

December 07, 2009

MEMORANDUM FOR: MICHAEL A. DAVIS  
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Mine Safety and Health Administration

FROM: PETER J. MONTALI  
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SUBJECT: MSHA Office of Accountability Audit, Coal District 5,  
Vansant, Virginia Field Office [REDACTED]  
and (b) [REDACTED]

**Introduction:**

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

**Overview:**

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

- Areas of the underground mine examined during this audit were the active mmu (001), main and section track haulage, T6, T7 and T8 belt drives and beltlines, working section faces, section refuge chamber, haulageways and travelways.
- Areas of the surface facility examined during this audit were the load-out, dump, belts, haul roads, equipment, scale, scale house, fuel storage, supply trailers, office, plans, postings, training records, and contractor records.

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

1. Interviews with field office supervisors indicates a general knowledge of positive enforcement procedures, policies, and evaluation of conditions.
2. Personnel at the field displayed a professional attitude and appearance.
3. Records requested were quickly provided and were maintained up to date.

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

1. There appear to be issues regarding recognizing and addressing hazards/violations. *(Three belt drive units {t6, t7, & t8} were not provided adequate sprinkler system and were not cited when previously inspected)*  
Safeguards were not previously issued issues such as;
  - a. Lack clearance along track haulage at a number of locations
  - b. Reflectors on track equipment not provided
  - c. Abrupt changes in overhead clearance not identified and marked
2. Citations issued for violations are not always properly evaluated regarding gravity, negligence and type of action. { See Attachment B - Citation #'s [REDACTED]  
[REDACTED] See Attachment C
3. The proper level of enforcement is not always being utilized.
  - a. See Attachment B - Citation #'s [REDACTED]
  - b. See Attachment C
4. Interviews with [REDACTED] did not express overall understanding for levels of negligence.
5. FARs and AAs are not adequately documented and do not always contain sufficient constructive comments to help inspection personnel improve.
6. IPAL utilized was version 3.0.5 by some of the enforcement personnel but the current version is 3.0.7. *All laptops shall be checked to ensure proper version of IPAL is being utilized.*
7. Repeat violations of the same standard are not being considered when evaluating negligence. *(75.400 standard was issued 42 times at the Mine No. 36 with no elevation of negligence){see Darby Internal Review pp 41 example 1 & 2}*
8. Condition or practice should not include statements such as "no methane present", "no one in the area". "No ignition source present" {see Darby Internal Review pp 41}. Statements that support the issuances should be included such as " this mine exhausts 5.3 million cubic feet of methane in a 24 hr period", "this standard has been issued 42 times in the last 2 years" should be used in the body of the citations.
9. Hazards should be included in the condition or practice on form 7000-3 and generally found not to be included during this review. [See Attachment C]

10. Evaluations are not being used regarding continuing operations. Generally evaluated as the condition is at the time of the citation. (Darby internal review pp 40-41)

**S&S Rate Comparison:**

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

S&S Rate Comparison			
Fiscal Year	Vansant, VA Field Office	Coal District 5	National Average
2008	31%	32%	35%
2009	29%	27%	34%

**Time and Activity Comparison:**

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

Surface Facilities - E01 Inspections						
	Travel	Other	Total On-Site	Citation Writing On-Site	Citation Writing Off-Site	Total Percent
% of Total	12.1	19.7	*68.0	6.9	<1	100.0

\*Total On-Site Time includes citation writing on-site

Surface Mines - E01 Inspections						
	Travel	Other	Total On-Site	Citation Writing On-Site	Citation Writing Off-Site	Total Percent
% of Total	18.8	16.5	*64.6	5.9	<1	100.0

Underground Mines - E01 Inspections								
	Travel	Other	MMU	Outby	Surface	Citation Writing On-Site	Citation Writing Off-Site	Total Percent
% of Total	12.8	19.8	20.4	23.0	17.8	5.8	<1	100.0

**Audit Results:**

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

**Attachments:**

A. OA Checklist with comments, recommendations and references

B. Citations issued during this audit

Underground

- |     |            |              |
|-----|------------|--------------|
| 1.  | [REDACTED] | 316(b)       |
| 2.  | [REDACTED] | 75.1100-2(b) |
| 3.  | [REDACTED] | 75.1731(b)   |
| 4.  | [REDACTED] | 75.1731(b)   |
| 5.  | [REDACTED] | 75.1101-8(c) |
| 6.  | [REDACTED] | 75.1101-8(c) |
| 7.  | [REDACTED] | 75.1103-9(d) |
| 8.  | [REDACTED] | 75.1103-9(d) |
| 9.  | [REDACTED] | 75.1101-8(c) |
| 10. | [REDACTED] | 75.807       |
| 11. | [REDACTED] | 75.512       |
| 12. | [REDACTED] | 75.400       |
| 13. | [REDACTED] | 75.512       |
| 14. | [REDACTED] | 75.514       |
| 15. | [REDACTED] | 75.517       |
| 16. | [REDACTED] | 75.1719-4(b) |
| 17. | [REDACTED] | 75.1719-4(b) |
| 18. | [REDACTED] | 75.400       |
| 19. | [REDACTED] | 75.360(b)    |

