

U.S. Department of Labor

Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, Virginia 22209-3939



October 20, 2008

MEMORANDUM FOR RICHARD STICKLER
Acting Assistant Secretary for
Mine Safety and Health Administration

FROM: CHARLES J. THOMAS *Charles J. Thomas*
Director of Accountability for
Mine Safety and Health Administration

JERRY J. KISSELL *J.J. Kissell for*
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Vincennes,
Indiana, Field Office, and [REDACTED] c.,
[REDACTED]

Introduction

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

Overview

The audit team traveled to the subject field office and mine to observe and evaluate enforcement activities and mine conditions. Accompanying the audit team was [REDACTED]
[REDACTED]
[REDACTED]

Office.

Underground areas of the mine examined during this audit included the 2 West-#1 and #2 conveyor belts, the 4-N #1 and #2 conveyor belts, intakes and returns, and main belt lines. MMU's inspected included MMU-002, MMU-003, and MMU-004, and associated section feeders and belts, AMS, and fire taps. Other equipment inspected included shuttle cars, roof bolters, power centers, continuous miners, and ventilation fans. 50/50 tests were conducted as well as pressure testing 250 ft. of fire hose to test for availability and effectiveness.

The Emergency Response Plan was reviewed and verified at the mine. Currently, the operator has five (5) Kennedy refuge chambers in place underground (Attachment C), with five (5) "Strata" inflatable barricades (Attachment D) one stored with each of the Kennedy refuge chambers plus three additional "Strata" inflatable chambers stored in outby area's as well as two on the surface ready for deployment. A Safe haven is also provided underground and is piped to the surface capable of fresh air supply and communications. (Attachment E).

The audit team conducted safety discussions with 3 different bolter crews and a number of miners in the working section, topics included respiratory protection, hearing PPE, and ground control for roof and rib safety and safe practices. Safety "pocket card" best practice handouts were distributed for Roof Bolter safety tips, Miner Operator safety tips and PPE stickers were distributed.

The roof control plan and ventilation plans were also compared to the conditions and practices in the mine.

Rock Dust samples were gathered and analyzed.

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

1. Although all inspectors observed during the audit are enforcing the law adequately at this time, there is one particular activity (of many) that merits special mention because it reveals an inspector's extra attention to detail and his care for the health and safety of the miners. An inspector issued a 107(a) order when he observed a continuous mining machine operator standing in the "red zone" while tramming the machine past himself. The approved roof control plan prohibits this unsafe practice. MSHA was informed that the miner operator, who was given time off without pay, signed a "last chance" agreement, promising not to work unsafe. This action by the inspector and the resulting order and contributing citation may have prevented a serious injury or death.
2. Supervisors, District Managers and Assistant District Managers visited numerous mines throughout the year.
3. Inspection documentation indicated thorough and complete inspections.
4. The 104(d) tracking system is maintained and up-to-date.
5. Revised Roof Control plans implemented in June appear to be effective as ground conditions observed appeared stable.
6. Effective 103(i) spot inspections with ample time spent on all events.
7. Citation [REDACTED], issued [REDACTED] cited CFR 75.370(a)(1) for continuous miner mining without line curtain. The inspector correctly evaluated the citation as both a health and safety issue on the citation form.

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

1. Inadequate supervisory review of inspection notes, forms, and citations.
2. Event sheet calendar discrepancies.
3. Documentation in field notes indicating "Unknown" or "could not be determined" for negligence were reviewed in reports.
4. Face ventilation, rock dust applications, and roof/rib scaling in working sections were a concern.
5. A District need for additional Roof Control Specialists and Ventilation Specialists.
6. Leaking, poorly constructed stoppings between returns and belt air were observed.
7. Housekeeping (Scattered empty oil cans and combustible wooden and paper material other than coal) was poor in one producing section mmu 003.
8. Rock dust samples collected during the audit were not compliant with minimum requirements for incombustible content.

Audit Results

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

Attachments

- A. Office of Accountability Checklist, with comments, recommendations, and references
- B. Citations issued during this audit

1)		75.1101-8
2)		75.1100-3
3)		75.351(k)
4)		75.400
5)		75.400
6)		75.370(a)(1)
7)		75.220(a)(1)
8)		75.333(h)
9)		75.333(h)
10)		75.333(h)
11)		75.360(a)(1)
12)		75.202(a)
13)		75.400
14)		75.1403-10(i)
15)		75.1101-10
16)		75.202(a)
17)		75.400
18)		75.1725(a)
19)		75.220(a)(1)
20)		75.380(d)(7)(v)
21)		75.208
22)		75.220(a)(1)
23)		107(a) Order issued in conjunction with citation #6681222
24)		75.400
25)		75.400
26)		75.208
27)		75.503
28)		75.1101-10
29)		75.333(b)
30)		75.333(h)
31)		75.1100-2(b)
32)		75.1725(a)
33)		75.403

Attachment C - Pictures Kennedy Refuge Chambers underground

Attachment D - Pictures "Strata" barricades

Attachment E - Safe room and surface facility area connection via boreholes

Attachment F - Rock Dust Sample Submission Form

District

Field Office

Mine ID

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

Adequate Inadequate Not Applicable Comments Below

Field notes were submitted with statements for negligence that included "Unknown" or "undetermined". The district has started addressing this issue in the past and has noted an improvement in this area.

No inadequate examination violation was issued for citation [REDACTED] issued [REDACTED] or "Accumulations of combustible materials, in the form of loose coal and float coal dust, distinctly black in color, were allowed to accumulate on the 1 west 1 belt conveyor continuous from the head to tail. These accumulations ranged from 6 inches to 12 inches wide by 1/2 inch to 2 inches deep" the belt is 105 crosscuts long on the current map which equates to 6,800 ft. in length. Additionally no inadequate examination citation issued for citation [REDACTED] for a very similar condition.

A citation issued on [REDACTED] 30 CFR 75.321(a)(1) for the approved ventilation plan not being complied with on the MMU-002 producing section in the #6 entry. Air readings taken with a calibrated and approved spotter determined methane was above the allowable level (5%) and oxygen was below 19.5%. The citation notes do not indicate a bottle sample was collected as required.

Reference - General Coal Mine Inspection Procedures and Inspection Tracking System, Jan. 1, 2008, page 58, paragraph 5, Sampling procedures.

Citation # [REDACTED] issue [REDACTED] under 30 CFR , 75.342(a)(4), was evaluated non S&S for "The methane monitor for the #13 miner located on the #5 working section was not being maintained in a permissible condition. The monitor would only register 1.7% and would not shut the machine down when a know quantity of 2.5% methane was applied to the monitor.

Similarly, citation [REDACTED], issued [REDACTED], under 30 CFR 75.342(a)(4), for the methane monitor on the #11 joy miner not being maintained in a permissible condition and evaluated the likelihood as Unlikely, lost workdays, 002 persons affected, and moderate negligence. Neither of the citations had mitigating circumstances surrounding these particular violations to warrant a non S&S determination and should have been identified for correction by a supervisor. Methane liberation at this mine is over 600,000 CFD, and defective, improperly calibrated methane monitors inby the last open crosscut present a greater likelihood of occurrence. The district manager concurred with the concerns of the OA on these particular violation evaluations.

Reference - Coal Mine Safety and Health Supervisor's Handbook - AH-08-III, Chapter 1, section IV.

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments BelowSupervisors cannot address deficiencies if they fail to properly review the reports thoroughly.
Examples for event calendar discrepancies for event

A.) Time charged to following date but Event calendar was not checked: 12/17/07.

B.) Time charged to following dates but Event calendar was not checked: 11/23, 11/29, 12/3 and 12/11/2007.

Inspector has "Outby" checked on front of Event sheet but no time was charged to "Outby."

C.) Time charged to following date but Event calendar was not checked: 12/17/07.

D.) For two different AR's, time was charged to the following date but the Event calendar was not checked: 11/27/07.

Time charged to MMU, Outby, and Surface, but none were checked on the front of Event sheet.

Discrepancies for event include:

A.) Time charged to following dates but Event calendar not checked: 1/4, 1/8, and 2/14/2008. Inspector charged time to MMU and Outby but they were not checked on front of Event sheet.

