

U.S. Department of Labor

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



March 24, 2009

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

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

JERRY J. KISSELL *C. J. Thomas for*
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Morganfield,
Kentucky Field Office, and [REDACTED]

Introduction

This memorandum summarizes the 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, and the conditions and practices at the mine. The audit was conducted during the weeks of [REDACTED] by Charles J. Thomas and Jerry J. Kissell. Positive findings and issues requiring attention are included in this audit report.

Overview

The field office review was conducted on February 10th; the underground audit was conducted on three MMU's, one set of recently constructed "#25 Set" seals, and outby areas on [REDACTED]. Jerry Kissell conducted a separate ID preparation plant inspection on [REDACTED] which is covered in a separate audit memorandum.

Accompanying the auditors were [REDACTED]

[REDACTED] H
[REDACTED] also assisted with the field office audit in Morganfield, KY. Specific areas of the mine examined during this audit included the four MMU's (062-0, 064-0, and 065/066 super section) all advancing, the primary and alternate escapeways, belt conveyors, ERP supplies, tracking system, and record books.

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

1. With few exceptions, the level of enforcement appears commensurate with the conditions and practices observed. The 104-d, 104-b, and 107-a orders are being utilized when warranted. Gravity and negligence determinations appear appropriate the majority of all citations/orders reviewed.
2. Short abatement times were set and hazards and violations corrected timely.
3. Roof control plan appears appropriate for current mining conditions. Skin control can always be improved upon by adequate examinations and continuous scaling. Safety talks with roof bolters were documented and the talks observed during the audit were genuine.
4. Rockdusting was excellent in all areas traveled during this audit and rock dust survey results are also indicative of this observation. All rockdust surveys during the two quarters audited were compliant. This is noteworthy for a mine this large and having six MMU's.
5. Inspection documentation indicated thorough and complete inspections.
6. The [REDACTED] and the District Manager have visited numerous mines during the time period covered by this audit.
7. The 104(d) tracking system is well maintained and up to date.
8. District-level Peer Reviews (Accountability Reviews) are thorough, detailed, and document root causes, corrective actions, and timelines for correction. District oversight is appropriate and the level of enforcement is being coached and mentored with the new AR's in the Morganfield, KY Field Office.
9. High percentages of site time are achieved by inspectors in the Morganfield field office thus providing MSHA inspector presence at the mine sites. Most recent key indicator report 54.9% onsite enforcement time.

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

1. This underground coal mine has a large number of citations issued each quarter, and the **root cause of hazards and violations** needs to be communicated more clearly to the mine operator and the maintenance supervisors, and some violations should be eliminated and not be repeat violations. For example two

specific roof bolting machine were cited 3 times each for accumulations in less than four months. The root cause of the accumulations needs to be identified and corrected to prevent repeat issuances. The Field Office Supervisor has agreed to meet with the coal operator on a monthly basis to assist in identifying and eliminating repeat hazards and violations.

2. Inspection event sheet calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days and signed by all participating CMI's timely. This was corrected during the audit. Incorrect health sample numbers were corrected on the event sheet during the audit.
3. Two 104-A citations evaluated with high negligence did not have adequate documentation on why a elevated enforcement D-2 order was not issued. There may have been extenuating circumstances but they were not made clear in the inspection notes or body of the citation under condition or practice. Details are documented in the checklist item number 19. The audit team believes the criteria for elevated enforcement existed.
4. Three citations were issued in the same MMU [REDACTED] on the same roof bolter, [REDACTED] for the same standard in the same inspection event, within 58 days. A second roof bolter, [REDACTED] in the [REDACTED] MMU was cited 3 times, twice in the same regular inspection and again in the following quarter's regular inspection, within a 98 day period, for the same standard. The documentation was not provided in the notes as to determine why the negligence was not elevated in either of these instances. Root cause of oil accumulations should be communicated to the mine operator to eliminate repeat violations.
5. It appears that conscientious methane tests are not being conducted by certain roof bolting crews. Two occasions have been cited where roof bolter crews have taken permissible equipment in by the last open crosscut prior to conducting a mandated methane test, and this mine is on a 15 day spot. Elevated enforcement should be warranted on future violations. The root cause of this violation may be the method selected by the operator to conduct these test. The roof bolters had difficulty assembling the extendable probe and maneuvering it on the ground. Probes on bicycle tires have proven easier to assemble and conduct the tests than the method being used by this operator.
6. Roof control plan appears adequate for current mining conditions but to prevent skin type injuries the plan could be further enhanced by requesting the operator to use roof mat (screen) in high traffic exposure areas such as belt conveyors, haul roads, and primary escapeway entries. This was also recently recommended by the Coal Division of Safety Roof Division during mine visit.