Surface Facility

- |     |            |            |
|-----|------------|------------|
| 1.  | [REDACTED] | 77.1607(n) |
| 2.  | [REDACTED] | 77.1607(n) |
| 3.  | [REDACTED] | 77.205(a)  |
| 4.  | [REDACTED] | 77.1110    |
| 5.  | [REDACTED] | 77.205(e)  |
| 6.  | [REDACTED] | 77.205(a)  |
| 7.  | [REDACTED] | 77.700     |
| 8.  | [REDACTED] | 77.208(e)  |
| 9.  | [REDACTED] | 77.513     |
| 10. | [REDACTED] | 77.1110    |
| 11. | [REDACTED] | 77.1102    |

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



District  Field Office  Mine ID  Date

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

Adequate  Inadequate  Not Applicable  Comments Below

A review of the prior inspection reports indicate improper determination of negligence, gravity, and type of action on a number of citations issued [See Attachment C]

2. Determine if supervisors address report deficiencies immediately

Adequate  Inadequate  Not Applicable  Comments Below

The deficiencies highlighted on the citation listing in Attachment C have that been reviewed by the supervisor were not addressed or corrected.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Nine of the eleven FARs reviewed during this audit did not have any positive or negative comments to indicate inspector strengths and/or weaknesses.

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

District  Field Office  Mine ID  Date

Adequate  Inadequate  Not Applicable  Comments Below

Performance-based issues are not being immediately addressed, as evidenced by inaccurate evaluations of gravity and/or negligence during accompanied inspections.

6. Evaluate the quality of Accompanied Inspections

Adequate  Inadequate  Not Applicable  Comments Below

See #4 & 5 above.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

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

Adequate  Inadequate  Not Applicable  Comments Below

[see 4 & 5 above and attachment C]

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID  Date

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

*See Attachment C*

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

Adequate  Inadequate  Not Applicable  Comments Below

Time expended in the "other" category remains above the national average.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

*As shown in Item No. 37, No. 79, and Attachment C.*

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

Adequate  Inadequate  Not Applicable  Comments Below

Enforcement levels at the reviewed field office were below the national average for S&S and elevated enforcement levels.

*Following the Audit, the District Manager initiated a training program for all district and field personnel to ensure hazards are properly identified, evaluated and at the proper enforcement level.*

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

ACRI review was not conducted at time of this audit.

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

Adequate  Inadequate  Not Applicable  Comments Below

Review of the Peer Reviews were not conducted at the time of this audit.

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

The audit team traveled to the 001 mmu at Mine No 36 along the track haulage and T-6 - T-8 beltlines. Numerous citations were issued for hazards that have been permitted to exist for some time. Areas have been inspected and hazards not corrected. In addition, safeguards were issued for hazards that also existed for long periods of time. {see Attachment B cit #

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

Adequate  Inadequate  Not Applicable  Comments Below

Notes need to be more specific and include all information to justify actions taken.

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

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID  Date

32.	Determine if the SCSR inventory database has been implemented to track inspections of SCSRs					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

33.	Determine if areas deemed "too wet" for rock dust surveys are re-visited and sampled					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below

34.	Determine if all mine record books, postings, and other required materials are examined during the inspection					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Record books are being examined but more detailed examinations are necessary to ensure compliance. {See attachment B-(b) (6) }						

35.	Determine if all provisions of the MINER Act are evaluated during the inspection					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below <input checked="" type="checkbox"/>
Inspection was ongoing therefore it was not determined if all provisions were evaluated during this audit.						

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

*See Items No. 19, No. 79, and Attachment B & C.*

*Following the audit, the district manager took a proactive approach by initiated a training program to ensure that proper determination of gravity, negligence, number of persons affected and level of enforcement was being used throughout the district.*

38. Accompany and evaluate inspector's imminent danger run

Adequate  Inadequate  Not Applicable  Comments Below

Inspector traveled each working place, measured air quantity and quality, and mining processes.

39. Check adequacy of preshift/onshift examinations

Adequate  Inadequate  Not Applicable  Comments Below

Enforcement personnel appropriately issued citations issued for the mine operator's failure to conduct adequate examinations.

*See attachment B - cit #*

District  Field Office  Mine ID  Date

40. Evaluate inspector's observation of roof conditions. Is a copy of the currently approved roof control plan maintained on the section?

Adequate  Inadequate  Not Applicable  Comments Below

41. Evaluate operator's workplace examinations

Adequate  Inadequate  Not Applicable  Comments Below

Enforcement personnel identified deficiencies in the operator's workplace exams and properly issued appropriate citations.

See Attachment B - Cit #'s [REDACTED]

42. Evaluate conditions on working section and observe work cycle

Adequate  Inadequate  Not Applicable  Comments Below

Section was not operating during the shift the audit was conducted. Inspector evaluated the conditions during inspection.

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

Adequate  Inadequate  Not Applicable  Comments Below

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44.	Determine adequacy of Emergency Response Plan training (interview miners)						
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below	X
Section idle - non producing at the time of the audit.							

45.	Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training?						
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below	

46.	Evaluate Self-Contained, Self-Rescuer condition, storage, signage						
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below	

47.	Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training						
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below	
Did not evaluate during the audit - audit team traveled on a off shift.							

District  Field Office  Mine ID  Date

48. Examine electrical cables on several pieces of equipment

Adequate  Inadequate  Not Applicable  Comments Below

49. Evaluate several pieces of equipment for permissibility

Adequate  Inadequate  Not Applicable  Comments Below

Section was idle - equipment checked previously by the resident inspector.

