

Mine Activity Data



1. Action: a. New Entry b. Update 2. Activity Code: E01 3. Event Number: 4111132

4. Date Event Started: 7/7/2006 5. Date Event Finished: 9/29/2006 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 02 9. Company Name PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment) 20401 b. Work Group 02 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 4 b. Idle Sections 0

c. Outby Areas d. Shafts/Slopes e. Surface Areas (UG) f. Surface Workings g. Company Records h. ATF i. Impoundments j. Refuse Piles

k. Major Construction (1) Shaft/ Slope Sinking 0 (2) Impoundment Construction 0 (3) Buildings 0 (4) Dragline/ Shovel 0 (5) Other 0 1. Miscellaneous

m. MMU/Pit Number (1) 009 ~~(2) 030~~ (3) 030 (4) 031
015

13. Number of Samples Collected a. Air Samples 17 b. Rock Dust Spot 0 c. Rock Dust Survey 10 d. Respirable Dust 14 e. Noise 0 f. Other 0

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration	15. Prime Independent Contractor Codes (Major Construction)							
	16. Inspection Results							
	Citations		Orders		Safeguards		Other	
a. This Inspection	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
(1) New Issuances	8		5					
(2) Terminations/Vacations	9/0		4/0					
(3) Modifications/Extensions								
(4) Left Pending	0		1					
b. Previously Issued								
(1) Modifications/Extensions								
(2) Terminations/Vacations								

18. Signature and Card Number of Authorized Representative/ Right of Entry Person(s) Responsible for Activity

 Card Number 3591 0643

c. _____
d. _____

19. Key Entered By _____ Date _____

17. Remarks:

7

Shift	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1 7/16/2006	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 7/23/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Week 3 7/30/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 8/6/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 8/13/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 8/20/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 8/27/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 9/3/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880-1000



JUL 31 2006

Mr. Mike Vaught
Performance Coal Company
ID No. 46-08436
P O Box 69
Naoma, West Virginia 25140

Dear Mr. Vaught:

This is to advise you that your requests dated July 17, 2006 for a Health and Safety Conference on Violation Nos. 7256481, and 7256482 will not be granted.

In communications with the Office of the Solicitor, Massey Energy's counsel has indicated its intentions to file notices of contest on all significant and substantial (S&S) citations and all orders. The above violations are S&S and will have been or are anticipated to be contested with the Review Commission.

If you have any questions regarding this matter, please call me at (304) 877-3900.

Sincerely,

A handwritten signature in cursive script that reads "Richard Dana Hosch".

Dana Hosch
Conference Officer
Coal Mine Safety and Health, District 4

cc: Mr. Dana Hosch, Conference Officer
Files

**PERFORMANCE SAFETY DEPARTMENT**

DATE: 7-17-2006**TO:** Jesse Cole**FROM:** Greg Fernet**RE:** Request for Conference

I respectfully request to conference the following violation/violations.

<i>Citation #</i>	<i>Date</i>
7256481	7-17-06
7256482	7-17-06

OPERATION: Upper Big Branch Mine**ID#:** 46-08436**INSPECTOR:** [REDACTED]**Brief description for reason of requested conference:**Gravity

6-256
RECEIVED

JUL 17 2006

**MSHA CLR
DISTRICT 4**

Performance Coal Safety

P. O. Box 69 Naoma WV 25140

Phone: 304-854-1762

Fax: 304-854-3530

Fax

<i>To: JESSE COLE</i>	<i>From: GREG FERNETT</i>
<i>Fax: 877-3927</i>	<i>Pages: 02</i>
<i>Phone: 877-3900</i>	<i>Date: 07/17/06</i>
<i>Re: CONFERENCE REQUEST</i>	<i>CC: LINK SELF</i>

Comments: If you have any questions or comments, please call 854-1762. Thank you for your cooperation.

Mine Citation/Order

8/14/06

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

JVM/4/19/06 

Section I--Violation Data

1. Date Mo Da Yr 07/17/2006	2. Time (24 Hr. Clock) 0945	3. Citation/ Order Number 7256481
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The no.3 entry on the 009-0 section had been mined from 21'3" to 23 ' wide for a distance on 19 feet. The plan states that the entry widths shall not exceed 20 feet wide.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.203(e)
--------------	--	----------------------	---

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"/>		
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 07/17/2006	B. Time (24 Hr. Clock) 1100
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate The area was timbered down to a 20 foot entry.

18. Terminated	A. Date Mo Da Yr 07/17/2006	B. Time (24 Hr. Clock) 1100
----------------	-----------------------------------	--------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code)	F01	20. Event Number 4111132	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 05 (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.

Mine Citation/Order

8/14/06

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

TMM
7/19/06



Section I--Violation Data

1. Date Mo Da Yr 07/17/2006	2. Time (24 Hr. Clock) 0950	3. Citation/ Order Number 7256482
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The no 4 entry face had been mined 15 feet and had not had roof supports installed and no visible barriers were installed to prevent persons from traveling though this area. No reflectors were installed in the crosscut between the no 4 and no 5 entry and only one reflectors was installed on the left side of the no 4 entry, 3 feet off of the rib and was covered with rock dust and was not readily visible. The height in this area is 8 1/2 feet.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.208
--------------	--	----------------------	--

Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action	104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
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 07/17/2006	B. Time (24 Hr. Clock) 1000
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate The one reflector was cleaned and three additional reflectors were installed to warn persons from entering this area.

18. Terminated	A. Date Mo Da Yr 07/17/2006	B. Time (24 Hr. Clock) 1000
----------------	-----------------------------------	--------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111132	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

Mine Citation/Order

8/14/06

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

7/19/06



Section I--Violation Data

1. Date Mo Da Yr 07/17/2006	2. Time (24 Hr. Clock) 1015	3. Citation/ Order Number 7256483
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The shuttle car, SN# ET-17017, operating on the 009-0 section all for canopy legs that had been badly damaged and were bent forward for at least 2 1/4 inches. This canopy is not substantially constructed in that the legs were originally certified perpendicular and have since been bent and damaged.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1710-1(a)
--------------	--	----------------------	--

Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one)			
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>
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 Mo Da Yr 07/20/2006	B. Time (24 Hr. Clock) 0800
---------------------	--------------------------------	--------------------------------

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 4111132	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

Mine Citation/Order

U.S. Department of Labor

7/17/2006

Continuation / n n 28 Mine Safety and Health Administration

Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 07/17/2006	3. Citation/Order Number 7256483 - 01
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

New canopy legs have been installed.

See Continuation Form

Section III-Subsequent Action Taken

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

Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 07/18/2006	13. Time (24 Hr. Clock) 1100

RR
8-1-06

Mine Citation/Order

8/30/06

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



Section I--Violation Data

1. Date Mo Da Yr 08/01/2006	2. Time (24 Hr. Clock) 1000	3. Citation/ Order Number 7256484
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The roof bolt bearing plates were not firmly against the roof in the primary intake escape way in the main intake where the split goes to the HG 18 old section. The roof had fallen away from the roof bolt bearing plates for about 12 inches along the roof bolt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(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 type="checkbox"/>	Permanently Disabling <input checked="" 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"/>
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 Mo Da Yr 08/03/2006	B. Time (24 Hr. Clock) 0800
---------------------	-----------------------------------	--------------------------------

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 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

Mine Citation/Order
Continuation

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

RR
8-21-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 08/01/2006	3. Citation/ Order Number	7256484 - 01
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY			
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID	46-08436	(Contractor)	

Section II--Justification for Action

Supplemental supports were installed in the affected area.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection	E01	10. Event Number	4111132	
11. Signature	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
	23591	08/21/2006		0930

U. S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880-1000



August 15, 2006

Mr. Craig Boggs
President
Performance Coal Company
POB 69
Naoma, WV 25140

Dear Mr. Boggs:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Run Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

<u>CITATION/ORDER NO.</u>	<u>DATE ISSUED</u>
7256486	08/07/06
7256487	08/07/06
7256489	08/08/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lincoln L. Selfe, Jr.", written in dark ink.

Lincoln L. Selfe, Jr.
Assistant District Manager
Coal Mine Safety & Health, District 4

cc: Files/pab

7002 3150 0005 2902 6927

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 8/15/06	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)	8436	
Restricted Delivery Fee (Endorsement Required)	E01-411132	
Total Postage & Fees	\$ 7256486,487,489	

Sent To: Craig Boggo, Pres. - Performance
 Street, Apt. No.,
 or PO Box: POB 69
 City, State, ZIP+4: Naoma, W.V. 25140

PS Form 3800, June 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 46-08436
Mr. Craig Boggo, President
Performance Coal Co.
POB 69
Naoma, W.V. 25140
(PAB)

E01-411132-7256486,487,489

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 x C. Hill

B. Received by (Printed Name) C. Hill

C. Date of Delivery 8-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 3150 0005 2902 6927

ROUTING AND TRANSMITTAL SLIP

Date: 4/9

TO: FIELD OFFICE SECRETARY Pat 8436

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Action | <input checked="" type="checkbox"/> File | <input type="checkbox"/> Note and Return |
| <input type="checkbox"/> Approval | <input type="checkbox"/> For Clearance | <input type="checkbox"/> Per Conversation |
| <input type="checkbox"/> As Requested | <input type="checkbox"/> For Correction | <input type="checkbox"/> Prepare Reply |
| <input type="checkbox"/> Circulate | <input type="checkbox"/> For Information | <input type="checkbox"/> See Me |
| <input type="checkbox"/> Comment | <input type="checkbox"/> Investigate | <input type="checkbox"/> Signature |
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Justify | |

SUBJECT: COMPLETED HEALTH AND SAFETY CONFERENCE

REMARKS: Attached are the results of a completed health and safety conference held for a mine in your office. The original or file copies should be placed in the appropriate mine inspection report file.

Thanks!

FROM:

Dana Hosch
(304) 877-3900-103

U. S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880-1000



JAN 11 2007

Mr. Greg Fernet, Safety Director
Performance Coal Company
ID No. 46-08436
Box 69
Naoma, West Virginia 25140

Dear Mr. Fernet:

In accordance with Part 100, Title 30 CFR, this is to advise you that a Health and Safety Conference concerning the Citation(s) and/or Order(s) listed below has been scheduled at 8:00 a.m., ___ p.m., on Jan. 23, 2007 as per your request dated Aug. 18, 2006. The conference will be held in the Mt. Hope MSHA office located at Mt. Hope, WV. Failure to appear as scheduled will negate your right to a conference at a future date. However, you should be aware that participation in this conference does not waive your right to a formal hearing with the Federal Mine Safety and Health Review Commission concerning these Citations and/or Orders.

<u>Viol. Number</u>	<u>Viol. Number</u>	<u>Viol. Number</u>	<u>Viol. Number</u>
*7256486	*7256487	*7256489	

This conference has been assigned to Dana Hosch. Should you find that you are unable to attend this conference at the time scheduled or have any questions or comments, please call Mr. Hosch at (304) 877-3900 Ext. 103 as soon as possible. We appreciate your cooperation.