B.) Time charged to following dates but Event calendar not checked: 3/5, 3/6, and 3/7/2008. Inspector charged time to MMU, Outby, and Surface but only "Outby" was checked on front of Event sheet. Co records were checked which may account for "surface" time.

C.) Time charged to following dates but Event calendar not checked: 3/12, 3/13, and 3/14/2008.

D.) Time charged to following date but Event calendar not checked: 3/19/2008. Inspector had time charged to MMU but not checked on front of Event sheet.

E.) Event sheet turned in; however, Task Code on timesheet was "S". If the supervisor did inspection work, the task code should have been "I".

F.) On 2/18, time shown on surface, but on front of Event sheet, AR has "Outby and Surface" checked, no time charged to outby. Inspector has "Outby and Surface" checked on front of Event sheet but no time was charged to "Outby"

Reference- Coal Mine Safety and Health Supervisor's Handbook (AH08-III-1)

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

The reports are detailed and identify areas of improvement when needed as well as areas of excellence by employees.

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

Adequate Inadequate Not Applicable Comments Below

6. Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

AA's identify areas of improvement needed when observed, as well as positive actions observed.

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

Adequate Inadequate Not Applicable Comments Below

28 - 7000-1 accident/injury report forms were outdated and failed to be removed from the UMF. The date ranges were 4/3/07 thru 8/22/08. "The reports are to be removed quarterly, so that only one year of history is retained in the UMF". All forms prior to July 1, 2007 should have been removed.

Reference- PH94-V-9(2), Chapter 2, section E-1 (page2-7)

The UMF had a slope/shaft construction plan that should have been removed as construction was completed last year.

Reference - PH94-V-9(2), Chapter 2, Section C-13 (Page 2-5)

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Currently the Vincennes field office is in need of Roof Control specialist, Ventilation specialists and FTE's. The office is losing inspectors to industry and to attrition and is running short on specialist to review plans and make mine visits to verify plan revisions are effective. This is evidenced as the two acting supervisors in place spend the greater portion of their time on E-01 activity, of which one acting supervisor has returned to industry as of mid-September. The number and size of mines under the jurisdiction of this office associated with past ground and ventilation issues support the justification to fill the specialist positions.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID



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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

S&S rate may be influenced by conference officer, this is difficult to ascertain. Several permissibility citations were changed from S&S to non S&S citing "Texas Gulf" and this may not be applicable in gassy mines that are on a 103(i) spot. Recommendation that Academy Staff give training on S&S and gravity.

This is not an issue but a recommendation.

See item 37. Also see the Jim Walters #5, and Sago internal reviews concerning conference officers appendix B-12, item 6.1.1

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID



30.	Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
A citation issued on  for 30 CFR 75.321(a)(1) for the approved ventilation plan not being complied with on the MMU-002 producing section in the #6 entry. Air readings taken with a calibrated and approved spotter determined methane was above the allowable level (5%) and oxygen was below 19.5%. The citation notes do not indicate a bottle sample was collected as required. (Same issue as item 1, required bottle sample not collected.)						
<i>Reference _ General Coal Mine Inspection Procedures and Inspection Tracking System, Jan. 1, 2008, page 58, paragraph 5, Sampling procedures.</i>						
31.	Determine that the inspector spent sufficient time on off-shifts and on weekends					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
34.	Determine if all mine record books, postings, and other required materials are examined during the inspection					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
35.	Determine if all provisions of the MINER Act are evaluated during the inspection					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
36.	Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below



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

Adequate Inadequate Not Applicable Comments Below

Citation issued under 30 CFR , 75.342(a)(4), was evaluated non S&S for "The methane monitor for the #13 miner located on the #5 working section was not being maintained in a permissible condition. The monitor would only register 1.7% and would not shut the machine down when a know quantity of 2.5% methane was applied to the monitor. Similarly citation # issued under 30 CFR 75.342(a)(4), for the methane monitor on the #11 joy miner not being maintained in a permissible condition and evaluated the likelihood as Unlikely, lost workdays, 002 persons affected, and moderate negligence.

Neither of the citations mentioned any mitigating circumstances surrounding these particular violations to warrant a non S&S determination. Methane liberation at this mine is over 600,000 CFD, and defective, improperly calibrated monitor's inby the working face present a greater risk of likelihood.

The district manager concurred with the concerns of the OOA on these particular violation evaluations.

A citation issued on for 30 CFR 75.321(a)(1) for the approved ventilation plan not being complied with on the MMU-002 producing section in the #6 entry. Air readings taken with a calibrated and approved spotter determined methane was above the allowable level (5%) and oxygen was below 19.5%. The citation notes do not indicate a bottle sample was collected as required.

Reference - General Coal Mine Inspection Procedures and Inspection Tracking System, Jan. 1, 2008, page 58, paragraph 5, Sampling procedures.

38. Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

39. Check adequacy of preshift/onshift examinations

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

40. Evaluate inspector's observation of roof conditions

Adequate Inadequate Not Applicable Comments Below

41. Evaluate operator's workplace examinations

Adequate Inadequate Not Applicable Comments Below

42. Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

Other than housekeeping on one MMU which needs checked on subsequent E02 inspections.

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

Adequate Inadequate Not Applicable Comments Below

One violation was issued, citation # under 75.370(a)(1) for failure to comply with the mines ventilation plan. Other sections checked were in compliance.

Reference: CFR75.370(a)(1)

44. Determine adequacy of Emergency Response Plan training (interview miners)

Adequate Inadequate Not Applicable Comments Below

45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners)

Adequate Inadequate Not Applicable Comments Below

Miners discussed roof plan and stated they would add additional supports above the minimum plan requirements if they felt it necessary.

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

48. Examine electrical cables on several pieces of equipment

Adequate Inadequate Not Applicable Comments Below

49. Evaluate several pieces of equipment for permissibility

Adequate Inadequate Not Applicable Comments Below

50. Examine lifelines, manddoors, and related signage

Adequate Inadequate Not Applicable Comments Below

51. Examine escapeway map for compliance with regulations

Adequate Inadequate Not Applicable Comments Below

52. Evaluate integrity of primary and alternate escapeways

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

53. Evaluate integrity of return side stopping line

Adequate Inadequate Not Applicable Comments Below

Violations for leaking stoppings were issued, citation #'s & the construction of the stoppings including tying "Pie Pans" into the top of the stoppings. This practice allowed for air to pass through without restriction, as determined by smoke tube tests. Also holes observed and heard leaking in overcast in the 4-1 North overcast, X-cut #4 was not maintained.

Reference - 30 CFR 75.333(h) & 75.333(b)

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

Adequate Inadequate Not Applicable Comments Below

55. Evaluate conveyor belt isolation from other air courses

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

57. Observe and evaluate fire detection methods

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

58. Evaluate cleanup of accumulations and application of rock dust

Adequate Inadequate Not Applicable Comments Below

Citation were issued for cleanup of accumulations under 75.400. In mine observations support that rockdusting, housekeeping, and cleanup could be improved.

Citation was issued for non-compliant rock dust samples collected and analyzed. 61.2% of the collected samples failed to meet the minimum requirement for incombustible content.

See Attachment F: Rock Dust Survey Form.

Reference: CFR 75.400 and 75.403

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

Adequate Inadequate Not Applicable Comments Below

Accumulations of combustibles violation were found for oil spillage as well as float coal dust and loose coal on the 2 West - 2 belt and the 4 North - 2 belt. The condition of the belts overall was adequate but continue oversight by supervisors and ADM's to address rockdusting needs to occur.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

68. Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.

Adequate Inadequate Not Applicable Comments Below

70. Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

71. Determine if Peer Reviews accurately reflect and evaluate MSHA activities at all types of mining (underground/surface/surface facilities) within the district

Adequate Inadequate Not Applicable Comments Below

73. Evaluate the approved roof control plan after in-mine visit

Adequate Inadequate Not Applicable Comments Below

74. Evaluate approved ventilation plan after in-mine visit

Adequate Inadequate Not Applicable Comments Below

When followed the ventilation plan appears adequate. Face ventilation is still a concern with so many "new" miners on the sections.

Recommendation: CMIs take time to have ventilation safety talks with all section crews encountered during the course of E01 and E02 inspections.