50. Examine lifelines, manddoors, and related signage

Adequate  Inadequate  Not Applicable  Comments Below

51. Examine escapeway map for compliance with regulations

Adequate  Inadequate  Not Applicable  Comments Below

Audit team did not have the opportunity to review the escapeway map due to the one day audit.

District  Field Office  Mine ID  Date

52. Evaluate integrity of primary and alternate escapeways  
Adequate  Inadequate  Not Applicable  Comments Below

Well marked

53. Evaluate integrity of return side stopping line  
Adequate  Inadequate  Not Applicable  Comments Below

54. Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries  
Adequate  Inadequate  Not Applicable  Comments Below

See Attachment B - Cit#'s

55. Evaluate conveyor belt isolation from other air courses  
Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID  Date

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

Adequate  Inadequate  Not Applicable  Comments Below

See Attachment B -

57. Observe and evaluate fire detection methods

Adequate  Inadequate  Not Applicable  Comments Below

58. Evaluate cleanup of accumulations and application of rock dust

Adequate  Inadequate  Not Applicable  Comments Below

See Attachment B -

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

Adequate  Inadequate  Not Applicable  Comments Below

See Attachment B - Cit #'s

District  Field Office  Mine ID  Date

60.	Determine if all required record books are adequately completed and in compliance with applicable standards					
Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Review of the record books revealed examinations of the refuge chambers were not being entered each shift in the appropriate record book and adequate on-shift examinations were not being conducted. {See Attachment B - cit # <input type="text" value=""/>						

61.	Examine mine map for accuracy of workings and escapeway locations					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
Audit team did not have an opportunity to review on a one shift inspection.						

62.	Examine mine bulletin board and evaluate adequacy of all required postings					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

63.	Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
Audit team did not have an opportunity to review on a one shift inspection						

64.	Determine if approved plans address and are compatible with mining conditions and equipment					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Audit team did not have the opportunity to evaluate one set of seals due to the one day audit visit.

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

Adequate  Inadequate  Not Applicable  Comments Below

74. Evaluate approved ventilation plan after in-mine visit

Adequate  Inadequate  Not Applicable  Comments Below X

Audit team did not have the opportunity to evaluate the ventilation due to the one day audit visit.

District  Field Office  Mine ID  Date

75. Evaluate approved training plan after discussion with miners

Adequate  Inadequate  Not Applicable  Comments Below

At surface operation

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

Adequate  Inadequate  Not Applicable  Comments Below

See Attachment C

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

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

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80.	Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
<hr/>						

81.	Determine if all plans and documents in the Uniform Mine File are legible, and up to date					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
<hr/>						

84.	Determine if approved plans are being properly implemented and continue to be revised/adequate as conditions in the mine change					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
<hr/>						
Not Evaluated						

85.	Determine if miners are adequately trained in the provisions of any new plan prior to its implementation					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
<hr/>						
Not evaluated on the one shift audit.						

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92.	Determine if a copy of the most recent plan is provided for inclusion in the Uniform Mine File					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

99.	Determine if the uniform mine file is reviewed for information related to plan adequacy					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

102.	Determine if input is solicited from field office inspectors/supervisors, and recommendations are addressed prior to approval					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
Cannot be determined						

111.	Determine if plans contain required safety precautions for operating remote controlled equipment					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below
Plans appear to be adequate but section was idle and mine cycle could not be observed.						

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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District Coal District 5 Field Office Vansant, VA Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I-Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

A record of a pre shift examination was not recorded for the safe haven located on the 001 mmu on 8/25/09, day shift.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act 316(b)	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 checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		D. Number of Persons Affected: 006	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action 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 [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III-Termination Action

17. Action to Terminate An examination has now been recorded for later dates with no hazards recorded for the safe haven.

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

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

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

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

District Coal District 5 Field Office Vansant, VA Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Data

1. Date <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>
		(Contractor) Ba. Written Notice (103g) <input type="checkbox"/>

The distance between fire outlets on the T2 belt exceeded 300 feet. A fire outlet was present at cross cut T2-26 and the next outlet was at cross cut T2-34, a distance of 560 feet.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-2(b)
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 002
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action <u>104(a)</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action 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>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) <u>501</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Mill
22. Signature <u>(b) (6)</u>		23. AR Number <u>(b) (6)</u>

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Office of Accountability

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Section I-Violation Date

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]
		(Contractor)
8a. Written Notice (103g)		

Two bottom rollers provided for the #1 belt were damaged, creating a fire hazard. The rollers were located between cross cuts 2 to 3, and 10 to 11. The bottom rollers were broke in the middle of the roller barrel.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1731(b)
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Section II-Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 004	
11. Negligence (check one): A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <input type="checkbox"/> 04(a)		13. Type of Issuance (check one): Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action: A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
F. Dated Mo Da Yr				

15. Area or Equipment

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

Section III-Termination Action

17. Action to Terminate The rollers have now been removed from the belt.

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

Section IV-Automated System

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	[REDACTED]	[REDACTED]
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 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 Coal District 5 Field Office Vansant, VA Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I-Violation Data

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

B. Condition or Practice

(Contractor)   
 or Written Notice (103g)

A bottom roller provided for the #5 belt had the barrel broke in the middle creating a fire hazard. This roller was located between cross cuts 181 and 182.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health  Safety  Other  B. Section of Act C. Part/Section of Title 30 CFR 75.1731(b)

