



AUG 24 2010

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

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

FROM: JERRY J. KISSELL *Peter J. Montali for*
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Accountability Specialists

SUBJECT: MSHA Office of Accountability Audit; Coal District 8, Vincennes, IN
Field Office [REDACTED]
[REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject district office, field office, and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted by Accountability Specialists Arlie A. Webb, Jerry Kissell, Acting Accountability Specialist Billy Randolph and Acting Director of the Office of Accountability Peter J. Montali during the week of [REDACTED]. Positive findings and issues requiring attention are included in this audit report.

Overview

The district audit was conducted from [REDACTED] through [REDACTED] and included a review of administrative, technical, and other areas such as Special Investigations and the ACRI Program. The field office audit was conducted on [REDACTED] and the on-site portion of the audit was conducted on [REDACTED]. Accompanying the audit team were [REDACTED].

On [REDACTED], the team accompanied the inspection party to the [REDACTED]. On-site examinations included record books, number one unit super section (MMU 001 and MMU 005), working faces, feeders, power center, storage sleds for tools and supplies, conveyor belts, 1st 42nd West belt drive, 1st 42nd South drive, 5th Main West belt, 1-A belt drive, and selected return air courses. Portions of the primary and alternate escapeways were walked. Rockdust applications appeared to be adequately

applied in all areas traveled. Also examined were two refuge alternative chambers, escapeway map, compliance with Emergency Response Plan, lifelines, signage, Self-Contained, Self-Rescuer caches, and fire suppression systems.

On [REDACTED] the team accompanied the inspection party to the [REDACTED]. On-site examinations included record books, MMU 001-0, imminent danger run, roof control, escapeway maps, and communications. The team observed the mining cycle and roof bolting operations. The team also examined the 3rd Main Northwest section belt, 2nd Main Northwest belt, 1 North East belt, and fire suppression systems.

S&S Rate Comparison

S&S rates for the Vincennes field office and the district as a whole were lower than national levels for FY2008 and 2009, as well as to-date in FY2010.

S&S Rate Comparison			
Fiscal Year	Vincennes, IN Field Office	District 08	National Average
2008	22.6%	24.6%	34.0%
2009	30.6%	30.2%	35.0%
2010 (to date)	24.2%	24.8%	33.4%

Time and Activity Comparison

Time distribution for E01 inspections at surface facilities conducted out of the Vincennes, Indiana field office from FY2008 to date in FY2010 is comparable to national levels. At this point in FY2010, an average of 67.10 percent of the total inspection time is spent on-site.

Time Distribution (Percent) – E01 Inspections at Surface Facilities						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	16.33%	18.86%	64.62%	7.74%	0.19%	100.0%
Nat'l Avg 2008	17.06%	18.56%	64.07%	5.82%	0.30%	100.0%
2009	13.07%	16.69%	70.25%	3.28%	0%	100.0%
Nat'l Avg 2009	16.99%	16.93%	65.88%	5.40%	0.20%	100.0%
2010(to date)	20.84%	11.07%	67.10%	6.15%	0.98%	100.0%
Nat'l Avg 2010	17.56%	16.06%	65.98%	4.84%	0.39%	100.0%

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

At this point in FY2010, an average of 70.41 percent of the total inspection time is being spent on-site at surface mines, which is well above the national average.

Time Distribution (Percent) – E01 Inspections at Surface Mines						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	20.57%	14.07%	65.26%	6.95%	0.10%	100.0%
Nat'l Avg 2008	18.74%	16.88%	64.00%	5.14%	0.38%	100.0%
2009	17.29%	16.13%	66.50%	5.94%	0.08%	100.0%
Nat'l Avg 2009	18.83%	14.64%	66.14%	5.01%	0.39%	100.0%
2010(to date)	18.09%	11.35%	70.41%	6.56%	0.15%	100.0%
Nat'l Avg 2010	18.90%	13.45%	67.10%	4.52%	0.55%	100.0%

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

Time distribution for E01 inspections at underground mines from FY2008 to present is also improving. At this point in FY2010, an average of 70.41 percent of the total inspection time is being spent on-site at surface mines, which is well above the national average.

Time Distribution (Percent) – E01 Inspections at Underground Mines						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	12.05%	18.17%	69.43%	6.48%	0.35%	100.0%
Nat'l Avg 2008	15.44%	18.28%	65.80%	6.30%	0.49%	100.0%
2009	11.77%	15.47%	72.48%	7.24%	0.29%	100.0%
Nat'l Avg 2009	15.43%	16.97%	67.20%	5.94%	0.40%	100.0%
2010(to date)	12.01%	10.37%	77.33%	6.53%	0.29%	100.0%
Nat'l Avg 2010	15.99%	15.43%	68.11%	5.77%	0.47%	100.0%

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

Audit Results

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

1. MSHA personnel conducted them selves in a professional and courteous manner to the OA and the mine operator at all times
2. Complete and thorough discussions of violations and evaluations were observed.
3. Mine plans kept at the district and field office were complete, legible, and easily understood.
4. Rock dust appeared adequate in all areas traveled by the audit team.

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

1. A review of the two previous E01 inspections at the subject mines indicate that evaluations for gravity, negligence, number of persons affected, and the overall level of enforcement is not commensurate with the nature of the violations cited. (See Attachment C)

2. Reports of Field Activity Reviews and Accompanied Activities did not contain sufficient documentation to give feedback to inspection personnel for improvement.
3. The required number of annual supervisory/managerial mine visits were not conducting during FY 2009. *(See Item No. 3)*
4. Numerous 103(i) inspections were conducted on consecutive (back to back) Mondays, Tuesdays, and Wednesdays at mines in District 8. *(See Item No. 14)*
5. The MSIS system was not being kept up to date regarding methane liberation for mines classified as 103(i). *(See Item No. 14)*
6. The Special Investigations Department closed at least three 110(c) investigations by citing a "lack of resources" during FY2009. *(See Items No. 13 and 26)*
7. It could not be determined if the effectiveness of the corrective action plans resulting from Headquarters and District level Accountability Reviews conducted during FY2009 were being monitored by the District Manager on an ongoing basis. *(See Items No. 66 and 67)*
8. A conflict of interest exists in the Vincennes Field Office in that [REDACTED]
[REDACTED] *(Administrative Information Bulletin No. A08-12, DPR Chapter 310 – Employment of Relatives, Aracoma Internal Review)*