S&S Rate Comparison

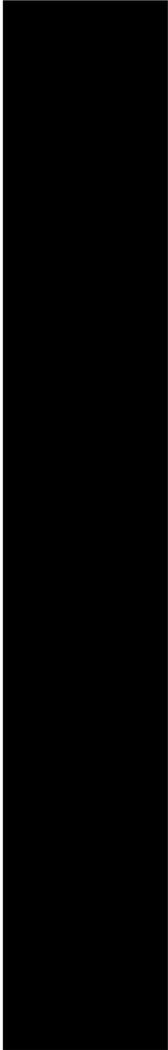
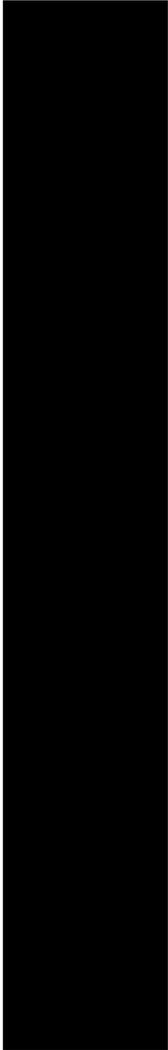
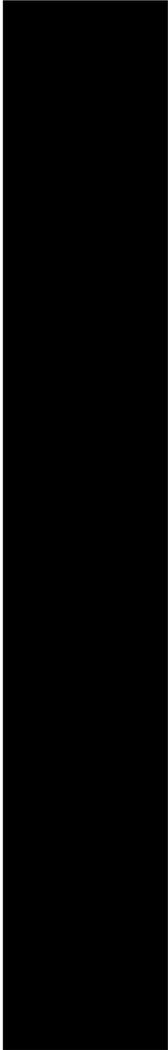
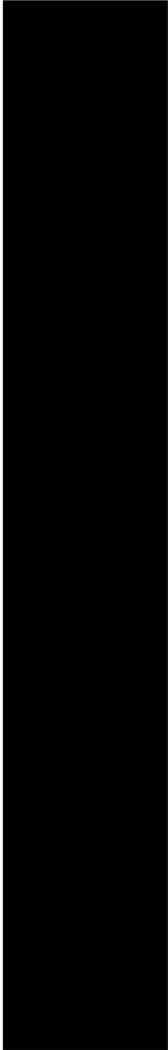
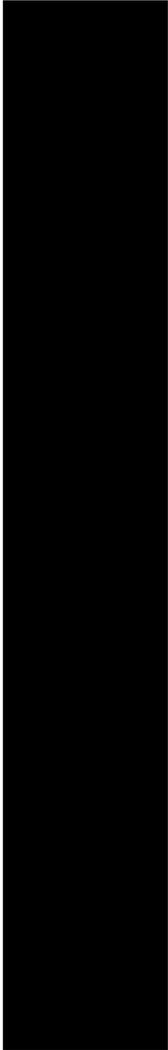
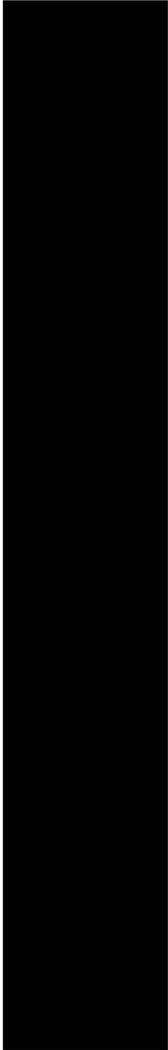
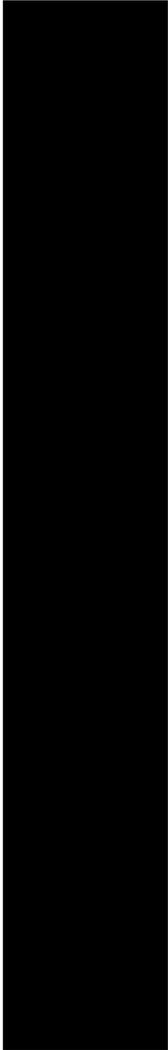
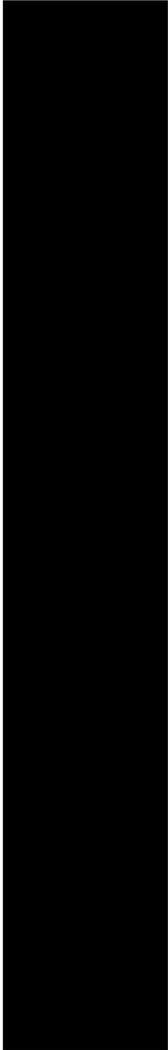
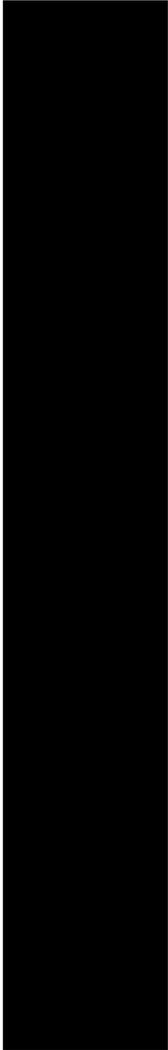
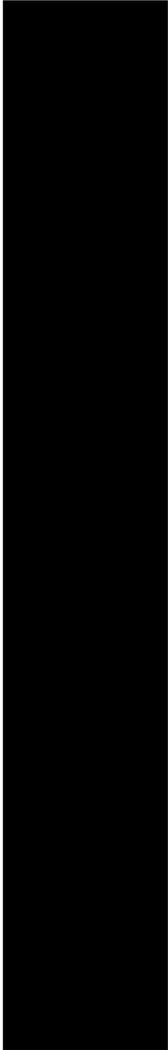
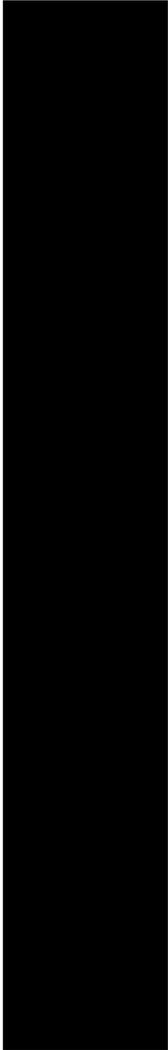
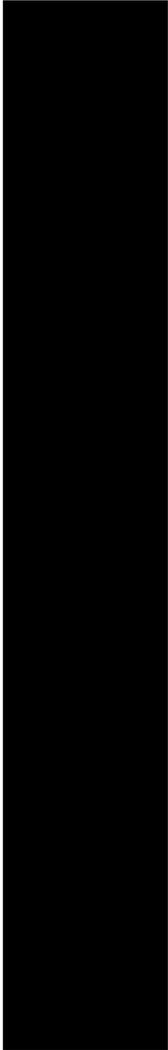
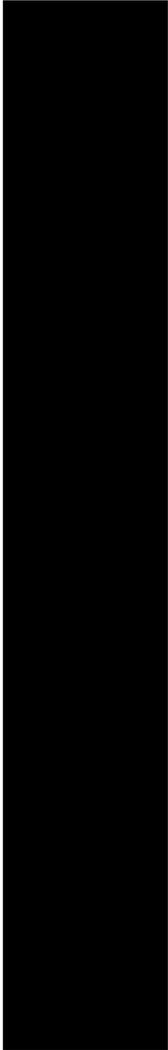
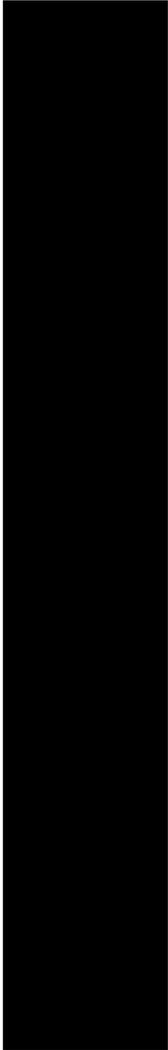
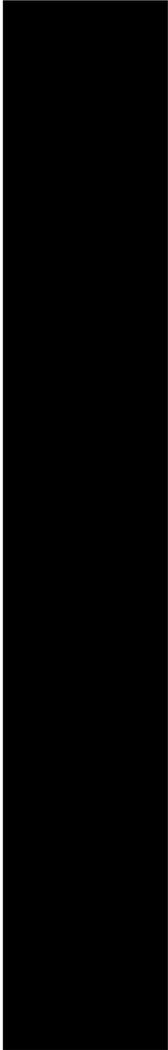
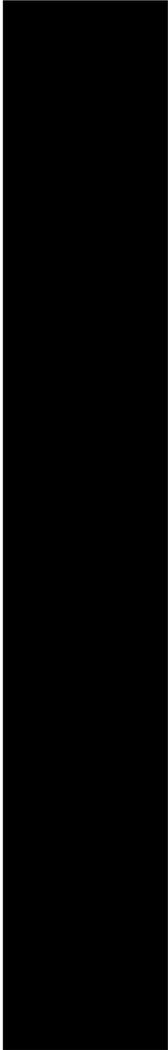