Section II-Inspector's Evaluation

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

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

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

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

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

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

15. Area or Equipment

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

Section III-Termination Action

17. Action to Terminate The roller has now been removed from the belt.

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

Section IV-Automated System Data

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

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 499 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 **Coal District 5** Field Office **Vansant, VA** Mine ID **(b) (6)** Date **(b) (6)**

Mine Citation/Order

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

Section I--Violation		3. Citation/Order Number <b>(b) (6)</b>	
1. Date <b>(b) (6)</b>	2. <b>(b) (6)</b>	4. <b>(b) (6)</b>	5. <b>(b) (6)</b>
6. <b>(b) (6)</b>		7. <b>(b) (6)</b>	
8. <b>(b) (6)</b>		9. <b>(b) (6)</b>	

The fire suppression discharge provided for the T6 belt drive was not covering the bottom of the top belt. The spray on the inby end of the branch line was angled down, allowing it to spray only on the top of the bottom belt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1101-8(c)
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Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 002

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

12. Type of Action **104(a)**

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

14. Initial Action

A. Citation  B. Order  C. Safeguard  D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

16. Area or Equipment

16. Termination Due	A. Date <b>(b) (6)</b>	B. Time (24 Hr. Clock) <b>(b) (6)</b>
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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 Insp (activity code) <b>01</b>	20. Event Number <b>(b) (6)</b>	21. Primary or Mill <b>(b) (6)</b>
22. Signature <b>(b) (6)</b>	23. AR Number <b>(b) (6)</b>	

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Section I-Violation Data

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

(Contractor)

8a. Written Notice (103g)

The fire suppression discharge provided for the T7 belt drive was not covering the bottom of the top belt. The spray on the inby end of the branch line was angled down, allowing it to spray only on the top of the bottom belt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1101-8(c)

Section II-Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	<input type="text" value=""/>	<input type="text" value=""/>

Section III-Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	<input type="text" value=""/>	<input type="text" value=""/>

Section IV-Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	<input type="text" value=""/>	<input type="text" value=""/>
22. Signature	23. AR Number	
<input type="text" value=""/>	<input type="text" value=""/>	

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Section I--Violation Data

1. Date <input type="text" value=""/>	Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/Order Number <input type="text" value=""/>
		(Contractor) <input type="checkbox"/>

8. Condition or Practice

8a. Written Notice (103g)

The fire suppression system provided for the T7 belt drive did not include the discharge head.

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	75.1103-9(d)
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Section II--Inspector's Evaluation

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

15. Area or Equipment

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

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Section I--Violation Data

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

(Contractor)

3. Condition or Practice

8a. Written Notice (103g)

The fire suppression system provided for the T8 belt drive did not include the discharge head.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1103-9(d)

Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date	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)

Section IV--Automated System Data

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

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Section I--Violation Data

1. Date <input type="text" value=""/>	Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/Order Number <input type="text" value=""/>
8. Condition of Practice		8a. Written Notice (103g) <input type="checkbox"/>

The fire suppression sprays provided for the T8 drive were not installed to protect the bottom of the top belt. The sprays were angled down, allowing them to only spray on the top of the bottom belt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1101-8(c)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
22. Signature <input type="text" value=""/>	23. AR Number <input type="text" value=""/>	

MSHA Form 7000-3, Apr 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order

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Section I--Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The 13,200 volt power cable was not protected from damage where it passes through the T6-1 stopping from the belt entry to the intake entry.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.807

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 001

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

12. Type of Action  104(a)

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

14. Initial Action

A. Citation  B. Order  C. Safeguard  D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

MSHA Form 7000-3, 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 Coal District 5 Field Office Vansant, VA Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The plug provided for the Mac 8 charger located at the T7 drive was not being maintained in safe condition. The cable was restrained where it enters the back of the plug, allow strain on the 480 volt AC conductors. The conductors could be seen through the opening in the plug. This charger is used on a regular basis to charge the section mantrip. A person will receive serious injury when contacting the energized conductors. The charger was removed from service.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.512
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Section II--Inspector's Evaluation

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

15. Area or Equipment

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

17. Action to Terminate

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

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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 Coal District 5 Field Office Vansant, VA Mine ID (b)(6) Date (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 ( )
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8. Condition or Practice

8a. Written Notice (103g)

Accumulations of combustible material in the form of loose coal and coal float dust were present under the T6 belt starting at the back of the drive and extending in by to the tail piece, a distance of 560 feet. The accumulations ranged in depth from 1 inch to 12 inches and were 60 inches wide.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 002

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

12. Type of Action {04(a)}

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

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice

E. Citation/ Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. (b)(6)	B. Time (24 Hr. Clock)	(b)(6)
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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)	20. Event Number	21. Primary or Mill
(b)(6)	(b)(6)	(b)(6)
22. Signature	23. AR Number	
(b)(6)	(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 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  Field Office  Mine ID  Date

Mine Citation/Order

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



Section I-Violation	<input type="text" value=""/>	3. Citation/Order Number	<input type="text" value=""/>
1. Date	<input type="text" value=""/>		

9. Condition or Practice

8a. Written Notice (103g)

The cable provided for the lights along the walk way at T8 drive was not adequately insulated. The 120 volt AC cable provided for the lights had uninsulated conductors exposed. This area is traveled by miners each working shift. A person will receive serious injury from electrical shock when they contact the energized conductor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.512
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Section II-Inspector's Evaluation

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

15. Termination Due	A. <input type="text" value=""/> Yr	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III-Termination Action

17. Action to Terminate The cable has now been adequately insulated to prevent contact by persons.

18. Terminated	A. <input type="text" value=""/> Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV-Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	<input type="text" value=""/>	21. Primary or Mill	<input type="text" value=""/>
22. Signature	<input type="text" value=""/>	23. AR Number	<input type="text" value=""/>		

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 Coal District 5 Field Office Vansant, VA Mine ID (b) (6) Date (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)

(Contractor)

8a. Written Notice (103g)

The permanent splice provided for the light cable located at the T8 drive was not made with suitable connectors. The conductors had been twisted together with no mechanical connection.

