of footprint and tracks directly under the opening.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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 77.204	
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 <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
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo-Da-Yr
15. Area or Equipment				
<input type="text" value=""/>				
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 opening is guarded.				
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		21. Primary or Mill
<input type="text" value=""/>		<input type="text" value=""/>		<input type="text" value=""/>
				23. AR Number
				<input type="text" value=""/>
<small>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.</small>				

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	2. Time (24 Hr. Clock)	3. Citation/Order Number		
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>		
4. Mine Name		5. Mine Location		
<input type="text" value=""/>		<input type="text" value=""/>		
6. Condition or Practice				7a. Written Notice (103g) <input type="checkbox"/>
Just inby the North #1 belt portal the fire fighting water line is not being maintained. When the water outlet was opened, there was no water in the line. The water line had been drained and shut off last winter to prevent damage from freezing, and the mine operator had not been returned the water line to operable conditions after freezing temperatures ended in the spring of this year.				
/ See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	
			75.1100-3	
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: <input type="text" value="002"/>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" 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"/>		<input type="text" value=""/>		<input type="text" value=""/>
15. Area or Equipment				
<input type="text" value=""/>				
16. Termination Due		A. Date Mo Da Yr		
<input type="text" value=""/>		<input type="text" value=""/>		
B. Time (24 Hr. Clock)		<input type="text" value=""/>		
Section III--Termination Action				
17. Action to Terminate The water valve outlet was removed from service.				
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		20. Event Number		21. Primary or Mill
<input type="text" value="E01"/>		<input type="text" value=""/>		<input type="text" value=""/>
				23. AR Number
				<input type="text" value=""/>
<small>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.</small>				

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 <input type="text" value=""/>		3. Citation/Order Number <input type="text" value=""/>		
(Contractor) <input type="checkbox"/>				
8a. Written Notice (103g) <input type="checkbox"/>				
The water valve just outby the North #1 Belt drive will not open. The belt drive is protected by dry chemical and a water sprinkler system. Area is well rock dusted.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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 75.1100-3	
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: 004
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				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 Water valve was replaced.				
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
22. <input type="text" value=""/>				23. AR Number <input type="text" value=""/>
<small>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.</small>				

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple [REDACTED]

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration		
Section I--Violation Data				
1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]	
(Contractor) <input type="checkbox"/>				
8a. Written Notice (103g) <input type="checkbox"/>				
<p>A 120 volt circuit breaker on the North #1 Belt Drive Power Center was not properly labeled. The circuit breaker was labeled just "Integrator" but had both plugged into it a Integrator and NM 1 Lights.</p>				
See Continuation Form (MSHA Form 7000-3e) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.904
Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action {04(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 [REDACTED]		B. Time (24 Hr. Clock) [REDACTED]		
Section III--Termination Action				
17. Action to Terminate The NM 1 Lights were unplugged from the "Integrator" circuit breaker and plugged in the circuit breaker labeled "NM. 1 Lights".				
18. Terminated				
A. Date [REDACTED]		B. Time (24 Hr. Clock) [REDACTED]		
Section IV--Automated System				
19. Type of Inspection (code) E01		20. Event Number [REDACTED]		21. Primary or Mill
22. [REDACTED]				23. AR Number [REDACTED]
<small>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.</small>				

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	2. Time (24 Hr. Clock)	3. Citation/Order Number	
				(Contractor)
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
<p>The stoppings between the North #1 belt, #2 entry, and the #3 intake entry were not maintained to separate the belt and intake air courses at the following locations: crosscut #3 along the bottom (leakage is both visual, audible, and palpable); crosscut #6 leaking along the seam, mandoor, and a 6" pipe (leakage is audible and palpable); and crosscut #10 along the double doors (leakage is audible and palpable).</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.333(b)(3)
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: 004
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				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"/>				E. Citation/Order Number
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)	E01	20. Event Number	21. Primary or Mill	
			23. AR Number	
<small>or 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, NC 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.</small>				