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

Adequate Inadequate Not Applicable Comments Below

Evaluations of gravity, negligence, and number of persons affected were not consistent with the nature of the violations cited. See Items 1, 30, and 37 above.

78. Evaluate the ten most current completed E02 (103(i) spot) inspection reports

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

83. Determine if plan review and approval process provides reasonable assurance that miners are protected

Adequate Inadequate Not Applicable Comments Below

98. Determine if proposed plans are evaluated for provisions contrary to standards or regulations

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

116.	Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

117.	Are inspectors provided with all tools necessary to perform duties in the field safely and adequately					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

Make water gages and vacuum gages available to all CMI's to use for performing field tests. Not all inspectors had vacuum gauges with their inspection equipment when conducting permissibility inspections on the sections. Vacuum gauges should be available when inspecting equipment.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
(Contractor) <input type="checkbox"/>	

6. Condition of Practices 8a. Written Notice (103g)

The Water Sprinkler System for the 4 North 2, energized conveyor belt did not provide protection for the belt power pack. The power pack is located at crosscut 01 on the 4 North 2 energized conveyor belt.

COPY

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	75.1101-8
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate A sprinkle was installed above the power pack.

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

Section IV--Automated System

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

23. AR Number [redacted]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Served To [redacted]	5. [redacted] 7. [redacted] (Contractor)
8. Condition or Practice	
8a. Written Notice (103g)	

The chemical fire extinguisher located at the unit pressure pump, crosscut 08 on the 2 North 4 belt is not being maintained in a usual and operative condition.

COPY

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	75.1100-3
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Section II--Inspector's Evaluation

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

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

17. Action to Terminate A usable and operative extinguisher was installed at the pressure pump.

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

19. Type of Inspection (activity code) E02	20. Event Number [redacted]	21. Primary or Mill
2 [redacted]		23. AR Number [redacted]

MSHA Form 7000-3, APR 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I - Violation Data

1. Date	[Redacted]	3. Citation/Order Number	[Redacted]
4. Served To	[Redacted]	Operator	[Redacted]
			(Contractor) <input type="checkbox"/>
8a. Written Notice (103g) <input type="checkbox"/>			

The atmospheric monitoring system located between crosscut 08 and crosscut 10 on the 4 North 2 energized conveyor belt is not being maintained in proper operating condition. The atmospheric monitor was reading 06 PPM and the calibrated hand held monitors was reading 00 PPM.

COPY

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	75.351(k)
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Section II - Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
15. Area or Equipment				

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

17. Action to Terminate The monitor was calibrated.

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

19. Type of Inspection (activity code) E02	20. Event Number [Redacted]	21. Primary or Mill	[Redacted]
			23. AR Number [Redacted]

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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	[REDACTED]	3. Citation/ Order Number	[REDACTED]
4. Served To	[REDACTED]	5. FI	[REDACTED]
6. P	[REDACTED]	7. (Contractor)	[REDACTED]
8.		8a. Written Notice (103g) <input type="checkbox"/>	

Combustible material in the form of loose coal, coal fines and float coal dust (a distinct black in color) are present along and under the 4 North 2 belt tail roller, belt structure and tail piece on the energized conveyor. The belt tail and tail piece are located at crosscut 11 on the 4 North 2 conveyor belt.

The area is damp, the conveyor belt and rollers are not running in the combustible material.

COPY

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
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 002
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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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) E02	20. Event Number [REDACTED]	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	Mo Da Yr	3. Citation/Order Number
8. Condition of Practice		9. Written Notice (103g)

Combustible material in the form of loose coal, oil, grease and paper have been allowed to accumulate on and under the Stamler Feeder, company number 02 located at crosscut 11 on the 4 North 2 energized conveyor belt. The accumulations were present on the frame and under the feeder. The accumulations of oil measured approximately 1/2 inches in depth under the feeder for a distance of approximately 39 inches. This feed is in service at this time on the MMU 004 active miner.

The area is damp where the feeder is located.

COPY

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
			75.400

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: 002
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr	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) E02	20. Event Number	21. Primary or Mill
		23. AR Number

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted] 12. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Served To [redacted]	5. Operator [redacted] (Contractor)
8. Condition or Practice	
8a. Written Notice (103g) <input type="checkbox"/>	

The company's approved Ventilation Plan was not being complied with on the 4 North 2, MMU 004, active section. The quantity of air reaching the last open crosscut between entry number 2 and entry number 3 at crosscut 13 is 15,483 cfm. The company's approved ventilation plan states the minimum quantity of air in the last open crosscut with three open crosscuts will be a minimum of 20,000 cfm during active mining. The Joy miner, company number CM02 was observed mining coal in the number 6 entry.

COPY

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)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 004
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
14. Dated Mo Da Yr				
15. Area or Equipment				

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

17. Action to Terminate The ventilation controls were adjusted and the air quantity raised to 21,101 cfm at the last open.

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

19. Type of Inspection (activity code) E02	20. Event Number [redacted]	21. Primary or Mill
22. [redacted]		23. AR Number [redacted]

MSHA Form 7000-3, Apr 98 (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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
[REDACTED]	[REDACTED]	[REDACTED]
		(Contractor) Notice (103g) <input type="checkbox"/>

The operators approved roof control plan was not being complied with on the 4 North 2, MMU 004, active miner unit at crosscut number 12, entry number 5. The sum of the diagonal at the 4-way intersection is approximately a measured 69.66 feet. The approved roof control plan states that a measured diagonal sum of more that 2.5 feet over the approved 66 feet diagonal sum shall have floor to roof support installed.

COPY

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
			75.220(a)(1)

Section II - Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

[REDACTED]

Section III - Termination Action

17. Action to Terminate Timbers were installed in the 4-way intersection.

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

[REDACTED]

Section IV - Automated System

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

22. Signal [REDACTED] 23. AR Number [REDACTED]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

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

Permanent ventilation controls located at crosscut 08, crosscut 01 and crosscut 00 along the 4 North 2 Primary Intake Escapeway were not maintained to serve the purpose for which they were built. The stopping's are not sealed across the top where the pie pans have been installed and the stopping's have been built under the pan so as not to create a seal across the top.

When testing with chemical smoke the air was traveling from the intake air course to the travelway.

COPY

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 75.333(h)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 010
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
F. Dated Mo Da Yr				

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr [Redacted]	B. Time (24 Hr. Clock) [Redacted]
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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) E02	20. Event Number [Redacted]	21. Primary or Mill
[Redacted]		23. AR Number [Redacted]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
[Redacted]	[Redacted]	[Redacted]
4. Location of Violation		5. (Contractor)
6. Description of Violation		7. Written Notice (103g)

The permanent ventilation control located at crosscut 06 along the 4 North 1 return air course is not maintained to serve the purpose for which it was built. The stopping is not sealed across the top where the pie pans have been installed and the stopping has been built under the pans so as not to create a seal across the top.

When testing with chemical smoke the air was traveling from the travelway to the return air course.

COPY

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E02	[Redacted]	
22. [Redacted]		23. AR Number
[Redacted]		[Redacted]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
[REDACTED]	[REDACTED]	[REDACTED]

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

Permanent ventilation controls located at crosscut 02, crosscut 03 and crosscut 04, crosscut 06, crosscut 07, crosscut 08 and crosscut 10 along the 4 North 2 return air course were not maintained to serve the purpose for which they were built. The stopping's are not sealed across the top where the pie pans have been installed and the stopping's have been built under the pans so as not to create a seal across the top.

When testing with chemical smoke the air was traveling from the travelway to the return air course.

COPY

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

[REDACTED]

Section III--Termination Action

17. Action to Terminate

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

[REDACTED]

Section IV--Automated System Data

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

22. [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DG 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator		
(Contractor)			

8. Condition or Practice

8a. Written Notice (103g)

No preshift examination was made for areas where miners were required to work on the 4 North 2 conveyor belt from crosscut 00 to crosscut 10. Four miners were observed cleaning on the 4 North 2 energized conveyor belt this is scheduled work it was in the belt book on [redacted], second shift. Miners were scheduled by Management to clean on the affected area and to set a pump at the belt tail which was also listed in the belt book on [redacted] second shift. The belt examines are made on an on-shift exam.

