



AUG 24 2010

MEMORANDUM FOR ROBERT L. PHILLIPS  
Acting Deputy Assistant Secretary for Operations  
Mine Safety and Health

THROUGH: PETER J. MONTALI *Peter J. Montali*  
Acting Director of Accountability for  
Mine Safety and Health

FROM: JERRY J. KISSELL *Peter J. Montali for*  
Accountability Specialist  
Mine Safety and Health

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Accountability Specialist  
Mine Safety and Health

SUBJECT: MSHA Office of Accountability Audit, MNM Southeastern District,  
Franklin, TN, and [REDACTED]

### Introduction

This memorandum summarizes the Office of Accountability audit of the subject field office and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FAR's), Accompanied Activities (AA's), MSHA supervisory and managerial oversight and the conditions and practices at the mine. The audit was conducted by Jerry Kissell, accountability specialist and Rodney Gust, accountability specialist, during the week of [REDACTED]. Positive findings and issues requiring attention are included in this audit report.

### Overview

The field office audit was conducted on [REDACTED] and the on-site portion of the audit was conducted on [REDACTED]. Accompanying the audit team were [REDACTED].

On-site areas examined included:

The material storage areas/laydown yards, tool shed (mechanics tools and supplies) spare parts conex trailer, mechanics F-350 service truck, caterpillar 980-G front end loader, Kamatsu WA 600 front end loader, supervisors company truck (F-150), Bobcat skid steer unit, Electrical contractors work vehicles, Quality Control Lab, primary crusher control room and access platforms, haul road and berming into the quarry and areas traveled to the de-watering pumps at the quarry floor, and the quarry highwalls along these travel ways.

### **S&S Rate Comparison**

S&S rates for the Franklin, Tennessee FO, are above that district and national levels for FY 2009, as well as to-date in FY 2010.

<b>S&amp;S Rate Comparison</b>			
Fiscal Year	Franklin, TN Field Office	South Eastern district	National Average
2008	34.84%	26.32%	21.44%
2009	35.62%	34.21%	21.36%
2010	43.22%	39.97%	38.19%

### **Time and Activity Comparison**

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2007 to January 2010 indicated that onsite time for surface facilities increased from 57.24% in FY 2008 to 58.80% in FY 2009 and is currently 63.16% for FY 2010. Time spent in the "other" category decreased from 16.93% to 13.88% during the same time period, and currently is 21.05% for FY 2010.

<b>Time Distribution (Percent) – E01 Inspections at Surface Facilities</b>						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
FY2008	21.84%	16.93%	57.24%	5.59%	3.98%	100.00%
2008 Nat'l Avg	20.39%	10.19%	61.86%	2.96%	7.55%	100.00%
FY2009	24.05%	13.88%	58.80%	3.49%	3.27%	100.00%
2009 Nat'l Avg	20.77%	10.23%	61.91%	3.69%	7.10%	100.00%
FY2010	15.79%	21.05%	63.16%	13.16%	0.00%	100.00%
2010 Nat'l Avg	20.30%	9.83%	61.92%	3.53%	7.94%	100.00%

\* Total on-site time includes citations issued on-site.

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2008 to January 2010 indicated that onsite time for surface mines increased from 61.19% in FY 2008 to 62.39 in FY 2009, and is currently 58.60% in FY 2010. In addition, time spent in the "other" category increased from 14.92% in FY 2008 to 15.73% in FY 2009 and is currently 14.81% for FY 2010.

<b>Time Distribution (Percent) – E01 Inspections at Surface Mines</b>						
	<b>Travel</b>	<b>Other</b>	<b>Total On-Site</b>	<b>Citations Issued On-site</b>	<b>Citations Issued Off-site</b>	<b>Total Percent</b>
<b>FY2008</b>	19.95%	14.92%	61.19%	5.96%	3.95%	100.00%
<b>2008 Nat'l Avg</b>	26.33%	11.77%	56.23%	3.13%	5.67%	100.00%
<b>FY2009</b>	19.82%	15.73%	62.39%	7.67%	2.06%	100.00%
<b>2009 Nat'l Avg</b>	25.96%	11.54%	56.38%	3.26%	6.11%	100.00%
<b>FY2010</b>	20.26%	14.81%	58.60%	4.48%	5.74%	100.00%
<b>2010 Nat'l Avg</b>	24.71%	11.51%	56.76%	5.55%	6.33%	100.00%

\* Total on-site time includes citations issued on-site.

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2008 to January 2010 indicated that onsite time for underground mines decreased from 62.41% in FY 2008 to 57.98% in FY 2009 and is currently 57.08% in FY 2010. In addition, time spent in the "other" category increased from 18.06% in FY 2008 to 20.29% in FY 2009 and is currently 16.89% in FY 2010.

<b>Time Distribution (Percent) – E01 Inspections at Underground Mines</b>						
	<b>Travel</b>	<b>Other</b>	<b>Total On-Site</b>	<b>Citations Issued On-site</b>	<b>Citations Issued Off-site</b>	<b>Total Percent</b>
<b>FY2008</b>	15.75%	18.06%	62.41%	5.68%	3.78%	100.00%
<b>2008 Nat'l Avg</b>	23.44%	11.15%	60.23%	1.62%	5.18%	100.00%
<b>FY2009</b>	17.72%	20.29%	57.98%	5.67%	4.01%	100.00%
<b>2009 Nat'l Avg</b>	24.03%	10.98%	60.06%	2.14%	4.94%	100.00%
<b>FY2010</b>	16.53%	16.89%	57.08%	3.87%	9.50%	100.00%
<b>2010 Nat'l Avg</b>	23.88%	11.09%	59.58%	2.47%	5.45%	100.00%

\* Total on-site time includes citations issued on-site.

## **Audit Results**

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

1. Field office staff demonstrated excellent knowledge of MSHA regulations, law and policy. Inspectors were well prepared with tools/equipment necessary to perform inspection duties.
2. Open and positive communications between MSHA personnel and the mine operator, including miners, safety personnel, and management were very commendable.
3. The field office was well organized and personnel are consistently informed on inspection completion and GPRAs performance information. (use of standardized reports)
4. The district and field office staff was professional, courteous and cooperative towards the office of accountability specialists.
5. The inspector traveled and observed areas where persons were working and conducting normal mine maintenance and repair to ensure safe work practices and compliance were in place.

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

1. Inspections do not appear to be complete and thorough. Several citations were issued during the audit for conditions that appeared to have existed for extended periods of time but were not cited previously. (See item 27 in attachment A and see attachment B, citations issued during the audit)
2. Hazardous ground conditions were not being addressed in the quarry above the haul road where persons travel to the pit bottom. Fallen materials from the highwall above the travel way were observed in the road used to access the quarry. There was not appropriate equipment available at the mine to address maintaining and scaling of the highwalls and no safety benches to catch falling or sloughing materials were present. (See Item 36)
3. A health sampling violation was terminated by re-sampling while the mine was in an "idled status". The original health sample was taken during normal mining operations on prior to the mine going into an idle status in late November. (See Item 63)
4. A review of previous citations revealed a violation issued for guarding appeared to be for two separate pieces of equipment in one citation. (See item 63, Attachment C)

**Attachments**

A. Office of Accountability Checklist with comments, recommendations, and references

B. Citations/Orders issued during this audit

[REDACTED]	46.5a	[REDACTED]	56.12008
[REDACTED]	56.14207	[REDACTED]	56.4201A1
[REDACTED]	56.14101a2	[REDACTED]	56.12032
[REDACTED]	56.14100a	[REDACTED]	56.12008
[REDACTED]	56.14101a2	[REDACTED]	47.41a
[REDACTED]	56.12004	[REDACTED]	56.4402
[REDACTED]	56.11001	[REDACTED]	56.14107a
[REDACTED]	56.14100b	[REDACTED]	56.11002
[REDACTED]	56.11003	[REDACTED]	56.14107a
[REDACTED]	56.16005	[REDACTED]	56.14101a2
[REDACTED]	56.4101	[REDACTED]	56.14101a2
[REDACTED]	56.12028	[REDACTED]	56.14101a2
[REDACTED]	56.14101a2	[REDACTED]	56.14101a2
[REDACTED]	56.16005	[REDACTED]	56.14100d
[REDACTED]	56.11002	[REDACTED]	56.14101a2 (J981)
[REDACTED]	56.4104b	[REDACTED]	56.14107a (J981)
[REDACTED]	56.14100b	[REDACTED]	107a order (J981)
[REDACTED]	56.14100b	[REDACTED]	56.11016 (J981)
[REDACTED]	47.41a	[REDACTED]	56.18002a (J981)
[REDACTED]	47.41a	[REDACTED]	56.18002(a)
[REDACTED]	56.12028	[REDACTED]	56.3200
[REDACTED]	56.4101	[REDACTED]	104(g)(1)
[REDACTED]	56.4200b2	[REDACTED]	56.9300(a)
[REDACTED]	56.20003a	[REDACTED]	