See Continuation Form (MSHA Form 7000-3e)

9. Violation

A. Health Safety <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.514
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

18. Termination Due

A. Date <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section III--Termination Action

17. Action to Terminate The cable has now been repaired and adequately insulated.

18. Terminated

A. Date <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section IV--Automated System Data

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

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

MSHA Form 7000-3e (Rev. 10-2003) 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  Date

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]
A. Condition or Practice		Ba. Written Notice (103g)

The bulb was missing from a light at the T6 drive along the walkway. This condition exposes the 120 volt uninsulated conductor that supplies power to the light. Miners work in this area each shift cleaning and servicing the belt drive. When a person contacts the energized conductor they will receive serious injury from electrical shock.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 104(a)

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate A bulb has now been placed in the light, and the energized components are no longer exposed.

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number [REDACTED]

21. Primary or Mill

22. Signature [REDACTED]

23. AR Number [REDACTED]

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

Mine Citation/Order

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



Section I--Violation Data

1. Date	<input type="text" value="[REDACTED]"/>	3. Citation/ Order Number	<input type="text" value="[REDACTED]"/>
			(Contractor)

5. CHARACTER OF VIOLATION

8a. Written Notice (103g)

The man bus (Co. #10) did not have reflective red material on either end of the machine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1719-4(b)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 006	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action: 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action 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. <input type="text" value="[REDACTED]"/> Yr	B. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	<input type="text" value="E01"/>	20. Event Number	<input type="text" value="[REDACTED]"/>	21. Primary or Mill	<input type="text" value="[REDACTED]"/>
22. Signature	<input type="text" value="[REDACTED]"/>	23. AR Number	<input type="text" value="[REDACTED]"/>		

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

District  Field Office  Mine ID  Date

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

Section I - Violation Data

1. Date		3. Citation/Order Number

(Contractor)

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

The man bus (3 man jitney) did not have reflective red material on either end of the machine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1719-4(b)

Section II - Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 006

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

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

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

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate

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

Section IV - Automated System Data

19. Type of Insp (activity code) 20. Event Number 21. Primary or Mill

22. Signature 23. AR Number

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

Mine Citation/Order

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



Section I--Violation Data

1. Date	<input type="text" value="[REDACTED]"/>	2. Time (24 Hr. Clock)	<input type="text" value="[REDACTED]"/>	3. Citation/Order Number	<input type="text" value="[REDACTED]"/>
4. (Contractor) <input type="checkbox"/>					
5. Condition or Practice					
6a. Written Notice (103g)					

Accumulations of combustible material in the form of float coal dust and loose coal was present on the 001 mmu starting at S.S. 8271 and extending in by 150 feet in each heading. The accumulations were on the roof and floor in the area and ranged in depth from .25 inch to 12 inches.

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

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

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 006	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <input type="text" value="104(a)"/>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
14. Initial Action F. Dated				Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date <input type="text" value="[REDACTED]"/>	B. Time (24 Hr. Clock) <input type="text" value="[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 of)	<input type="text" value="[REDACTED]"/>	20. Event Number	<input type="text" value="[REDACTED]"/>	21. Primary or Mill	<input type="text" value="[REDACTED]"/>
22. Signature	<input type="text" value="[REDACTED]"/>	23. AR Number		<input type="text" value="[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, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District  Field Office  Mine ID  Date

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

Section I--Violation Data

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

8a. Written Notice (103g)

Evidence shows that adequate On-Shift Examinations have not been conducted of the T6 Conveyor Belt Flight. The following conditions were observed during today's inspection of the T6 Conveyor Belt Flight. Accumulations of combustible material in the form of loose coal and coal float dust were present under the T6 belt starting at the back of the drive and extending in by to the tail piece, a distance of 560 feet. The accumulations ranged in depth from 1 inch to 12 inches and were 60 inches wide.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.360(b)
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

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

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Office of Accountability

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Mine Citation/Order

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



Section I-Violation	
1. Date	3. Citation/Order Number
<input type="text" value=""/>	<input type="text" value=""/>
(Contractor) <input type="checkbox"/>	

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

The unattended Caterpillar backhoe, serial # 5PC10388, model # 416, parked outside the scale house at this mine on a grade of approximately 5%, did not have the wheels turned into a bank or berm and the equipment was not blocked against motion.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.1607(n)

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  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 wheels were blocked against motion.