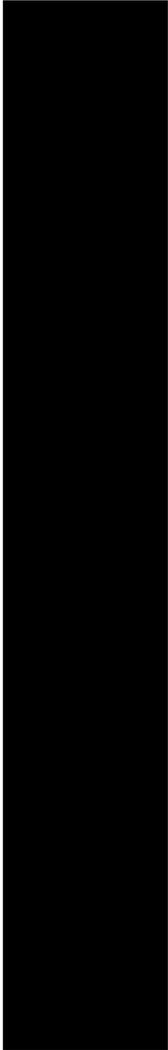
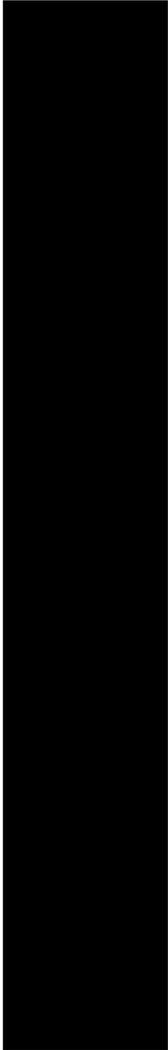
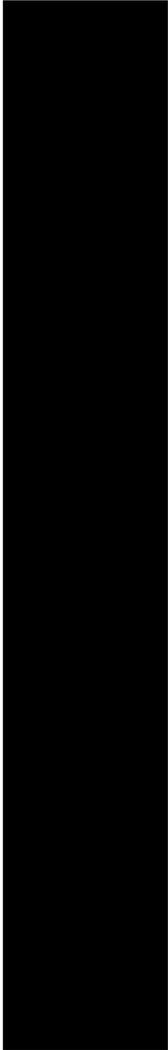
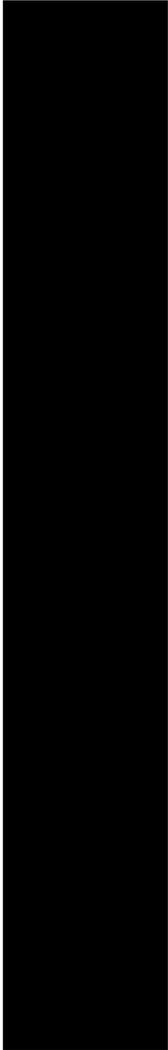
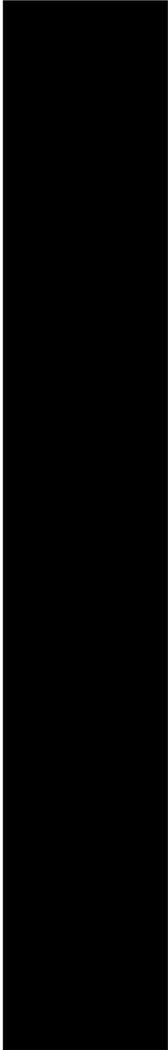
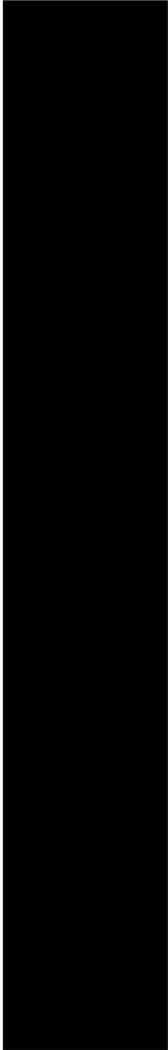
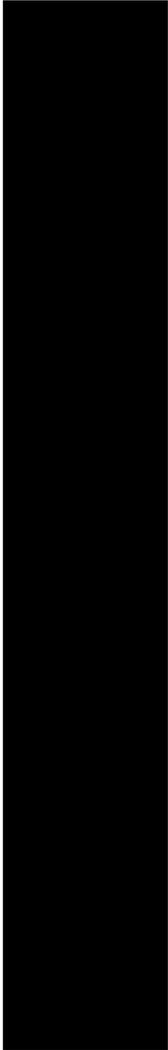
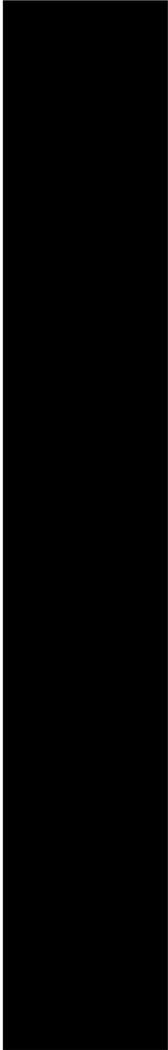
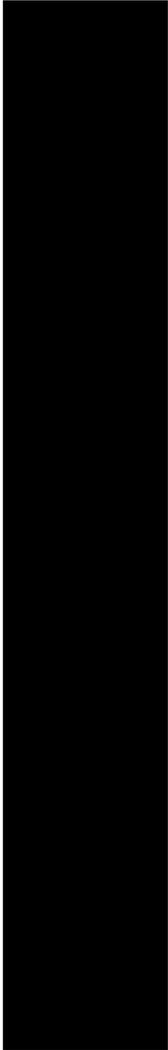
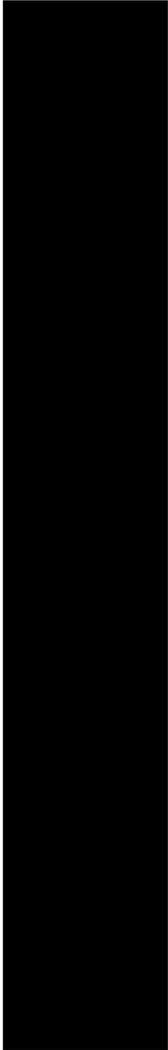
1. The field office S&S rate for this mine during the previous five quarters Averaged 44.04% which is above the national average for CY2008 which was 36.00%.
2. The District S&S rate currently is 51% compared to FY 2008 which was 36.00%.