To terminate this citation all examiners and foremen must be trained on Preshift examinations for scheduled work.

COPY
See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input checked="" 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 checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 004
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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) E02	20. Event Number	21. Primary or Mill
		23. AR Number

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
[Redacted]	[Redacted]	[Redacted]
5. F		
7.		
6. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The roof on the 2 West travelway at cross cut No. 72 was not properly supported to protect miners from falls of the roof. There were two rocks that measured approximately 2 ft. in length by 1.5 feet in width by 9 inches in thickness that pried down with little effort. The loose rocks were located directly above the travelway where miners normally travel in and off the MMU-001.

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 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		13. Type of Issuance (check one)		
104(a)		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action				F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
15. Area or Equipment				

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

Section III--Termination Action

17. Action to Terminate The rocks were pried down and addition floor to roof support was installed:

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

Section IV--Automated System Data

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

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 2420, 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
[REDACTED]		(Contractor) 6a. Written Notice (103g) <input type="checkbox"/>

The 2 West 2 belt drive had an accumulation of coal float dust covering approximately 50 feet in by the drive and approximately 50 feet in each direction of the discharge roller down the 2 West 1 belt line. The accumulations were black in color and dry to the touch, covering the drive frame, belt structure, ribs, floor and all horizontal areas. The accumulations were from a slight film to approximately 4 inches deep.

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
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 003
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(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 [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2000) Under provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established an 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	[Redacted]	3. Citation/ Order Number	[Redacted]
4. Reported To	[Redacted]	5. Operator	[Redacted]
			(Contractor)

8a. Written Notice (103g)

The 2 West 2 main travelway had a collection of debris in the form of boards and long planks. The planks measured approximately 5.5 feet to 9 feet in length. Some planks had been run over and the remaining planks were located approximately 1.5 feet adjacent to the travelway.

This Citation is being written in reference to Safe Guard No. [Redacted]

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	75.1403-10(i)
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 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 7486233 F. Dated Mo Da Yr 11/07/2005

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The debris was removed from the travelway.

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

Section IV--Automated System Data

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

MSHA Form 7000-1 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. Served To	[REDACTED]	[REDACTED]	(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>			

The fire suppression system installed for the 2 West 3 belt drive was not supplied with a warning device capable of notifying miners in the event the fire suppression system was activated.

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	75.1101-10
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 014	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action		13. Type of Issuance (check one)		
104(a)		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action				F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)	[REDACTED]
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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	[REDACTED]	21. Primary or Mill	
22. Signature				23. AR Number	

MSHA Form 7000-3a, Regulations 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr [Redacted]	2. Time (24 Hr. Clock) [Redacted]	3. Citation/ Order Number [Redacted]
4. Served To [Redacted]		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

8. Condition of Practice

There were five locations along the 2 West 4 belt line where the roof has not been maintained to protect miners from falls of the roof. The areas were broken up with signs of rashing and loose rocks. The areas were directly above the path of travel where miners regularly pass. The areas are: (1.) between cross cut No. 35 and No. 36 measuring approximately 8 in. thick x 3 ft. long x 2 ft. wide. (2.) at cross cut No. 39 measuring approximately 11 ft long x 5 ft. wide. (3.) at cross cut No. 42 measuring approximately 12 ft. long x 8 ft. wide. (4.) between cross cuts No. 43 and No. 44 measuring approximately 50 ft. long x 5 ft. wide. (5.) between cross cuts No. 45 and No. 46 measuring approximately 50 ft. long x 5 ft. 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 75.202(a)
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Section II - Inspector's Evaluation

10. Gravely:				
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(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	
15. Area or Equipment				

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

17. Action to Terminate		
18. 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 [Redacted]	21. Primary or Mill
22. Signatur [Redacted]		23. AR Number [Redacted]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

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

The Co. No. 9 Fletcher, double boom roof bolter located on the MMU-001 had an accumulation of oil, oil soaked coal fines and oil soaked dirt. The accumulations ranged from a slight film to approximately 3/8 inches in depth and were evident in the operators deck, the pump motor deck and both control booms.

The Co. is required to remove the accumulations and repair the oil leaks prior to the termination of this Citation.

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 75.400
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 002
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 [redacted]	B. Time (24 Hr. Clock) [redacted]
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr [redacted]	B. Time (24 Hr. Clock) [redacted]

Section IV--Automated System Data

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

MSHA Form 7000 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To			
D.			
P.			
8. Condition of Practice	Ba. Written Notice (103g)		

The Co. No. 9, Fletcher double boom roof bolter located on the MMU-001 was not being maintained in a safe operating condition. There were two high pressure hoses (one on each drill pod) that had broken steel reinforcement wires around the circumference of the hoses. Approximately 9 to 12 wires were broken on each hose leaving areas of approximately 6 to 12 inches unprotected. The roof bolter was removed from service immediately by the operator.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 002

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

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

Section III--Termination Action

17. Action to Terminate The hoses were replaced with new hoses.

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number

21. Primary or Mill

22. Signature

23. AR Number

MSHA Form 7000-3a is required by the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996. The Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20410. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted]	2. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Served To [redacted]	5. Operator [redacted]	(Contractor) 8a. Written Notice (103g) [redacted]

The approved roof control plan was not being followed on the MMU-001. There was an intersection at cross cut No. 56 in the No. 7 entry that measured 35 ft. by 33 ft. this exceeds the allowable distance of 34 ft. and the sum of the two measurements exceeded a total of 66 ft.

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	75.220(a)(1)
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Section II--Inspector's Evaluation

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

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

17. Action to Terminate Addition bolts were installed to meet the requirements of the approved roof control plan.

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

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

MSHA Form [redacted] 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted]	2. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Mine Name [redacted]	[redacted]	
		(Contractor)

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

The life line installed in the primary escapeway for the MMU-001 did not have the required amount of cones installed to assist miners in the event of a mine evacuation. There was an area on the life line between cross cuts No. 38 and No. 41 where the distance between the cones measured approximately 210 feet. The required maximum distance between cones is not to exceed 100 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 75.380(d)(7)(v)
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Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 014

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

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

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 [redacted] B. Time (24 Hr. Clock) [redacted]

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 [redacted] 21. Primary or Mill

22. Signature [redacted] 23. AR Number [redacted]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted]	2. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Mine Name [redacted]		(Contractor) 8a. Written Notice (103g) [redacted]
5. Condition or Practice [redacted]		

There was not a visible warning device or a physical barrier installed in the unsupported cross cut 9 left to impede travel beyond permanent roof support.

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
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 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 [redacted] B. Time (24 Hr. Clock) [redacted]

Section III--Termination Action

17. Action to Terminate A visible warning device was installed.

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Mar 03 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Mine Name	5. Operator	
6. Mine No.		(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The approved roof control plan was not being followed on the MMU-001. A miner operator was observed positioned between the rib line and the Joy remote controlled continuous miner as he trammed out of the face.

This Citation is being issued in conjunction with



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
			75.220(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 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(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	B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

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

MSHA Form 7000 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

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

The following condition, which constituted an issuance of a verbal imminent danger order was observed in the cross cut No. 8 right on the MMU-001. A miner man was observed positioned in the red zone between the coal rib and the continuous miner as it trammed out of the face.

A citation contributing to a mandatory health and safety standard is being issued in conjunction with this order.

See Continuation Form (MSHA Form 7000-3e)

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

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected:
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 107(a)		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 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 The number 8 right cross cut. The Co. number 4 Joy continuous miner.

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

17. Action to Terminate		
18. Terminated		
A. Date	Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

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

MSHA Form 7000-3e, Sections 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I-Violation Data

1. Date	[Redacted]	3. Citation/Order Number	[Redacted]
4. Location of Violation		5. Operator	
[Redacted]		[Redacted]	
			(Contractor) <input type="checkbox"/>
			8a. Written Notice (103g) <input type="checkbox"/>

Accumulations of combustible material in the form of loose coal and oil soaked coal fines on both sides of the Unit #3 MMU-003, #1 Stamler Feeder, located in the Number 5 Entry at crosscut #78 . The accumulations measured approximately 1/4 inch to 3 inches deep, in two separate locations. One area measured approximately 3 1/2 feet long by 3 feet wide in the gear case compartment, 2nd area measured approximately 6 feet long by 3 foot wide behind the control panel. The Feeder was removed from service Immediately.