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

Section IV-Automated System

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

22. Signature  23. AR Number

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

1. Date <input type="text" value="[REDACTED]"/>	2. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>	3. Citation/Order Number <input type="text" value="[REDACTED]"/>
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The unattended International Mechanics truck, Company number 489, located outside the scale house on an approximate 5% grade did not have the wheels turned into a bank or berm and the equipment was not blocked against motion.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <input type="text" value="77.1607(n)"/>
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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:

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

12. Type of Action  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

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

**Section III—Termination Action**

17. Action to Terminate The wheels were blocked against motion and the wheels were turned into the bank.

18. Terminated A. Date  3. Time (24 Hr. Clock)

**Section IV—Automated System Data**

19. Type of Inspection (activity code) <input type="text" value="E01"/>	20. Event Number <input type="text" value="[REDACTED]"/>	21. Primary or Mill <input type="text"/>	23. AR Number <input type="text" value="[REDACTED]"/>
22. Signature <input type="text" value="[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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Section I--Violation Data			
1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number	
[REDACTED]	( 1200 )	[REDACTED]	
4. Space for			
b			
( )			
( )			
6		8a. Written Notice (103g)	

A safe means of access was not provided and maintained between the 3rd and 4th floors of this facility. When traveling from the 4th to 3rd floor a person would come to a 59" vertical drop. At this point one would be required to swing out and to the right to grasp a ladder, which is 14" away, to climb down the 59" to the 3rd floor. It is reasonably likely that with the mud and dirt on ones shoes it would be difficult to maintain balance on the drop off and ladder. In addition while approaching this area from the 4th floor one could step off this level and fall to the floor below. Two employees work at this facility and are exposed to this hazard.

See Continuation Form (MSHA Form 7000-3a)			
9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.205(a)

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

16. Termination Due	A. Date	B. Time (24 Hr. Clock)
	[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
[REDACTED]	[REDACTED]	[REDACTED]
22. Signature	23. AR Number	
[REDACTED]	[REDACTED]	

MSHA Form 7000-3, Apr 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Section I - Violation Data

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

The two fire extinguisher provided for the 2nd. Floor shaker area were not examined as required. The last examination date of the fire extinguishers was 01/09.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.1110
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Section II - Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

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

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate

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 MHI

22. Signal [REDACTED]

23. AR Number [REDACTED]

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

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Section I--Violations

1. Date  3. Citation/Order Number

(Contractor)

8a. Written Notice (103g)

The steel cables being used as handrail on the left and right sides of the rock Shute were not adequate to prevent persons from falling into the rock Shute. The cables were only approximately 18 to 24 inches above the elevated walkway.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health  Safety  Other  B. Section of Act C. Part/Section of Title 30 CFR 77.205(e)

Section II--Inspector's Evaluation

10. Gravity: A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   
B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal   
C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

22. Signature  23. AR Number

MSHA Form 7000-0, 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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Section I—Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
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8. Condition or Practice

8a. Written Notice (103g)

A safe means of access was not provided on the 2nd floor of the load out a hole approximately 18 inches in length and 6 inches in width was present in the walkway floor and also a hole approximately 10 inches in length and 5 inches in width was present in the walkway floor of the 1st floor. The operator stated these were used to remove the larger size materials from the floors.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.205(a)
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

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

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Section I--Violation Data

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

8a. Written Notice (103g)

When checked with a continuity tester the last electrical outlet on the left side of the 1st. Floor of the load out showed an open ground. This was a 120 volt circuit.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.700

Section II--Inspector's Evaluation

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

15. Area or Equipment

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

MSHA Form 7000-3a, 10/1/99  
Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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



Section I—Violation Data		3. Citation/Order Number	
1. Date	2. Time (24 Hr. Clock)		
		(Contractor)	
6a. Written Notice (103g)			

The small compressed gas cylinders stored in the parts trailer had not been disassembled and the covers installed.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The tanks were disassembled and the covers installed.

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

Section IV—Automated

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

MSHA Form 7000-3a (Rev. 10-2003) 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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Section I—Violation Data		
1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
[REDACTED]	[REDACTED]	[REDACTED]
		(Contractor)
		8a. Written Notice (103g)

An insulating mat or other electrical nonconductive material was not provided for the water pump starter box that is located in the parts trailer.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.513

Section II—Inspector's Evaluation

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

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

Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2000) Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Section I—Violation Data

<input type="text" value=""/>	<input type="text" value=""/>	3. Citation/ Order Number <input type="text" value=""/>
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<input type="text" value=""/>	(Contractor)
8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>

The fire extinguisher provided for the small diesel fuel storage tank located at the scale house was last examined on 12/08. The fire extinguisher was in operative condition.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	77.1110
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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 [04(a)]		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number
15. Area or Equipment				F. Dated
				Mo Da Yr

16. Termination Due	A. Date <input type="text" value=""/> Yr	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III—Termination Action

17. Action to Terminate The fire extinguisher was examined and dated.

18. Terminated	A. Date <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <input type="text" value=""/>	21. Primary or Mill
22. Signature <input type="text" value=""/>	23. AR Number <input type="text" value=""/>	

MSHA Form 7000-3a (Rev. 10/07) 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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Section I--Violation Data

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number

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

A sign warning against smoking and open flames was not posted at the small diesel fuel storage tank located beside the scale house