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. |  | 75.1103-4(a)(1) |
| 2. |  | 75.1725(a) [4-a Belt Conveyor] |
| 3. |  | 75.1725(a) modified to 75.400 |
| 4. |  | 75.400 |
| 5. |  | 75.202(a) |
| 6. |  | 75.362(d)(1)(ii) |
| 7. |  | 75.400 |
| 8. |  | 75.400 |
| 9. |  | 75.1714-7(c) |
| 10. |  | 75.503 |
| 11. |  | 75.382(d) |
| 12. |  | 75.1714-3(b) |
| 13. |  | 75.400 |
| 14. |  | 75.202(a) |
| 15. |  | 75.1101-1(b) |
| 16. |  | 75.400 |
| 17. |  | 75.203(e) |
| 18. |  | 75.1714-7(c) |
| 19. |  | 75.203(b) |
| 20. |  | 75.400 |
| 21. |  | 75.604(b) |
| 22. |  | 75.400 |
| 23. |  | 75.333(e)(1)(ii) |
| 24. |  | 75.1101-7(b) |
| 25. |  | 75.202(a) |
| 26. |  | 75.400 |

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

People time, event sheet, and ITS did not agree on occasion. This has been corrected. The number of respirable dust samples was incorrectly input on the event sheet when 122 samples were taken and only 11 input on the event sheet, this also has been corrected. AR signatures were not on final event sheet, but were corrected.

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

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

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

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

Petition of modification summary sheet was incomplete. This has been corrected.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

10. Determine if MSHA Administrators are using Performance Management System to hold District Managers accountable for oversight of subordinates

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

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

is not reviewing 7000-186 for type of miner being utilized. Ripper miner should be checked on form. This is a low risk rare occurrence and **only one CMI was not filling them out correctly.**

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

Adequate Inadequate Not Applicable Comments Below

Positive comment: Resources are being utilized effectively and efficiently.