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	75.400
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Section II-Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 002
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
15. Area or Equipment				

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

17. Action to Terminate The accumulations were removed and sent out of mine.

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

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

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	[REDACTED]	3. Citation/ Order Number	[REDACTED]
4. [REDACTED]		5. [REDACTED]	
6. [REDACTED]		7. [REDACTED]	
8. Condition of Practice			8a. Written Notice (103g) <input type="checkbox"/>

Accumulations of loose coal, coal float dust, oil, grease, were allowed to build up on the left and right booms of the #3 Fletcher Roof Bolter. Located on the #3 Unit MMU-003 entry #6 crosscut #80. The left boom has a loose fitting on the second row of the valve bank. The right boom has a leak coming from the return line of the rotation motor of the drill pot. The accumulations measured approximately from a film to a 1/2 inch in depth. The roof bolter was removed from service Immediately.

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
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Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 002

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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 [REDACTED] 21. Primary or Mill

22. Signature [REDACTED] 23. AR Number [REDACTED]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. [redacted]	5. Operator [redacted]
6. [redacted]	7. [redacted]
8. Condition of Practice [redacted] 8a. Written Notice (103g) [redacted]	

There was not a visible warning device or physical barrier installed in the unsupported crosscut between Entry #8 to #9 to impede travel into this area.

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
			75.208

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The warning device was installed Immediately.

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

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

The Company number 5 Shuttle Car, operating on the MMU-003 Unit #3 is not being maintained in a permissible condition. The conduit on the pump motor located on the left of the operator is pulled out of the packing gland. Approximately an area of 1/4 inch wide and 1 1/4 inch long of the inner insulated lead is exposed.

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
			75.503

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. Served To	[REDACTED]	5. [REDACTED]	[REDACTED]
8. Condition or Practice			Ba. Written Notice (103g) <input type="checkbox"/>

The water sprinkler system on the 1 south 3 panel belt was activated and did not keep the belt shut down.

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	75.1101-10
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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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 [REDACTED]	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

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

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [Redacted]	2. Time (24 Hr. Clock) [Redacted]	3. Citation/ Order Number [Redacted]
4. Signed To [Redacted]	5. Operator [Redacted]	(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

The 4 North 1 return overcast, located at crosscut #4, was not being maintained to separate the return air course (4 North 1) and the intake air course (3 North 1). A hole was observed measuring 1 foot in length x 4 inches in width. The air movement was tested by the use of chemical smoke.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

17. Action to Terminate

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

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

MSHA Form 7000-3, April 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REC-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2124, 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I - Violation Data

1. Date	[Redacted]	3. Citation/Order Number	[Redacted]
4. Served To	[Redacted]	5. [Redacted]	7. [Redacted]
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The 4 North 1 Return stopping, located at crosscut #6, was not maintained for the purpose in which it was built. Two holes were observed at the top of the permanent stopping. The air movement was tested by the use of chemical smoke.

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	75.333(h)
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Section II - Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

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

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

15. Area or Equipment

16. Termination Due A. Date [Redacted] B. Time (24 Hr. Clock) [Redacted]

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) [Redacted]

20. Event Number [Redacted]

21. Primary or Mill

22. Signature [Redacted]

23. AR Number [Redacted]

MSHA Form 7000-3a provides 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I - Violation Data

1. Date	[Redacted]	3. Citation/Order Number	[Redacted]
[Redacted]		[Redacted]	

(Contractor)

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

The 4 North 1 conveyor belt line does not have fire valves on 300' centers from XC-4 to the tailpiece. The distance between the valves was approximately 420'. The standard requires the fire valves to be no more than 300'

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	75.1100-2(b)
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Section II - Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate A fire valve was added to reduce the distance to below 300'

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	[Redacted]	21. Primary or Mill	
22. Signature	[Redacted]	23. AR Number		[Redacted]	

MSHA Form 7000 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Operator		5. (Contractor)
6a. Written Notice (103g)		

The 4 North 2 beltline is not being maintained in a safe operating condition. The belt is running out of alignment and rubbing the structure to the point that the structure felt from warm to hot to the touch. This was at several locations from the header to XC-6. The belt line was immediately taken out of service.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

17. Action to Terminate The belt was aligned.		
18. Terminated	A. Date	B. Time (24 Hr. Clock)

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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.

Attachment B - Citations Issued During Audit

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I - Violation Data			
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
[Redacted]		[Redacted]	[Redacted]
			(Continued)
			Written Notice (1089)

The analytical results of rock dust samples collected in the 2 West 4 entries, indicated that 61.22 percent of the samples collected contained less than the minimum requirement of incombustible content. Additional rock dust is to be applied 503 feet inby and outby the non-compliant locations as indicated on the attached report and map, including entries and cross cuts within those areas.

See Citation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.403
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Section II - Hazard'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"/>				
D. Injury or illness could reasonably be expected (in by): 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	B. Time (24 Hr. Clock)
[Redacted]		[Redacted]	[Redacted]

Section III - Termination Action

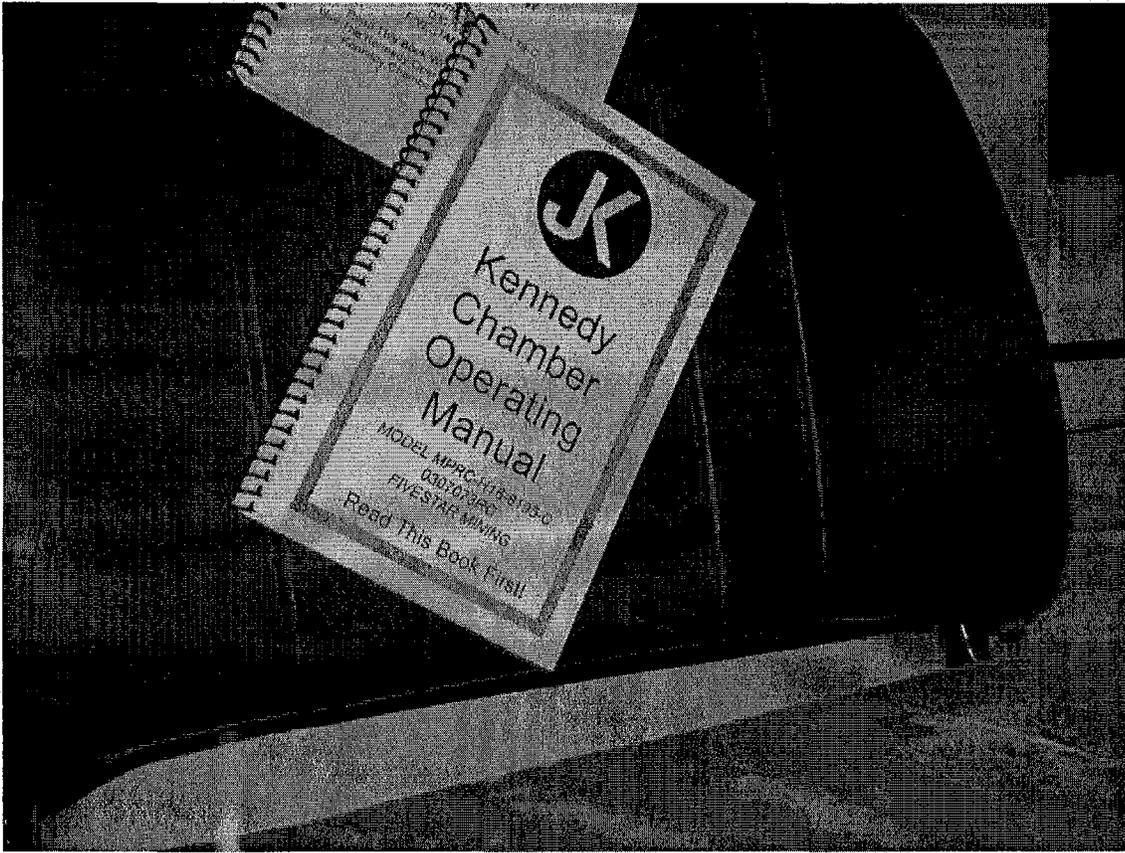
17. Action to Terminate	
18. Terminated	
A. Date Mo Da Yr	B. Time (24 Hr. Clock)
[Redacted]	[Redacted]