Attachments

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

B. Citations/Orders issued during this audit

1. [REDACTED] 75.1714-7(a)
2. 75.807
3. 75.1731(b)
4. 75.400
5. 75.1909(b)(5)
6. 75.1100-3
7. 75.1914(e)
8. 75.202(a)
9. 75.1101-8(c)
10. 75.1507(a)(9)
11. 75.1507
12. 75.1507
13. 75.363(b)
14. 75.1714-7(a)
15. 75.1403
16. 75.202(a)
17. 75.1100-1(f)(2)
18. 75.1101-8(c)
19. 75.514
20. 75.1101-8(c)
21. 75.333(h)
22. 75.1100-1(f)(2)
23. 75.1100-3
24. 75.202(a)
25. 75.1100-2(b)
26. 75.1103-9(d)
27. 75.333(b)
28. 75.517
29. 75.1103-9(a)(2)
30. 75.1731(b)
31. 75.1103-9(d)
32. 75.1403-5(g)
33. 75.1731(b)
34. 75.1101-7(b)
35. 75.1502(c)(1)(iii)

C. Enforcement actions with questionable evaluations

D. Photographs taken during audit

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

Adequate Inadequate Not Applicable Comments Below

Inspection reports appear to be complete and document that all areas of the mines were inspected. However, the narrative of numerous citations, along with the inspector's notes, do not support the evaluation of gravity, negligence, number of persons affected, or level of enforcement. (See Attachment C) In addition Event Number [REDACTED] contained numerous instances where the inspector did not note the arrival time at the mine site. These deficiencies should have been identified [REDACTED] and corrected.

Reference - General Coal Mine Inspection Procedures and Inspection Tracking System (PH-08-V-1), Page 9

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

See Item Number 1 above. (See also Attachment C)

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

Adequate Inadequate Not Applicable Comments Below

Records indicate that all producing underground mines in the district were visited by a supervisor or manager during FY2009. However, less than half of the producing surface mines and producing surface facilities were visited. Of the 35 producing surface mines, only 13 were visited (37%), and only 5 of the 11 surface facilities were visited (45%).

Recommendation - All producing mines and facilities should be visited by a supervisor or manager each fiscal year.

Reference - CMS&H Memo No. HQ-08-081-A (SEC-103), dated June 23, 2008.

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

Adequate Inadequate Not Applicable Comments Below

Fifteen inspection personnel are currently assigned to the Vincennes Field Office. Of these, 12 have AR cards.

- 1) Of the 7 FARs required during the first half of FY2009, only 2 were conducted.
- 2) Of the 7 FARs required during the second half of FY2009, only 4 were conducted.
- 3) Of the 9 FARs required during the first half of FY2010, only 5 were conducted.

In addition, the FAR reports, provided to the audit team, did not document accomplishments, deficiencies, and corrective actions.

Reference; AH-08-III-1(2) page 10

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

Adequate Inadequate Not Applicable Comments Below

There were no instances of performance or behavioral based issues documented during the period reviewed.

6. Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

Fifteen inspection personnel are currently assigned to the Vincennes Field Office. Of these, 12 have AR cards.

- 1) Of the 7 AAs required during the first half of FY2009, only 2 were conducted.
- 2) Of the 7 AAs required during the second half of FY2009, only 4 were conducted.
- 3) Of the 9 AAs required during the first half of FY2010, only 5 were conducted.

In addition the FAR reports provided to the audit team did not document accomplishments, deficiencies, and corrective actions.

Reference; AH-08-III-1(2) page 11

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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

See Item Numbers 3, 4, and 6 above.

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 Item Numbers 3, 4, 6, 14, 16, 19, and 20. However, it should be noted that District 8 had been without a full-time District Manager from September 30, 2009 until May 09, 2010.

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

Adequate Inadequate Not Applicable Comments Below

According to the mine visit spreadsheet maintained by the district, there were no mine visits recorded for the ██████████ during FY2009. The ██████████ conducted 11 of the required 20 visits (55%), and the ██████████ conducted 25 of the required 36 visits (69%).

It should be noted that from September 30, 2009 until May 09, 2010, District 8 was without a full-time District Manager. Both of the Assistant District Managers in District spent time serving as the Acting District Manager during this period.

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Reference - CMS&H Memo No. HQ-08-081-A (SEC-103), dated June 23, 2008, and the tracking sheets for mine visits, located at w:\Coal\Specproj\Mine Visits and Accompanied Supervisory Managerial Activities

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

Adequate Inadequate Not Applicable Comments Below

District records indicate that three of the thirteen 110(c) investigations recommended during FY2008 and FY2009 were either closed or were never opened. This was reported via written memo to the Chief, Technical Compliance and Investigations Office in HQ, citing a "lack of resources."

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

Adequate Inadequate Not Applicable Comments Below

During the period audited, more than half (53%) of all E02 spot inspections conducted at the were conducted on Mondays. In addition, there were numerous times when E02 spot inspections at various mines in District 8 were conducted on the same day of the week for several weeks in a row. Examples are:

- Five consecutive Mondays - (ID No.) - 07/27/2009 to 08/24/2009
- Five consecutive Tuesdays - (ID No.) - 01/26/2010 to 03/30/2010
- Five consecutive Tuesdays - (ID No.) - 02/02/2010 to 03/02/2010
- Five consecutive Wednesdays - (ID No.) - 01/20/2010 to 02/17/2010

By contrast, E02 spot inspections the were well dispersed throughout the week with the exception of Fridays, and there was only one instance when these inspections were made on three consecutive Mondays.

Recommendation - 103(i) spot inspections should be conducted at irregular intervals

Reference - Section 103(i) of the Mine Act

Additionally, information obtained from the MSIS system revealed that methane liberation data for mines in District 8 was not being properly entered into the MSIS database as of the

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second quarter of FY2010. The following five mines, each of which require inspections under 103(i), show a methane liberation of "0" in the MSIS:

Mine ID	Company Name	Mine Name	Actual Methane Liberation
[REDACTED]	[REDACTED]	[REDACTED]	690,194 cf/24hr
[REDACTED]	[REDACTED]	[REDACTED]	1,079,359 cf/24hr
[REDACTED]	[REDACTED]	[REDACTED]	10,280,656 cf/24hr
[REDACTED]	[REDACTED]	[REDACTED]	643,059 cf/24hr

The 103(i) inspection category for the following three mines do not match their liberation rates:

- 1) The [REDACTED] is listed in the 5-day category, but the methane liberation is shown as 754,864 cubic feet per 24 hours, which would place it in the 10-day category.
- 2) The [REDACTED] is listed in the 5-day category, but the methane liberation is shown as 680,489 cubic feet per 24 hours, which would place it in the 10-day category.
- 3) The [REDACTED] is listed in the 15-day category, but the methane liberation is shown as 572,593 cubic feet per 24 hours, which would place it in the 10-day category.