Sincerely,

Dana Hosch
kas

Dana Hosch
Conference Officer
Coal Mine Safety and Health, District 4

*Special Assessment will be included in this conference.

cc: Mr. Dana Hosch, Conference Officer
[REDACTED] Coal Mine S & H Inspector
Files

6-2904326

8436

1/23

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. F. Farnett
 PERFORMANCE COAL CO.
 P O BOX 69
 NAOMA WV 25140

2. Article Number
 (Transfer from service label)

7006 0810 0005 4820 1923

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *C. Hully* Agent Addressee
 X

B. Received by (Printed Name) *C. Hully* C. Date of Delivery *1-12-07*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0810 0005 4820 1923

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our web site at www.usps.com

6-3267290 C 18436 U 9/23

411132	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	

1/11/07

Postmark Here

To: *M. F. Farnett*
 Sent PERFORMANCE COAL CO.
 P O BOX 69
 Street or PO NAOMA WV 25140
 City, State, ZIP+4



PERFORMANCE SAFETY DEPARTMENT

DATE: 8/18/2006

TO: Link Selfe, Jr.

FROM: Greg Fennett

RE: Request for Conference

I respectfully request to conference the following violatton/violations.

Citation #	Date
7256486	8/7/06
7256487	8/7/06
7256489	8/8/06

OPERATION: Upper Big Branch Mine

ID#: 46-08436

INSPECTOR:

Brief description for reason of requested conference:

Gravity

6-290
RECEIVED

AUG 21 2006

MSHA CLR
DISTRICT 4

Special Assessment
Review Form

APR 10 2007

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



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256486	7. Citation/Order Issue Date 8/7/2006

8. Accident Related Violation? Yes No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment? Yes No B. Health and Safety Conference Held on Special Assessment? Yes No

10. Inspector's Recommendation
Special Assessment? Yes No If yes, explain below the serious or aggravating circumstances involved.
This has been cited on numerous times last quarter. Three training session were given to all the foreman and examiners. This area was not being examined or reported at least to the fall area near the required examination area for 14 shifts.



8-8-06

See Continuation Sheet Signature Date

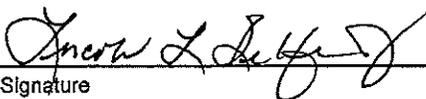
11. Supervisor's Review
Special Assessment? Yes No
Comments:



8-8-06

See Continuation Sheet Signature Date

12. Subdistrict Manager's/Assistant District Manager's Review
Special Assessment? Yes No
Comments:



8-11-06

See Continuation Sheet Signature Date

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)
Special Assessment? Yes No
Comments:

See Continuation Sheet Signature Date

RR
8-8-06

Mine Citation/Order

APR 10 2007

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



Section I--Violation Data

1. Date Mo Da Yr 08/07/2006	2. Time (24 Hr. Clock) 1800	3. Citation/ Order Number 7256486
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

No dates, times or initials could be found at the fall in the bleeder entry at spad # 14524 on the hg-16 section where the entry was blocked to the required ep's 41, 41A, Hg15-1 and Hg15-2, which are required preshift examined every shift. This fall occurred on 08-01-2006 and the area was recorded in the preshift examiners book by the day shift to the fall area and was not recorded at all by the evening shift, There was no evidence at the fall area that the area to the fall was being examined at all. This condition has existed for seven days and no attempt has been made to correct the condition in order to make the required examinations at the above ep,s as is required in the approved plan dated 04-17-2006. This area if it had not been required to be examined each shift in the plan would be required to be examined by 75.364 (a).

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(a)(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 type="checkbox"/>	Highly Likely <input checked="" 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: 006		
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 104(d)(2)		13. Type of Issuance (check one)			
		Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number 7254895	F. Dated Mo Da Yr 06/03/2006	
A. Citation <input type="checkbox"/>			B. Order <input checked="" type="checkbox"/>	C. Safeguard <input type="checkbox"/>	
D. Written Notice <input type="checkbox"/>					
15. Area or Equipment The entire mine.					

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) R01	20. Event Number 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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 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.

Mine Citation/Order
Continuation

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

RR
8-9-06

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/07/2006	3. Citation/ Order Number 7256486 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Dates, times and initials were provided at the fall area.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 08/08/2006	13. Time (24 Hr. Clock) 1620

Special Assessment Review Form

APR 30 2007

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



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256487	7. Citation/Order Issue Date 8/7/2006

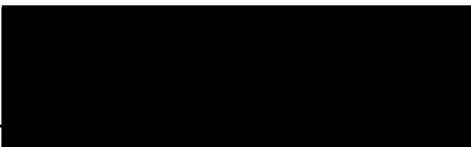
8. Accident Related Violation? Yes No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment? Yes No B. Health and Safety Conference Held on Special Assessment? Yes No

10. Inspector's Recommendation

Special Assessment? Yes No If yes, explain below the serious or aggravating circumstances involved.

This area has not been examined due to a fall and no action has been taken to correct the condition. Work did begin on the date this order was written to correct the condition. Seven days has past and 14 shifts of work had occurred without doing the required examinations.

Signature 

Date 8-8-06

See Continuation Sheet

11. Supervisor's Review

Special Assessment? Yes No

Comments:

Signature 

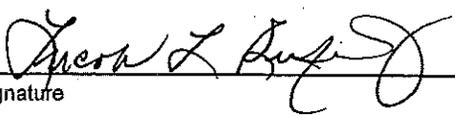
Date 8-8-06

See Continuation Sheet

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment? Yes No

Comments:

Signature 

Date 8-11-06

See Continuation Sheet

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment? Yes No

Comments:

See Continuation Sheet

Signature _____ Date _____

APR 30 2007

RR
8-8-06



Section I--Violation Data

1. Date Mo Da Yr 08/07/2006	2. Time (24 Hr. Clock) 1810	3. Citation/ Order Number 7256487
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The HG-16 section, where men have been working to remove the longwall equipment from 08-01-2006 until this date on both the day and evening shifts, have been working and have not conducted the required preshift examinations due to a roof fall in the bleeder system at spad # 14524. The approved plan dated 04-17-2006 states that the examinations will be made each shift at the evaluation points; EP-41, EP-41A, HG15-1 and HG15-2. Management has been aware of this condition since the fall on 08-01-2006 and has taken no corrective action to correct the blockage to the EP,s that was created by the roof fall. Work has began at this time to pump water and to attempt to install roof support over the fall in order to reach the EP,S for evaluation. In absence of the requirement by the plan to preshift the EP,S, a weekly examination would be required by 75.364 (A).

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(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 type="checkbox"/>	Highly Likely <input checked="" 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: 006		
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 104(d)(2)		13. Type of Issuance (check one)			
		Citation <input type="checkbox"/>		Order <input checked="" type="checkbox"/>	
		Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number	F. Dated	Mo Da Yr
A. Citation <input type="checkbox"/>			B. Order <input checked="" type="checkbox"/>		C. Safeguard <input type="checkbox"/>
D. Written Notice <input type="checkbox"/>			7254895		06/03/2006
15. Area or Equipment The entire mine.					

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 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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,

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/07/2006	3. Citation/ Order Number 7256487 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
15. Area or Equipment		
Reason	None	

Modify ORDER # 7256487 to permit mining of the 030-0 MMU, adjacent to the HG-16 panel in order to regain access to the evaluation points blocked by a roof fall. Removal of the longwall equipment and operation of the North Mains section is permitted provided the approved plan dated 08-08-2006 is followed and no major changes occur in the ventilation system. Management has agreed to notify MSHA prior to the cut thru at the EP locations and maintain a separate record of the required ventilation air readings. EP-40 and EP-41 will be evaluated each shift.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 08/08/2006	13. Time (24 Hr. Clock) 1627

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 08/07/2006		3. Citation/ Order Number 7256487 - 02	
4. Served To Wendel Wills, Mine Foreman				5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH				7. Mine ID (Contractor) 46-08436	

Section II--Justification for Action

Change From To

15. Area or Equipment

Reason A new plan has been approved on 09-29-2006.

The operator has submitted to MSHA a revision to the Ventilation plan to seal the Jarrells Branch bleeder gob system, in a plan that sets forth procedures and time completion dates in lieu of developing additional entries parallel to the Headgate 16 as previously approved on 08-08-2006.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01		10. Event Number 4111132			
11. Signature	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)		
	23591	09/29/2006	1116		

Mine Citation/Order
Continuation

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

POS
4297


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/07/2006	3. Citation/ Order Number 7256487 - 03
4. Served To Rick Hodge, Superintendent	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area has now been sealed; therefore, the order is terminated.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4117121		
11. Signature 	AR Number 23644	12. Date Mo Da Yr 04/26/2007	13. Time (24 Hr. Clock) 1245



Section I--Violation Data

1. Date Mo Da Yr 08/08/2006	2. Time (24 Hr. Clock) 0905	3. Citation/ Order Number 7256488
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

An imminent danger existed on the HG-16 section in the no. 1 bleeder entry, one crosscut inby spad # 14524. The men were installing wooden cribs over a roof fall and the cribs were being installed without the use of temporary roof supports. The failure in use of temporary supports exposed the men to unsupported roof conditions. One of the workers was observed leaned outby the last installed crib and no temporary support was installed to protect the exposed worker. The newly installed crib was about 6 to 7 foot from the last installed crib. No temporary supports were located any where near the work area. A new fall was observed about 15 feet from the end of the last installed crib and appears to be impassable. No person shall enter the affected area until MSHA roof control personnel have evaluated the area and a recovery plan has been submitted to MSHA for

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 107(a) 13. Type of Issuance (check one) Citation Order Safeguard

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

15. Area or Equipment The bleeder system inby No. 9 crosscut on the HG-16 section

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 4111132 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

RR
8-8-06

Mine Citation/Order
Continuation

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



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input type="checkbox"/>	1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 08/08/2006	3. Citation/ Order Number	7256488
--	---	------------------------------	------------------------	------------------------------	---------

4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY
--	---

6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
--	------------------------	--------------

Section II-Justification for Action

Continuation of 8. Condition or Practice

approval. A citation will be issued in conjunction with this order.

See Continuation Form

Section III-Subsequent Action Taken

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

Section IV-Inspection Data

9. Type of Inspection	E01	10. Event Number	4111132
-----------------------	-----	------------------	---------

11. Signature	[Redacted]	11. Signature	[Redacted]	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
					08/08/2006	0905

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/08/2006	3. Citation/ Order Number 7256488 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
--------	------	----

8. Condition Or Practice

Reason Change the word outby to read: inby

Wrong word in paragraph. Change the word outby to read : inby
One of the workers was obseved leaned outby to read as follows:
One of the workers was observed leaned inby.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 08/08/2006	13. Time (24 Hr. Clock) 1353

Mine Citation/Order
Continuation

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

RR
8-9-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 08/08/2006			3. Citation/ Order Number 7256488 - 02	
4. Served To Wendel Wills, Mine Foreman				5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH				7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

All work has ceased in this area. A new recovery plan was approved on 08/08/06.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01		10. Event Number 4111132			
11. Signature	Order Number 591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1422		

Mine Citation/Order
Continuation

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

RR
9-18-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/08/2006	3. Citation/ Order Number 7256488 - 03
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason Delete the word " Leaned " from the forth sentence in the body that begins---One of the workers was observed leaned

Change wording in the forth sentence in the body of the order that begins with " One of the workers was observed leaned"

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 09/18/2006	13. Time (24 Hr. Clock) 0745

Special Assessment Review Form

APR 10 2007

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



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256489	7. Citation/Order Issue Date 8/8/2006

8. Accident Related Violation? Yes No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment? Yes No B. Health and Safety Conference Held on Special Assessment? Yes No

10. Inspector's Recommendation

Special Assessment? Yes No If yes, explain below the serious or aggravating circumstances involved.