C. Enforcement actions with questionable evaluations

D. Photos taken during audit (if needed)

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Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID

(b) (6)

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

Adequate  Inadequate  Not Applicable  Comments Below

A review of prior inspection reports indicate questionable determinations of citations - example [REDACTED] and the condition/practice depicted two separate pieces of equipment in the violation with only one citation issued that addresses both violations.) (See attachment C) (See Item 61)  
**[Program Policy Manual Volume I, Interpretation and Guidelines on Enforcement of the 1977 Act]**

2. Determine if supervisors address report deficiencies immediately

Adequate  Inadequate  Not Applicable  Comments Below

See Item 1 and Item 63 of attachment A, and see attachment D

3. Determine if supervisors are visiting mines

Adequate  Inadequate  Not Applicable  Comments Below

The supervisor stated he makes mine visits as he completes his required Accompanied Activity inspections with his inspectors.

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

Adequate  Inadequate  Not Applicable  Comments Below

All FAR's requirements were met.  
A recommendation to enhance the intent of the FAR's reports as they appear to lack detail specific to the deficiencies and corrective actions reviewed in the summary of the reports.  
*(Recommendation- Ensure that all supervisory and management personnel have adequate training in the proper manner to conduct and document a field activity review for significant accomplishments and deficiencies identified. (AH09-III-1(1), Metal and Nonmetal Mine Safety and health Supervisors handbook, Chapter two, section A and section B))*

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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

No performance or behavior based issues were identified during the AA's

6. Evaluate the quality of Accompanied Inspections

Adequate  Inadequate  Not Applicable  Comments Below

See item 4 above.

7. Determine if supervisors are reviewing mine files

Adequate  Inadequate  Not Applicable  Comments Below

The  indicated he reviews the field office files through the year.

8. Determine if Assistant District Manager is holding supervisor accountable for Field Activity Reviews, and Accompanied Activities

Adequate  Inadequate  Not Applicable  Comments Below

The  holding the  accountable for conducting the required number of FAR's, and AA's. However, the quality of these activities did not appear to achieve the desired goals as per Items No. 1, and 4 above and item 21 below.  
*Recommendation – Training should be provided for supervisors regarding FAR's and AA's and second level reviews.*  
*Reference - AH09-III-1(1)*

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11. Determine if ADMs and DMs are visiting mines

Adequate  Inadequate  Not Applicable  Comments Below

Discussion with DM and ADM indicate mine visits are conducted through out the district

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

Adequate  Inadequate  Not Applicable  Comments Below

Supervisors are utilizing the Key Indicator reports to monitor time & activity for the inspectors and field office.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

See Attachment C, below.

18. Determine if supervisors are adequately evaluating the level of enforcement

Adequate  Inadequate  Not Applicable  Comments Below

Evaluation of conditions cited, gravity and negligence is questionable following the review of prior inspection reports.

See attachment C, below.

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Field Office **Franklin, TN**

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

Adequate  Inadequate  Not Applicable  Comments Below

See item 4 and 6 above

*(Recommendation- Ensure that all supervisory and management personnel have adequate training in the proper manner to review and document FAR/AA reports.)*

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

Adequate  Inadequate  Not Applicable  Comments Below

No misconduct /poor performance issues have been identified in the field office.

26. 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

Field office/district monitors the Key indicators.

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

Adequate  Inadequate  Not Applicable  Comments Below

The violation history shows seven citations were issued during the previous two E-01 inspections conducted in FY 2009. Three of those seven citations were issued as S&S (12%)

During the audit were issued i&S ( )  
Example issued for conditions that appear to have existed beyond the past inspection periods with no action taken. (See attachment B, below)

Reference; The Mine Act and PH09-IV-1, Metal and Nonmetal general inspection Procedures Handbook

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28. Determine if inspection notes support the inspector's assertion that the mine was inspected in its entirety, including health sampling

Adequate  Inadequate  Not Applicable  Comments Below

During the inspection conducted as part of the audit, all areas of the mine traveled were documented by the inspector.

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

Adequate  Inadequate  Not Applicable  Comments Below

No weekend or night shift production is performed at the mine visited.

30. Determine if all mine records, postings, and other required materials are examined during the inspection

Adequate  Inadequate  Not Applicable  Comments Below

Mine records were not examined during the accompanied audit; previous inspection notes document an examination of required records and postings.

32. 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

Although an entire inspection was not completed as part of the audit, previous inspection site times reviewed appear accurate with site time charged during the inspection conducted as part of the audit.

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

Adequate  Inadequate  Not Applicable  Comments Below

Evaluations of citations and orders issued during the audit were adequate.

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35. Check adequacy of work place examinations/pre-operational examinations

Adequate  Inadequate  Not Applicable  Comments Below

The mine operator was cited based on the number and type of citations issued at the mine for equipment defects, pre-operational exams not completed and inadequate work place examinations. (See attachment B)

*The inspector properly identified and took the appropriate action to address the conditions observed.*

36. Evaluate inspector's observation of back/Ground conditions

Adequate  Inadequate  Not Applicable  Comments Below

Inspector evaluated the condition of the highwall correctly during the accountability audit but the highwall conditions have not addressed during previous inspections. Citation  was issued under 56.3200 during the audit. (See attachment B)

37. Evaluate conditions of working areas and observe work cycle

Adequate  Inadequate  Not Applicable  Comments Below

On the inspection conducted as part of the audit unsafe conditions were observed in the plant area where persons were working. Example:  issued under 56.11016 (See Attachment B, below)

39. Determine adequacy of training plans (interview miners)

Adequate  Inadequate  Not Applicable  Comments Below

The training plan and records were not reviewed during the audit.

41. Electrical equipment maintained (includes electrical cables/equipment/power supply stations, etc.)

Adequate  Inadequate  Not Applicable  Comments Below

During the accountability audit, six (6) citations were issued on electrical standards. See Attachment B, citation #'s

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45. Evaluate condition and maintenance on conveyor belts, structures, and guarding

Adequate  Inadequate  Not Applicable  Comments Below

Cited during inspection conducted as part of audit. (See Attachment B)

49. Evaluate cleanup of accumulations/housekeeping

Adequate  Inadequate  Not Applicable  Comments Below

The inspector properly cited the operator for lack of good housekeeping such as stumbling hazards. (See Attachment B)

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

Adequate  Inadequate  Not Applicable  Comments Below

Bulletin boards were posted in the main office with the required documents and information.

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

Adequate  Inadequate  Not Applicable  Comments Below

Audit team did not review the peer reviews. Documentation is maintained at the District Office. The district conducted one peer review in 2009 at the Bartow, FL field office.

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

Adequate  Inadequate  Not Applicable  Comments Below

Not reviewed during the audit.



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65. Determine mine files are legible, and up to date

Adequate  Inadequate  Not Applicable  Comments Below

Mine files are neat, orderly, legible, up to date, and labeled appropriately.

66. Determine if miners are adequately trained in the provisions of any new conditions/changes/equipment at the mine.

Adequate  Inadequate  Not Applicable  Comments Below

Inspection was not completed during the accountability audit. The training plan was not reviewed prior to the audit teams departure.

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

Adequate  Inadequate  Not Applicable  Comments Below

Weekly meeting are conducted with district and field office personnel.

72. 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

The supervisor used MSHA handouts as subject matter for the staff meetings which are conducted on Mondays.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Documentation in the files review indicates that close out conferences are being conducted by the inspector at the end of the inspection. The inspector conducted daily close-outs to review violations issued. He discussed details concerning violations and explained he would review all aspects of the inspection at a final close-out when the inspection was completed.

76. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.

Adequate  Inadequate  Not Applicable  Comments Below

This operation has been idle since late November 2009. No blasting, drilling or explosives use was being done during the inspection conducted as part of the audit.

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

Adequate  Inadequate  Not Applicable  Comments Below

100% completion rate was achieved with the current staffing levels in the office.