Recommendation - The MSIS system should be kept up to date and accurate

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 | x |

Not all E02 inspections at the [REDACTED] appeared to comply with MSHA policy regarding separation of E02 inspections from any other type of inspection. The notes for an E01 inspection made on December 09, 2009, indicated that "...Working on E02 at mine. I also did some E01 work."

*Recommendation - 103(i) spot inspections are not to be combined with any other type of inspection.
 Reference - CMS&H Memo No. HQ-03-006-A*

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

Adequate Inadequate Not Applicable Comments Below

As per Items 1, 4, 6, 8, 9, 15, and 19.

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

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

Citations issued during the previous two regular inspections appear questionable for the evaluation of gravity, negligence, number of persons affected, and level of enforcement. It does not appear this is being brought to the inspector's attention for correction.
(See Attachment C)

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

Adequate Inadequate Not Applicable Comments Below

As per Items 3, 8, 11, and 111. (Also See Attachment C)

Requirement – Supervisors and managers need to visit each producing coal mine at least one time per year.

Reference – CMS&H Memo No. HQ-08-081-A (SEC-103), dated June 23, 2008

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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

A review of six completed ACRI case files (containing 72 citations) revealed the following:

- 1) There were 17 citations sustained but the penalties were reduced. ██████████
- 2) There were 19 citations sustained with no penalty reduction. ██████████
- 3) There were 17 citations modified with a reduction in penalty. ██████████
- 4) There were an additional 17 citation conference requests withdrawn by the operator.
- 5) There were 2 citations vacated by the CLR. ██████████

Action Required - The ACRI program and all CLR's must comply with applicable regulations, handbooks, and Agency policies to ensure that actions are properly justified and documented.

Reference - Alternative Case Resolution Handbook (AH-08-III-3)

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

Adequate Inadequate Not Applicable Comments Below | x |

The accountability team examined 7 second-level reviews conducted during FY2009. Of these, only four (57%) contained documentation of "...the accomplishments and deficiencies identified."

Reference - AH-08-III-1(2), Section XI - Supervisory Oversight - 2nd Level Review

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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

There were no issues related to misconduct or poor performance documented by the district during the period reviewed.

25. Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.
Adequate Inadequate Not Applicable Comments Below

PKW forms were well documented with decisions justified.

26. Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations
Adequate Inadequate Not Applicable Comments Below

Thirteen 110(c) cases were opened during FY 2008 and FY2009. The PKW forms were completed properly, well documented, and justified the opening of a 110(c) investigation.

27. Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases
Adequate Inadequate Not Applicable Comments Below

There were thirteen 110(c) cases and five 105(c) cases during FY2008 and FY2009. District records indicate that a memorandum was transmitted to the Chief, Technical Compliance and Investigations Office in HQ, stating that three of the 110(c) investigations were either closed with no investigative work conducted, or were never opened due to a "lack of resources." All of the 105(c) cases were completed in a timely manner.

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

Adequate Inadequate Not Applicable Comments Below

Key Indicators and other reports (generated within the district at the District Manager's request) are being used.

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

Adequate Inadequate Not Applicable Comments Below

Inspection reports for the [redacted] and the [redacted] indicated that all areas of the mine were inspected. However, there was not enough detail to indicate that fire suppression systems at belt drives had been adequately examined. Sprinkler heads at fire suppression systems at belt drives in both mines were not directed so as to provide the required coverage. (See Attachment B)

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

Inspection reports for the [redacted] and the [redacted] indicated that all areas of the mine were inspected.

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

Adequate Inadequate Not Applicable Comments Below

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32. Determine if the SCSR inventory database has been implemented to track inspections of SCSRs

Adequate Inadequate Not Applicable Comments Below

Complete SCSR databases were also included in each E01 inspection report.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

36. Determine if the amount of time expended on each E01 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 x

Enforcement actions taken during the audit appeared to be correctly evaluated.

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38. Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

39. Check adequacy of preshift/onshift examinations

Adequate Inadequate Not Applicable Comments Below

Citations were issued during the audit for inadequate pre-operational checks (No. ██████████), inadequate examination of a refuge chamber (No. ██████████), inadequate recording of examinations (No. ██████████), and other conditions that indicate the operator is not conducting adequate preshift/onshift examinations. (See Attachment B)

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

42. Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

The work cycle was observed at the ██████████

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 Inadequate Not Applicable Comments Below

Citation No. [REDACTED] was issued at the [REDACTED] when miners were unable to identify the location of fire-fighting equipment. Approximately 25 minutes was needed to locate firefighting equipment. (See Attachment B).

45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training?

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below x

Interviews with miners at both mines indicated that expectation training had been conducted.

50. Examine lifelines, manddoors, and related signage

Adequate Inadequate Not Applicable Comments Below

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51. Examine escapeway map for compliance with regulations

Adequate Inadequate Not Applicable Comments Below

52. Evaluate integrity of primary and alternate escapeways

Adequate Inadequate Not Applicable Comments Below

During the audit, Citation No. ██████████ was issued at the ██████████ for holes in an overcast between the intake and belt entries. Citation No. ██████████ was issued at the ██████████ for holes in the stopping line between the intake and belt entry. (See Attachment B)

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

During the audit, the following citations were issued regarding maintenance of conveyor belts, structures and conveyor entries:

██████████
Citation ██████████ - The 1-B conveyor belt was not properly aligned.
Citation ██████████ - Accumulation of combustible material at 001 MMU feeder.
Citation ██████████ - Inadequately controlled roof in 1-B belt conveyor entry.
Citation ██████████ - Unsupported or uncontrolled rib in the South 42 belt conveyor entry.

██████████
Citation ██████████ - The 3rd Main Northwest conveyor belt was not properly aligned.
Citation ██████████ - A clear travelway at least 24-inches wide was not provided for the 2nd

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Main Northwest belt conveyor entry.

Citation - The 2nd Main Northwest conveyor belt was not properly aligned.

(See Attachment B)

55. Evaluate conveyor belt isolation from other air courses

Adequate Inadequate Not Applicable Comments Below

See Item No. 52

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

Adequate Inadequate Not Applicable Comments Below

At the the fire taps, fittings and nozzles were all compatible and readily available in areas traveled by the audit team.

At the Citation No. was issued for a broken valve handle on a fire tap. Citation No. was issued because the fire suppression system did not extend for the required distance on the 1st North East belt drive. (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

Rock dusting in areas traveled at both mines during the audit appeared adequate with the exception of one citation (No.) which was issued to the for accumulations of loose coal at a feeder. (See Attachment B) No accumulations of combustible materials were observed at the during the audit.