This condition created a high degree of risk to the miners and management was present at all times during the installation of the roof controls. There plan was posted at the work site and they were not following it or complying with the regulations. The condition was very obvious and should not have occurred. All persons know not to go out under unsupported roof and the hazards related to such actions.

[Redacted Signature]

8-8-06

See Continuation Sheet

Signature

Date

11. Supervisor's Review

Special Assessment? Yes No

Comments:

[Redacted Signature]

8-8-06

See Continuation Sheet

Signature

Date

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment? Yes No

Comments:

Gregory L. Self

8/11/06

See Continuation Sheet

Signature

Date

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment? Yes No

Comments:

See Continuation Sheet

Signature

Date

08/08/2006



Section I--Violation Data

1. Date Mo Da Yr 08/08/2006	2. Time (24 Hr. Clock) 0905	3. Citation/ Order Number 7256489
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

One of the workers on the HG-16 section was observed leaning out and exposed to unsupported roof while installing a crib. It was evident by the placement of the crib on top of the roof fall that the person installing the crib was exposed to unsupported roof. Further evidence revealed that no temporary roof supports were available to install prior to installing the permanent cribs. The posted recovery plan on site clearly stated that temporary supports would be used to protect all persons prior to installing the permanent supports. This order is issued in conjunction with 107 A order # 7256488.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(b)
--------------	--	-------------------	--

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 checked="" type="checkbox"/> Occurred <input type="checkbox"/>			
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>			
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action	104(d)(2)	13. Type of Issuance (check one)	Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/>	
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number 7254895	F. Dated Mo Da Yr 06/03/2006
15. Area or Equipment	The bleeder system inby no.9 crosscut on the HG-16 section.			

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 4111132	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3a, revised 10/2005. Pursuant to the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/08/2006	3. Citation/Order Number 7256489 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The practice of installing roof support while protecting miners from being exposed to unsupported roof was disused with management. Management stated that this would be discussed with all of the foreman. Section 75.202(b) was read and discussed with management.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	R Number 3591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1432

Mine Citation/Order
Continuation

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

RR
9-18-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 08/08/2006	3. Citation/ Order Number 7256489 - 02
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason Change the first sentence to read as follows: One of the workers on the HG-16 section was observed in an area where temporary roof support had not been installed and was therefore exposed to unsupported roof while installing a crib.

Change wording in the first sentence of the body of the order.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132	
11. Signature [Redacted]	12. Date Mo Da Yr 09/18/2006	13. Time (24 Hr. Clock) 0734

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 46-08436

Mr. Craig Boggs, President
Performance Coal Company

POB 69

Naama, NV 25140

E01-411132-7256489-02 (PAB)2. Article Number
(Transfer from service label)7002 3150 0005 2902 6521

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X C. Hull Agent Addressee

B. Received by (Printed Name)

C. Hull

C. Date of Delivery

9-21-06D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**Postage \$ 8436Certified Fee E01Return Receipt Fee
(Endorsement Required) 411132Restricted Delivery Fee
(Endorsement Required) 7256489-02

Total Postage & Fees \$

Postmark
Here9/20/02

Sent To

Craig Boggs, Pres - PerformanceStreet, Apt. No.
or PO Box No.POB 69

City, State, ZIP+4

Naama NV 25140

PS Form 3800, June 2002

See Reverse for Instructions

7002 3150 0005 2902 6521

9/21/06

Section I--Violation Data

1. Date Mo Da Yr 08/21/2006	2. Time (24 Hr. Clock) 0800	3. Citation/ Order Number 7256490
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The incombustible content of one of the ten samples collected as part of a rock dust survey on 06-27-2006 was below the required 80 per centum as reported by the Mt. Hope laboratory analysis.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.403
--------------	--	----------------------	--

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 08/21/2006	B. Time (24 Hr. Clock) 1200
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate Additional rock dust was applied to the affected area.

18. Terminated	A. Date Mo Da Yr 08/21/2006	B. Time (24 Hr. Clock) 1000
----------------	-----------------------------------	--------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

Mine Citation/Order

9/21/06

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

MS
8-24-06



Section I--Violation Data

1. Date Mo Da Yr 08/23/2006	2. Time (24 Hr. Clock) 0920	3. Citation/ Order Number 7256491
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved ventilation plan was not followed in that the belt air being used on the 009-0 section belts from the No.3 belt head to the section was found to be traveling outby the belt, beginning one crosscut inby the no 5 belt drive and traveling toward the tail of no 4 belt conveyor and recirculating and traveling back up the track entry inby toward the 009-0 section.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(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"/>		
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 08/25/2006	B. Time (24 Hr. Clock) 0800
---------------------	-----------------------------------	--------------------------------

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 4111132	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (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.

RR
9-5-06

Mine Citation/Order

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



Continuation

Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 08/23/2006 Mo Da Yr	3. Citation/ Order Number 7256491 - 01
--	--	--

4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY
--	---

6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
--	--

Section II-Justification for Action

The section has been abandoned and the air is now traveling in the proper direction.

See Continuation Form

Section III-Subsequent Action Taken

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

Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111132
------------------------------	-----------------------------

11. Signature [Redacted]	Number 591	12. Date Mo Da Yr 09/05/2006	13. Time (24 Hr. Clock) 1100
-----------------------------	---------------	------------------------------------	---------------------------------

U.S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, West Virginia 25880-1000



September 14, 2006

Mr. Craig Boggs
President
Performance Coal Company
POB 69
Naoma, WV 25140

Dear Mr. Boggs:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

CITATION/ORDER NO. DATE ISSUED

7256492

09/05/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

Lincoln L. Selfe, Jr.
Assistant District Manager
Coal Mine Safety & Health, District 4

cc: Files/pab

7002 3150 0005 2902 6903

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 8436
Certified Fee	E01-411132
Return Receipt Fee (Endorsement Required)	7256492
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 9/15/06	
Sent To <i>Craig Boggs, Pres. Performance</i>	
Street, Apt. No.; or PO Box No. <i>POB 69</i>	
City, State, ZIP+4 <i>Naoma, WV 25140</i>	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 46-08436

Mr. Craig Boggs, Pres.
Performance Coal Company
POB 69
Naama, NV 25140

EO1-411032/7256492 PAB

2. Article Number

(Transfer from service label)

7002 3150 0005 2902 6903

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

Agent

Addressee

B. Received by *(Printed Name)*

[Signature]

C. Date of Delivery

9-18

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? *(Extra Fee)*

Yes

Special Assessment Review Form

OCT 18 2006

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



1. MSHA District Office 4 - Mt. Hope, WV		2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436		4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY		6. Citation/Order Number 7256492	7. Citation/Order Issue Date 9/5/2006

8. Accident Related Violation? Yes No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment? Yes No B. Health and Safety Conference Held on Special Assessment? Yes No

10. Inspector's Recommendation
Special Assessment? Yes No If yes, explain below the serious or aggravating circumstances involved.

This condition has been cited numerous times. This condition was written in the pre shift examiners book for 5 days and was not corrected.



9-5-06

See Continuation Sheet

11. Supervisor's Review
Special Assessment? Yes No
Comments:



9-6-06

See Continuation Sheet

Signature

Date

12. Subdistrict Manager's/Assistant District Manager's Review
Special Assessment? Yes No
Comments:

Andrew L. Kelly

9/14/06

See Continuation Sheet

Signature

Date

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)
Special Assessment? Yes No
Comments:

See Continuation Sheet

Signature

Date



OCT 18 2006

Section I--Violation Data

1. Date Mo Da Yr 09/05/2006	2. Time (24 Hr. Clock) 0825	3. Citation/ Order Number 7256492
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The no. 1 belt tail and the no.2 belt head for the 030-0 section had loose coal that was permitted to accumulate in depths up to 30 inches over a distance of 30 feet around the moving bottom belt rollers and between the moving 4 foot belt drive rollers and underneath and rubbing the moving no. 2 bottom belt conveyor. There have been multiple citations and orders issued at this mine for the same conditions. This condition was written in the examiners book since 09-01-2006.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <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 type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(d)(2)		13. Type of Issuance (check one)			
		Citation <input type="checkbox"/>		Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number	F. Dated	Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input checked="" type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	7254895	06/03/2006
15. Area or Equipment The entire 030-0 section					

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	09/05/2006	1030

Section III--Termination Action

17. Action to Terminate The area was cleaned and rock dusted.

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	09/05/2006	1030

Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111132	21. Primary or Mill
22. Signature			23. AR Number 23591

ROUTING AND TRANSMITTAL SLIP

Date:

TO: FIELD OFFICE SECRETARY

Pat 8436

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Action | <input checked="" type="checkbox"/> File | <input type="checkbox"/> Note and Return |
| <input type="checkbox"/> Approval | <input type="checkbox"/> For Clearance | <input type="checkbox"/> Per Conversation |
| <input type="checkbox"/> As Requested | <input type="checkbox"/> For Correction | <input type="checkbox"/> Prepare Reply |
| <input type="checkbox"/> Circulate | <input type="checkbox"/> For Information | <input type="checkbox"/> See Me |
| <input type="checkbox"/> Comment | <input type="checkbox"/> Investigate | <input type="checkbox"/> Signature |
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Justify | |

SUBJECT: COMPLETED HEALTH AND SAFETY CONFERENCE

REMARKS: Attached are the results of a completed health and safety conference held for a mine in your office. The original or file copies should be placed in the appropriate mine inspection report file.

Thanks!

FROM:

Dana Hosch
(304) 877-3900-103

January 23, 2007
Performance Coal Company
Upper Big Branch Mine - South
46-08436

Page 2

The Conference Officer finds that this citation is **sustained** as valid. However, the **gravity is modified to unlikely and non S&S** because the likelihood of an injury from this single reduced walkway is slim.

U. S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880-1000



JAN 11 2007

Mr. Greg Fernet, Safety Director
Performance Coal Company
ID No. 46-08436
Box 69
Naoma, West Virginia 25140

Dear Mr. Fernet:

In accordance with Part 100, Title 30 CFR, this is to advise you that a Health and Safety Conference concerning the Citation(s) and/or Order(s) listed below has been scheduled at 9:15 a.m., ___ p.m., on Jan. 23, 2007 as per your request dated Sept. 13, 2006. The conference will be held in the Mt. Hope MSHA office located at Mt. Hope, WV. Failure to appear as scheduled will negate your right to a conference at a future date. However, you should be aware that participation in this conference does not waive your right to a formal hearing with the Federal Mine Safety and Health Review Commission concerning these Citations and/or Orders.