District

Field Office

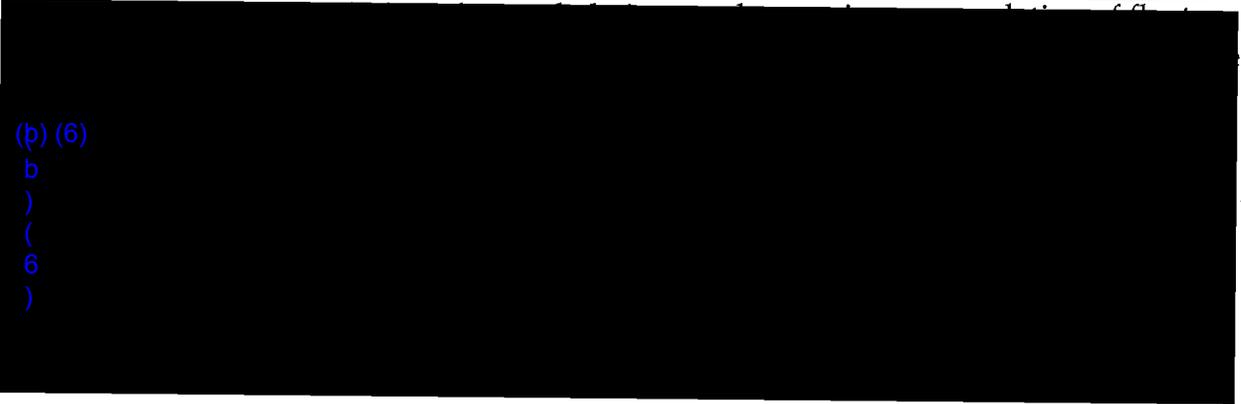
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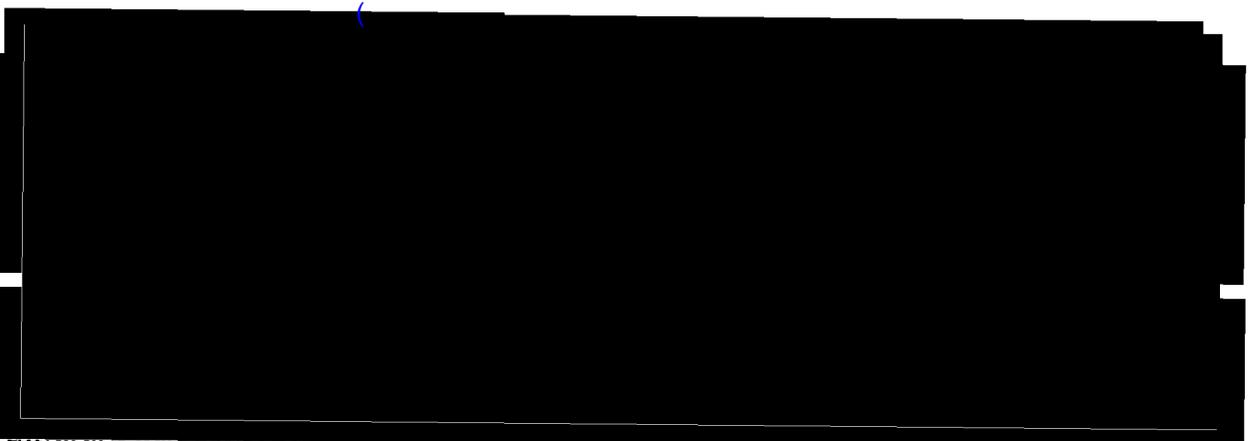
19. Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations

Adequate Inadequate Not Applicable Comments Below

Two citations were questionable concerning negligence. They are citations #



(b) (6)
)
(
6
)



Reference: Citation and Order writing handbook, page's 17-22.

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

No misconduct or major poor performance was observed.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

27. Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Positive Comment: The levels of enforcement appear accurate and adequate for the past inspections and provide the foundation for future enforcement actions at elevated levels when necessary.

Positive Comment: This District meets, discusses, and acts on Key Indicator reports weekly and has positive impact on which direction the District moves to shore up weakness in enforcement and areas that need oversight. The staff assistant and ADM have notes on Key Indicator reports of when and what was discussed and they act upon the DM recommendations.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Only on one occasion was an air analysis sample collected in the last open crosscut on MMU [redacted] on [redacted] and **no air quantity** was recorded in notes or air sample card. This was discussed with the CMI and he just inadvertently failed to record the air reading in his notes or the card. This is an isolated occurrence and is low risk. The District will cover this issue at the next scheduled staff meetings.

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

The operator is not required to keep a record book concerning methane detector calibration, but must provide evidence that the emergency barricade multi-gas detector is charged and calibrated and two different emergency supply storage sleds when examined did not have properly calibrated multi-gas detectors. The last calibration dates recorded on the two instruments was **June 2008 and July 2008** and was missed during two E01 inspections. According to District conducted interview the detectors were checked and calibrated when check the previous quarter, but remains a mystery why the operator would place outdated detectors in the emergency box after MSHA's last quarterly inspection.

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

Adequate Inadequate Not Applicable Comments Below

See item 34 above.

District

Field Office

Mine ID

Date

36.

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

Adequate

Inadequate

Not Applicable

Comments Below

37.

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

Adequate

Inadequate

Not Applicable

Comments Below

[REDACTED] (b) (6)

[REDACTED] (b) (6) (b) (6) (b) (6) (b) (6)

[REDACTED]

Reference: Miner Act Section 104-d
See item 19 concerning oversight of this item.

District

Field Office

Mine ID

Date

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

Recommendation for the operator: The operator needs to identify the "root cause" of the hazards and violations recorded in the examination books. The record books indicate adequate reporting and adequate examinations, but the operator continues to fall short on abating reported hazards and violations. Elevated enforcement has documented this failure to comply timely.

40. Evaluate inspector's observation of roof conditions

Adequate Inadequate Not Applicable Comments Below

Recommendation: It was recommended that roof mats or screen would reduce struck by draw rock accidents. This was also recommended by the Coal Division of Safety Roof specialist recently in April 2008. If draw rock accidents continue to occur it is recommended that the roof control plan be further evaluated for improvement.

41. Evaluate operator's workplace examinations

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

42. Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

Two roof bolter operators failed to make a methane test prior to tramming their roof bolting machine in by the last open crosscut and installed two bolts prior to the MSHA CMI making his imminent danger run. The CMI properly cited the roof bolter operators. This is a recurring problem and this mine has recently this quarter received a citation for the safe unsafe practice and it is recommended that elevated enforcement is warranted.

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

Adequate Inadequate Not Applicable Comments Below

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

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

Interviews with miners confirm that the training has occurred. Observed training demonstration exercise, as well as a mach fire drill in the conducted in the #5 unit.

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

Permissibility violations were cited this audit.

50. Examine lifelines, mandoors, 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

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

Adequate Inadequate Not Applicable Comments Below

MSHA is properly citing belt conditions, but the operator is not correcting the root cause of these violations. MSHA needs to communicate the root cause of the hazard and the violations on belt conveyors at this mine. Three assigned belt cleaners by the company is not a sufficient amount of resources to maintain these older infrastructures.