78. Other issues/procedures/policies reviewed....

Adequate  Inadequate  Not Applicable  Comments Below

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District MINM South East Field Office Franklin, TN Mine ID [REDACTED]

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

Section I—Violation Data

1. Date <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
(Contractor) <input type="checkbox"/>	
8. Condition or Practice <span style="float: right;">8a. Written Notice (103g) <input type="checkbox"/></span>	

[REDACTED] had not received the MSHA-required 24-hour new miner training before beginning work at the mine. The contractor had no previous mining experience, and was not provided with the required training. The Contractor was not made aware by the mine operator of the Part 46 training requirements. The Contractor must withdraw [REDACTED] from the mine until he receive the required training. The Federal Mine Safety and Health Act of 1977 states that an untrained miner is a hazard to himself and to others.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <span style="float: right;">46.5a</span>
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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 104g1 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 [REDACTED]

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) <u>E01</u>	20. Event Number <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill <u>P</u>	23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>
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22. Signature

MSHA Form 7000-3, Apr 04 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District

Field Office

Mine ID

Mine Citation/Order  
Continuation

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

1. Subsequent Action 1a, Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Sent To [REDACTED]	Operator [REDACTED]	
	7. Mine ID [REDACTED]	(Contractor) Z196

Section II--Justification for Action

The contractor was called to the site in order for MSHA to obtain information concerning equipment on the mine site. The contractor was not conducting work at the time on the mine site therefore this withdraw order is vacated.

See Continuation Form

Section III--Subsequent Action Taken

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

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

MSHA Form 7000-3a, Mar 85 (revised)

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

District MNM South East Field Office Franklin, TN Mine ID (b) (6)

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
(b) (6)	(b) (6)	(b) (6)
		(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The 988G loader parked in front of the office on a grade and left unattended had the park brake set but had not been chocked. Should components of the braking system fail and the loader roll from the grade it is located and strike a miner fatal crushing injuries would occur. The mine operator was aware the loader was parked in the current position and acknowledged the loader was parked on a grade but failed to ensure the tires were chocked.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14207

Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		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)
	(b) (6)	(b) (6)

Section III--Termination Action

17. Action to Terminate The Loader was chocked

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b) (6)	(b) (6)

Section IV--Automated System

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill	23. AR Number
E01	(b) (6)	P	(b) (6)
22. Signature			

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

The park brake for the 350L Super Duty Utility truck used for maintenance on the mine site would not hold when tested with the typical load on a typical grade traveled in the mine. Should the truck jump gear and strike a miner serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		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

18. 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 park brake held when tes [REDACTED]

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

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill P	23. AR Number
22. Signature			[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 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MINM South East Field Office Franklin, TN Mine ID (b) (6)

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
<span style="background-color: black; color: black;">(b) (6)</span>	<span style="background-color: black; color: black;">(b) (6)</span>	<span style="background-color: black; color: black;">(b) (6)</span>

8. Condition or Practice

8a. Written Notice (103g)

A pre-operational inspection was not conducted on the 350L Super Utility truck before being put into use during the shift. The truck had a defect in that the park brake would not hold but was not discovered before being used for normal maintenance operations on the mine site because a normal pre-operational inspection was not conducted or recorded. Should a miner not be aware of the defective park brake and attempt to rely on it serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14100a
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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 104a

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

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

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate A pre-operational inspection of the truck was conducted and the deficiencies recorded.

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 P	23. AR Number
	<span style="background-color: black; color: black;">(b) (6)</span>		<span style="background-color: black; color: black;">(b) (6)</span>

22. Signature

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID (b) (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date Mo Da Yr <span style="background-color: black; color: black;">[REDACTED]</span>	2. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/ Order Number <span style="background-color: black; color: black;">(b) (6)</span>
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4. Operator <span style="background-color: black; color: black;">[REDACTED]</span>	5. Operator <span style="background-color: black; color: black;">[REDACTED]</span>
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(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The 350L Super Utility truck was parked unattended on a grade with the park brake set but the wheels were not chocked. Upon testing it was discovered that the park brake would not hold on a grade similar to the grade it was currently on. Should the vehicle operator rely on the faulty brakes on a slightly steeper grade and the park brake fail serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 104a 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 truck was chocked

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 Mit P

22. Signature 23. AR Number (b) (6)

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

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

District **MNM South East**

Field Office **Franklin, TN**

Mine ID (b) (6)

Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation	2. Dated (Original Issue)	Mo. Da. Yr.	3. Citation/Order Number	<span style="background-color: black; color: black;">(b) (6)</span>
<span style="background-color: black; color: black;">[Redacted]</span>			<span style="background-color: black; color: black;">[Redacted]</span>	
(Contractor)				

<b>Change</b>	<b>From</b>	<b>To</b>
9. C. Part/Section	56.14101a2	56.14207

**Reason** The wrong standard was entered

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection <b>E01</b>	10. Event Number	<span style="background-color: black; color: black;">[Redacted]</span>
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11. <span style="background-color: black; color: black;">[Redacted]</span>	12. Date Mo Da Yr	<span style="background-color: black; color: black;">[Redacted]</span>	13. Time (24 Hr. Clock)	<span style="background-color: black; color: black;">[Redacted]</span>
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MSHA Form 7000-3a, Mar 85 (revised)

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
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6. Condition of Mine

8a. Written Notice (103g)

The fifty foot power cable located on the back of the maintenance truck had damage to the outer jacket where it had been cut away exposing the insulation of the inner conductors. Should the inner conductors become exposed due to further damage and contact a miner while energized serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR  56.12004
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		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 <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section III—Termination Action

17. Action to Terminate The cable was destroyed

18. Terminated A. Date <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill P	23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>
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MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
<b>Section I--Violation Data</b>			
1. Date	Time (24 Hr. Clock)	3. Citation/Order Number	
4. Sent To	5. Operator		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>
<p>Safe access was not provided to the tool box mounted in the center of the bed on the maintenance truck. Numerous large tools and parts from recent repairs had been allowed to be stored in the only access way to the tool box where wrenches and other tools used during maintenance were stored. Management was aware of the condition and considered climbing over the material in the access way a viable option to access the tool box if needed. The blocked access way was approximately two feet wide and the material in the access way blocked the complete width and was approximately a foot high and two feet in depth from the back of the truck toward the cab of the truck. The pile and back of the truck was also covered in snow. Should a miner slip while attempting to cross the material to access the tool box serious injuries would occur.</p>			
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR  56.11001
<b>Section II--Inspector's Evaluation</b>			
10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		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)			
<b>Section III--Termination Action</b>			
17. Action to Terminate The material was removed from the truck			
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)			
<b>Section IV--Automated System Data</b>			
19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill P	
22. Signature			23. AR Number

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

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

District MNM South East Field Office Franklin, TN Mine ID [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>
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[REDACTED] (Contractor)

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

The pressure valve on the acetylene cylinder located on the maintenance truck was defective in that the site glass was discolored and extremely difficult to read. The needle in the gage also repeatedly hung at approximately ten pounds of pressure and once the pressure was released would not return to zero. Should the defective gage fail at zero and a miner apply too much acetylene serious injuries would occur.

9. Violation See Continuation Form (MSHA Form 7000-3a)

A. Health <input type="checkbox"/>	Safety <input type="checkbox"/>	Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
				56.14100b

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 104a 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 gage was removed and discarded

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

Section IV--Automated System Data

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

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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	(1) (2)
4. Location		5. Quantity	(1) (2)
6. Mine ID		(Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

The ten foot A-frame ladder located adjacent to the maintenance conex had multiple cracked seams along the supports weakening the structure. Should a miner attempt to use the ladder and the supports already weakened by the large cracks fall miners would fall causing serious injuries. The ladder was not tagged out and was available for use.