<u>Viol. Number</u>	<u>Viol. Number</u>	<u>Viol. Number</u>	<u>Viol. Number</u>
7256493	7256494		

This conference has been assigned to Dana Hosch. Should you find that you are unable to attend this conference at the time scheduled or have any questions or comments, please call Mr. Hosch at (304) 877-3900 Ext. 103 as soon as possible. We appreciate your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Dana Hosch" with a small flourish at the end.

Dana Hosch
Conference Officer
Coal Mine Safety and Health, District 4

cc: Mr. Dana Hosch, Conference Officer

[Redacted]

Files



PERFORMANCE SAFETY DEPARTMENT

DATE: 9/13/06

TO: Link Self

FROM: Greg Fernet

RE: Request for Conference

I respectfully request to conference the following violation/violations.

Citation #	Date
7256493	9/5/06
7256494	9/5/06

OPERATION: Upper Big Branch Mine

ID#: 46-08436

INSPECTOR: [REDACTED] AR 23591

Brief description for reason of requested conference:

Validity, Gravity

6-326
RECEIVED

SEP 14 2006

MSHA CLR
DISTRICT 4

C:\Documents and Settings\gpoe\Desktop\GPFFiles\CitationConferenceRequest\UBB-Citation(7235580)(Issued2-7-05)(Sent2-17-05).doc

Mine Citation/Order

4/30/07

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

RR
9-5-06



Section I--Violation Data

1. Date Mo Da Yr 09/05/2006	2. Time (24 Hr. Clock) 0840	3. Citation/ Order Number 7256493
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The life line was not installed in the primary intake escape way for the new 030-0 section. The life line was is 1000' from the section.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(d)(2)
--------------	--	----------------------	--

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"/>
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 Mo Da Yr 09/05/2006	B. Time (24 Hr. Clock) 1400
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate The life line is installed to the 030-0 section.

18. Terminated	A. Date Mo Da Yr 09/05/2006	B. Time (24 Hr. Clock) 1030
----------------	-----------------------------------	--------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (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.

Section I -- Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo 09	Da 05	Yr 06	3. Citation/ Order Number	7	2	5	6	4	9	3	-	01						
4. Served To By Certified Mail Greg Fernet		5. Operator Performance Coal Company																			
6. Mine Upper Big Branch - South		7. Mine ID 46 - 08436 - (contractor)																			

Section II -- Justification for Action

Upon further review at conference, this citation is modified as follows

Item 10 A is modified to Unlikely
Item 10 C is modified to Non-S&S

The lack of a lifeline for this small distance did not present a reasonable likelihood of injury

See Continuation Form

Section III -- Subsequent Action Taken

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

Section IV -- Inspection Data

9. Type of Inspection	T	0	2	10. Event Number	9832268	12. Date	Mo	Da	Yr	13. Time (24 Hr. Clock)	1	1	0	0
11. Signature <i>Richard Dana Koch</i>				AR Number	20730									

Mine Citation/Order

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

RR
9-5-06


4/30/07

Section I--Violation Data

1. Date Mo Da Yr 09/05/2006	2. Time (24 Hr. Clock) 0840	3. Citation/ Order Number 7256494
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The primary intake escape way for the 030-0 section was maintained 6 foot wide for safe escape in the event of an emergency in that the a stopping was in place an open at the top to allow air to the section and the 3' by 3' mandoor was the path for escape off of the section.

See Continuation Form (MSHA Form 7000-3a)

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

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"/>			
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 09/05/2006	B. Time (24 Hr. Clock) 1200
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate The area is now 6 feet wide and free of obstructions.

18. Terminated	A. Date Mo Da Yr 09/05/2006	B. Time (24 Hr. Clock) 1035
----------------	-----------------------------------	--------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) B01	20. Event Number 4111132	21. Primary or Mill
22. Signature		23. AR Number 23591

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

Section I -- Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo 09	Da 05	Yr 06	3. Citation/ Order Number	7	2	5	6	4	9	4	-	0	1		
4. Served To Greg Fernett		By Certified Mail		5. Operator Performance Coal Company														
6. Mine Upper Big Branch - South						7. Mine ID 46-08436- (contractor)												

Section II -- Justification for Action

Upon further review at conference, this citation is modified as follows

Item 10 A is modified to Unlikely
Item 10 C is modified to Non-S&S

The likelihood of serious injury from this single reduced walkway is slim.

See Continuation Form

Section III -- Subsequent Action Taken

8. Extended To	Mo	Da	Yr	B. Time(24HrClock)	C. Vacated <input type="checkbox"/>	D. Terminated <input type="checkbox"/>	E. Modified <input checked="" type="checkbox"/>
A. Date							

Section IV -- Inspection Data

9. Type of Inspection	T	0	2	10. Event Number	9832268					
11. Signature <i>Michael D. Hirsch</i>	AR Number	12. Date	Mo	Da	Yr	13. Time(24 Hr. Clock)	1	1	3	0
	20730		03	07	07					

Mine Citation/Order
Continuation

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

Handwritten: 7/19/06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006 Mo Da Yr	3. Citation/ Order Number 7256453 - 04
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The life line has been installed to # 128 crosscut and 3000' more feet will be installed this week and another 3000' will be delivered.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date 08/01/2006 Mo Da Yr	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
---	--------------------------------	-------------------------------------	--	--------------------------------------

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	AR Number 23591	12. Date 07/17/2006 Mo Da Yr	13. Time (24 Hr. Clock) 1243

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256453 - 05
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Additional life line has been installed to crosscut #105 along the #6 Belt for the North Mains.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 08/28/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
----------------	-----------------------------------	--------------------------------	-------------------------------------	--	--------------------------------------

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1414

Mine Citation/Order
Continuation

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

9-5-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006 Mo Da Yr	3. Citation/ Order Number 7256453 - 06
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area has been abandoned and moved to the LBB mains and the life line is on the 030-0 section and complete to the North Mains.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132	
11. Signature [Redacted]	12. Date Mo Da Yr 09/05/2006	13. Time (24 Hr. Clock) 1110

Citation/Order
Continuation

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

8-9-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/13/2006	3. Citation/ Order Number 7256459 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

This area has been abandoned and all equipment has been removed.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	11. Citation Number 3591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1418

Mine Citation/Order
Continuation

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

7/17/06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/28/2006	3. Citation/ Order Number 7256471 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The scoop has been cleaned.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132	
11. Signature [Redacted]	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1246

Mine Citation/Order
Continuation

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

JMM
7/19/06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/28/2006 Mo Da Yr	3. Citation/ Order Number 7256472 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The scoop has been cleaned.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4 132	
11. S R Number 3591	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1247

Mine Citation/Order
Continuation

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

7/17/06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/26/2006	3. Citation/Order Number 7256775 - 01
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The back up fire suppression is now operational.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	11. AR Number 23591	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1000

Plan Review

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



1. MSHA Office 0401 - Mt. Hope, WV 2. Mine ID 46-08436

3. Mine Name
UPPER BIG BRANCH MINE-SOUTH 4. Company Name
PERFORMANCE COAL COMPANY

Roof Control

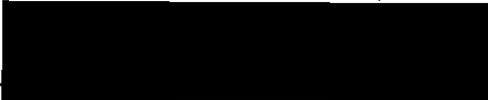
Adequate Deficiencies in Plan (Briefly Describe)

Discussed plan with Craig Boggs, Wendell Wills, Dempsey Pettry and Eddie Lester.

Ventilation

Adequate Deficiencies in Plan (Briefly Describe)

Discussed pain with Wendell Wills, Dempsey Pettrey, Craig Boggs and Eddie Lester.

Inspector  Date 9-20-06 Supervisor Signature  Date 10-2-06

KK
9-29-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 09/25/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N1929	JARRELL'S BRANCH FAN	0.380	20.51	0.070	0.000	371736	374710
N7318	JARRELL'S BRANCH FAN	0.280	20.51	0.050	0.000	371736	267650

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

RR
10-2-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 08/29/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N6054	JARRELLS BRANCH FAN	0.360	20.23	0.090	0.000	329707	427300
N6053	NO. 1 DRIFT - SOUTH PORTAL	0.060	20.68	0.000	0.000	7400	0
N6063	NO. 2 PORTAL - SOUTH	0.060	20.68	0.010	0.000	24288	3497
N6064	NO. 3 PORTAL - SOUTH	0.060	20.70	0.010	0.000	17296	2491
N6055	NO. 1 RETURN DRIFT - NORTH PORTAL	0.050	20.70	0.000	0.000	7786	0
N6068	NO. 2 NORTH PORTAL	0.050	20.70	0.000	0.000	7896	0
N6074	NO. 3 NORTH PORTAL	0.050	20.69	0.000	0.000	4811	0
N6044	NO. 5 NORTH PORTAL RETURN - LOB	0.060	20.67	0.010	0.000	58650	8446

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

AK
10-2-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 08/23/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N1956	SECTION RETURN AT ROCK DUST SAMPLE LOCATION - NO. 6 ENTRY 50FT INBY #1	0.050	20.51	0.000	0.000	0	0
N1920	END OF LINE CURTAIN - NO. 6 ENTRY - 009-0 SECTION	0.050	20.74	0.000	0.000	0	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 07/28/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N3337	#27 SEAL (SET) 1	5.250	6.83	0.070	0.000	0	0
N3312	#22 SEAL (SET) 2	5.280	7.10	0.070	0.000	0	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

KK
10-2-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 07/28/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N3328	#11 SEAL (SET) 4 - ** NO SAMPLE IN VIAL **	-0-	-0-	-0-	-0-	-0-	-0-
N3353	NO. 1 SILO - DRIFT OFF SEALS	0.060	20.85	0.000	0.000	24956	0
N3347	NO. 2 SILO - DRIFT	0.070	20.92	0.000	0.000	11000	0
N3311	#19 SEAL (SET) 3	1.850	13.03	0.210	0.000	0	0
N3327	#6-B SEAL (SET) 5	0.120	20.91	0.000	0.000	0	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

8-1-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 07/28/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N3328	#11 SEAL (SET) 4 - ** NO SAMPLE IN VIAL **	-0-	-0-	-0-	-0-	-0-	-0-
N3353	NO. 1 SILO - DRIFT OFF SEALS	0.060	20.85	0.000	0.000	24956	0
N3347	NO. 2 SILO - DRIFT	0.070	20.92	0.000	0.000	11000	0
N3311	#19 SEAL (SET) 3	1.850	13.03	0.210	0.000	0	0
N3327	#6-B SEAL (SET) 5	0.120	20.91	0.000	0.000	0	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