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However, this standard (30 CFR, 75.400) was cited 162 times at the and 35 times at the during the previous two year period.

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

Adequate Inadequate Not Applicable Comments Below

During the audit, the following citations were issued regarding belt drives and fire suppression systems:

- Citation - Sprays on 1-B belt drive do not protect the bottom of the top belt.
- Citation - Fire valve water pressure at the 42 West belt drive is more than 100 psig.
- Citation - Sprays on 42 West belt drive do not protect the bottom of the top belt.
- Citation - Sprays on 42 South belt drive do not protect the bottom of the top belt.
- Citation - Fire valve water pressure at the 42 South belt drive is more than 100 psig.

- Citation - Valve handle broken off the fire valve on the 3rd Main Northwest belt.
- Citation - Fire sprinkler system did not provide coverage for the 3rd Main Northwest belt discharge roller.
- Citation - Fire sprinkler system did not provide coverage for the 1st Northeast belt drive and take-up unit.
- Citation - The sprinkler system on 1st Northwest belt drive did not cover at least 50-feet of the belt.

(See Attachment B).

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

Adequate Inadequate Not Applicable Comments Below

Citation No. (See Item Number 39) was issued because Pre-shift and On-shift records at the revealed documented hazards that were not corrected, were not carried over onto the following examination results until corrected. (See Attachment B)

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District Field Office Mine ID Date

61. Examine mine map for accuracy of workings and escapeway locations
Adequate Inadequate Not Applicable Comments Below

62. Examine mine bulletin board and evaluate adequacy of all required postings
Adequate Inadequate Not Applicable Comments Below

63. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes
Adequate Inadequate Not Applicable Comments Below
See Item 44.

64. Determine if approved plans address and are compatible with mining conditions and equipment
Adequate Inadequate Not Applicable Comments Below

66. Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate Inadequate Not Applicable Comments Below

The last district-level Peer Review conducted was July 2009. Although the review identified issues, proposed corrective actions, and completion dates, not all of the identified issues included a root cause. No documentation was provided to the review team to indicate the ██████████ was monitoring the effectiveness of the corrective action plans.

Reference - Accountability Program Handbook (AH08-III-4), Page 8 "Follow-Up and Evaluation."

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

Adequate Inadequate Not Applicable Comments Below

The last headquarters-level Peer Review was conducted during the week of July 13, 2009. This review identified issues, root causes, proposed corrective actions, and completion dates.

However, no documentation was provided to the review team to indicate the ██████████
██████████ was monitoring the effectiveness of the corrective action plans..

Reference - Accountability Program Handbook (AH08-III-4), Page 8 "Follow-Up and Evaluation."

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

The two Peer Review reports provided to the audit team indicate that only underground mines have been evaluated during the Peer Review process.

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

Adequate Inadequate Not Applicable Comments Below

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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

75. Evaluate approved training plan after discussion with miners
Adequate Inadequate Not Applicable Comments Below
Training plans were not reviewed during this audit.

77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate Inadequate Not Applicable Comments Below
CMS&H MSHA Form 2000-84 was not documented completely for persons over the noise action levels at the ██████████ in that an HCP enrollment was not completed.
Citations issued in previous two inspections appeared to have questionable evaluations for persons affected and negligence. (See attachment C)

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

Adequate Inadequate Not Applicable Comments Below | x |

Not all E02 inspections at the appeared to comply with MSHA policy regarding separation of E02 inspections from any other type of inspection. The notes for an E01 inspection made on December 09, 2009, indicated that "...Working on E02 at mine. I also did some E01 work."

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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Date

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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94. Determine if required information is submitted in the plan

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

97. Determine if all unusual proposals and requests are properly evaluated during the review process

Adequate Inadequate Not Applicable Comments Below

No unusual requests or proposals were noted in plans reviewed during this audit.

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

Adequate Inadequate Not Applicable Comments Below

No such proposals were noted in plans reviewed during this audit.

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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Date

103.

Determine if MSHA personnel from the plan approval group contacted and obtained additional information from the operator when necessary

Adequate Inadequate Not Applicable Comments Below

105.

Determine if the plan review process includes documentation of the entire review process

Adequate Inadequate Not Applicable Comments Below

108.

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

Adequate Inadequate Not Applicable Comments Below

109.

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

Adequate Inadequate Not Applicable Comments Below

111.

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

Adequate Inadequate Not Applicable Comments Below

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District Coal Dist 8

Field Office Vincennes, IN

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Date

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

The spreadsheet appeared to be up to date. However, see Items 3, 8, and 11 regarding actual mine visits.

116.

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

Adequate Inadequate Not Applicable Comments Below

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

A review of the two most recently completed inspection reports and 10 most recent E02 inspections indicate that daily close-out conferences and final close-out conferences are being conducted.

121.

Determine if manpower at the field office is sufficient.

Adequate Inadequate Not Applicable Comments Below | x |

The district completed 100% of E01 inspections during FY2009.

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122. Determine if Hazard Complaint inspections are being conducted according to policy and procedures.

Adequate Inadequate Not Applicable Comments Below | x |

Twelve Hazard Complaint inspection reports from FY2009 to present were selected at random and evaluated. The following issues were identified:

- 1) In eight of the twelve reports, there was no documentation to indicate that allegations were re-written and provided to the mine operator.
- 2) Although one complaint was listed as "resolved," it did not contain an event sheet or other documentation to show how this determination was made. There was no documentation to show who investigated the complaint, how much time was spent on the investigation, or that the complaint was shared with the operator.

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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

A miner working alone, around the rock dust hole at portal No. 2 bottom area was not provided with an MSHA approved multi-gas detector. This standard has been cited 3 times in the past 2 years.

COPY

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1714-7(a)

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

17. Action to Terminate The miner has been placed with another miner who is carrying an MSHA approved multi-gas detector that is in proper working condition.