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11003
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action		E. Citation/Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				
15. Area or Equipment				
16. Termination Due				
A. Date		B. Time (24 Hr. Clock)		

Section III—Termination Action	
17. Action to Terminate The ladder was destroyed and discarded	

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 P	23. AR Number
22. Signature			

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date [REDACTED] 12. Time (24 Hr. Clock) [REDACTED] 3. Citation/Order Number [REDACTED]

[REDACTED]

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The Diesel tank located in the back of the lead-man's utility truck was not labeled with a sign that prohibited smoking or open flame. Should a miner smoke or have an open flame in the presence of the combustible liquid and a fire commence serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health  Safety  Other  B. Section of Act C. Part/Section of Title 30 CFR 56.4101

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

22. Signature 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 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data  
 1. Date [REDACTED] 3. Citation/Order Number [REDACTED]

2. [REDACTED] 4. [REDACTED]  
 5. [REDACTED] 6. [REDACTED]  
 7. [REDACTED] 8. [REDACTED]

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

The hand-held hammer drill located in the lead-man's truck had not received a ground continuity and resistance test within the last twelve months. Should the ground fail when needed miners would receive serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health  Safety  Other  B. Section of Act C. Part/Section of Title 30 CFR 56.12028

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The drill was removed from the mine site without abating the violative condition. Should the drill be brought back on any mine site without first correcting the violative condition it would constitute an

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

Section IV--Automated System Data

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

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

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

United States Department of Labor  
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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
[REDACTED]		(Contractor)

Section II—Justification for Action

Continuation of 17. Action to Terminate

unwarrantable failure to comply with a mandatory standard.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number [REDACTED]	
11. Signature [REDACTED]	12. Date [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-3a, Mar 85 (revised)

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

District MNM South East Field Office Franklin, TN 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]
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(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The 250F Utility truck was parked unattended on a grade beside the maintenance conex with the park brake set but the wheels were not chocked. Should the parking brake fail while on a grade and not chocked miners struck by the vehicle would suffer serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 104a

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

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
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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 truck was chocked

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 P	23. AR Number [REDACTED]
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MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor  
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District MNM South East Field Office Franklin, TN Mine ID (b) (6) Date (b) (6)

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action Ta. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number
					(Contractor)

Section II--Justification for Action

Change	From	To
9. C. Part/Section	56.14101a2	56.14207
Reason	The wrong standard was entered	
10. A. Injury or Illness	Reasonably Likely	Unlikely
Reason	due to grade heading into the opposite direction of foot traffic and roadway the exposure is lessened but still plenty of room and reason to be in front of truck so still violation.	
10. C. Significant and Substantial	Yes	No
Reason	unlikely to occur	

The truck was on a grade facing a bank with traffic behind the truck minimizing exposure.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

9. Type of Inspection	E01	10. Event Number	
11.		12. Date	Mo Da Yr
		13. Time (24 Hr. Clock)	

MSHA Form 7000-3a, Mar 85 (revised)

United States Department of Labor  
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District MNM South East Field Office Franklin, TN Mine ID [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
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4. Special Title	5. Operator
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8. Condition of Practice	8a. Written Notice (103g) <input type="checkbox"/>
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The cylinder of compressed gas located in the tool shed up on a shelf approximately five feet high was not secured. Should the tank get knocked off of the shelf and a valve get broken off or the tank get ruptured serious injuries would occur to miners exposed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.16005
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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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action	104a	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
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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
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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 cylinder was removed from the shed and secured

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	P
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22. Signature	23. AR Number
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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

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

**Section I—Violation Data**

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

4. Served To [REDACTED] (Contractor)

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

The combustible waste in the form of used waste oil, and contaminated diesel located at the refueling point was being stored in plastic five gallon buckets without covers in place. Should the combustible waste become ignited in the presence of miners serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation **A. Health Safety Other**    **B. Section of Act** **C. Part/Section of Title 30 CFR** **D. Number of Persons Affected:** 001

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

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

15. Area or Equipment

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

**Section III—Termination Action**

17. Action to Terminate The containers were emptied

18. Terminated **A. Date** [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 P

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

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date Mo Da Yr <span style="background-color: black; color: black;">[REDACTED]</span>	2. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/ Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
4. Served to <span style="background-color: black; color: black;">[REDACTED]</span>		Contractor <span style="background-color: black; color: black;">[REDACTED]</span>
5. CONTINUUM OF VIOLATIONS		8a. Written Notice (103g) <input type="checkbox"/>

Defective shovels with broken handles were stored behind the trucker's break area. The shovels were not tagged out and were available for use. No other shovels were available for the truckers to use. The truckers had used other defective equipment in the same vicinity. Should the truckers continue to use the defective shovels serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14100b
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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 104a		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 <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section III—Termination Action

17. Action to Terminate The defective shovels were discarded

18. Terminated	A. Date Mo Da Yr <span style="background-color: black; color: black;">[REDACTED]</span>	Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill P
22. Signature		23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>

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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date	3. Citation/Order Number
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

8. Condition of Practice

8a. Written Notice (103g)

The 1/2 inch steel cable located behind the trucker's break area was damaged in that the cable was frayed and knotted. The cable was not tagged out but was available for use. The cable had been used in the current condition to pull trucks with. Clamps on the cable were not properly applied. Should the cable fail while in use and strike a miner serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14100b

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 104g 13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

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

15. Area or Equipment

16. Termination Due A. Date [REDACTED]

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

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 Office of Accountability

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data	
1. Date <u>Mo Da Yr</u> <span style="background-color: black; color: black;">[REDACTED]</span> 2. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
4. Served To <span style="background-color: black; color: black;">[REDACTED]</span>	
(Contractor) <input type="checkbox"/>	

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

A two gallon sprayer of diesel was being stored behind the trucker's break area but had not been labeled. Miners in the area communicated the fact that they did not know what was in the sprayer. Should a miner miss-identify the chemical and use it inappropriately serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <span style="float: right;">47.41a</span>

Section II--Inspector's Evaluation					
10. Gravity:					
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104a		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 <u>Mo Da Yr</u> <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section III--Termination Action	
17. Action to Terminate	
18. Terminated A. Date <u>Mo Da Yr</u>	B. Time (24 Hr. Clock)

Section IV--Automated System Data		
19. Type of Inspection (activity code) E01	20. Event Number <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill P
22. Signature		23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID (b) (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date (b) (6) 3. Citation/Order Number (b) (6)

8. Condition or Practice

8a. Written Notice (103g)

The two gallon safety can located behind the trucker's break area was not labeled so as to indicate the contents. Should a miner miss-identify the chemical and use it inappropriately serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	47.41a
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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 104a 13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number (b) (6) 21. Primary or MII P

22. Signature (b) (6) 23. AR Number (b) (6)

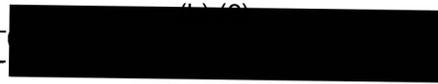
MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments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

United States Department of Labor  
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 Office of Accountability

District

Field Office

Mine ID



Mine Citation/Order

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



Section I—Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Condition or Practice

8a. Written Notice (103g)

There were multiple cables located inside the trucker's break area that had not had the required ground continuity and resistance test conducted on them within the last twelve months. Should a ground fail on one of the cables when needed miners would receive serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12028

Section II—Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date <input type="text"/>	B. Time (24 Hr. Clock) <input type="text"/>
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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)	20. Event Number	21. Primary or Mill
E01	<input type="text"/>	P
22. Signature		23. AR Number <input type="text"/>

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor  
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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date	Mo Da Yr	12. Time (24 Hr. Clock)		3. Citation/Order Number	
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		

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

The building designated as the trucker's break area had bottles of flammable liquid, and flammable gas being stored within but was not labeled with a sign that prohibited smoking or open flame. The break area was littered with cigarette butts, and combustible trash over filling the trashcan. There were also no strategically placed fire extinguishers within this building, and two heaters plugged in and running unattended sitting on the carpeted floor. Should this building ignite with the flammable liquids and flammable gas while miners are in close proximity serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.4101
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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 104a 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)	
[REDACTED]		[REDACTED]	

Section III--Termination Action

17. Action to Terminate

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

[REDACTED]

Section IV--Automated System Data

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

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



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District MNM South East Field Office Franklin, TN Mine ID [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
[REDACTED]	[REDACTED]	[REDACTED]
4. Operator		(Contractor)
[REDACTED]		[REDACTED]

8. Condition or Practice

8a. Written Notice (103g)

The floor and travel way within the trucker's break area was littered with trash and debris. Should there be a fire within the building the housekeeping would contribute to the seriousness of the fire by supplying fuel.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.20003a

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

17. Action to Terminate		
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]	P
22. Signature		23. AR Number
[REDACTED]		[REDACTED]

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

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

District MNM South East Field Office Franklin, TN Mine ID (b) (6)

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
<span style="background-color: black; color: black;">(b) (6)</span>	<span style="background-color: black; color: black;">(b) (6)</span>	<span style="background-color: black; color: black;">(b) (6)</span>
4. Squad To	5. Operator	
<span style="background-color: black; color: black;">(b) (6)</span>	<span style="background-color: black; color: black;">(b) (6)</span>	
		(Contractor)

8. Condition of Practice

8a. Written Notice (103g)

The cord for the 110 volt light located in the trucker's break area was entering into the electrical compartment through a compression fitting without a bushing. Should the insulation on the wiring become damaged and the wires short against the equipment serious injuries would occur to miners in contact with the metal case on the light.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12008
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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 I(04a)