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	<input type="text" value=""/>	3. Citation/ Order Number	<input type="text" value=""/>	
(Contractor) <input type="checkbox"/>				
8a. Written Notice (103g) <input type="checkbox"/>				
<p>The overcast at crosscut #5 separating the North #1 belt and the return air course is not being maintained. There is audible leakage on the left side of the overcast. The return is used as an alternate escapeway for the outby crews this side of the mine. Ventilation quantity in the return at the portal is approximately 360,000 cfm. The leakage is not significant enough to cause an expected injury greater than no lost workdays.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <input type="text" value="75.333(b)(2)"/>	
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: <input type="text" value="004"/>
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				F. Dated <input type="text" value="Mo Da Yr"/>
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=""/>		
15. Area or Equipment <input type="text" value=""/>				
16. Termination Due				
A. Date	Time (24 Hr. Clock)			
<input type="text" value=""/>	<input type="text" value=""/>			
Section III - Termination Action				
17. Action to Terminate <input type="text" value=""/>				
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 <input type="text" value="E01"/>		20. Event Number	21. Primary or Mill	
<input type="text" value=""/>		<input type="text" value=""/>	<input type="text" value=""/>	
			23. AR Number	
			<input type="text" value=""/>	
<small>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.</small>				

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date [REDACTED]

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration		
Section I--Violation Data				
1. Date	Time (24 Hr. Clock)	3. Citation/Order Number		
[REDACTED]	[REDACTED]	[REDACTED]		
5. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>		
The pager phone system in the North #1 belt entry at crosscut #7 was inoperable. The phone would receive but not transmit communications.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1600-2(e)
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		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	B. Time (24 Hr. Clock)			
[REDACTED]	[REDACTED]			
Section III--Termination Action				
17. Action to Terminate The pager phone at crosscut #7 has been replaced with a new unit.				
18. Terminated				
A. Date	B. Time (24 Hr. Clock)			
[REDACTED]	[REDACTED]			
Section IV--Automated System				
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill		
E01	[REDACTED]			
22. [REDACTED]	23. AR Number			[REDACTED]
<small>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 Ombudsmen 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.</small>				

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	2. Time (24 Hr. Clock)	3. Citation/Order Number	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
				(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>				
<p>The overcast at crosscut #5 in the #3 intake entry in the North #1 Mains Panel separating the intake and return air courses is not being maintained. There is up to a 3/8" gap for various lengths measuring from 9" to 18" on the left outby side of the overcast, along the top of the seams, and the right inby side of the overcast. The leakage is very audible.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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 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: 004
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				
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. <input type="text" value=""/>				23. AR Number <input type="text" value=""/>
<small>MSHA Form 7000-3a (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, 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.</small>				

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	? Time (24 Hr. Clock)	3. Citation/Order Number	
				(Contractor)
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
<p>The water pressure at the firehose outlet at the head of the GIL-10 HG belt measured greater than 160 psi (the limit of the guage). The maximum psi can not exceed 100 psi.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	
			75.1100-1(f)(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 Pressure adjusted down to 90 psi.				
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.			23. AR Number	
<small>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 2123, 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.</small>				

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	2. Time (24 Hr. Clock)	3. Citation/Order Number	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
				(Contractor)
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
<p>Two power cables, one to the remote belt stop/start control switch and the other for the spillage switch, are hung on the sprinkler protecting the head roller discharge for the GIL-10 TG belt. It appears that coal from the belt pushed the cables onto the water sprinkler. There is no wear or damage to the cables. The power cables are energized with 24 volt DC power. The cables are approximately 10' off the floor. Power cables shall be hung on insulated hangers.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	75.516
Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 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 Power cables were hung on insulated hangers.				
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. <input type="text" value=""/>				23. AR Number <input type="text" value=""/>
<small>MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 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.</small>				

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	2. Time (24 Hr. Clock)	3. Citation/Order Number	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
				(Contractor) <input type="checkbox"/>
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
<p>The fire hose outlet just inby the GIL-10 TG head roller had water pressure that exceeded the pressure guages limit of 160 psi. Also the fire hose outlet at crosscut #5 in the GIL-10 TG belt entry was measured to be 140 psi. The maximum allowable water pressure is 100 psi.</p>				
See Continuation Form (MSHA Form 7000-3e) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	
			75.1100-1(f)(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 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				
<input type="text" value=""/>				
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 Pressure adjusted to 90 psi on both fire outlets.				
<input type="text" value=""/>				
18. Terminated A. Date Mo Da Yr <input type="text" value=""/> B. Time (24 Hr. Clock) <input type="text" value=""/>				
<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
22. <input type="text" value=""/>				23. AR Number <input type="text" value=""/>
<input type="text" value=""/>				
<small>MSHA Form 7000-3, Apr 03 (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, NE, 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.</small>				