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

Section IV--Automated System Data

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

MSHA Form 70 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 Safety and Health Administration
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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

The high voltage cable installed along the 1A travel way is not installed 6-1/2 feet from the mine floor, and a diesel 10 man personnel carrier has traveled under the high voltage cable and is parked between the travelway and the conveyor belt line. A guard has been installed on part of the cable in this area, and visible tire tracks are present under the area of cable that is not guarded. The area has been dangered off to prevent travels under the unguarded area until the condition can be corrected. This standard has been cited 4 times at this mine in the past 2 years.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	
C. Significant and Substantial:				D. Number of Persons Affected:
Yes	No <input checked="" type="checkbox"/>	006		
11. Negligence (check one)				
A. None	B. Low	C. Moderate <input checked="" type="checkbox"/>	D. High	E. Reckless Disregard
12. Type of Action		13. Type of Issuance (check one)		
104(a)		Citation <input checked="" type="checkbox"/>	Order	Safeguard
14. Initial Action		E. Citation/Order Number		F. Dated
A. Citation	B. Order	C. Safeguard	D. Written Notice	Mo Da Yr
15. Area or Equipment				

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

Section III--Termination Action

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

Section IV--Automated System Data

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

MSHA Form 701
 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 Safety and Health Administration
 Office of Accountability

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action (a. Continuation)	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. Served To			5. Operator		
[REDACTED]			[REDACTED]		
6. Mine		7. Mine ID		(Contractor)	
[REDACTED]		[REDACTED]		[REDACTED]	

Section II—Justification for Action

Change From To

8. Condition Or Practice

Reason This citation was modified to add the location of the unguarded high voltage cable which is at cross cut No. 1 of the 1A travel way.

See Continuation Form

Section III—Subsequent Action Taken

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

Section IV—Inspection Data

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

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

United States Department of Labor
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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
Continuation

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

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number	[REDACTED]
4. Served To	[REDACTED]		13. Operator		[REDACTED]	
6. Mine	[REDACTED]		7. Mine ID		[REDACTED] (Contractor)	

Section II--Justification for Action

The high voltage cable in the affected area has been guarded.

See Continuation Form

Section III--Subsequent Action Taken

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

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

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

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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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Section I--Violation Data

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

The 1B conveyor belt line is not properly aligned to prevent the bottom belt from coming in contact with the bottom belt roller brackets at cross cut No. 27 to 28. The bottom belt has is in contact with 8 bottom roller brackets and has wore the paint of the brackets and has cut through one bracket for a distance of approximately 1-1/2 inches. Four (4) bottom roller in this affected area were not installed in roller brackets on the travel way side. The operator immediately removed the belt from service and begin taking corrective actions to correct the hazard. This standard has been cited 18 times at this mine in the past 2 years.

See Continuation Form (MSHA Form 7000-3a)

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

15. Area or Equipment

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

17 Action to Terminate The bottom rollers have been installed and the conveyor belt has been aligned to prevent it from coming in contact with the bottom belt roller brackets.

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

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

MSHA Form 70... accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
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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]
A. Served To [REDACTED]	5. Operator [REDACTED]	
A. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor)	

8. Condition or Practice

8a. Written Notice (103g)

Combustible material in the form of loose coal, coal fines, hydraulic oil, and hydraulic oil soaked material is present on the company No. 7025 feeder located on MMU-001-005. The loose coal is present on top of the feeder and measures 8 feet by 6 feet by 1 foot. The hydraulic oil and hydraulic oil soaked loose coal is present in the hydraulic oil tank compartment and approximately 30 inches by 12 inches by 2 inches deep. The coal fines are present under the tailpiece area and measure approximately 4-1/2 feet by 4 feet by 8 inches. These conditions pose a fire hazard if not corrected. This standard has been cited 162 times at this mine in the past 2 years.

See Continuation Form (MSHA Form 7000-3a)

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

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

15. Area or Equipment

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

17. Action to Terminate The loose coal and coal fines have been removed from the mine and the hydraulic oil and hydraulic oil soaked coal has been removed from the affected area by washing.

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

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

MSHA Form 7000-3a, revised 10/98. 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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 Mine Safety and Health Administration
 Office of Accountability

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The coal rib spot light on the opposite operators side of the company No. 5716 Alpha diesel mantrip, located at cross cut No. 29 on the 1B travelway is not being maintained. The light lens is broken and a hole approximately 1/2 of an inch by 1/4 of an inch is present. This condition has been cited 1 time at this mine in the past 2 years.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1909(b)(5)

Section II--Inspector's Evaluation

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

15. Area or Equipment

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

17. Action to Terminate A new light has been installed in place of the damaged one.

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

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

MSHA Form 7001 In 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
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)

Section II--Justification for Action

Change From To
 11. Negligence Moderate High
 Reason The negligence was marked Moderate in error.

See Continuation Form

Section III--Subsequent Action Taken

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

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

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

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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The permanent tag attached to the dry chemical fire extinguisher installed on the company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 29 on the 1B travel way has not been dated since October, 2009. This extinguisher is in operating condition. Dry chemical extinguishers are to be examined every 6 months.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-3
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely Reasonably Likely Highly Likely Occurred				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty Permanently Disabling Fatal				
C. Significant and Substantial: Yes No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 000
11. Negligence (check one) A. None B. Low C. Moderate D. High <input checked="" type="checkbox"/> E. Reckless Disregard				
12. Type of Action 104(a)		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order Safeguard Written Notice		
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice			E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate The dry chemical extinguisher has been examined and dated.

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

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

MSHA Form 7000- 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

An inadequate pre-operational check was conducted on the company No. 5716 Alpha diesel personnel carrier, prior to being placed into operation. The mantrip was inspected after the pre-operational check had been conducted and the following citations were issued. Citation No. [REDACTED] was issued for a coal rib spot light not being maintained and citation No. [REDACTED] was issued for the dry chemical fire extinguisher tag not being dated since October of 2009.

In order for the operator to abate this citation a meeting must be held with all miners at this mine discussing the importance of conducting adequate examinations on diesel equipment prior to putting them in operation.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.1914(e)
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Section II--Inspector's Evaluation

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

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

17. Action to Terminate		
18. Terminated	A. Date <small>Mo Da Yr</small> [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 ... 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

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

Section I--Violation Data			
1. Date <small>Mo Da Yr</small>	2. Time (24 Hr. Clock)	3. Citation/Order Number	
4. Suspect To	5. Operator		
6. Mine	7. Mine ID (Contractor)		
8. Condition or Practice		8a. Written Notice (103g)	

The mine roof where persons are required to travel along the 1B conveyor belt line is not adequately controlled to protect persons from the hazards related to falls of the mine roof. The mine roof between cross cut No. 24 and 25, between the rib bolts and coal rib has a visible fracture approximately 1/4 of an inch by 12 inches and when the mine roof was tested with a sounding device an area approximately 3 feet by 31 inches was found to be inadequately controlled. There are no visible signs of foot travel under the affected area. The operator immediately installed danger flags to prevent travels into the area and begin taking actions to correct the hazard.

This standard was cited 44 times in two years at this mine.