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



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

The fire extinguisher located in the Quality Control lab had not been inspected within the last thirty days. Should an emergency require the use of the fire extinguisher and the extinguisher not perform as designed serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.4201A1

Section II--Inspector's Evaluation

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

17. Action to Terminate The extinguisher was inspected and a record was prepared

18. Terminated	A. Date <u>Mo Da Yr</u>	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 P
22. Signature		23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small 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 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

4. Mine Name	5. Operator	(Contractor) <input type="checkbox"/>
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	

8. Condition or Practice 8a. Written Notice (103g)   
 The 110 volt energized outlet located in the Quality Control lab did not have the cover in place. Should a miner contact the energized bare conductors within the open outlet serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12032
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		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)
	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

Section III--Termination Action

17. Action to Terminate The cover was installed on the open outlet

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

Section IV--Automated System

19. Type of Inspection (activity code)	E01	20. Event Number	<span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill	P
22. Signature				23. AR Number	
<span style="background-color: black; color: black;">[REDACTED]</span>				<span style="background-color: black; color: black;">[REDACTED]</span>	

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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. Service		
(Contractor)		

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

The hot water heater located in the Quality Control lab heater closet had energized romex cable entering into the electrical compartment of the hot water heater without going through a proper fitting. Should the romex cable become damaged due to heavy vibration and contact the outer metal water heater shell serious injuries would occur to miners in contact with the energized outer shell of the hot water heater.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR  56.12008
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action 104a	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
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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
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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 P
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22. Signature	23. AR Number
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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 Ombudsmen at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I - Violation Date

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

[REDACTED] [REDACTED] (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

A five gallon container of solvent located in the Quality Control lab was not properly labeled so as to indicate the contents. Should a miner miss-identify the chemical and use it inappropriately serious injuries would occur. The solvent had a flammability of 2 and an approved respirator must be used if ventilation is not sufficient and if mists are generated.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			47.41a

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 104a 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 container was labeled

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 P

22. Signature 23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

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

**Section I--Violation Data**

1. Date Mo Da Yr 12 Time (24 Hr. Clock) 00 3. Citation/Order Number 56.4402

4. Served To [REDACTED] (Contractor)

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

The solvent known as Bioact ae-o was being stored in an unapproved safety can. The storage container it was being stored in did not have a spring loaded lid to allow built up vapor release. The chemical in question has a flammability rating of 2 and according to the MSDS published by the manufacturer one must avoid sparks, and open flames with this product. Ventilation required should be mechanical ventilation to control vapors according to the MSDS.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.4402
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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 104a 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 56.4402 F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) 00

**Section III--Termination Action**

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) 00

**Section IV--Automated System Data**

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

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
(Contractor) <input type="checkbox"/>	

8. Condition or Practice

8a. Written Notice (103g)

The 14 inch exhaust fan located in the Quality Control lab which exhausted to the outside of the building within nine inches of the doorway had four inch louvers which opens during operation exposing unguarded fan blades to miners using the stairs to enter or exit the lab. The fan was approximately four feet from the top step to the exposed fan blades, and 5 1/2 feet from the ground. The stairway entering into the lab was also not equipped with handrails increasing the likelihood of occurrence. Should a miner contact the exposed rotating fan blades serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14107a

Section II--Inspector's Evaluation

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

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 <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill P	23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>
22. Signature			

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

United States Department of Labor  
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 Office of Accountability

District  Field Office  Mine ID

Mine Citation/Order

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



Section I—Violation Data

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

8. Condition or Practice

99. Written Notice (103g)

The stairways entering into the Quality Control lab were not equipped with handrails. Each of three separate stairways entering into the Quality Control lab consisted of three steps rising to a height of approximately 2 1/2 feet. The lab is frequented multiple times daily. The steps are subjected to ice, snow, as well as rain. Should a miner slip or trip coming down the stairs due to no handrails to hold onto while descending the stairs serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11002
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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 104a 13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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 Num [REDACTED]
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8. Condition or Practice

8a. Written Notice (103g)

The shaker screen had exposed unguarded six inch pulley wheel and motor drive belt within two inches of a grease point. The shaker screen was plugged into an energized circuit, was not tagged out. The exposed moving machine parts were within four feet from the ground and easily contacted while attempting to grease the fittings. Should a miner contact the moving machine parts serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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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 104a 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 power cable was removed permanently removing the machine from service

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 P	23. AR Number [REDACTED]
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22. Signature

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

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

District  Field Office  Mine ID

Mine Citation/Order

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



Section I—Violation Data

1. Mine Name	2. Time (24 Hr. Clock)	3. Citation/Order Number
██████████	██████████	██████████
		(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The #1 Contracted hauler dump truck parked on the mine site in front of the office was parked unattended on a grade with the park brake set but the wheels were not chocked. Should the parking brake fail while on a grade and not chocked miners struck by the vehicle would suffer serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14101a2

Section II—Inspector's Evaluation

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

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

Section III—Termination Action

17. Action to Terminate The truck was chocked

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

Section IV—Automated System

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

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order  
 Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
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<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	(Contractor)
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Section II--Justification for Action

Change	From	To
9. C. Part/Section	56.14101a2	56.14207
Reason	The wrong standard was entered	

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection <u>E01</u>	10. Event <span style="background-color: black; color: black;">[REDACTED]</span>
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11. Signatures  
[REDACTED]

MSHA/PO

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

District MNM South East Field Office Franklin, TN Mine ID [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

[REDACTED]

(Contractor)

8. Condition or Practice

Ba. Written Notice (103g)

The #2 Contracted hauler dump truck parked on the mine site in front of the office was parked unattended on a grade with the park brake set but the wheels were not chocked. Should the parking brake fail while on a grade and not chocked miners struck by the vehicle would suffer serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14101a2

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 104a 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 truck was chocked

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	23. AR Number
			P	

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

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

District  Field Office  Mine ID

Mine Citation/Order  
 Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
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5. Operator	
[REDACTED]	(Contractor)

Change	From	To
9. C. Part/Section	56.14101a2	56.14207
Reason	The wrong standard was entered	

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection	FOI	10. Event Number
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11. S	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)
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MSHA Form 7000-3a, Mar 89 (revised)

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

District MINM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date [REDACTED] 2. Time [REDACTED] 3. Citation/Order Number [REDACTED]

[REDACTED] (Contractor)

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

The personal vehicle of the production manager was parked on a grade between 4 and 5 percent and had the park brake set but did not have the wheels chocked. The production operator was at the vehicle in a discussion with other personnel concerning abating citations but was not behind the wheel. Should the parking brake fail while on a grade and not chocked miners struck by the vehicle would suffer serious injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 104a    13. Type of Issuance (check one)    Citation     Order    Safeguard    Written Notice

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate    The operator of the vehicle removed the vehicle from the grade and parked the vehicle in the employee parking lot

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

Section IV--Automated System Data

19. Type of Inspection (act) [REDACTED]    20. Event Number [REDACTED]    21. Primary or Mill P    22. Sign [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 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District **MNM South East**

Field Office **Franklin, TN**

Mine ID [REDACTED]

Mine Citation/Order  
 Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
Operator [REDACTED]		Contractor [REDACTED]

Change	From	To
9. C. Part/Section	56.14101a2	56.14207
Reason	The wrong standard was entered	

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Date	[REDACTED]	12. Date	[REDACTED]

MSHA Form 1000-02, Rev. 03/2000

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date Mo Da Yr <span style="background-color: black; color: black;">[REDACTED]</span>	2. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/ Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
4. Subject To <span style="background-color: black; color: black;">[REDACTED]</span>		5. Location <span style="background-color: black; color: black;">[REDACTED]</span>
6. Employer <span style="background-color: black; color: black;">[REDACTED]</span>		7. Contractor <span style="background-color: black; color: black;">[REDACTED]</span>

8. Condition or Practice

8a. Written Notice (103g)

The rubber tire backhoe #869901 was parked on an approximate 4% slope without the park brake set. The backhoe also was not chocked. The backhoe had been in the same location according to management for weeks. Management had received five citations for the very same standard just one day prior. The lead-man is tasked trained on the backhoe and is aware of the requirement to set the park brake and chock the tires when on a grade and left unattended.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		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 <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section III—Termination Action

17. Action to Terminate The park brake was set and the backhoe was chocked

18. Terminated	A. Date <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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Section IV—Automated System Data

19. Type of Inspection (ac)	20. Event Number	21. Primary or Mill P	23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>
22. Sign			