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.1102

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

22. Sign  23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The 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, NRC 2120, Washington, DC 20415. 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 ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	77.1606(c)	N	UL	LD	1	Mod
<p>An exhaust leak was present on the Caterpillar 988 loader (c/n 120, s/n 88200). This leak appeared to be from the exhaust manifold. The engine was black with exhaust near the manifold and the leak could be heard when the machine was in operation. The loader operator was observed wearing ear muffs. This loader was being used to stockpile coal today. [Was any sampling done on this equip? – if sampled, what was the result – cannot determine with this infor – should be the body of the citation.]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	77.200	N	UL	LD	1	Low
<p>The loadout screening plant was not maintained in good repair to prevent accidents and injuries to workers. The siding (tin) had deteriorated and was loose on the bottom connections across the first floor, back side, of the plant. This area was 15 feet in length and 46 inches high. This floor is approximately 25 feet above the ground. [what was the hazard &amp; who was exposed]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	77.200	N	UL	LD	1	Mod
<p>The loadout screening plant was not maintained in good repair to prevent accidents and injuries to workers. The 6 inch down creek channel beam supporting the walkway entering the first floor had deteriorated at the connection joint on the plant side. The webbing of this support had a hole approximately 6 x 5 inches. This section of support channel was 4 feet in length. This walkway is approximately 25 feet above the ground. [Appears to be the same area as cit #(b) (6) – Why difference in NEG?]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	48.31	N	UL	LD	1	Mod
<p>Bradley Stump a contract coal sampler was not provided with the required hazard training (mine specific) before commencing work duties in the loadout area of this mine. The Federal Mine Safety And Health Act Of 1977 declares an untrained miner a hazard to himself and others. Mr. Stump was collecting coal samples at this mine today and started work at this site yesterday (01/20/2009).</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.604(b)	N	UL	LD	1	Mod
<p>The trailing cable supplying power to the Fletcher Roof Bolter (S.N.88096) used on the active 004 mmu has a permanent splice that is not adequately insulated. The tape is worn off at the splice exposing the insulated power conductors. [Refer to pp 42, example 3 &amp; 4 of Darby internal review] [Identify the hazard]</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.503	N	UL	LD	1	Mod
<p>The Joy Continuous Miner (S.N. JM3779) used on the active 004 mmu is not being maintained in a permissible condition. The entrance gland for the control leads entering the off side control panel is broken off flush with the panel. [What is the hazard? Need to identify-]</p>									

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Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.1100-2(b)	N	UL	LD	5	Mod
The 004 Section was not equipped with a fire-fighting valve at the section tailpiece. The fire-fighting valve was not installed at the end of the hard line for fire-fighting purposes on the 004 MMU. <b>[INTERNAL REVIEW FINDING.]</b>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.504	N	UL	LD	6	Low
TIRE TRACKS FROM A NON PERMISSIBLE PERSONNEL CARRIER WERE PRESENT IN THE LAST OPEN CROSSCUT BETWEEN NO. 6 AND NO. 7 ENTRY OF THE 002 MMU AT THIS MINE. THE TRACKS WERE THE PATTERN OF THE NON PERMISSIBLE MAC 8 PERSONNEL CARRIER THAT IS BEING USED AS MAN TRIP ON THIS SECTION. THERE IS NOT A PERMISSIBLE PERSONNEL CARRIER ON THIS SECTION AT THIS TIME. NO METHANE WAS DETECTED AT THE TIME THIS CONDITION WAS FOUND. [statement no methane was detected a the time this condition was found – need to consider continuing operations not just at the time of the violation. – see Darby internal review , citation and order writing handbook pp 17, mitigating circumstances pp 21 {citation and order writing handbook}]									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.1103	N	UL	LD	6	Mod
The CO system used in lieu of the point type fire sensors, for early fire detection on the 004 section is not being effectively used. When checked with chemical smoke the air velocity in the belt entry outby the 004 section at U-5 belt drive was not enough to be measured and at U-4 belt drive was only 23 FPM. The low velocity of air in the belt entry renders the CO system ineffective. [identify the hazard]									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.606	N	UL	NLD	1	Low
THE 6/3 550 VOLT TRAILING CABLE SUPPLYING ELECTRICAL POWER TO THE NO.2 JOY SHUTTLE CAR WAS NOT BEING ADEQUATELY PROTECTED TO PREVENT DAMAGE BY MOBILE EQUIPMENT. MOBILE EQUIPMENT TIRE TRACKS WERE PRESENT ON THE TRAILING CABLE IN THE NO.6 ENTRY APPROXIMATELY 200 FT FROM THE POWER CENTER. [identify the hazard, what is the "considerable mitigating circumstances for low negligence"- injury can be electrocution]									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.220(a)(1)	N	UL	LD	1	Mod
The Approved Roof Control Plan is not being complied with in the No.6 right cross-cut, 140 feet inby S.S.7966 on the active 001 mmu. The cross-cut has the first cut taken and not bolted. The outby corner was sheared by the continuous miner when taken this cut. The approved plan requires at least 10 feet inby the corner be supported prior to shearing the corner.									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.604(b)	N	UL	LD	1	Mod

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The trailing cable for the Joy continuous miner (S/N JM5207A) used on the active 001 mmu is not adequately insulated and fully protected. The cable has a splice where the tape has been worn off, exposing the insulated and shielded conductors. Refer to pp 42, example 3 & 4 of Darby internal review] [Identify the hazard]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.333(b)(2)	N	UL	LD	1	Mod

The belt entry and neutral located on the #1 East mains that was provided for the R- Section is not separated from the return air course used to ventilate the worked out area. The R- Section has been relocated and the permanent stoppings have not been constructed across the #1 mains. The former belt entry and neutral can be traveled to the #5 main line belt conveyor. Identify the hazard in the body of the citation. - INTERNAL REVIEW FINDING Aracoma.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	77.1104	N	UL	LD	1	Mod