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 <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. Severity <input type="text" value=""/>				
(Contractor) <input type="checkbox"/>				
8. Condition or Practice 8a. Written Notice (103g) <input type="checkbox"/>				
A beltman was observed shoveling on the GIL-10 TG belt on an overcast just inby the head roller. He was not wearing his assigned SCSR. His SCSR was located approximately 50' inby his location with his lunch box.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	75.1714-2(b)
Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" 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="Mo Da Yr"/> B. Time (24 Hr. Clock) <input type="text" value=""/>				
Section III--Termination Action				
17. Action to Terminate Discussion held with the miner about the importance of wearing his SCSR. The miner placed his SCSR on his belt.				
18. Terminated A. Date <input type="text" value="Mo Da Yr"/> B. Time (24 Hr. Clock) <input type="text" value=""/>				
Section IV--Automated System				
19. Type of Inspection (activity code) E01		20. Event Number (b) (6)		21. Primary or MII
				23. AR Number <input type="text" value=""/>
<small>MSHA Form 7000-1, (10/99) (10/99) 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 20410. 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.</small>				

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration		
Section I--Violation Data				
1. Date	<u> </u>	2. Time (24 Hr. Clock)	<u> </u>	3. Citation/Order Number
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				(Contractor)
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
The 20 lb. fire extinguisher located at the GIL-10 TG head roller was last examined on January 2009. The fire extinguisher was fully operable. Fire fighting equipment shall be examined every 6 months.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	
			75.1100-3	
Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input 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: <u>000</u>
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 <u>104(a)</u>		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				
<u> </u>				
16. Termination Due A. Date <u> </u> 3. Time (24 Hr. Clock) <u> </u>				
Section III--Termination Action				
17. Action to Terminate The fire extinguisher was examined and the permanent tag punched with the date of examination.				
18. Terminated A. Date <u> </u> Time (24 Hr. Clock) <u> </u>				
Section IV--Automated System Data				
19. Type of Inspection (activity code)	<u>E01</u>	20. Event Number	<u> </u>	21. Primary or Mill
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				23. AR Number <u> </u>
<small>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.</small>				

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	2. Time (24 Hr)	3. Citation/Order Number	
4. Spaced To	(Contractor)		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>
A loose bad rib measuring 10' 6" long was identified in the GIL-10 TG Belt entry between crosscut #5 and #6 on the walkway side where miners regularly work and travel.			
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
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 75.202(a)
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 B. Time (24 Hr. Clock)			
Section III--Termination Action			
17. Action to Terminate <u>The bad rib was easily pulled down.</u>			
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	
			23. AR Number
<small>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 (1-888-724-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MO-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.</small>			

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	<input type="text" value=""/>	2. Time (24	<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=""/>
				(Contractor)
9. Continuation of Citations				8a. Written Notice (103g) <input type="checkbox"/>
<p>On the GIL-10 TG #1 belt from between crosscut #1 to #2 to just outby crosscut #12 for an approximate length of 2,100 feet there is no conveyor belt remote start/stop switch to stop the conveyor in a case of emergency. On belt conveyors that do not transport men start and stop control shall be properly installed at intervals not to exceed 1,000 feet. Such controls shall be properly installed and positioned so as to be readily accessible.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	
			75.1403	
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 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 type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected:
11. Negligence (check one): A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action		13. Type of Issuance (check one)		
314(b)		Citation <input type="checkbox"/> Order <input type="checkbox"/> Safeguard <input checked="" type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action				F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
15. Area or Equipment				
16. Termination Due				
A. Date		B. Time (24 Hr. Clock)		
<input type="text" value=""/>		<input type="text" value=""/>		
Section III - Termination Action				
17. Action to Terminate				
18. Terminated				
A. Date		B. Time (24 Hr. Clock)		
Mo Da Yr				
Section IV - Automated System Data				
19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
				23. AR Number
				<input type="text" value=""/>
<small>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.</small>				