8-1-06

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 07/28/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N3337	#27 SEAL (SET) 1	5.250	6.83	0.070	0.000	0	0
N3312	#22 SEAL (SET) 2	5.280	7.10	0.070	0.000	0	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 08/29/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N6054	JARRELLS BRANCH FAN	0.360	20.23	0.090	0.000	329707	427300
N6053	NO. 1 DRIFT - SOUTH PORTAL	0.060	20.68	0.000	0.000	7400	0
N6063	NO. 2 PORTAL - SOUTH	0.060	20.68	0.010	0.000	24288	3497
N6064	NO. 3 PORTAL - SOUTH	0.060	20.70	0.010	0.000	17296	2491
N6055	NO. 1 RETURN DRIFT - NORTH PORTAL	0.050	20.70	0.000	0.000	7786	0
N6068	NO. 2 NORTH PORTAL	0.050	20.70	0.000	0.000	7896	0
N6074	NO. 3 NORTH PORTAL	0.050	20.69	0.000	0.000	4811	0
N6044	NO. 5 NORTH PORTAL RETURN - LOB	0.060	20.67	0.010	0.000	58650	8446

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

Rock Dust Sample Submission Form

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

Spot Survey 009-0 north mains

Collector (23591)	Field Office Mt. Hope, WV	F. O. Code 0401	
Inspector Email	Supervisor Email richmond.roger@dol.gov	Clerk Email brooks.patricia@dol.gov	Manager Email selfe.lincoln@dol.gov
Mine ID 46-08436	Mine UPPER BIG BRANCH MINE-SOUTH	Company PERFORMANCE COAL COMPANY	
Event Number 4111118	MMU #1 009-0 (A)	Super-Section No	MMU #2 - Date Collected 06-27-2006
Sampling Area North Mains		Zero Point at survey station no 20626 belt entry	

Collector's Comments

- Advancing
 Retreating

Lab Number	Bag Number	Sample Type	Location in Mine	Intake/Return	Handheld CH4	Bottle No. (If App.)	Bottle Analysis	Dust Analysis	Required	Compliant
697720	A1	Roof/Rib	n0 1 entry 0 + 00	I	0.0			86.1	65	Yes
697721	A2	Roof/Rib	" 0 + 200'	I	0.0			93.7	65	Yes
697722	B1	Roof/Rib	N0 2 entry 0 + 00	I	0.0			88.2	65	Yes
697723	B2	Roof/Rib	" 0 + 200"	I	0.0			86.9	65	Yes
697724	C1	Roof/Rib	N0 3 entry 0 + 00	I	0.0			93.2	65	Yes
697725	C2	Roof/Rib	" 0 + 200'	I	0.0			76.0	65	Yes
697726	D1	Roof/Rib	N0 4entry (belt) 0 + 00	I	0.0			85.7	65	Yes
697727	D2	Roof/Rib	" 0 + 200'	I	0.0			84.2	65	Yes
697728	E1	Roof/Rib	No 5 entry 0 + 00	I	0.0			65.4	65	Yes
	E2	Wet	" 0 + 200'	R	0.0			NaN		
697729	F1	Roof/Floor	N0 6 entry 0 + 00	R	0.0			75.1	80	No
	F2	Wet	" 0 + 200'	R	0.0			NaN		

For Laboratory Use Only

Date Received 07-05-2006	Lab Numbers 697720 to 697729	Date Emailed 08-01-2006
-----------------------------	---------------------------------	----------------------------

Lab Comments

**SURVEY IS
NON-
COMPLIANT**

Respirable Dust Sampling and Monitoring Data

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

1. Type of Inspection: Regular Technical Monitoring 2. Date: Sept 14 2006 3. Field Office Code: 20481

4. Mine I. D. #: 46-08436 5. Mine Name: Upper Big Branch 6. Company Name: Performance Coal Co

7. MMU/DA/SA: 030-0 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signature: _____ AR Number: 20643 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System: A. Longwall B. Continuous C. Conventional

Cut Sequence: I. Tail-Head II. Head-Tail III. Both

I. Single Drum II. Double Drum III. Plow

I. Ripper II. Auger III. Borer

Other (specify) _____

12. Mining Ht.: 96-108
Inches of Rock Mined: 32 1/2

13. Remote Operation of Miner?: Yes No

14. Type of Mining: I. Development II. Retreating

15. Physical Conditions:
Face Area: Wet Damp Dry
Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment: Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral

Number of Bolters: 2

A. Ventilation: I. Operates on Separate Split of Air: Yes No
 II. Operates on Return-Side of DO: Yes No

B. Is Roof Bolter DA Established? Yes No

C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both

B. Face Ventilation Device: I. Curtain II. Tubing III. Both

C. Line Curtain/Tubing Distance: 50 ft.

D. Is Face Area Ventilated with Belt Air? Yes No

E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity:

Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Location	Quantity (Q), cfm		Velocity (V), fpm		
	Plan	Observed	Plan	Observed	Observed
Headgate					
Tailgate					

Continuous/Conventional/Handloading

	5403 w/o	No. 1 cfm	No. 4 R/B No. 2	observed	4th no. 2	not	not
Face (Q)	6000 w/s	6150	11784	6696	14175	6336	9450
MEAV (V)	60+	60+	60+	60+	60+	60+	60+
Scrubber*	6000	-	-	-	-	-	-

MEAV (V) - for exhausting only

* - operational cfm only

Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
44 Various Locations	44	44	60	100

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

Secondary Controls:

Scrubber Frequency Screen Checked: 2 Per-Shift

Frequency Ductwork Checked: 1 Per-Shift

Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No

Work Practices Describe: _____

Enclosures Describe: _____

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

Approved Respirators Being Worn? Yes No If Yes, By Whom: _____

Make: _____ Model: _____

Miners Work Downwind of the Longwall Shearer? Always Part of the Shift Never N/A

Has the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan? Yes No

If Yes, specify: _____

Dust Control Parameters Changed During Sampling? Yes No If Yes, specify: _____

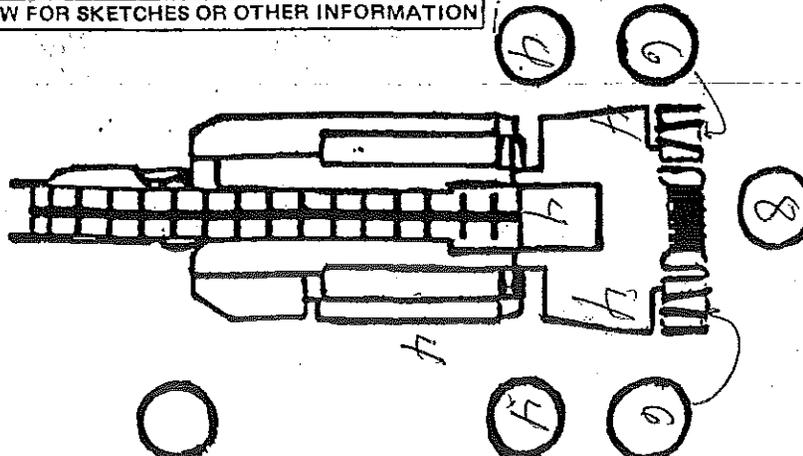
Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

Daily Sampling Conducted By: Operator Contractor Contractor I.D.: _____

Misting Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

Inspector Recommendations and Comments: D.A. Root 6/1/93 930-0

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



1st Half

Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection: Regular Technical Monitoring 2. Date: July 11, 2006 3. Field Office Code: 20461

4. Mine I. D.: 46-08436 5. Mine Name: Upper Big Branch 6. Company Name: Performance

7. MMU/DA/SA: 031-0 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months:

9. AR Signature: [Redacted] AR Number: 20643 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System: A. Longwall B. Continuous C. Conventional. Includes sub-sections for Cut Sequence and Remote Operation of Miner?

14. Type of Mining: I. Development II. Retreating 15. Physical Conditions: Face Area, Roadways, Wet/Damp/Dry, Compacted

16. Type of Haulage Equipment: Electric Battery Diesel Other (specify)

17. Roof Bolter Type: I. Twin Head, II. Single Head, III. Integral. Includes sections for A. Ventilation and C. Type of Dust Control.

18. Dust Control Parameters - Ventilation System: A. Method of Face Ventilation, B. Face Ventilation Device, C. Line Curtain/Tubing Distance, D. Is Face Area Ventilated with Belt Air?, E. If, Yes, Quantity in Belt Entry?

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate). Tables for Quantity (Q), cfm and Velocity (V), fpm.

Continuous/Conventional/Handloading table with columns for Plan and Observed values for Face (Q), MEAV (V), and Scrubber*.

MEAV (V) - for exhausting only * - operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
114 Various Locations	114	114	60	60
Water Sprays Located Along the Shields over the Run Line				

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

20. Auxilliary Controls:

Scrubber Frequency Screen Checked: _____
 Frequency Ductwork Checked: once per shift
 Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No
 Work Practices Describe: _____
 Enclosures Describe: _____
 Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

21. Are Approved Respirators Being Worn? Yes No
 If Yes, By Whom: Shear operators, Jack Beth
 Make: _____ Model: _____

22. Do Miners Work Downwind of the Longwall Shearer? Always Part of the Shift Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan? Yes No
 If Yes, specify: _____

24. Were Dust Control Parameters Changed During Sampling? Yes No If Yes, specify: _____

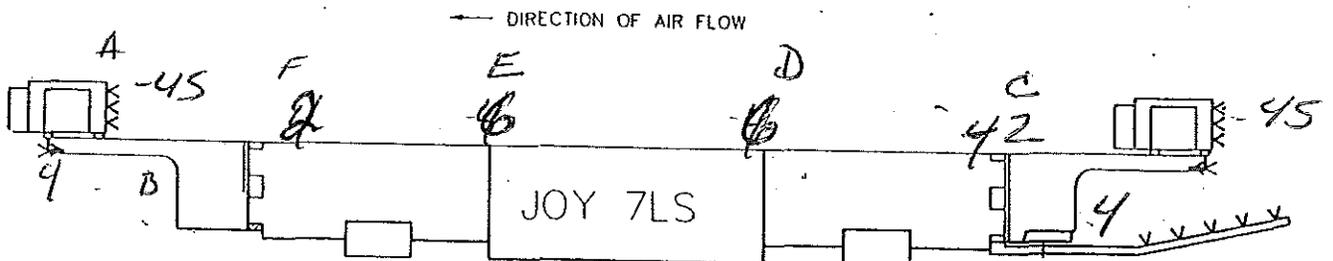
25. Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

26. Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

27. Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

28. Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

gas - hold

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



1. Type of Inspection: Regular Technical Monitoring 2. Date: 07-11-06 3. Field Office Code: 20401

4. Mine I. D. : 4608436 5. Mine Name: Upper Big Branch 6. Company Name: Performance Coal Co

7. MMU/DA/SA: 031-0 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signature:  AR Number: 20643 10. Supervisor Signature: Roger D. Richmond

A. Longwall Cut Sequence B. Continuous C. Conventional
 I. Single Drum i. Tail-Head I. Ripper
 II. Double Drum ii. Head-Tail II. Auger
 III. Plow iii. Both III. Borer
 Other (specify) _____
 12. Mining Ht. : 72-84 in.
 Inches of Rock Mined: 12-00
 13. Remote Operation of Miner?: Yes No