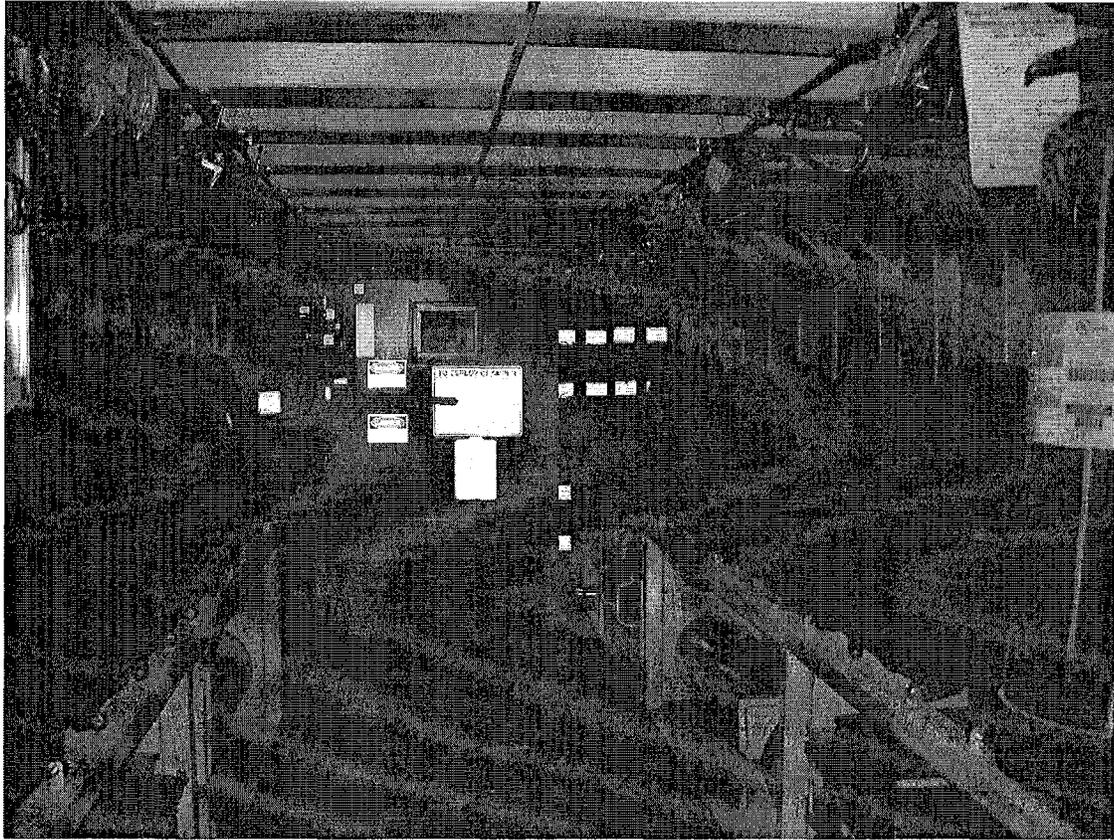
Section IV - Automated System Data		
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	[Redacted]	[Redacted]
22. Signature	23. AR Number	
[Redacted]	[Redacted]	

MSHA Form 7000-3a (Rev. 10-1-85) The Small Business Regulatory Enforcement Fairness Act of 1995, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Partners Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman is usually available only on off-peak times and does not have authority to enforce federal law. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3417), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 5th Street SW, MC 2120, Washington, DC 20445. 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.

Attachment C - Kennedy Refuge Chambers





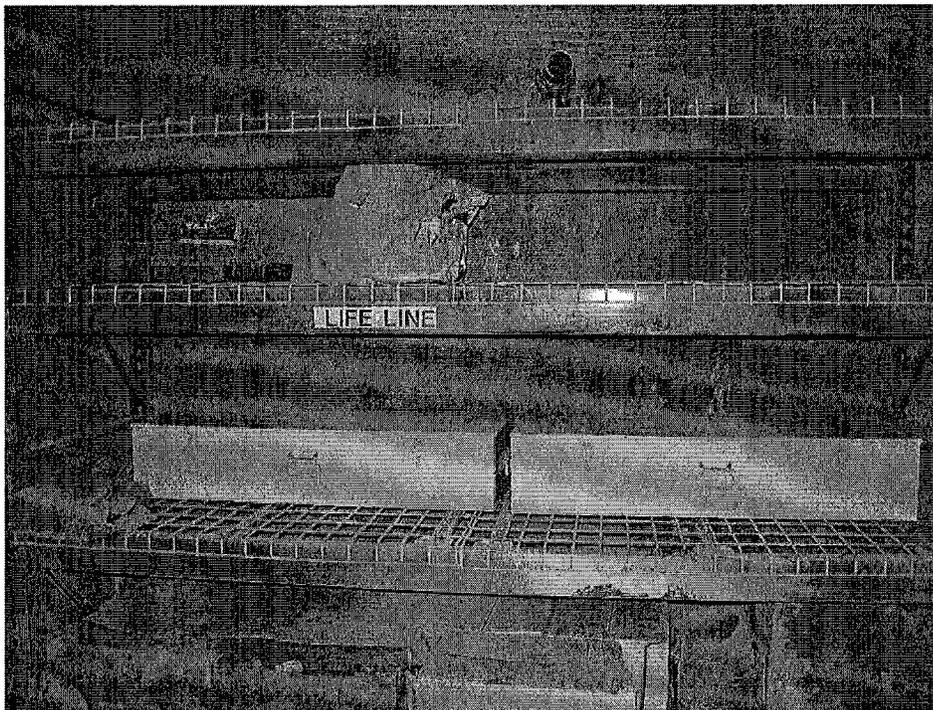
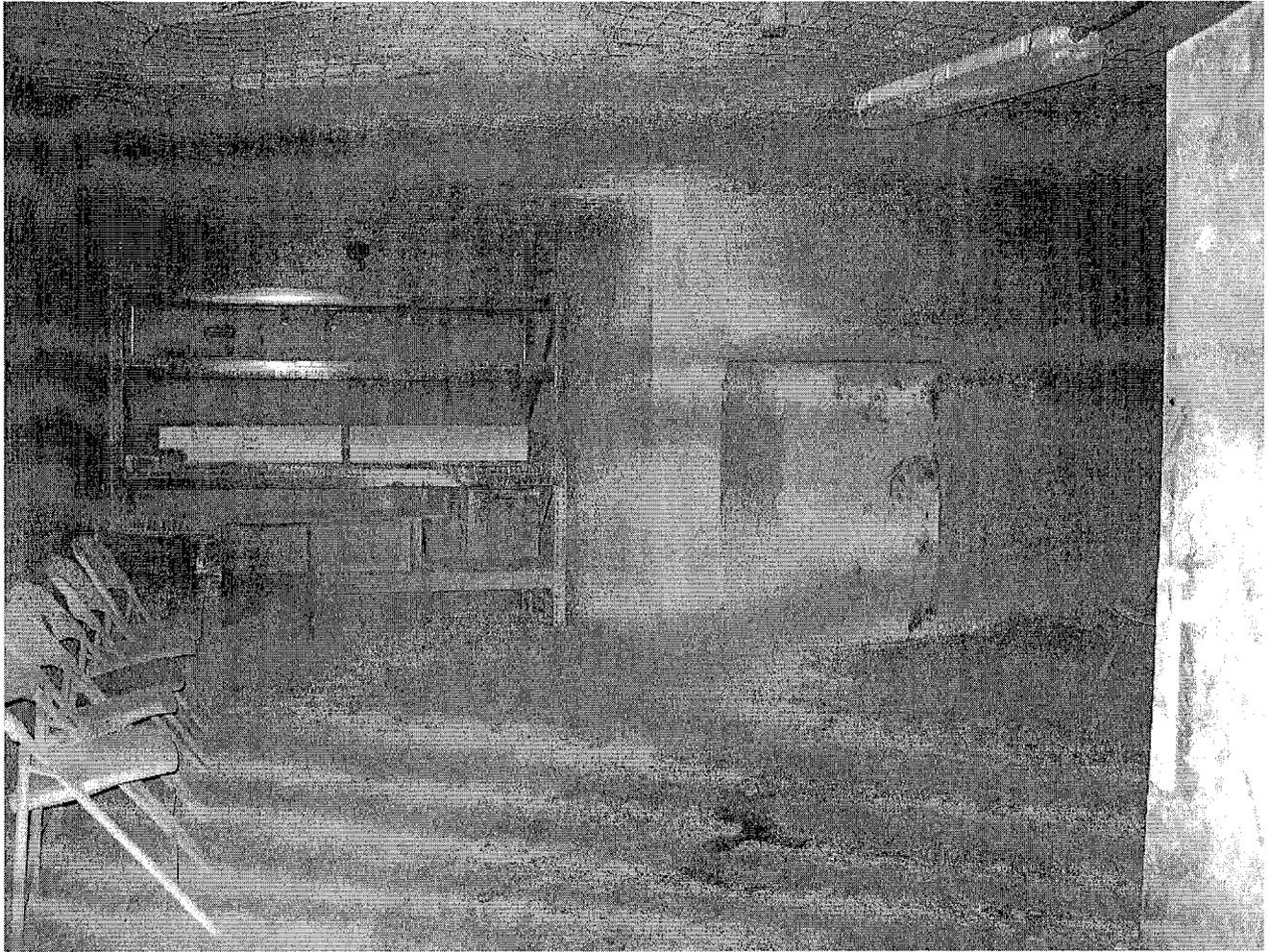