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

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

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

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

Section II—Justification for Action

<b>Change</b>	<b>From</b>	<b>To</b>
9. C. Part/Section	56.14101a2	56.14207
Reason The wrong standard was entered		

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection	E01	10. Event Number	[REDACTED]	11. Date	12. Time	13. Time
[REDACTED]						

MSHA Form 7000-3a, Mar 85 (revised)

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

District MNM South East Field Office Franklin, TN Mine ID [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
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The defects identified on the S185 Bobcat #869901 during the pre-operational inspection were not recorded. The operator conducted a pre-operational inspection and discovered the backup alarm would not sound. He also discovered the headlight on the right side of the machine was not working. The practice followed for this piece of equipment is to conduct the inspection but should defects be found no record is prepared until the end of the day. Should miners not be informed of the defects affecting safety and operate the equipment serious injuries would occur depending on the safety defect.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14100d
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		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)
	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

Section III—Termination Action

17. Action to Terminate A pre-operational inspection was recorded and deficiencies were noted.

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

Section IV—Automated System Data

19. Type of (activity)	21. Primary or Mill
<span style="background-color: black; color: black;">[REDACTED]</span>	P
22. Signature	23. AR Number
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

MSHA Form 7000-3a established a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established an Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				(Contractor) <input type="checkbox"/>

8a. Written Notice (103g)

The electrical utility truck operated by a contractor was left unattended without the park brake set. Should the truck get knocked out of gear while on a grade and strike a miner, serious injuries would occur. The lead-man stated that he was aware of the requirement to apply the park brake but was in a hurry to get the work done and forgot.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14101a2
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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 104a

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	3. Time (24 Hr. Clock)
	[REDACTED]	[REDACTED]	[REDACTED]

Section III--Termination Action

17. Action to Terminate The park brake was set

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

Section IV--Automated System Data

19. Type of Inspection	20. Event Number	21. Primary or Mill
[REDACTED]	[REDACTED]	P
22. [REDACTED]	23. AR Number	[REDACTED]

MSHA provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established an Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District **MNM South East** Field Office **Franklin, TN** Mine ID [REDACTED]

Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
4. Served To <span style="background-color: black; color: black;">[REDACTED]</span>		(Contractor) J981

Section II—Justification for Action

Change	From	To
9. C. Part/Section	56.14101a2	56.14207
Reason	The wrong standard was entered	

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of	Event Number	<span style="background-color: black; color: black;">[REDACTED]</span>
11. Sign	Number	12. Date Mo Da Yr
MSHA For...	<span style="background-color: black; color: black;">[REDACTED]</span>	13. Time (24 Hr. Clock)

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

District MNM South East Field Office Franklin, TN Mine ID [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. Location [REDACTED]		5. Operator [REDACTED]

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The electrical contractor had a nine inch side grinder which operates at 18400 rpms stored in one of the utility truck compartments without a guard installed. The nine inch grinder had a grinding wheel mounted on the grinder and was available for use. Should a miner contact the unguarded grinding disc or have a piece of disc break off and strike the miner or another miner serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR  56.14107a
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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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		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 grinder was removed from the mine site permanently without abating the violative condition. Should the grinder be brought to any mine site without first abating the violative condition it would be an

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 (ac)	Number	21. Primary or Mill P
22. Sig	23. AR Number	

MSHA Form 7000-3, Apr 98 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District **MNM South East**

Field Office **Franklin, TN**

Mine ID [REDACTED]

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action	1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	3. Citation/Order Number
[REDACTED]		[REDACTED]	[REDACTED]
			Contractor) J981

Continuation of 17. Action to Terminate

unwarrantable failure to comply with a mandatory standard.

See Continuation Form

Section III--Subsequent Action Taken

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

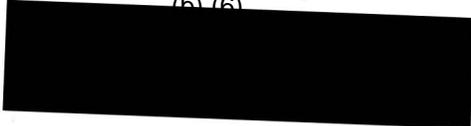
Section IV--Inspection Data

9. Type of Inspection	10. Event Number	11. Citation/Order Number	12. Date	13. Time (24 Hr. Clock)
01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

M

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

District MNM South East Field Office Franklin, TN Mine ID (b) (6)



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		(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

A contractor was observed walking on an icy landing at the top of a set of stairs at the primary crusher complex located in the plant. The ice was approximately ½ an inch thick and covered the 21 foot square walkway of the floor leading to the stairway accessing the crusher control room. The miner was on the icy landing and attempting to cross the ice to the stairway. An oral 107 (a) imminent danger order was issued to Norvall Russell, lead-man at 1550 on this date. Citation No. 8545214 is being issued in conjunction with this order.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected:
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 107a		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action		E. Citation/Order Number	
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		F. Dated Mo Da Yr	

15. Area or Equipment

16. Termination Due	A. Date 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	20. Event Number	21. Primary or Mill P	23. AR Number
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MSHA in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM South East Field Office Franklin, TN Mine ID [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
<span style="background-color: black; color: black;">[REDACTED]</span>			

8. Condition or Practice

8a. Written Notice (103g)

A contractor was observed walking on an icy landing at the top of a set of stairs at the primary crusher complex located in the plant. The ice was approximately 1/2 an inch thick and covered the 21 foot square walkway of the floor leading to the stairway accessing the crusher control room. The miner was on the icy landing and attempting to cross the ice to the stairway. Another miner had been directed to cross the ice by the lead-man on more than one occasion and the lead man had crossed the ice himself on more than one occasion. Should the lead-man slip on the ice and fall down the metal stairway or onto the ice serious injuries would occur. The lead-man engaged in an aggravated conduct constituting more than ordinary negligence. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	D. Citation/Order Number
				56.11016

Section II—Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input checked="" type="checkbox"/> Occurred <input type="checkbox"/>			
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>			
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input checked="" type="checkbox"/>
12. Type of Action	104d1	13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

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

Section III—Termination Action

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

Section IV—Automated System Data

19. Type (a)	20. Mine Number	21. Primary or Mill
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	P
22. SA	23. AR Number	
<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	

MSHA established with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 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.

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 Mine Safety and Health Administration  
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District  Field Office  Mine ID

Mine Citation/Order  
 Continuation

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



Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) <input checked="" type="checkbox"/>	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]

Continuation of 8. Condition or Practice

This violation is issued in conjunction with imminent danger order number [REDACTED] therefore no abatement time was set.

See Continuation Form

Section III-Subsequent Action Taken

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

Section IV-Inspection Data

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. [REDACTED]	12. Date	[REDACTED]	13. Time (24 Hr. Clock)
	[REDACTED]	[REDACTED]	[REDACTED]

MSHA Form 7000-3a, Mar 85 (revised)

United States Department of Labor  
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 Office of Accountability

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

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

The contractor failed to conduct a proper workplace examination before conducting work in the vicinity of the primary crusher located in the plant area of the mine. The area travel way was coated with 1/2 inch of ice and was repeatedly crossed by the miners while performing work. No workplace examination was conducted or recorded. The contractor did not initiate any action to correct the hazardous conditions in the workplace before commencing work in the area.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.18002a
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Section II—Inspector's Evaluation

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

18. Termination Due	A. Date [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III—Termination Action

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

Section IV—Automated System Data

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

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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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Section I--Violation Data

[REDACTED]		3. Citation/ Order Number	[REDACTED]
[REDACTED]		(Contractor)	

9. Description of Violation

9a. Written Notice (103g)

The quarry walls along the entry road into the mid-level area of the quarry and the ramp from the mid-level area of the quarry down to the bottom of the pit had fractured loose material on the face of the high wall that created a hazard to persons traveling past the area multiple times a day to check water levels at the lower pump location in the pit. The walls in these areas ranged in height from approximately 85 feet on the mid-level down to approximately 20 feet along the ramp into the pit. Rock had begun falling due to seasonal freeze and thaw weathering and was seen beyond the barricade which had been erected along the entire highwall. Due to the freeze and thaw weathering on the fractured wall the likelihood of rocks continuing to fall is very likely. The barricade as it is situated is not effective in controlling the falling rock evidenced by numerous rocks some

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

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.3200
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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    104a

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
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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. [REDACTED]	21. Primary or Mill P
22. [REDACTED]	23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District MNM South East Field Office Franklin, TN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order  
 Continuation

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 Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation ✓	2. Dated (Original Issue) [REDACTED]	Yr. [REDACTED]	3. Citation/Order Number [REDACTED]
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4. Served To  
 [REDACTED] (Contractor)