Accumulations of oil, transmission fluid and float coal dust is present on the Caterpillar 980G front-end loader (S/N 2KRO2314) used for loading trucks at the mine. These accumulations are located on the engine and machine frame measuring from 0 to 0.8 inches in depth. [ what is the hazard]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.400	N	UL	LD	1	Mod

Coal dust on previously rock dusted surfaces is present in the intake travelway for the active T- Section starting at the air lock adjacent to s.s.1513 and extending inby to s.s.2026 a distance of approximately 5200

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.503	N	UL	LD	1	Mod

The No. 1 Joy shuttle car serial No. ET15158 being used in and inby the last open crosscut on the 002-0 working section was not maintained in permissible condition. The insulation on the cable reel had worn off in several locations exposing the bare metal. [Identify the hazard]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.517	N	UL	LD	1	Mod

The 550 volt trailing cable feeding the #2 Fletcher Single-Head Roof Bolter (S/N 13389) being operated on the 002 MMU, R section, was not insulated adequately and fully protected. A section of the cable had the outer jacket damaged exposing the insulated phase wires inside. The mine floor over the entire section was dry.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.220(a)(1)	N	UL	LD	1	Mod

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The approved roof control plan had not complied with in the U1 Mains belt and track entry. Beginning 10 feet inby survey station No. 6654 and extending inby for approximately 50 feet the entry had developed 23 to 24 feet in width and additional roof supports (timbers or cribs) had not been installed to limit the width 22 feet. The approved plan for this mine allows the belt and track entry to be developed 22 feet in width.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.1505(b)	N	UL	LD	6	Mod

The escapeway map provided for the miners on the 001 mmu was not up to date. The escape shown on the map from the surface to the section was for the previous panel the section had moved from.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.523-2(b)	N	UL	LD	1	Mod

The panic switch provided for the 482 scoop (Company #4) would not deenergize the machine in both directions. Two panic bars are provided on the machine and the one on the battery end would work when pressed one way and the panic switch on the bucket end would work the other direction, but neither lever would work in both directions.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.333(b)(3)	N	UL	LD	6	Mod

Two permanent stoppings separating the intake air course from the belt haulage air course, between entries 4 and 5, at survey station 7963 on the T8 belt were not being maintained. The stopping at survey station 7963 was missing a block in the outby top corner creating a opening of 16 inches by 8 inches, and the stopping inby survey station 7963 was missing block material in the outby top corner creating a opening of 16 inches by 4 inches. The inby stopping had not been plastered on either side. See Aracoma internal review

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	48.11(a)(4)(i)	N	UL	FTL	1	Mod

The mine operator did not ensure Garnie Bowman, a contract miner (belt man) working at this mine received the required hazard training before commencing work. The Federal Mine Safety and Health Act of 1977 states that an untrained miner is a hazard to himself and to others. A 104(g)(1) was issued o Mr. Bowman (Ref. Order #8165193)

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.1107-4(c)	N	UL	LD	1	Mod

The fire suppression sprays provided for the Joy continuous miner (S.N. JM 3779) located on U section were not in operable condition. When tested, the ten sprays located on the top of the machine would not function.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Cit	75.503	N	UL	LD	1	Mod

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The Joy continuous miner (S.N. JM 3779) located on U section was not being maintained in permissible condition. A bolt was missing from the enclosure provided for the cable entrance into the operators side ripper motor, creating an opening in the step flange in excess of .006 inch when checked with a .007 gage. (Ref. 30 CFR 18.31(a)6)

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.370(a)(1)	N	UL	NLD	1	Mod
THE VENTILATION PLAN WAS NOT BEING COMPLIED WITH IN THE NO.5 HEADING ON THE 004 MMU AT THIS MINE. A LINE CURTAIN WAS NOT INSTALLED TO THE LAST ROW OF PERMANENT ROOF SUPPORT WHICH WAS APPROXIMATELY 20 TO 25 FROM THE FACE. THE LINE CURTAIN WAS APPROXIMATELY 25 FEET BACK FROM THE LAST ROW OF PERMANENT ROOF SUPPORT. THERE WAS NO METHANE DETECTED AT THIS TIME. THE APPROVED VENTILATION PLAN REQUIRES CURTAIN TO BE HUNG TO WITHIN 10 FEET OF THE FACE OR TO THE LAST ROW OF PERMANENT ROOF SUPPORT. {Continuing operations}									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	77.1104	N	UL	LD	1	Mod
Combustible material consisting of a mixture of engine oil and fine coal was allowed to accumulate in the engine compartment of the #2 Caterpillar 980G Loader (I.D.#2KR02314) being used to load coal trucks in the stockpile area of the mine. The bottom half of the machine's engine was covered with a coat of the mixture which was approximately 1/8 inch in thickness. Small pools of the mixture in the bottom of the compartment were also observed.									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	77.206	N	UL	LD	1	Mod
The ladder located on at the left rear area the #2 Caterpillar 980G Loader (I.D.#2KR02314) being used to load coal trucks in the stockpile area of the mine is not being maintained in good condition. The affected ladder, which is used to access the left side of the engine, is missing the bottom step. The existing step is approximately 36 inches above ground level.									

Attachment C

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