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation							
10. Gravity:							
A. Injury or illness (has) (is):		No Likelihood	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely	Highly Likely	Occurred	
B. Injury or illness could reasonably be expected to be:		No Lost Workdays	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling	Fatal		
C. Significant and Substantial:			Yes	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)		A. None	B. Low	C. Moderate <input checked="" type="checkbox"/>	D. High	E. Reckless Disregard	
12. Type of Action 104(a)		13. Type of Issuance (check one)		Citation <input checked="" type="checkbox"/>	Order	Safeguard	Written Notice
14. Initial Action				E. Citation/Order Number		F. Dated <small>Mo Da Yr</small>	
A. Citation		B. Order		C. Safeguard		D. Written Notice	
15. Area or Equipment							

16. Termination Due	A. Date <small>Mo Da Yr</small>	B. Time (24 Hr. Clock)
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Section III--Termination Action
 17. Action to Terminate The inadequate supported mine roof has been pulled down.

18. Terminated	A. Date <small>Mo Da Yr</small>	B. Time (24 Hr. Clock)
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Section IV--Automated System Data		
19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill
22. Signature		23. AR Number

MSHA Form 70 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
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District Field Office Mine ID Date

Mine Citation/Order

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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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor)	

8. Condition or Practice

8a. Written Notice (103g)

The fire protection system installed on the 1B conveyor belt drive is not providing protection for the bottom of the top belt. The water sprinklers installed between the conveyor belt are designed to spray downward, therefore adequate protection is not being provided on the bottom of the top belt and creates a fire hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	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 checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
15. Area or Equipment				

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

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr [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 In 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

COPY



Section I--Violation Data

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

The refuge chamber located at cross cut No. 83 in the 2nd Main West secondary escape way is not being provided with a means to monitor the mine atmosphere within this refuge area. Page 12 of the operator approved Emergency Response Plan (dated September 30, 2009) states that the atmosphere within the refuge area will be monitored by Drager multi-gas pumps and tubes or by battery powered multi-gas detectors. When inspected neither of the two devices were found in the refuge area. This condition exposes miners to the hazard of asphyxiation from an irrespirable atmosphere in the event of an emergency and having to deploy this refuge chamber. This violation is an unwarrantable failure to comply with a mandatory standard.

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	75.1507(a)(9)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 022	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(d)(1)		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 of Equipment				

16. Termination Due	A. Date <input type="text" value="[REDACTED] Mo Da 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 <input type="text" value="[REDACTED] 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="[REDACTED]"/>	21. Primary or Mill
22. Signature <input type="text" value="[REDACTED]"/>		23. AR Number <input type="text" value="[REDACTED]"/>

MSHA Form 70 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
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)

Section II--Justification for Action

Change	From	To
10. D. Persons Affected	22	2

Reason Upon further review of the location of this refuge chamber it has been determined that 2 miners would be expected to use this refuge chamber in the event of a mine emergency.

See Continuation Form

Section III--Subsequent Action Taken

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

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

MSHA Form 70 (Rev. 10-1-80)

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor)	

Section II--Justification for Action

Change	From	To
10. A. Injury or Illness	Reasonably Likely	Unlikely
Reason		
12. Type of Action1	104(d)(1)	104(a)
Reason		

Upon further review of the information regarding the location of the refuge chamber, and the likelihood of miners having to activate this refuge chamber item 10A has been changed from Reasonably Likely to Unlikely, due to the mine having 2 separate portals to escape in the event of a mine disaster. With this modification being made Item 12 of this citation must also be modified from a 104(d)(1) citation to a 104(a) citation due to not meeting the criteria of a 104(d)(1) citation.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection E0	10. Event Number (b) (6)		
11. Signature [REDACTED]	AR Number [REDACTED]	12. Date Mo Da Yr [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 70

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
Continuation

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

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]	13. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)

Section II--Justification for Action

Change	From	To
10. C. Significant and Substantial	Yes	No

Reason

The above modification is necessary to be made due to modifications made in Sub action 02 of this citation.

See Continuation Form

Section III--Subsequent Action Taken

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

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

MSHA Form 700-02, 03-01-00

United States Department of Labor
 Mine Safety and Health Administration
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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"/>	2. Time (24 Hr. Clock) <input type="text"/>	3. Citation/ Order Number <input type="text"/>
4. Served To <input type="text"/>	5. Operator <input type="text"/>	
6. Mine <input type="text"/>	7. Mine ID <input type="text"/>	(Contractor)
8. Condition or Practice		Ba. Written Notice (103g)

An inadequate examination was conducted at 04:42 on this date of the refuge chamber, located at cross cut No. 83 in the 2nd Main West secondary escape way. Page 12 of the operators approved Emergency Response Plan (dated September 30, 2009) states that a pre-shift examination of the monitoring devices will be conducted to assure their availability. When this refuge chamber was inspected on today's date there was no monitoring device found in the refuge chamber. To abate this order the operator is required to hold a meeting with all persons required to conduct the pre-shift examination of the mines refuge chambers discussing the importance of adequate examinations are being conducted in reference to assure the refuge chambers are in compliance with all aspects of the operator approved Emergency Response Plan. The 2 mine examiners Chuck Barclay and Ron Miller, who will

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.1507
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(d)(1)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input checked="" type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number <input type="text"/>		F. Dated Mo Da Yr <input type="text"/>

15. Area or Equipment The mine examiners on the 1st and 3rd shifts that are required to conduct the pre-shift examinations of the refuge chambers.

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

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

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 12-2009) In 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 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number
4. Served To	5. Operator				
6. Mine	7. Mine ID				(Contractor)

Section II—Justification for Action

Continuation of 8. Condition or Practice

be conducting the pre-shift examinations of the refuge chamber during the 2nd shift on this date have been instructed on assuring the refuge chambers have multi-gas detectors in place. The remaining examiners shall be instructed on assuring multi-gas detectors are in place. before this order will be abated. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form

Section III—Subsequent Action Taken

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

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

MSHA Form 7060-106, rev. 03/1989

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

District Field Office Mine ID Date

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

District Field Office Mine ID Date

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Date

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) <input type="checkbox"/>	Mo Da Yr	3. Citation/Order Number
4. Served To	5. Operator		
6. Mine	7. Mine ID (Contractor)		

Section II—Justification for Action

Change	From	To
10. A. Injury or Illness	Reasonably Likely	Unlikely
Reason		
10. C. Significant and Substantial	Yes	No
Reason		
12. Type of Action1	104(d)(1)	104(a)
Reason		

After the review and modifications made on citation No. [REDACTED] and the review of the information regarding this order, the above modifications have been deemed necessary.