14. Type of Mining I. Development II. Retreating
 15. Physical Conditions:
 Face Area Wet Damp Dry
 Roadways Wet Damp Dry Compacted

16. Type of Haulage Equipment:
 Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
 Number of Bolters: _____
 A. Ventilation
 I. Operates on Separate Split of Air: Yes No
 II. Operates on Return-Side of DO: Yes No
 B. Is Roof Bolter DA Established? Yes No
 C. Type of Dust Control I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:
 A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both
 B. Face Ventilation Device: I. Curtain II. Tubing III. Both
 C. Line Curtain/Tubing Distance: _____ ft.
 D. Is Face Area Ventilated with Belt Air? Yes No
 E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Location	Quantity (Q), cfm		Velocity (V), fpm	
	Plan	Observed	Plan	Observed
Headgate		<u>10400</u> <u>108700</u>	<u>750</u>	<u>800</u>
Tailgate			<u>575</u>	<u>605</u>
Mid-			<u>530</u>	<u>600</u>

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

MEAV (V) - for exhausting only

* - operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
114 Sprays at Various Locations	114	114	60	60
Sprays located on the sheilds at various locations with the plan				

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

20. Auxilliary Controls:

Scrubber Frequency Screen Checked: _____
 Frequency Ductwork Checked: 1-pw shield
 Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No
 Work Practices Describe: _____
 Enclosures Describe: _____
 Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

21. Are Approved Respirators Being Worn?: Yes No If Yes, By Whom: _____
 Make: _____ Model: _____

22. Do Miners Work Downwind of the Longwall Shearer?: Always Part of the Shift Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?: Yes No
 If Yes, specify: _____

24. Were Dust Control Parameters Changed During Sampling?: Yes No If Yes, specify: _____

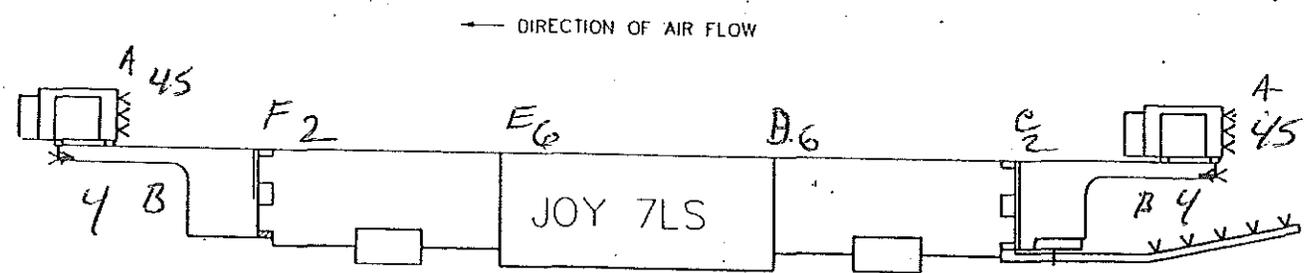
25. Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

26. Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

27. Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

28. Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



**0401-0003
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

JULY 13, 2006

FO Super
JMM
7/13/06

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 031-0

SAMPLING DATE 07-10-2006

PRODUCTION THIS SHIFT
00

SHIFT: 06

*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____ *
*
* SURVEY CONDUCTED BY _____ *
*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	044	57636958	385	0.220	511.514	511.641	0.004		1.70	PRO	_____
2	040	57636869	385	0.159	509.179	509.272	0.004		1.70	PRO	_____
2	041	57636934	385	0.134	512.110	512.189	0.004		1.70	PRO	_____
2	064	57636952	385	0.211	511.954	512.076	0.004		1.70	PRO	_____
3	831	57636874	385	0.152	510.491	510.580	0.004		1.70	PRO	_____

B1-monthly

DATE: July 10, 06

RESPIRABLE DUST

LOCATION: 31-0

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIMEOFF
R40		044	Shew op. 16	0630			1230
R41		064	shew op 4				
R42		041	Bankseth				
R43		040	Head Gate				
R44		831	Belt, mka				

SAMPLES VOID 2 FOR PRODUCTION
S,

Tim

Longwall Bi-monthly

Initial



Supervisor D&I

RDR 10-2-06

Page No. _____

RESPIRABLE DUST

DATE: July 11, 06

LOCATION: 031-0

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIMEOFF
061	636946	044	Tailgate	1600	1800	2400	2400
062	636954	064	Headgate				
063	636970	041	Jackshaft				
064	636921	040	Headgate				
065	636872	049	Foreman				
066	636911	002	electrics				
067	636879	831	Belt DA				

Longwall B1-monthly Sampling

Control smuck 636752

Tons

Initial



Supervisor D&I

RDR 10-2-06

Page No. _____

RESPIRABLE DUST

DATE: Sept. 14, 2006

LOCATION: 030 0

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIMEOFF
056	637083	036	M.m	1600	1800	2400	2400
058	637186	046	Roof bulk				
060	637198	⁹³⁰⁻⁰ 046	Roof bulk				
065	637187	105	Shuttle ca				
066	637082	050	Shuttle ca				
066	637127	054	Scrap				
068	637215	002	Electrician				
CS	637177						

Tons 1.346 (8)

Initial



Supervisor D&I RDR 10-2-06

Page No. _____



MineID: 4608436 Event Number: 4111132 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: RDR

Coal Inspection Tracking System

General

Advised of Conference Procedures (Miner Rep)

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
7/17/2006	23591	[REDACTED]	2	<input checked="" type="checkbox"/>

Advised of Conference Procedures (Operator)

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
7/17/2006	23591	Wendell Wills	2	<input checked="" type="checkbox"/>

Check In And Out System

Required= Yes

The inspector determined the system being used at the mine complied with 30 CFR 75.1715.

Date	AR #		Shift	Complete
7/17/2006	23591	Office	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDA

Coal Inspection Tracking System

General

First Day Arrival In Advance Of Starting Time

Required= Yes

The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. I a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property.

Date	AR #	Shift	Complete
7/10/2006	20643	2	<input checked="" type="checkbox"/>
<i>Arrived at mine site in advance of the start of the shift to review record and to inform mine management of a respirable dust being conduct.</i>			
7/17/2006	23591	2	<input checked="" type="checkbox"/>

Independent Contractors

Required= No

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Interim Conference

Required= Yes

When daily conferences were not possible, regularly scheduled interim conferences were conducted. These conferences provided an overview of the inspection activities and an opportunity for the operator and miners' representatives to express any concerns.

Date	AR #	Shift	Complete
9/5/2006	23591	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

General

Mine Map Reviewed (First Day For Hazards)

Required= Yes

The inspector, prior to going underground on the first day of the inspection, studied the mine map for consistency with approved mining methods, mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, bodies of water that could present an underground flood hazard, mines located adjacent to, above and below active workings, and any danger that surface mining may present to underground miners.

Date	AR #	Shift	Complete
7/10/2006	20643	2	<input checked="" type="checkbox"/>
<i>Mine map was reviewed while conducting a respirable dust survey.</i>			
7/17/2006	23591	2	<input checked="" type="checkbox"/>
9/14/2006	20643	3	<input checked="" type="checkbox"/>
<i>Reviewed mine map while conducting a respirable dust survey.</i>			

Notification of Inspection (Miner Representative)

Required= Yes

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #	Shift	Complete
7/17/2006	23591	2	<input checked="" type="checkbox"/>

Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #	Shift	Complete
7/17/2006	23591	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RDR

Coal Inspection Tracking System

General

Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

Date	AR #	Shift	Complete
7/17/2006	23591	2	<input checked="" type="checkbox"/>

Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with the mine operator and miners representative (where applicable). The conference included a summary of all enforcement actions (including root causes) and any observations concerning conditions or practices. Accidents at the mine and any samples or surveys taken during the inspection were discussed.

Date	AR #	Shift	Complete
9/8/2006	23591	2	<input checked="" type="checkbox"/>

Also present were Roger Richmond and Link Selfe

Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference was conducted on or soon after the first day of inspection and covered enforcement actions, the accident history at the mine, a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

Date	AR #	Shift	Complete
7/17/2006	23591	2	<input checked="" type="checkbox"/>

Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during a required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
7/11/2006	20643	3	<input checked="" type="checkbox"/>

Traveled with section foreman on on-shift examination. Ronnie Dulin, initials, times and dates of the pre-shift examiner, PD, were observed along the longwall face and power connectios point on the section. Examination was on MMU 031-0 while conducting a respirable dust survey.

9/5/2006	23591	2	<input checked="" type="checkbox"/>
----------	-------	---	-------------------------------------

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

AOR

Coal Inspection Tracking System

General

Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during a required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
9/5/2006	23591	2	<input checked="" type="checkbox"/>

Travel With Mine Examiner - Weekly

Required= Yes

The inspector accompanied at least one mine examiner during a required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
7/18/2006	23591	2	<input checked="" type="checkbox"/>

Uniform Mine File Reviewed

Required= Yes

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

Date	AR #	Shift	Complete
7/4/2006	23591	2	<input checked="" type="checkbox"/>
7/10/2006	20643	2	<input checked="" type="checkbox"/>

Reviewed uniform file for respirable dust survey.



MineID: 4608436 Event Number: 4111132 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: RDR
Coal Inspection Tracking System

Records

All Required Noise Exposure Records (Reviewed)

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Required= Yes

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

ATRS Certification (Available)

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Required= Yes

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Canopies And Cabs; Self-Propelled Equipment

The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator had evidence of certification by a registered engineer for each canopy or cab system at the mine, stating that it met the required structural capacity.

Required= Yes

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Certifications And Records Of Daily Hoist

The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 & 77.1404 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= Yes

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Records

Clean Up Program

Required= Yes

The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Daily Inspection of Active Areas (Surface Mine)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Exhaust Gas Records (Exceeding The TLV)

Required= No

The operator's compliance with recording Diesel Engine Performance examinations required by 30 CFR 75.1914(g(5)) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Training And Qualification List

Required= No

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Records

Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the map of the electrical system required by 30 CFR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Evaluate The Approved Mine Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Evaluate The Approved Roof Control Plan

Required= Yes

The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ABR

Coal Inspection Tracking System

Records

Examinations Of Impoundments

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.216-3 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Fire Doors

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

Fire Suppression Systems/Permanent Diesel Storage

Required= No

The operator's compliance with recording examinations required by 75.1911 and 75.1912 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

First-Aid Training Supervisory Employees

Required= No

The inspector reviewed MSHA 5000-23 forms at the mine sufficient to determine if training was provided in accordance with 30 CFR 75.1713-3. A representative number of supervisors were polled to determine the quality of the training.