Section II--Justification for Action

Continuation of 8. Condition or Practice

measuring 4 inches across being found in the center of the approximate 30 foot wide roadway. Should the rock strike the windshield of the utility truck as it travels past these areas with loose falling rock and hit the miner inside serious injuries would occur.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	C. Vacated	D. Terminated	E. Modified
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Section IV--Inspection Data

9. Type of Inspection (01)	10. Event Number
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11. [REDACTED]	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)
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MSHA Form 7000-3a, Mar 85 (revised)

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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order  
 Continuation

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

1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Citation/ Order Number	(Contractor)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Section II--Justification for Action

The extension was given to allow the operator time to obtain the required equipment and conduct the needed scaling. The walls with the loose has been barricaded and will remain barricaded in such a manner so as to keep miners from being exposed to the loose material until it is removed.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date <span style="background-color: black; color: black;">[REDACTED]</span> Yr <span style="background-color: black; color: black;">[REDACTED]</span>	B. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	C. Vacated	D. Terminated	E. Modified
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Section IV--Inspection Data

9. Type of Inspection <span style="background-color: black; color: black;">[REDACTED]</span>	10. Event Number <span style="background-color: black; color: black;">[REDACTED]</span> 0946446	AR Number <span style="background-color: black; color: black;">[REDACTED]</span>	12. Date <span style="background-color: black; color: black;">[REDACTED]</span>	13. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>
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United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr <span style="background-color: black; color: black;">[REDACTED]</span>	2. Time (24 Hr. Clock) <span style="background-color: black; color: black;">[REDACTED]</span>	3. Citation/ Order Number <span style="background-color: black; color: black;">[REDACTED]</span>
5. Operator <span style="background-color: black; color: black;">[REDACTED]</span>		
7. Mine ID <span style="background-color: black; color: black;">[REDACTED]</span>		(Contractor)

8a. Written Notice (103g)

Michael Lawrence an employee of Portland Collision Center had not received the required Site specific training before conducting work on the mine site. The service worker was not accompanied by a trained miner. The operator is hereby ordered to withdraw Michael Lawrence from the mine until he has received the required training. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	46.11a
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <input checked="" type="checkbox"/> 104g		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				F. Dated Mo Da Yr

15. Area or Equipment [REDACTED]

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 [REDACTED] received the required Site Specific training

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 <span style="background-color: black; color: black;">[REDACTED]</span> F:01	20. Event Number <span style="background-color: black; color: black;">[REDACTED]</span>	21. Primary or Mill P	23. AR Number <span style="background-color: black; color: black;">[REDACTED]</span>
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District MNM South East Field Office Franklin, TN Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor  
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Section I--Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. Served To	[REDACTED]		
8. Condition or Practice			Ba. Written Notice (103g)

The roadway entrance to the mining property maintained by the mine operator had areas along the sides of the roadway with drop-offs sufficient to cause vehicles using the roadway should they over-travel the roadway to overturn. There are multiple trucks and vehicles using the roadway daily and there have been periods lately of snow and freezing conditions which would cause the roadway to become more hazardous. Should a vehicle over-travel the roadway in one of the areas where the drop-offs are located and overturn serious injuries would occur.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.9300a
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Section II--Inspector's Evaluation

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

Section IV--Automated System Data

19. Type of (ins) (activity code)	[REDACTED]	21. Primary or Mill P
22. Signature	[REDACTED]	23. AR Number

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

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Field Office Franklin, TN

Mine ID



]

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District South East Field Office Franklin, TN Mine ID [REDACTED]

Citations with questionable evaluations

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
<span style="background-color: black; color: black;">[REDACTED]</span>			104(a) Citation	56.20003(a)	N	UL	LD	1	Mod

The area around the under crusher tail piece was littered with mud two ladders screens and come along. The area was about 4 feet wide and 6 feet long. This area would be used to clean or service the under crusher conveyor. This condition created slip, trip, and fall hazards to employees.

*Comment – The narrative indicates that a higher gravity, likelihood and negligence could be justified. Information should include exposure and managements mitigation to support the evaluations selected.*

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
<span style="background-color: black; color: black;">[REDACTED]</span>			104(a) Citation	56.12008	N	UL	Fatal	1	Mod

The 220 volt energized power cable at the 5 and 1/2 inch cone had about 6 inches of inner conductor exposed as it entered the junction box. The cable was powering the lights and heater at the cone crusher. This condition created a shock/ burn hazard to employees.

*Comment – The narrative does not appear to provide enough detail to support the Non S&S evaluation. The citation/documentation notes for this violation indicate this condition was covered in mud which may have made it difficult to determine the actual condition of the power cable.*

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
<span style="background-color: black; color: black;">[REDACTED]</span>			104(a) Citation	56.9300(a)	Y	R	PD	1	Mod

THE UPPER PORTION OF THE ROADWAY DOWN TO THE PIT HAD AN AREA ABOUT 120 YARDS IN LENGTH WHICH HAD NO BERM TO PREVENT THE TRUCKS OR FRONT END LOADER FROM RUNNING OFF THE ROADWAY AND OVERTURNING OR STRIKING THE HIGH WALL. THIS AREA EXISTED JUST AFTER A CURVE IN THE ROADWAY WHICH INCREASED THE HAZARD. THE EUCLID R-50 HAUL TRUCKS SEVERAL TRIPS EACH DAY ON THIS ROADWAY. THIS CONDITION CREATED A OVERTURN OR COLLISION INTO THE HIGHWALL HAZARD TO EMPLOYEES.

*Comments – The narrative does not provide enough detail to determine what the actual hazard was in relation to the violation issued. The citation/documentation notes do describe a three foot ditch along the road way between the road and highwall. This information could be used on the citation to support this violation. The evaluation on negligence appears that it could have been marked higher due to the obvious and extensive nature of this condition. The last statement (highlighted) appears to be unnecessary in this narrative. Examinations records could be useful to determine negligence as well.*

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Citations with questionable evaluations (Cont.)

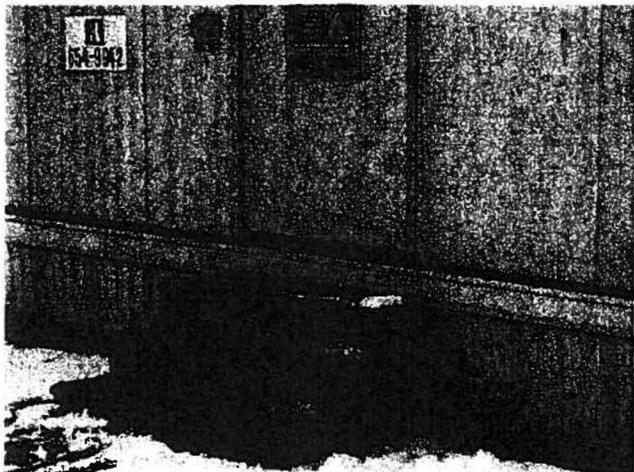
Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.14107(a)	Y	R	Fatal	1	Mod
<p>The head pulley, tail pulley, and the keyed shaft and bolted coupling on the speed reducer on the tunnel conveyor was not guarded. Adjacent to this the self cleaning tail pulley on the crusher run conveyor was not adequately guarded. All this was with seven feet of an area guard that was easily removed. The area is accessed for general maintenance and to grease. There is a grease line about two foot inside the area guard. This condition creates a hazard to employees of coming in contact with moving machine parts.</p> <p><i>Comments - The narrative describes two separate pieces of equipment cited in this one citation.</i></p>									

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.5001(a) 1.5005	Y	R	PD	1	Mod
<p>The plant utility man was exposed to a shift weighted average of 1.419 mg/m<sup>3</sup> quartz silica bearing dust on 09/03/2009. This exceeded the Threshold Limit Value (TLV) of 0.97mg/m<sup>3</sup> times the air factor of (1.20 for respirable free silica dust sampling analysis) Respiratory protection was not being used and a respiratory protection program meeting the requirements of ANSI-Z88.2-1969 was not in place. The original abatement date is for the institution of a Respiratory Protection Program. When a respiratory Protection Plan that meets the minimum requirements of ANSIZ88.2-1969 is in place the abatement date will be extended to allow the mine operator to install additional and repair existing engineering control.</p> <p><i>Comments - The narrative appears to need more detail concerning mine management mitigation to support the evaluation selected for negligence. This violation also had a termination time that was the same as the original issue time. This citation was not extended or terminated according to policy.</i></p>									