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

Two different sections of fire hose and nozzles were tested and found adequate during this audit.

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

Positive Comment: Rock dusting was excellent in some areas traveled.
Citations were issued on the 5a belt line and the 2d west beltline, respectively for accumulations of float coal dust.

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

Adequate Inadequate Not Applicable Comments Below

One branch line was found installed improperly below the top belt in a belt storage area and when tested the water would not spray on top of the top belt. This was cited by the CMI.

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

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

See item 40 concerning skin control and the roof control plan.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

69. Determine if Peer Reviews are being used to assess supervisors and managers performance

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

Coal Dist 10

Field Office

Morganfield, KY

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

72. Determine if approved plans and the Uniform Mine File books are addressed during each Peer Review

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

Recommendation: Skin control should be closely monitored and upgrades to the roof control plan concerning skin control should be requested if warranted.

74. Evaluate approved ventilation plan after in-mine visit

Adequate Inadequate Not Applicable Comments Below

75. Evaluate approved training plan after discussion with miners

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

See items 19 and 37 concerning negligence and type of action issued.

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

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

Adequate Inadequate Not Applicable Comments Below

Petition of modification summary sheet was not complete, and three inspector certification sheets did not have the current mine ID, Mine Name, and Company name. These have all been corrected.

82. Determine if all applicable plan reviews were performed within six months, or within the timeframes required

Adequate Inadequate Not Applicable Comments Below

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

86. Determine if Standard Operating Procedures (SOPs) adequately address requirements of MSHA Program Policy Manual

Adequate Inadequate Not Applicable Comments Below

87. Determine if district management reviewed the final version of all approved plans

Adequate Inadequate Not Applicable Comments Below

88. Determine if time frames for approval/disapproval of plans were set, and are being met

Adequate Inadequate Not Applicable Comments Below

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [REDACTED]

Date [REDACTED]

89. Determine if the plan is tracked from date of submission through the review process

Adequate Inadequate Not Applicable Comments Below

90. Determine if dated copy of approval/disapproval letter is in file

Adequate Inadequate Not Applicable Comments Below

91. Determine if copies of the plan are distributed as per an established list

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

93. Determine if a due date for formal review of plans is identified

Adequate Inadequate Not Applicable Comments Below

94. Determine if required information is submitted in the plan

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

96. Determine if comments from miner's representatives are addressed

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

100. Determine if all plan approval groups communicate to prevent conflicting elements of plans

Adequate Inadequate Not Applicable Comments Below

101. Determine if technical specialists conduct on-site, in-mine reviews as necessary, prior to plan approval

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

104. Determine if results of on-site evaluations are discussed with mine operator and miner's representative

Adequate Inadequate Not Applicable Comments Below

107. Determine if the overall violation history, plan compliance history, accident and injury reports were considered during plan review

Adequate Inadequate Not Applicable Comments Below

108. Determine if projected mining relative to overlying, underlying, and adjacent workings was checked

Adequate Inadequate Not Applicable Comments Below

109. Determine if projected mining in relation to overlying bodies of water was checked

Adequate Inadequate Not Applicable Comments Below

110. Determine if the overall design of the mine plan was assessed to avoid future problems

Adequate Inadequate Not Applicable Comments Below

District

Field Office

Mine ID

Date

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

Adequate Inadequate Not Applicable Comments Below

113. Determine if all affected plans were compared (such as ventilation, training, roof control, etc.) to eliminate conflicts prior to approval of a plan

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

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

District

Coal Dist 10

Field
Office

Morganfield, KY

Mine ID

Date

118.

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

Adequate

Inadequate

Not Applicable

Comments Below

119.

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

Adequate

Inadequate

Not Applicable

Comments Below

121.

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

Adequate

Inadequate

Not Applicable

Comments Below

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data

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

The heat point type fire sensor located between crosscut 2 and 3 was not installed at or over the top belt line. The sensor was next to the rib along side of the belt line.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1103-4(a)(1)
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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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The heat sensor was installed over the belt line.

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

Section IV--Automated System

19. Type of Inspection (active) 20. Event Number 21. Primary or Mill 22. Sign 23. AR Number

MSHA Form 7000-3, April 1999 (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.

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

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

The 4-A belt line was not being maintained in safe condition. The belt was rubbing the bottom belt roller belt frame at crosscut 4 that was warm to the touch and a bad bottom roller was present at crosscut 5 (bearing worn out).

Personnel were called to replace roller and align the belt.

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 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: 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	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate The belt roller was replaced and the belt was aligned.

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)	20. Event Number	21. Primary or Mill
22. Signal		23. AR Number

MSHA Form 7000-3a is 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.

District **Coal Dist 10** Field Office **Morganfield, KY** Mine ID **[REDACTED]** Date **[REDACTED]**

Mine Citation/Order

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

Section I--Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The 4-A belt line was not being maintained in safe operating condition. In that the second bottom roller out by the belt tail piece was running in loose coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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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 [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III--Termination Action

17. Action to Terminate The accumulations were cleaned up and sent out of the mine.

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

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

District **Coal Dist 10**

Field Office **Morganfield, KY**

Mine ID [REDACTED]

Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data

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

Loose coal and coal dust has been allowed to accumulate along and under the 4-b belt line. The accumulations were from the head roller in by to crosscut No.12 and were from 1 to 3 inches deep along both sides and under the belt line. Some accumulations had been rock dusted over. A rib row was present in the walk way at the head roller.

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 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: 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 Personnel were taken off of the unit to help the belt cleaner to clean the belt line.