Hazardous Conditions Postings And Corrections

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

High Voltage Longwall Equipment

Required= No

The operator's compliance with recording of examinations required by 30 CFR 75.821 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Independent Contractor Register

Required= Yes

The inspector reviewed the production operator's independent contractor register required by 30 CFR 45.4(b). Any new data or updates to MSHA's Contractor Database were noted and submitted on MSHA Form 2000-205.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Records

Inspection And Test Of Automatic Fire Sensors

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-8 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Maintenance Record Diesel Engine Performance

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Methane Monitor Calibration Test

Required= Yes

The operator's compliance with recording tests required by 30 CFR 75.342(a)(4) was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

Date	AR #	Record For	Shift	Complete
7/17/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Mine Emergency Evacuation and FF Program

Required= Yes

The inspector reviewed mine evacuation drills records required by 30 CFR 75.1502(c)(2) to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their participation and familiarity with the program.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map required by 30 CFR 75.1200 relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

Date	AR #	Record For	Shift	Complete
7/17/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
9/14/2006	20643	Entire Mine	3	<input checked="" type="checkbox"/>

Reviewed mine map of Little Big Branch Section while conducting a respirable dust survey.

Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.502 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.800-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.900-2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Monthly Testing Of UG High Voltage CB

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.800-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Monthly Testing Of UG Low And Medium Voltage CB

Required= Yes

The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Movement of HV Power Centers and Transformers

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.812 was evaluated by comparing information recorded in the record book with on site observations and information obtained during discussions with the miners and the mine operator.

Noise Program (Reviewed) (Surface)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Noise Program (Reviewed) (Underground)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADK

Coal Inspection Tracking System

Records

Operator's Respirable Dust Program (Sur)

Required= Yes

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made c surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Operator's Respirable Dust Program (UG)

Required= Yes

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
9/14/2006	20643	Entire Mine	3	<input checked="" type="checkbox"/>

Reviewed while conducting a respirable dust survey.

Part 47 Hazcom Records

Required= Yes

The inspector reviewed the written HazCom program, material safety data sheets, and chemical inventory.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Part 48 Training Records (5000-23 Forms)

Required= Yes

The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was provided and discussed the contents of the training with a representative number of workers to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDP

Coal Inspection Tracking System

Records

Part 49 Training Records (Mine Rescue Teams)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Part 50 Records (7000-1 and 7000-2 Forms)

Required= Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Petitions For Modifications Granted For Mine

Required= Yes

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

R.D.J.

Coal Inspection Tracking System

Records

Preshift & On-Shift Examination

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.360 & 75.362 were evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
7/10/2006	20643	Entire Mine	2	<input checked="" type="checkbox"/>
<i>Check the pre-shift record for MMU 031-0 prior to traveling underground with the longwall crew.</i>				
7/11/2006	20643	Entire Mine	3	<input checked="" type="checkbox"/>
<i>Records of the pre-shift examination on the Longwall section, 031-0 and the Mains section 009-0 were examined. Examined while conducting a respirable survey.</i>				
7/17/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
9/14/2006	20643	Entire Mine	3	<input checked="" type="checkbox"/>
<i>Reviewed the pre-shift examination of Little Big Branch Section while conducting a respirable dust survey.</i>				

Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Record Of AMS Alarm Activation

Required= Yes

The AMS signal device or alarm activation records were reviewed back to the ending date of the last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(o).

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Record Of Certified And Qualified Persons Surface

Required= Yes

The inspector reviewed and compared the qualification list required by 30 CFR 75.159 and 77.106 with copies of individual training records.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Record Of Certified And Qualified Persons UG

Required= Yes

The inspector reviewed and compared the qualification list with copies of individual training records.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Record Of Inspections For Thermal Dryers

Required= No

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

Recorded Measurements For Initial Rope Stretch

Required= No

The inspector reviewed the record book and determined if the results of all required measurement were recorded.

Required Hoist Rope Tests

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded

Respirable Dust Control Plan (Posted)

Required= Yes

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required by 30 CFR 71.210(b) and 71.301(d)..

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Roof Bolt Manufacturer's Certification (Available)

Required= Yes

The inspector determined if the operator has available a certification per 30 CFR 75.204(a) stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Roof Bolt Torque Measurements Recorded

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

AOR

Coal Inspection Tracking System

Records

Roof Control Plan (Available)

Required= Yes

The inspector determined if the current roof control plan per per 30 CFR 75.220(e) was available to the miners and representative of miners at the mine.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Self-Rescue Devices (Records)

Required= Yes

The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Date	AR #	Record For	Shift	Complete
7/17/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Smokers Articles (Program)

Required= Yes

The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702 . The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver per 30 CFR 71.403(c)..

Surface Safety Program Instruction (Posted)

Required= Yes

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1400-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Tests Of Fire Hydrants And Fire Hose

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-11 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Trolley Overcurrent Protection Tests/Examinations

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1001-1 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Ventilation Plan (Posted)

Required= Yes

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Weekly Examination For Methane And Hazards

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.364 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
7/27/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Weekly Examination Record Of Diesel Equipment

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:



Coal Inspection Tracking System

Records

Weekly Inspection Of Fire Suppression Devices

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1107-16 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.512 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

X-Ray Plan

Required= Yes

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

Date	AR #	Record For	Shift	Complete
9/5/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Surface

Aerial Tramways

Required= No

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

All Shifts (Surface)

Required= No

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Auger Openings

Required= No

Auger openings were inspected for potential hazards.

Blasting Practices (Surface)

Required= No

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Coal Stock Pile

Required= No

Coal stockpiles were inspected for potential hazards such as fires or persons working in close proximity to active underground feeders.

Communications Installations

Required= No

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Draw-Off Tunnels

Required= No

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

Drilling Practices

Required= No

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Surface

Dumping Facilities

Required= No

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

Electrical Installation

Required= Yes

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access

Date	AR #	Location	Shift	Complete
8/24/2006	23591	North portal fan	2	<input checked="" type="checkbox"/>

Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location	Other Type Not Listed	Mantrip	J-10	J-12	J-6	L-6	MT-7	MT-1	MT-2	MT-12	MP-2	Shift	Complete
8/24/2006	23591	shop		Mantrip	J-10									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	J-12									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	J-6									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	L-6									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	MT-7									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	MT-1									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	MT-2									2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop		Mantrip	MT-12									2	<input checked="" type="checkbox"/>
8/24/2006	23591	surface		Mantrip	MP-2									2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Surface

Escapeways

Required= No

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

Explosives Storage

Required= No

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Fire Fighting Equipment Surface

Required= No

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Fuel Storage

Required= No

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Ground Control

Required= No

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

Haulage Facilities (Including Belts)

Required= No

An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

High Walls And Spoil Banks

Required= No

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

Hoisting Equipment

Required= No

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Surface

Illumination Of Work Areas

Required= Yes

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

Date	AR #	Location	Shift	Complete
8/24/2006	23591	shop	2	<input checked="" type="checkbox"/>

Methane Tests In Required Locations (Surface)

Required= No

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

Non-Major Construction Sites

Required= No

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Other Places Where Miners Work Or Travel

Required= Yes

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Date	AR #	Location	Shift	Complete
7/18/2006	23591	surface	2	<input checked="" type="checkbox"/>
8/24/2006	23591	surface	2	<input checked="" type="checkbox"/>

Potable Water (Surface)

Required= Yes

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
7/18/2006	23591	Office	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

R.S.R.

Coal Inspection Tracking System

Surface

Preparation Plant

Required= No

An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.

Refuse Pile And Impoundments

Required= No

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

Safety Talks With Surface Crews

Required= No

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Sanitary Facilities (Bathhouse)

Required= Yes

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanness, safe access, and compliance with a bathing facilities waiver.

Date	AR #	Location	Shift	Complete
7/18/2006	23591	surface	2	<input checked="" type="checkbox"/>

Shop

Required= Yes

An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	shop	2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

Surface

Surface First Aid Kit

Required= Yes

An inspection was conducted of all surface first-aid kits.

Date	AR #	Location	Shift	Complete
8/24/2006	23591	Office	2	<input checked="" type="checkbox"/>
8/24/2006	23591	shop	2	<input checked="" type="checkbox"/>

Thermal Dryer

Required= No

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Travelways And Active Roadways

Required= No

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

Ventilation Facilities

Required= Yes

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

Date	AR #	Location	Shift	Complete
8/24/2006	23591	North portal fan	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111132

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
7/11/2006	14:47	3	20643	Belt intake 031-0 Combined with main intake to obtained the required 104.000 cfm.	330	29,700	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
7/11/2006	16:45	3	20643	Intake of pillar line outby the stage loader. Intake and belt air used to ventilate the longwall face must total 104,000 CFM to comply with the approved plan.	535	80,250	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
7/11/2006	20:20	3	20643	Intake pillar line 031-0 Mid-shift reading taken on 031-0.	545	81,750	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
7/11/2006	20:25	3	20643	Belt intake Longwall Mid-shift reading on Longwall.	300	27,000	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
7/20/2006		2	23591	009-0 section return		58,080					<input type="checkbox"/>	
7/20/2006		2	23591	EP 20		33,914	20.8	0.1			<input type="checkbox"/>	
7/28/2006		2	23591	# 19 seal							<input type="checkbox"/>	N3311
7/28/2006		2	23591	# 11 seal							<input type="checkbox"/>	N3328
7/28/2006		2	23591	# 22 seal							<input type="checkbox"/>	N3312
7/28/2006		2	23591	# 27 seal							<input type="checkbox"/>	N3337

MineID: 4608436

Event Number: 4111132

Inspector(s) Initials:



Supervisor Initials:

RSP

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
7/28/2006		2	23591	No 2 silo drift		11,000					<input checked="" type="checkbox"/>	N3347
7/28/2006		2	23591	No 1 silo		24,956					<input checked="" type="checkbox"/>	N3353
7/28/2006		2	23591	# 6B seal							<input type="checkbox"/>	N3327
8/15/2006		2	23591	EP-52		316	20.8	0.0			<input type="checkbox"/>	
8/15/2006		2	23591	EP-54		14,904	20.8	0.0			<input type="checkbox"/>	
8/15/2006		2	23591	EP-53		24,486	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-56		1,654	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	ep-40A		1,269	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-20A		8,775	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-22		2,262	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-33		24,990	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-39		2,962	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-42		10,976	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111132

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
8/21/2006		2	23591	EP-55		1,450	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-57		5,504	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-40		13,880	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-41		37,260	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-43		3,588	20.8	0.0			<input type="checkbox"/>	
8/21/2006		2	23591	EP-50		3,682	20.8	0.0			<input type="checkbox"/>	
8/23/2006		2	23591	Lob--009-0 section		59,570					<input type="checkbox"/>	
8/23/2006		2	23591	No 6 return -009-0 section at spad # 20690				0.1			<input type="checkbox"/>	N1956
8/23/2006		2	23591	End of line curtain-- no. 6 entry			20.9	0.2			<input type="checkbox"/>	N1920
8/29/2006		2	23591	No 5 drift Return North Portal (LBB)		58,650					<input checked="" type="checkbox"/>	N6044
8/29/2006		2	23591	No 3 drift North Portal		4,811					<input checked="" type="checkbox"/>	N6074
8/29/2006		2	23591	No 2 drift North Portal		7,896					<input checked="" type="checkbox"/>	N6068
8/29/2006		2	23591	No 1 return drift North Portal		7,786					<input checked="" type="checkbox"/>	N6053

MineID: 4608436

Event Number: 4111132

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
8/29/2006		2	23591	No 3 drift South		17,296					<input checked="" type="checkbox"/>	N6064
8/29/2006		2	23591	No 2 Drift South		24,288					<input checked="" type="checkbox"/>	N6063
8/29/2006		2	23591	Jarreels Branch Fan		329,707					<input checked="" type="checkbox"/>	N6054
8/29/2006		2	23591	No 1 Drift South		7,400					<input checked="" type="checkbox"/>	N6053
9/14/2006	16:45	3	20643	No.1 entry Section Intake	365	62,020	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
No.1 entry section intake at survey station No.29564. while conducting a respirable survey.												
9/14/2006	17:00	3	20643	Last Open Crosscut	168	26,040	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
Last open crosscut, crosscut connecting the No.4 and No5 entries. Crosscut left 1 crosscut inby survey station No.20565, No.5 entry.												