See Continuation Form

Section III—Subsequent Action Taken

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

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

MSHA Form 700

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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)
8. Condition or Practice		Ba. Written Notice (103g)

The MX-6 multi-gas detectors being stored in the company's 6 refuge chambers installed along the escape ways of the underground workings have not been calibrated at least every 31 days, as required by the operators approved Emergency Response Plan dated on September 30, 2009. The last date of these devices being calibrated was on December 11, 2009.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1507
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

MSHA Form 7000-3a 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

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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The hazardous conditions listed in the operators belt examination record books for the on-shift examination dated on 05/24/2010 (day shift) for the 1A and 1B stating that the take up headers needed cleaned, was not recorded in the pre-shift area for the belt drive area on 05/24/2010 (2nd shift). There was no corrective action listed in this record book, between the times of these examination, therefore it is believed these hazards still existed and should have been recorded to alert any miner who may be traveling into these area of the hazards.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.363(b)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 000
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

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

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

Section IV--Automated System Data

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

MSHA Form 70 is 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 [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The operator is not supplying an MSHA approved, handheld, multi-gas detector that can measure oxygen, and carbon monoxide to each group of underground miners. Four miners were observed near the portal number 2 bottom area with only a methane detector.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health Safety Other: <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1714-7(a)
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Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 004

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The men were escorted to the surface with a multi-gas dector.

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 [REDACTED]

23. AR Number [REDACTED]

Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 10 Regional Fairness Boards to receive comments from small businesses about federal agency and rates each agency's responsiveness to small business. If you wish to comment on the write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd St 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

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



Section I—Violation Data

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

A miner was observed riding on a golf cart that is not being provided a designated safe riding facilities. Safeguard number prohibits persons from riding on mining equipment unless designated safe riding facilities are provided. This condition was observed at the Portal number 2 bottom area.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
	<input checked="" type="checkbox"/>		75.1403

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The miner removed himself from the hazard.

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

Under the Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has Fairness Boards to receive comments from small businesses about federal agency agency's responsiveness to small business. If you wish to comment on the actions of the Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, NW 2120, Washington, DC 20419. 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

A loose rib was observed at the Portal 2 bottom area, located near the three golf cart charging areas, that measured approximately 9 inches thick, 6 feet long and up to 3 feet in width. A crack was observed below the two rib bolts where the rib was eat out at the bottom approximately 1 to 3 feet. Personal carriers, that have no canopy, travel this area to return to the charging area. The area was dangered out immediately.

This standard was cited 44 times in two years at this mine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

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

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

17. Action to Terminate Two standing supports were installed.

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

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill	23. AR Number [REDACTED]
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Under the Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established Fairness Boards to receive comments from small businesses about federal agency actions and each agency's responsiveness to small business. If you wish to comment on the actions of the Mine Safety and Health Administration, you may contact the Small Business 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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor)	

8. Condition or Practice

8a. Written Notice (103g)

The maximum water pressure in the hose nozzle with the water flowing is greater than 100 p.s.i.g.. When tested the water pressure at the hose nozzle was approximately 210 p.s.i.g. at the 1st. 42 West Drive.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.1100-1(f)(2)
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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 checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr

15. Area or Equipment

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

17. Action to Terminate

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

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

Under the Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established Fairness Boards to receive comments from small businesses about federal agency actions. If you wish to comment on the agency's responsiveness to small business, you may wish to contact the Small Business Administration, Office of the National Ombudsman, 409 3rd Street, NE, Washington, DC 20002. Your 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

The branch line of sprays provided for the bottom of the top belt is not providing protection due to the water would spray directly downward to the top of the bottom belt causing a possible fire hazard. This condition existed at the 1st. 42 West Drive.

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 <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: 015
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 A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			F. Dated Mo Da Yr

15. Area or Equipment

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

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

Section IV--Automated System Data

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

business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has national Fairness Boards to receive comments from small businesses about federal agency or each agency's responsiveness to small business. If you wish to comment on 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 <input type="text" value=""/>	2. Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/ Order Number <input type="text" value=""/>
4. Served To <input type="text" value=""/>	5. Operator <input type="text" value=""/>	
6. Mine <input type="text" value=""/>	7. Mine ID <input type="text" value=""/> (Contractor)	

8. Condition or Practice

8a. Written Notice (103g)

The 14/3 AWG power cable providing 110 V.A.C. to a light, located at the 1st. 42 West Drive, is not being insulated to the same degree of protection as the remainder of the wire. When inspected the inner insulated conductors were showing causing a potential electrical 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	75.514
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr <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 The wire was properly insulated.

18. Terminated	A. Date Mo Da Yr <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) <input checked="" type="checkbox"/> E01	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
		23. AR Number <input type="text" value=""/>

Business Regulatory Enforcement Fairness Act of 1996. The Small Business Administration has regional Fairness Boards to receive comments from small businesses about federal agency fees each agency's responsiveness to small business. If you wish to comment on the 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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The sprays in the branch line providing fire protection for the bottom of the top belt is not providing protection for the bottom of the top belt at the 1st. 42 South Drive causing a possible fire hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1101-8(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 checked="" type="checkbox"/> C. Moderate <input 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 A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

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

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

Section IV--Automated System Data

19. Type of Inspection F01	20. Event Number [REDACTED]	21. Primary or Mill
		23. AR Number [REDACTED]

Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has national Fairness Boards to receive comments from small businesses about federal agency's each agency's responsiveness to small business. If you wish to comment on the e 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 use 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=""/> <input type="text" value=""/> <input type="text" value=""/>	2. Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/ Order Number <input type="text" value=""/>
4. Served To <input type="text" value=""/>	5. Operator <input type="text" value=""/>	
6. Mine <input type="text" value=""/>	7. Mine ID <input type="text" value=""/>	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The overcast at crosscut number 2 of the 1st. West beltline is not being maintained for the purpose for which it was built causing a possible hazard of contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 015	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		F. Dated		Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <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 The overcast was repaired.

18. Terminated	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <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 <input type="checkbox"/> COL <input checked="" type="checkbox"/>	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
		23. AR Number <input type="text" value=""/>

Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has national Fairness Boards to receive comments from small businesses about federal agency each agency's responsiveness to small business. If you wish to comment on the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd

Street, SW MC 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.