Attachment D - "STRATA" barricades

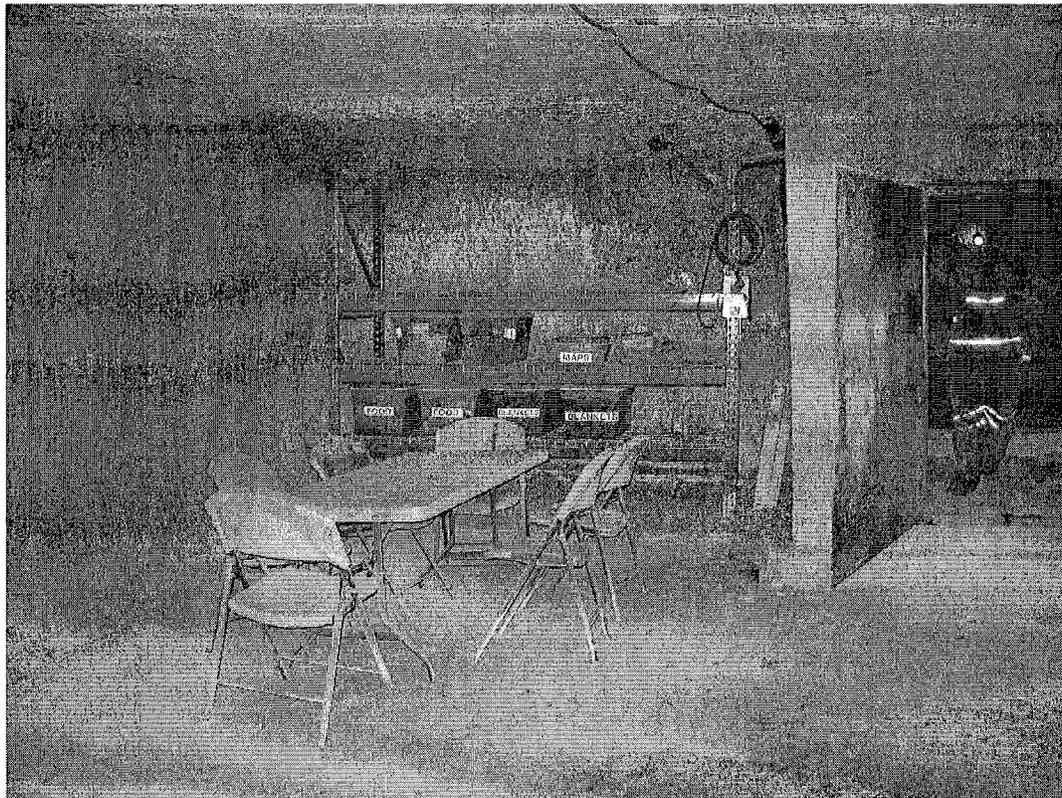




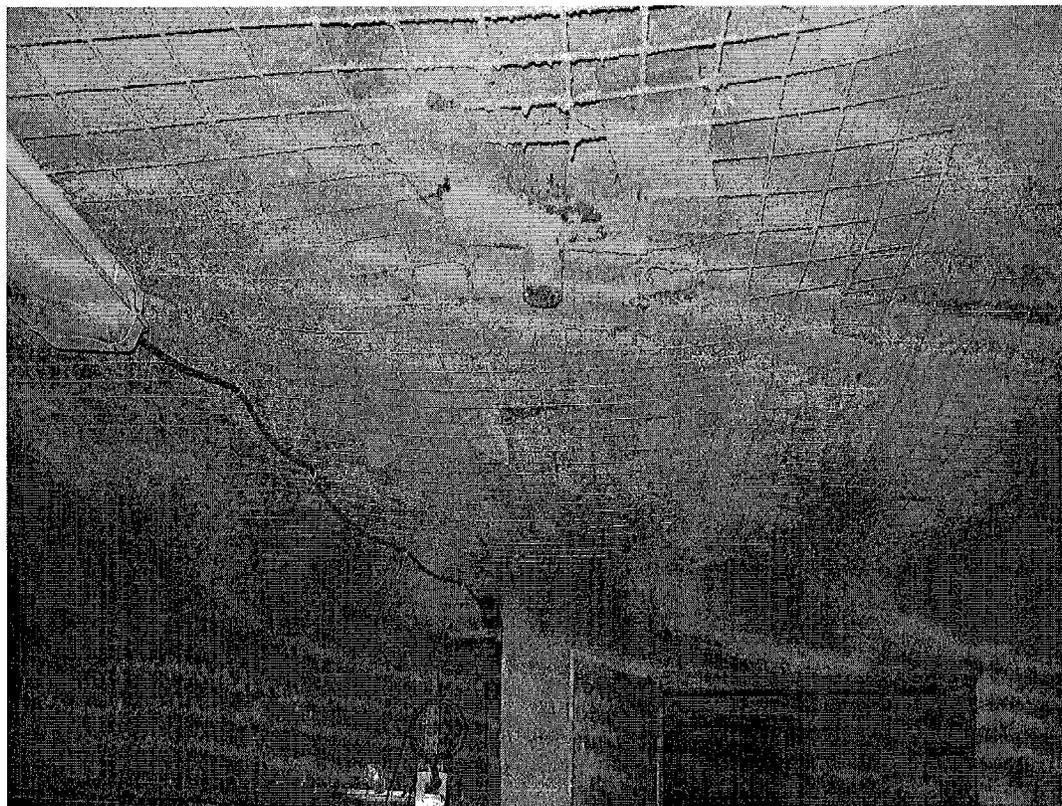
Attachment E - Safe room and facilities

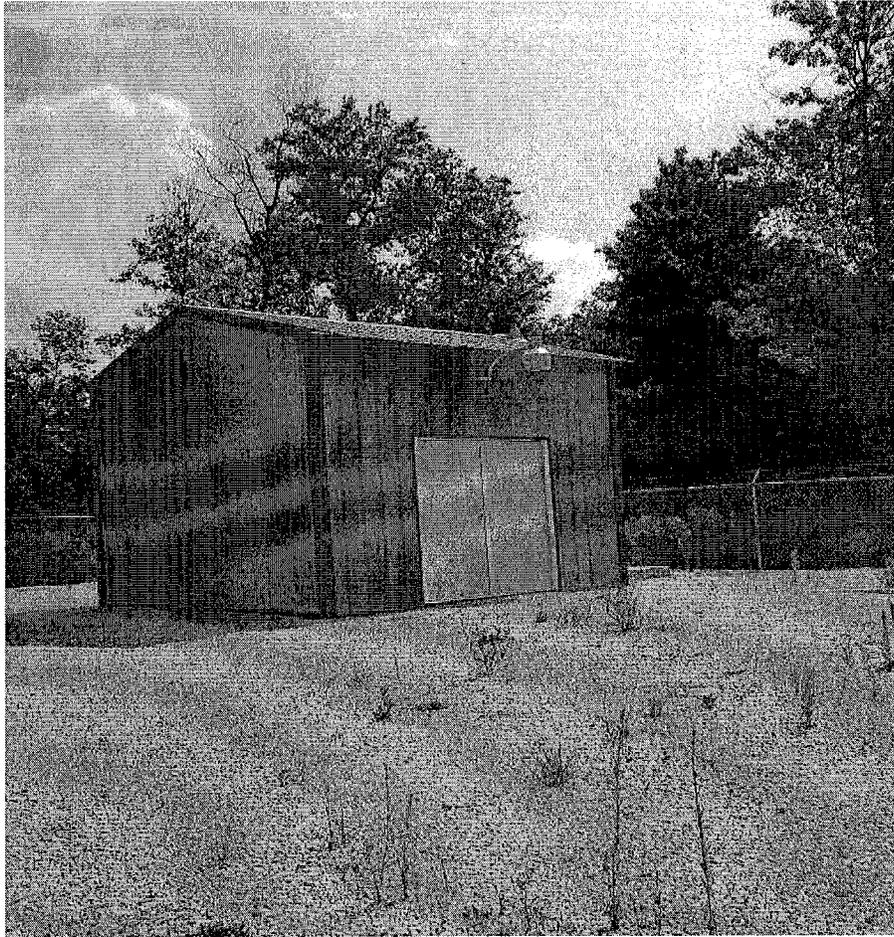


Misc. supplies kept in safe room include first-aid materials, blankets, food, water, and lifelines.



Safe room supplied and connected via borehole casing in roof to the surface facility.





Surface installation facility connected to safe room. Facility includes communication capabilities, fan for air supply, and a second borehole to the safe room below, if needed.



Attachment F:

Rock Dust Sample Submission Form

U.S. Department of Labor

Mine Safety and Health Administration

Spot Survey No.1

Collector	Field Office Vincennes, IN	F. O. Code 0801
Inspector Email	Supervisor Email	Clock Email
Mine ID	Mine	Company
Event Number	MMU #1 001-0 (A)	Super-Section No
MMU #2	Date Collected	
Sampling Area 2 West 4	Zero Point 30 Ft. inby cross cut no. 23, (ss.21379)	

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
780488	1A1	Rib/Floor	0+00, 30' INBY XC# 23	R	0.1			79.9	80.4	No
780493	1B1	Rib/Floor	0+00, 30' INBY XC# 23	R	0.1			62.2	80.4	No
780498	1C1	Rib/Floor	0+00, 30' INBY XC# 23	R	0.1			65.4	80.4	No
780503	1D1	Floor	0+00, 30' INBY XC# 23	I	0.0			48.2	65	No
780508	1E1	Floor	0+00, 30' INBY XC# 23	I	0.1			88.4	66	Yes
780513	1F1	Floor	0+00, 30' INBY XC# 23	I	0.0			50.9	65	No
780519	1G1	Floor	0+00, 30' INBY XC# 23	I	0.0			80.2	65	Yes
780525	1H1	Floor	0+00, 30' INBY XC# 23	I	0.0			73.0	65	Yes
780528	1I1	Floor	0+00, 30' INBY XC# 23	I	0.0			61.3	65	No
780532	1J1	Floor	0+00, 30' INBY XC# 23	I	0.0			62.1	65	No
780533	1J1XC	Floor	0+00, 30' INBY XC# 23	I	0.0			60.7	65	No
	1H1XC	No Sample	0+00, 30' INBY XC# 23	I				NaN		
780520	1G1XC	Floor	0+00, 30' INBY XC# 23	I	0.0			65.7	65	Yes
780514	1F1XC	Floor	0+00, 30' INBY XC# 23	I	0.1			48.6	66	No
780489	1A2	Rib/Floor	0+500, 30' INBY XC# 30	R	0.1			70.5	80.4	No
780494	1B2	Rib/Floor	0+500, 30' INBY XC# 30	R	0.1			68.1	80.4	No
780499	1C2	Rib/Floor	0+500, 30' INBY XC# 30	R	0.1			53.7	80.4	No
780504	1D2	Floor	0+500, 30' INBY XC# 30	R	0.1			64.9	80.4	No
780509	1E2	Floor	0+500, 30' INBY XC# 30	I	0.0			85.7	65	Yes
780515	1F2	Floor	0+500, 30' INBY XC# 30	I	0.0			57.7	65	No
780521	1G2	Floor	0+500, 30' INBY XC# 30	I	0.0			66.1	65	Yes