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	2. Time (24 Hr. Clock)		3. Citation/Order Number
				(Contractor)
4. Condition or Practice or: Written Notice (103g) <input type="checkbox"/>				
A record of the annual fire hydrant testing was not maintained and available for inspection by an Authorized Representative of the Secretary.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1103-11	
Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input 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: 000
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		F. Dated Mo Da Yr		
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)	E01	20. Event Number	21. Primary or Mill	
22.			23. AR Number	
<small>MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 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.</small>				

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration		
Section I - Citation Data				
1. Date		3. Citation/Order Number		
				(Contractor) <input type="checkbox"/>
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>
<p>Along 10th West right roadway at crosscut # 1 there was a location that was more than 5 ft. wide and 5 ft. deep with no roof support. The right out-by corner had fallen exposing unsupported area.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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 75.220(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 Timbers were set supporting the area. Therefore this citation is terminated.				
18. Terminated				
A. Date Mo Da Yr		B. Time (24 Hr. Clock)		
Section IV - Automated System				
19. Type of Inspection (activity code) E01		20. Event Number	21. Primary or Mill	
22. Signature			23. AR Number	
<small>MSHA Form 7000-3a is issued 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.</small>				

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	<input type="text" value=""/>	3. Citation/ Order Number	<input type="text" value=""/>	
				(Contractor) <input type="checkbox"/>
				Penalty Notice (103g) <input type="checkbox"/>
5. Condition of Mine				
The stopping in 5th Left Long wall section, MMU 052-0, cross cut # 11 was not properly sealed with sealant. The seams of the omega block were not covered 3" on both sides of the seams in several locations, the thickness of the sealant was not 1/8 " thick in several locations also.				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
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	75.220(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: 006	
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				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 Sealant was reapplied to the stopping seams to the proper with and thickness. Therefore this citation is terminated.				
18. Terminated				
A. Date <input type="text" value=""/>		B. Time (24 Hr. Clock) <input type="text" value=""/>		
Section IV--Automated System Uses				
19. Type of Inspection (activity) 101		20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>	
22. Signatory <input type="text" value=""/>			23. AR Number <input type="text" value=""/>	
<small>MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.</small>				

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 <input type="text" value=""/>		2. (24 Hr. Clock) <input type="text" value=""/>		3. Citation/Order Number <input type="text" value=""/>
				(Contractor) <input type="checkbox"/>
				8a. Written Notice (103g) <input type="checkbox"/>
<p>The 12470 high voltage cable going in to the Long Wall section transformer, MMU-032=0, 5th left, located at # 12 cross cut, was exposed to damage by traffic driving by. The roadway was 11 ft. wide, the transformer stuck out 11 ft. from the pillar line. The diesel powered 9-22 can setter was traveling back and forth in this area.</p> <p>The hazard is the cable did not have any significant guarding to protect it from being struck by equipment traveling the adjacent roadway. The equipment being moved by the area is 8 ft. wide, The operator was seated on the side away from the cable, restricting his visibility to the cable.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <input type="text" value="75.807"/>	
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="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 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=""/>
15. Area or Equipment <input type="text" value=""/>				
16. Termination Due A. <input type="text" value=""/>		B. Time (24 Hr. Clock) <input type="text" value=""/>		
Section III - Termination Action				
17. Action to Terminate The operator moved the Emulsion car thus protecting the out by side and a jack with reflective tape was installed on the in-by side. Therefore this citation is terminated				
18. Terminated Mo Da Yr <input type="text" value=""/>		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. Signature <input type="text" value=""/>				23. AR Number <input type="text" value=""/>
<small>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 on 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.</small>				

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	<input type="text" value=""/>	3. Citation/Order Number	<input type="text" value=""/>	
4. Sent To	<input type="text" value=""/>			(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>		
<p>The equipment air lock doors located at 6th north belt drive were not being used properly. The door next to the belt was open and no one was around that side of the belt. Airlock doors are used to allow equipment and people to move from one air course to another, when not in use closed.</p>				
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(d)(3)	
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 door was closed, Therefore this citation is terminated.				
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
22. Sign <input type="text" value=""/>			23. AR Number <input type="text" value=""/>	
<small>MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.</small>				