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. Signa [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3a (Rev. 10-2000) Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data

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

(Contractor)

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

A loose rib was present on the back side of the No.4-B belt line at the take up. The loose rib measured 20 feet long, 8 to 10 inches thick and 3 1/2 feet high. Along the back side of the belt between crosscut 10 and 11 there was loose roof that had broken up and gap down 3 inches. Loose rib was present between crosscut 20 and 21 that was gaped open 4 inches 6 feet high and 15 feet long. Loose rib was also present at the tail piece that had been marked off and not pulled down or secured.

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. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The loose roof and top were pulled and scaled down in the affected areas.

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

Section IV--Automated System Data

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

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

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

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

A gas test was not preformed with the use of a probe in the No.10 entry on the No.2 (062-0) MMU prior to the roof bolter operator take in the bolter into the face and start bolting. This is the 9 time that this citation has been issued to this mine and the second on in just over two weeks.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.362(d)(1)(ii)
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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 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: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 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)
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Section III--Termination Action

17. Action to Terminate A gas test was taken with a probe and the men were instructed to take gas test by the mines safety dept.

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	20. Event Number	21. Primary or Mill
22. S		23. AR Number

MSHA...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.

District **Coal Dist 10**

Field Office **Morganfield, KY**

Mine ID [REDACTED]

Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data

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

8. Condition or Practice 8a. Written Notice (103g)
 The company No.5 roof bolter being used on the No.2 (062-0)MMU was not being maintained in safe condition. Oil and coal dust has been allowed to accumulate on the left valve bank and in the reel compartment of the roof bolter.

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 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: 024

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The oil and coal dust has been removed from the roof bolter.

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

Section IV--Automated System Data

19. Type of Inspection (ec) 20. Event Number 21. Primary or Mill 22. Sig 23. AR Number

MSHA is committed to the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business 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.

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data

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

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

Loose coal and coal dust has been allowed to accumulate on the No. 2 (062-0)MMU. The accumulations were from No.9 entry over to the No.1 entry. The accumulations were from 1 to 10 inches deep along the ribs from the backup curtains in by to the faces.

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 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: 004

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. T (a) 21. Primary or Mill

22. S 23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1986, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Safety and Health Administration
Office of Accountability

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [Redacted]

Date [Redacted]

Mine Citation/Order

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

Section I--Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The M-40 Multi-gas detector serial No.0703048*255* being stored on the No.2 (062-0)MMU emergency slide was last check for calibration on [Redacted] this exceeds the 31 calibration as required under part 75.320

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
			75.1714-7(c)

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

22. Sign 23. AR Number

MSHA Form 7000-3a (Rev. 10/2008) Divisions 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.

District Coal Dist 10 Field Office Morganfield, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

The company No.10 ram car being used on the No.2 (062-0)MMU was not being maintained in permissible condition. The packing gland was bent on the right head light on the dumping end also the hose conduit was pulled off of the packing gland.

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
			75.503

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: 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 <u>104(a)</u>		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action			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 <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III--Termination Action

17. Action to Terminate	
18. Terminated	
A. Date <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>

Section IV--Automated System Data

19. Type of Inspection (action)	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill
22. Sign <u>[REDACTED]</u>	23. AR Number <u>[REDACTED]</u>	

MSHA Form 7000-3a (Rev. 10-2007) Pursuant to 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.

District **Coal Dist 10**

Field Office **Morganfield, KY**

Mine ID [REDACTED]

Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data	
1. Date Mo Da Yr [REDACTED] 12. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]
6. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor)
8. Condition or Practice [REDACTED]	8a. Written Notice (103g) [REDACTED]

On [REDACTED] the emergency escape hoist was called for to transport personnel to the surface after loss of power to the mine and main fan. The escape hoist did not become operational in the required 30 min.

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

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

17. Action to Terminate The hoist had a single phase when power went off back feeding into the hoist motor. The fuses were replaced and phase connections were check. The hoist is back in operation at this time.	
18. Terminated	A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section IV--Automated System Data

19. Type of Inspection (ac)	20. Event Number [REDACTED]	21. Primary or Mill
22. Sig [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.

Mine Safety and Health Administration
Office of Accountability

District	Coal Dist 10	Field Office	Morganfield, KY	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I--Violation Data

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

The CSE 100 SCSR serial number 95302 being carried by a employee was not being maintained in proper condition. The outer cover was broken and 1/2 of the cover could be pulled away from the SCSR.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1714-3(b)

Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input 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	B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The SCSR was replaced with Serial Number 231575.

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

Section IV--Automated System Data

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

MSHA Form 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 businesses. 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.

District Coal Dist 10 Field Office Morganfield, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data	
1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Served To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>
6. Mine <u>[REDACTED]</u>	7. Mine ID <u>[REDACTED]</u> (Contractor)
8. Condition or Practice <u>[REDACTED]</u> 8a. Written Notice (103g) <input type="checkbox"/>	

Oil, grease, and float coal dust was allowed to accumulate on the valve banks, in the operator's compartment, under the reel, and on the frame under the center covers of the company #9 roof bolter located in the #8 entry at spad 20+29 on the 065/066 MMU of the 2d panel South.

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 <u>75.400</u>
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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 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: <u>002</u>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action <u>104(a)</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
15. Area or Equipment			

16. Termination Due	A. Date <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III--Termination Action

17. Action to Terminate <u>The roof bolter was cleaned by washing.</u>		
18. Terminated	A. Date <u>[REDACTED]</u>	Time (24 Hr. Clock) <u>[REDACTED]</u>

Section IV--Automated System Data

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

MSHA Form 7000-3a established a National Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions 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.

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

1. Date	3. Citation/Order Number
4. Served To	5. Operator
6. Mine	7. Mine ID

8. Condition or Practice

8a. Written Notice (103g)

A permanent splice was not effectively insulated and sealed so as to exclude moisture on the cable provided for the company #9 roof bolter located in the #8 entry at spad 20+29 on the 065/066 MMU of the 2d panel South. The tape for the splice had separated exposing the inner insulated conductors.