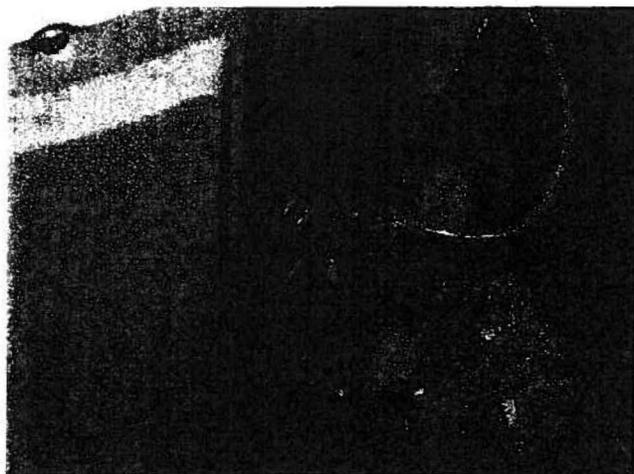
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Photos



Hand rails not provided on stair entrances, two additional entrance's to this trailer were the same - Citation



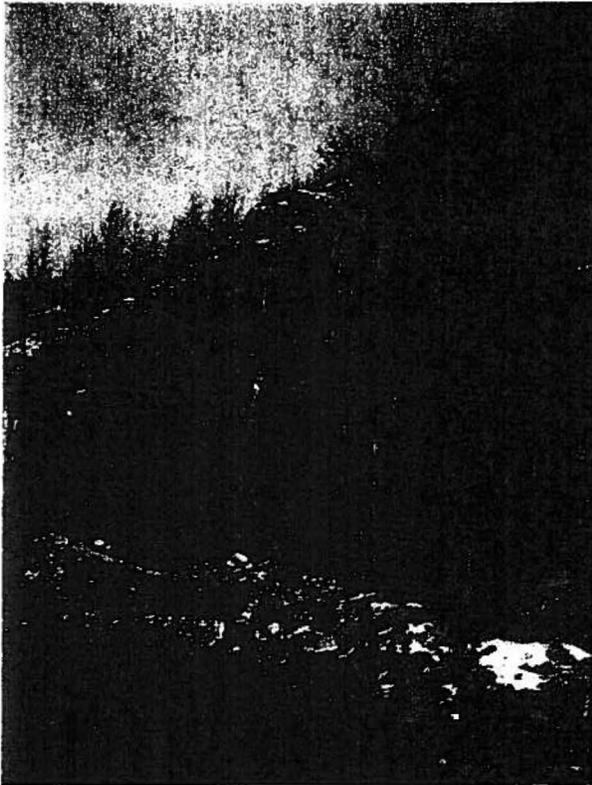
Electrical cable not properly bushed, exposed inner conductors - Citation

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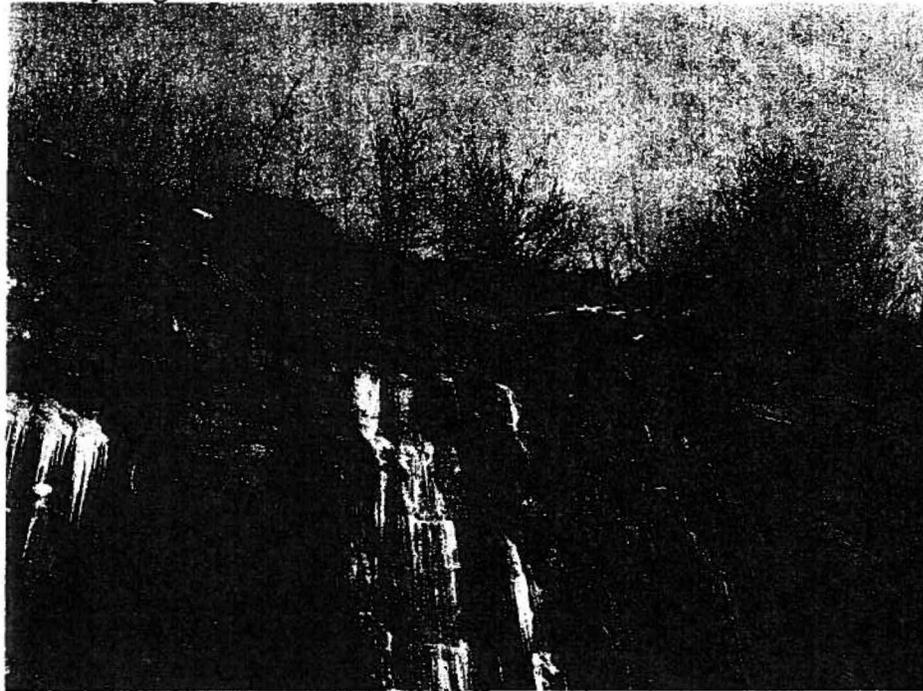
District

Field Office

Mine ID



Quarry Highwalls



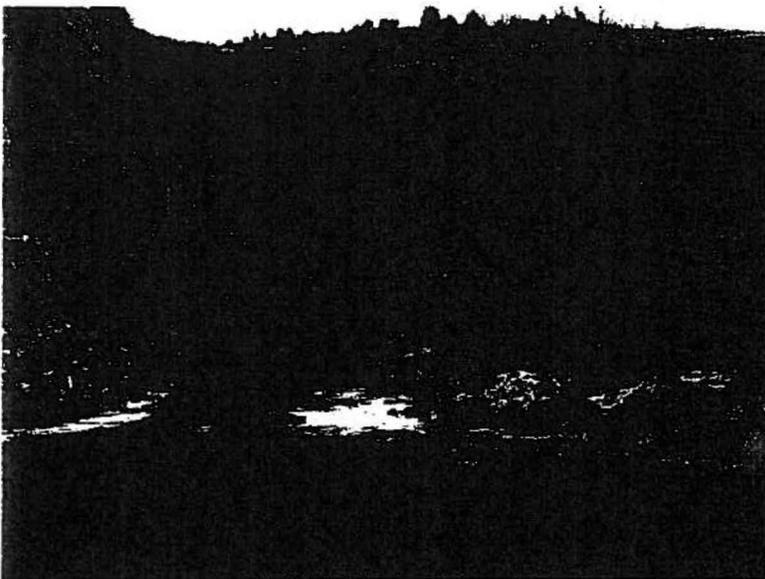
Additional views of quarry highwalls

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Rocks observed on travel way which had fallen from the highwall, view includes observations of access to lower pit area and a bench area that is bermed off.



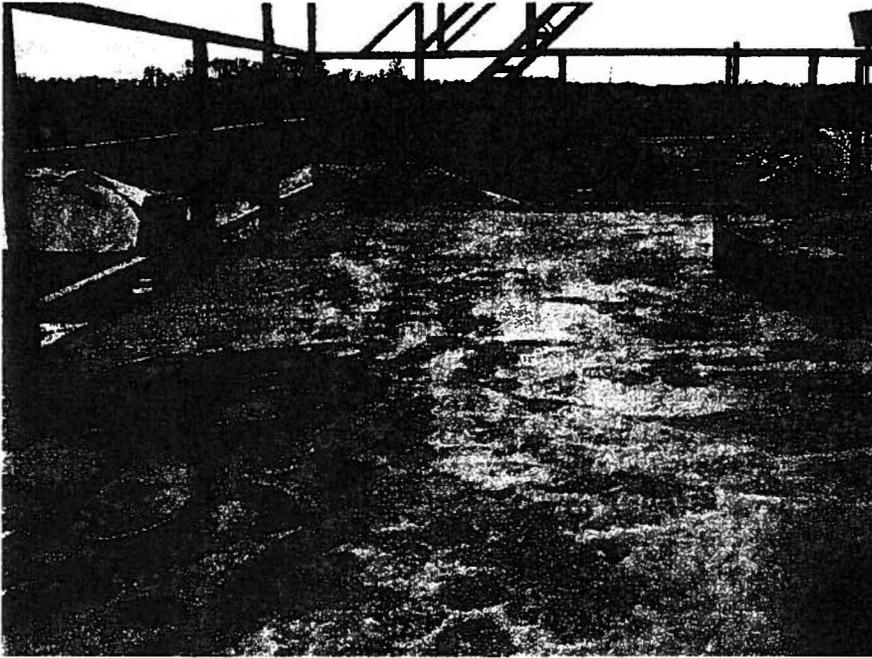
Pit dewatering pump and access.

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District

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Ice covered decking (1/2 inch depth) were 107(a) imminent danger order issued. (Picture taken from lower stair access)

was



Shoulder along main road entering the mine with no berming or guard rails.