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	9	104(a) Cit	77.1606(c)	N	UL	LD 1		Mod
<p>Dodge truck company number 506 was inspected at crosscut number 4 in Rock Canyon East mains . When this machine was inspected the park brake would not hold on this machine. Machine was taken to the grade at the mine portal and retested. This machine park brake would not hold on this grade. This machine has a automatic transmission and when the park position was selected this machine did hold did hold on this hill.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]		104(a) Cit	75.1909(d)	N	UL	NLD 1		Mod
<p>Accumulations of damp to wet loose coal and coal fines were present on the off walk way side of the #8R Section feeder breaker. Accumulations measured approximately 9 feet in length, 5 feet wide and 16 inches in depth.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]		104(a) Cit	75.400	N	UL	LD	1	Mod
<p>975 Elmco min wheel truck company number 11 was inspected at crosscut number 1 in Pace South Mains Crossover. When this machine was inspected it was found to have extensive oil accumulations. The 24 inch X 24 inch top of the hydraulic tank was wet with hydraulic oil. This oil had leaked down the side of this tank filling the frame that supports the hydraulic tank. This oil also accumulated in a 4 inch diameter wet spot on the ground under this tank. This machine also had oil and coal dust accumulated from 1/4 to 1/8 of a inch thick on the top of the left side steering cylinder. Leaking oil had washed the bottom of the rod end packing on this steering cylinder. The top of the fuel tank was wet with fuel and there was wet oil leaking from the park brake area. There was not a ignition source near these oil accumulations. (engine is ignition source)</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]		104(a) Cit	75.400	N	UL	NLD	2	Mod
<p>Accumulations of oil soaked coal fines were present on the hoses and controls on the drill head end, both sides of the Roof Bolter #10 located in the Pace South (Pony) working section MMU-005. See Aracoma/Darby internal review.</p>									

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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.370(a)	N	UL	LD,7		Mod
<p>The approved ventilation plan for the development and duration of two entry mining was not being complied with in that the required fire doors installed in the intake roadway leading to the Gil 8 long wall were not operational. When inspected the left side door leading into the section was off of the hinges and the door was standing in the mud. This door was not attached to the frame and there was 10 inches between the bottom two components that comprise the hinge. The top hinge was raised up 3 inches where the hinge had separated. The bottom of the frame that should have supported the door was pushed 10 inches in by from being plumb. The mud that blocked the bottom of the door was 4 inches deep and 29 inches wide and was on top of the bottom rubber seal the entire length of this door. The purpose of these doors is to quickly isolate the working section according to the petition.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.400	N	UL	NLD		1 Mod
<p>Accumulations of wet coal fines were present under the Pace So. X-over Mains belt head roller. Accumulations measured approximately 8 ft wide, 12 ft in length and 12 inches to 14 inches in depth. Belt off at time of citation and no Ch4 detected. [statement no methane was detected a the time this condition was found – need to consider continuing operations not just at the time of the violation. – see Darby internal review , citation and order writing handbook pp 17, mitigating circumstances pp 21 {citation and order writing handbook}]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.400	N	UL	NLD		1 Mod
<p>Accumulations of oil and oil soaked loose coal and coal fines were present on the left side of the #1 Section Feeder Breaker under the motor on the hydraulic hoses and cables. Oil accumulations were also present under the oil pump and filter area of the #1 Feeder Breaker in the Pace South 60"section, MMU-004. Feeder Breaker not in operation at time of citation and no CH4 detected. [statement no methane was detected a the time this condition was found – need to consider continuing operations not just at the time of the violation. – see Darby internal review , citation and order writing handbook pp 17, mitigating circumstances pp 21 {citation and order writing handbook}]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.1731(a)	Y	RL	PD	7	Mod
<p>A total of 19 broken, frozen. Or missing belt rollers were observed along the Gilson 10 Tailgate belt, mmu-001. These rollers contribute to friction and pose a fire hazard on this belt. The belt also has frayed edges, small strips (flappers) cut off, and this condition exposes the inner core of the belt conveyor. With the edges frayed the fire resistance of the belt is compromised. The belt was removed from service until all the bad rollers are changed.</p>									

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

District Field Office Mine ID Date

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.75.400	N	UL	NED	1	Mod
<p>Accumulations of wet coal existed in the belt entry on Gilson 10 Headgate adjacent to the belt drive on the off walkway side of entry. The accumulations were created by washing down of the belt headroller transfer and running down hill to this x-cut against the stopping. The accumulations were 11 inches in depth by 18 feet in width and extended out from the face of the stopping about 20 feet. There was no contact with any ignition source.</p>									