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
			75.604(b)

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 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 The affected permanent splice was re-insulated by taping.

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 (Rev. 10-2000) Pursuant to provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business 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.

District Coal Dist 10 Field Office Morganfield, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data	
1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Served To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>
6. Mine <u>[REDACTED]</u>	7. Mine ID <u>[REDACTED]</u> (Contractor)

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

Float coal dust was allowed to accumulated on the rock dusted surfaces of the mine floor and ribs along the 5A beltline from spad 12+70 to spad 14+80. Float coal dust was allowed to accumulate on the rock dusted surfaces of the mine floor and ribs from the 5A belt drive head roller to crosscut #3 and on the drive motors of the 5A header.

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: 018

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 <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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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) <u>E01</u>	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill
22. Signa <u>[REDACTED]</u>	23. AR Number <u>[REDACTED]</u>	

MSHA For established...visions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has 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.

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [Redacted]

Date [Redacted]

Mine Citation/Order

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

Section I--Violation Data

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

An intake permanent stopping located at spad 12+70 next to the 5A beltline contained exposed combustibile wooden pin boards and wedges along the top of the stopping.

See Continuation Form (MSHA Form 7000-3a)

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

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: 018

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The affected permanent stopping was plastered.

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 of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National 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.

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data

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

The nozzle for the sprinkler system provided for the 5A belt take-up pump and pump motor was not positioned properly to provide protection for the pump and pump motor.

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	75.1101-7(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 The nozzle was properly positioned.

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 (Rev. 10/03) Pursuant to the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Safety and Health Administration
Office of Accountability

District

Coal Dist 10

Field
Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

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

The coal rib along the 2d West beltline where persons work or travel was not being supported or otherwise controlled at crosscuts #144 and #136. At #144 the coal has pulled away from the rib for 10", is 3" to 9" thick, 7' in height, and 10' long. At #136 the coal has pulled away from the rib for 4", is 3" to 6" thick, 7' in height, and 12' long.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
	<input checked="" type="checkbox"/>		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: 002
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" 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. Signa	23. AR Number	

MSHA Form 7000-3a (Rev. 10-2000) Provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Fairness Act 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.

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

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

Float coal dust was allowed to accumulate on the rock dusted surfaces of the mine floor and ribs at the 2d West belt drive and extending to one crosscut inby the belt drive.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	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 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: 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	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. Signatur			23. AR Number

MSHA Form 7000-3a is required by the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Regulatory Fairness 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.

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [Redacted]

Date [Redacted]

Mine Citation/Order

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



Section I--Violation Data

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

Loose coal and coal dust has been allowed to accumulate at the 4-C belt head drive. The accumulations were from 1 to 6 inches deep, 6 feet long and 3 feet wide.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	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: 001	
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action	104(a)	13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date	B. Time (24 Hr. Clock)
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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)	20. Event Number	21. Primary or Mill
22. Signature	23. AR Number	

MSHA Form 7000-3a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established 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.

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

1. Date	3. Citation/Order Number
4. Served To	5. Operator
6. Condition of Practice	7. Mine ID (Contractor)
8a. Written Notice (103g)	

Loose roof and a overhanging brow was present at the 4-C belt head drive. The loose roof was 20 feet long and from 4 to 7 feet wide. Also present was a overhanging brow that measured 4 feet wide, 2 feet long and 8 inches thick.

See Continuation Form (MSHA Form 7000-3a)

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

16. Termination Due	A. Date	B. Time (24 Hr. Clock)
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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)	20. Event Number	21. Primary or Mill
22. Signat	23. AR Number	

MSHA Form 7000-3a, April 2003 (rev. 10/02) 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 MG 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.

District

Field Office

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

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

The Deluge type water spray system provided for the No.4-C belt head drive were not properly installed. 7 top sprays were not located above the top belt line. When activated the sprays would not cover the top belt line.

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	75.1101-1(b)
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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	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)
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Section IV--Automated System Data

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

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

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [REDACTED]

Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data

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

Oil and coal dust has been allowed to accumulate on the hoses and frame of take up pump provided for the 4-C belt line.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 010

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 of 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
E01	[REDACTED]	[REDACTED]
22. Signal	23. AR Number	
[REDACTED]	[REDACTED]	

MSHA Form... 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.

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [Redacted]

Date [Redacted]

Mine Citation/Order

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

Section I--Violation Data

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

The No. 61 entry on the No. 4 (064-0) MMU was driven 21 to 21.4 feet for a distance of 32 feet and on additional roof supports were installed.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

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

17. Action to Terminate Additional roof supports were installed in the entry to reduce the entry width to 20 feet.

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

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

MSHA Form 7000-3, April 1986 (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.

District Coal Dist 10

Field Office Morganfield, KY

Mine ID [Redacted]

Date [Redacted]

Mine Citation/Order

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

Handwritten initials/signature

Section I--Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The Multi-gas detector provided for the No.4)064-0)MMU was not being maintained and calibrated as required in part 75.320. When examined M-40 gas detector was last calibrated on [Redacted] This exceeds the 31 day time limit for calibration.

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 75.1714-7(c)
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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	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]
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Section IV--Automated System Data

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

MSHA 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.

District

Coal Dist 10

Field Office

Morganfield, KY

Mine ID

Date

Mine Citation/Order

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

Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID () (Contractor)	
8. Condition or Practice	0	8a. Written Notice (103g)

The sight line in the No.7 and No.6 entry on the No.4 (064-0) MMU were 6 feet off of the right rib. Both entries had turns in the face to the right.

The operator will hold a meeting with all supervisors and miner operators and discuss the use and installation of sight lines.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.203(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)
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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	21. Primary or Mill
22. Sign			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 Ombudsmen annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.