MineID: 4608436 Event Number: 4111132 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: ROR

Coal Inspection Tracking System

Underground MMU *Inspection Progress - All MMU's for this Mine ID and Event*

Air Measurements Taken
Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>
7/10/2006	20643	031-0	2	<input checked="" type="checkbox"/>
Air measurements taken while conducting a respirable survey. Measurement was taken on the intake of the Longwall pillar line in the intake entry and the belt air intake.				
7/11/2006	20643	031-0	3	<input checked="" type="checkbox"/>
Air measurements were taken in the main intake of the Longwall pillar line and the belt intake. Velocity readings were taken at #16, #88 and #160 shields as required by the Methane Dust Control Plan.				

All Shifts (Working Section)
Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)
Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Boreholes In Advance Of Mining
Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
9/14/2006	20643	030-0 Respirable on Little Big Branch. 7 pumps on 7 occupations.	3	<input checked="" type="checkbox"/>
7/10/2006	20643	031-0 Respirable dust survey longwall, 031-0. This MMU is on a BI-Monthly sampling cycle. 5 pumps were run, 4 on occupations and 1 belt DA. The survey conducted on 07 10-2006 was voided for no production and time.	2	<input checked="" type="checkbox"/>
7/11/2006	20643	031-0 Respirable dust survey conducted on MMU 031-0. 7 pumps, 6 on occupations and 1 belt DA. Accompanied by Jeff Wrick.	3	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans

Required= No

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>
The initials, times and dates of the pre-shift examiner and the on-shift examiner were observed in the faces and onther required areas on Little Big Branch Section. Observed while conducting a respirable dust survey.				
7/11/2006	20643	031-0	3	<input checked="" type="checkbox"/>
The face area, travel area and the electrical connection point of the Longwall section were examined for initials, times and dates to certify that a pre-shift examination had been made.				

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>
While conducting a respirable dust survey.				

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>
All faces and areas of Little Big Branch were inspected for imminent dangers, none observed. Inspected while conducting a respirable dust survey.				
7/10/2006	20643	031-0	2	<input checked="" type="checkbox"/>
The longwall face and travel areas were examined for imminent dangers, none were observed.				
7/11/2006	20643	031-0	3	<input checked="" type="checkbox"/>
The travelway and face area of the Longwall section were examined for imminent dangers.				

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
Firefighting supplies at crosscut # 78 along the No. 6 belt conveyor				

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>

Inspected while conducting a respirable survey. Up to standard.

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0 Spad # 20692	2	<input checked="" type="checkbox"/>
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0 Spad # 20692	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/23/2006	23591	009-0 Spad # 20864	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>

Crosscut connecting the N0.4 and No.5 entries, crosscut left, 1 crosscut inby survey station No.20565 No 5 entry.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
7/11/2006	20643	031-0	3	<input checked="" type="checkbox"/>

Observed mining cycle on the Longwall section, 031-0.

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>

Observed while conducting a respirable dust survey.

Potable Water (Working Section)

Required= Yes

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>

While conducting a respirable dust survey.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	3	<input checked="" type="checkbox"/>

All ventilation controls were in place as required. Observed while conducting a respirable dust survey.

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0 Citation # 7256481	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0 Roof and ribs were inspected while conducting a respirable dust survey.	3	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
7/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0 Sanitary facilities were provided. Inspected while conducting a respirable survey.	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU *Inspection Progress - All MMU's for this Mine ID and Event***Section Equipment (Including Face Equipment)****Required= Yes**

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
7/17/2006	23591	009-0	Fairchild	Scoop	T-339-230	2	<input checked="" type="checkbox"/>
7/17/2006	23591	009-0	Fairchild	Scoop	T-339-184	2	<input checked="" type="checkbox"/>
7/17/2006	23591	009-0	Fletcher	Roof Bolting Machine	200325	2	<input checked="" type="checkbox"/>
7/17/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	16962	2	<input checked="" type="checkbox"/>
7/17/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	ET-17017	2	<input checked="" type="checkbox"/>
Citation #7256483							
7/17/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM-4677	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	A.M. General Corporation	Battery Charger	xxx	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	Fletcher	Roof Bolting Machine	2003339	2	<input checked="" type="checkbox"/>
7/18/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM-4657-D	2	<input checked="" type="checkbox"/>
9/14/2006	20643	030-0	Other Type Not Listed	Other Equipment Not Listed	No1.feeder	3	<input checked="" type="checkbox"/>
Inspected while conducting a respirable survey.							
9/14/2006	20643	030-0	Other Type Not Listed	Other Equipment Not Listed	No.2 charger	3	<input checked="" type="checkbox"/>
No.2 charger for forklift. Inspected while conducting a respirable dust survey.							
9/14/2006	20643	030-0	Other Type Not Listed	Other Equipment Not Listed	No.1 charger	3	<input checked="" type="checkbox"/>
No.1 Scoop charger inspected while conducting a respirable survey.							

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

9/14/2006	20643	030-0	Other Type Not Listed	Pump	No.1 pressure pump	3	<input checked="" type="checkbox"/>
While conducting a respirable dust survey.							
9/14/2006	20643	030-0	Other Type Not Listed	Transformer	Little Big Branch Section	3	<input checked="" type="checkbox"/>
Visual examine of all electrical circuits while conducting a respirable dust survey.							

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
7/17/2006	23591	009-0	2	<input checked="" type="checkbox"/>
8/9/2006	23591	009-0	2	<input checked="" type="checkbox"/>

Observed the bolter operator DONN and place on a CSE 100 self rescuer on the 009-0 section.



MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: ADR

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location			Shift	Complete
7/18/2006	23591	no 4,5,6,7,8 belts	No 4 belt	009-0 section	2	<input checked="" type="checkbox"/>

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/17/2006	23591	North Mains	no 4 belt conveyor	feeder of no 8 belt conveyor	2	<input checked="" type="checkbox"/>
8/22/2006	23591	North Mains	tail of 1North Belt	Tail of 2 Noth Belt at 3 Belt head (90 x cut)	2	<input checked="" type="checkbox"/>
8/22/2006	23591	North Mains	Tail of 1 South Silo belt	Tail of 1 North Belt	2	<input checked="" type="checkbox"/>
8/22/2006	23591	silo belt-South	Silo	90 xcut North	2	<input checked="" type="checkbox"/>
8/24/2006	23591	North Mains	no 3 head	no 3 tail	2	<input checked="" type="checkbox"/>

Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

MineID: 4608436

Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Haulage

Trackways

Required= Yes

The inspector made an inspection of each trackway and determined if hazards or potential hazard existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/17/2006	23591	North Mains	outside	009-0 section.	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111132 Activity Code: E01

Inspector(s) Initials: _____



Supervisor Initials: RDR

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/20/2006	23591	North Mains	outside	009-0 section	2	<input checked="" type="checkbox"/>

Bleeders Including Each Check Point

Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation point approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
8/15/2006	23591	1 st right off LBB Mains	outside	top of panel	2	<input checked="" type="checkbox"/>
8/15/2006	23591	2 ND Right off LBB Mains	top of panel	bottom of panel	2	<input checked="" type="checkbox"/>
8/15/2006	23591	3 RD right off LBB mains. Pillared area-EP53,52,54	all ep,S	outside	2	<input checked="" type="checkbox"/>
7/20/2006	23591	Ep 20	crosscut # 74 ---Return	at EP 20	2	<input checked="" type="checkbox"/>
8/21/2006	23591	Ep's 20A-40A-22,33,39,42,43,50,55,56,57,40,41	EP-55	20A	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

UG Outby Areas

Each Approved SCSR Storage Location Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/18/2006	23591	Mian intake			2	<input checked="" type="checkbox"/>

Longwall Tail Entry Required= No

Longwall tailgate travelways were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door location and placement, approaches to worked out areas, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the tailgate travelway. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Non-Pillared Out Area (List Each) Required= Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/27/2006	23591	Old Headgate 18 section— Deepest point	outside	Deepest point in no. 3 entry	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RSR

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/18/2006	23591	009-0	no 4 belt head	009-0 section	2	<input checked="" type="checkbox"/>
8/1/2006	23591	Main intake	No 4 head	outside fan	2	<input checked="" type="checkbox"/>

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/20/2006	23591	009-0	74 crosscut at bleedcer system- ep 20	009-0	2	<input checked="" type="checkbox"/>

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
7/28/2006	23591	East Mains Silo <i>Sets 1,2,3,4,5 (1-31 includes 6A& 6B)</i>	Silo	Plumley switch	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111132

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

UG Outby Equipment

Outby Equipment Required= Yes

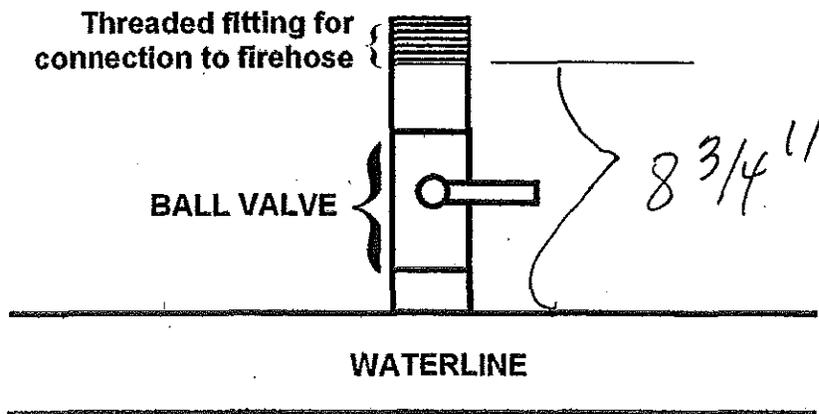
An inspection was conducted of each piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

Date	AR #	Location	Manufacturer	Type Equipment	Serial #	Shift	Complete
7/17/2006	23591	009-0	Other Type Not Listed	Other Equipment Not Listed	xxxxx	2	<input checked="" type="checkbox"/>

Mantrips # and Jeeps # 6,12,4

FIREHOSE OUTLET DRAWING

What is the distance from the waterline to the bottom of the threads?



8 3/4" at
Upper Big Branch
46-08436