780526	1H2	Floor	0+500, 30' INBY XC# 30	I	0.0			63.3	65	No
780529	1I2	Floor	0+500, 30' INBY XC# 30	I	0.0			64.4	65	No
780534	1J2	Floor	0+500, 30' INBY XC# 30	I	0.0			58.7	65	No
780490	1A2XC	Rib/Floor	0+500, 30' INBY XC# 30	R	0.1			88.4	80.4	Yes
780495	1B2XC	Rib/Floor	0+500, 30' INBY XC# 30	R	0.1			68.6	80.4	No
	1C2XC	Wet	0+500, 30' INBY XC# 30	R				NaN		
780491	1A3	Floor	0+1000, 30' INBY XC# 37	R	0.1			80.2	80.4	No
780496	1B3	Floor	0+1000, 30' INBY XC# 37	R	0.1			56.6	80.4	No

780500	1C3	Floor	0+1000, 30' INBY XC# 37	R	0.1		55.5	80.4	No
780505	1D3	Floor	0+1000, 30' INBY XC# 37	I	0.0		57.1	65	No
780510	1E3	Floor	0+1000, 30' INBY XC# 37	I	0.0		79.7	65	Yes
780516	1F3	Floor	0+1000, 30' INBY XC# 37	I	0.0		71.1	65	Yes
780522	1G3	Floor	0+1000, 30' INBY XC# 37	I	0.0		79.3	65	Yes
	1H3	Wet	0+1000, 30' INBY XC# 37	I			NaN		
780530	1I3	Floor	0+1000, 30' INBY XC# 37	I	0.0		71.8	65	Yes
780535	1J3	Floor	0+1000, 30' INBY XC# 37	I	0.0		71.3	65	Yes
780492	1A4	Floor	0+1500, 30, OUTBY XC# 44	R	0.1		52.5	80.4	No
	1B4	Wet	0+1500, 30, OUTBY XC# 44	R			NaN		
780501	1C4	Floor	0+1500, 30, OUTBY XC# 44	R	0.1		41.5	80.4	No
780506	1D4	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		57.2	65	No
780511	1E4	Rib/Floor	0+1500, 30, OUTBY XC# 44	I	0.0		79.2	65	Yes
780517	1F4	Rib/Floor	0+1500, 30, OUTBY XC# 44	I	0.0		72.4	65	Yes
780523	1G4	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		75.4	65	Yes
780527	1H4	Rib/Floor	0+1500, 30, OUTBY XC# 44	I	0.0		76.7	65	Yes
780531	1I4	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		66.2	65	Yes
780536	1J4	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		57.8	65	No
	1A4XC	Wet	0+1500, 30, OUTBY XC# 44	R			NaN		
780497	1B4XC	Floor	0+1500, 30, OUTBY XC# 44	R	0.1		56.9	80.4	No
780502	1C4XC	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		44.5	65	No
780507	1D4XC	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		44.5	65	No
780512	1E4XC	Rib/Floor	0+1500, 30, OUTBY XC# 44	I	0.0		58.9	65	No
780518	1F4XC	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		70.4	65	Yes
780524	1G4XC	Floor	0+1500, 30, OUTBY XC# 44	I	0.0		90.6	65	Yes

For Laboratory Use Only

Date Received

Lab Numbers

Date Emailed

Lab Comments

**SURVEY IS
NON-
COMPLIANT**

MSHA Form 2000-156, Jun 81 (revised)