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

The maximum water pressure in the hose nozzle with the water flowing is greater than 100 p.s.i.g.. When tested, the water pressure at the hose nozzle was approximately 240 p.s.i.g. at the 1st. 42 South Drive.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-1(f)(2)
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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 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. 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 [REDACTED] 20. Event Number [REDACTED] 21. Primary or Mill [REDACTED] 23. AR Number [REDACTED]

Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has national Fairness Boards to receive comments from small businesses about federal agency actions. If you wish to comment on the actions of the Mine Safety and Health Administration, please contact the Office of the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, NE, Washington, DC 20540. 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="Mo Da Yr [REDACTED]"/>	2. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>	3. Citation/Order Number <input type="text" value="[REDACTED]"/>
4. Served To <input type="text" value="[REDACTED]"/>	5. Operator <input type="text" value="[REDACTED]"/>	
6. Mine <input type="text" value="[REDACTED]"/>	7. Mine ID <input type="text" value="[REDACTED]"/>	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The fire extinguisher at crosscut number 245 of the 1st. South beltline has not been examined as evidenced by the permanent tag attached to the extinguisher. The last date examined was 10-2009.

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	75.1100-3
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Section II--Inspector's Evaluation

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

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

17. Action to Terminate The extinguisher was examined and the date put on the permanent tag.

18. Terminated	A. Date <input type="text" value="Mo Da Yr [REDACTED]"/>	B. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>
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Section IV--Automated System Data

19. Type of Inspection <input type="text" value="FO1"/>	20. Event Number <input type="text" value="[REDACTED]"/>	21. Primary or Mill <input type="text" value=""/>
		23. AR Number <input type="text" value="[REDACTED]"/>

Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established Small Business Advisory Boards to receive comments from small businesses about federal agency actions that affect small business. If you wish to comment on the actions of the Mine Safety and Health 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]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The rib is not being supported or otherwise controlled where persons work or travel on the 1st. South 42 beltline, crosscut number 235 to 236, on the travelway side. When inspected a loose rib measuring approximately 8 feet, 7 inches by 6 feet, 5 inches and up to 2 inches thick. This rib was pulled away from the solid approximately 2 inches and was very easily pulled with a pry bar. Examiners and belt maintenance personal travel this walkway and the loose rib causes a hazard of a rib falling on a miner. This standard was cited 45 times in two years at this mine.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The rib was scaled down.

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 Mitl [REDACTED] 23. AR Number [REDACTED]

Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has regional Fairness Boards to receive comments from small businesses about federal agency es each agency's responsiveness to small business. If you wish to comment on the 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

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

The fire valve outlet on the 3rd Main Northwest section belt at crosscut #10+80, entry #5 was not provided with an adequate valve to turn on the water supply. The valve handle was observed broken off and would not turn the water on.

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 75.1100-2(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: 005
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
			F. Dated Mo Da Yr
15. Area or Equipment			

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

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

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2000) established a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a Small Business Fairness Board to receive comments from small businesses about federal agency actions of MSHA, you may call 1-800-368-5888 for more information. If you wish to comment on the actions of MSHA, you may also file a comment with 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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 Mine Safety and Health Administration



Section I--Violation Data

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

The fire sprinkler system installed on the 3rd Main Northwest belt drive was not installed to provide adequate protection for the discharge roller. The sprinkler head was observed pointing at an angle upward and away of the discharge roller.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1103-9(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 checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr
15. Area or Equipment				

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

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

Section IV--Automated System Data

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

MSHA Form 700 established a National Enforcement Act enforcement act Street, SW MC 2120, Washington, DC 20510. Please note, however, that your right to 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
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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

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

The permanent stoppings at crosscut #1 and #2 of the 3rd Main Northwest between entries #5 and #6 were not being maintained to serve the purpose to which they were built. When tested with chemical smoke, intake air was observed leaking into the belt entry through holes in the stopping measuring approximately 1/2'' by 8'' and 1'' by 12''.

See Continuation Form (MSHA Form 7000-3a)

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

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

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

17. Action to Terminate The holes in the stoppings were plastered.

18. Terminated	A. Date Mo Da Yr	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]
22. Signature			23. AR Number

MSHA Form 7 established a enforcement a enforcement a 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.

Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 10 Regional Fairness Boards to receive comments from small businesses about federal agency and rates each agency's responsiveness to small business. If you wish to comment on the 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

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

Five 110 Volt, 14/3 cables were observed not fully protected at crosscut #2 of the 3rd Main Northwest. The five power cables were observed passing through a permanent stopping between entries #5 and #6 without guarding protecting the cable.

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 <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 <small>Mo Da Yr</small>
15. Area or Equipment			

16. Termination Due	A. Date <small>Mo Da Yr</small> [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 71 established a enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3241), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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 Mine Safety and Health Administration
 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 Date	
1. Date Mo Da Yr <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. Served To <input type="text" value="[REDACTED]"/>
5. Operator <input type="text" value="[REDACTED]"/>	6. Mine <input type="text" value="[REDACTED]"/>
7. Mine ID <input type="text" value="[REDACTED]"/>	(Contractor) <input type="text" value=""/>
8. Condition or Practice	8a. Written Notice (103g)

Tools used to open a stopping between the belt entry and the intake entry were not available within 300 feet of the 3rd Main Northwest belt drive. When examined, no tools were observed readily available to use to open a stopping. This poses a hazard due to smoke inhalation in the event of a fire.

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(a)(2)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 003
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input 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				

16. Termination Due	A. Date Mo Da Yr <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 An axe was provided and stored in the fire hose barrel.

18. Terminated	A. Date Mo Da Yr <input type="text" value="[REDACTED]"/>	B. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>
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Section IV--Automated System Data

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

MSHA Form 701 established a National Enforcement Action Plan and 10 Regional Fairness Boards to receive comments from small businesses about federal agency 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 Safety and Health Administration
 Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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Section I--Violation Date			
1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]	
4. Signed To [REDACTED]		5. Operator [REDACTED]	
6. Mine [REDACTED]		7. Mine ID [REDACTED]	
8. Condition or Practice		8a. Written Notice (103g)	

The 3rd Main Northwest conveyor belt was not properly aligned to prevent the energized conveyor belt from coming in contact with belt structure or belt components. Three bottom rollers were observed between crosscuts #8 to #6 and one bottom roller outby the drive creating areas hot to the touch. This condition poses a hazard due to burns or smoke inhalation.

This standard was cited 12 times in two years at this mine which liberates over 570,000 cubic feet of methane per 24 hour period.

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	75.1731(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 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: 003
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate The belt conveyor was properly aligned.

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

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

MSHA Form 7f established a h enforcement at

visions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has budaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency int 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

The fire sprinkler system installed on the 1st Northeast belt drive was not installed to provide adequate protection for the belt drive and take-up. Two sprinklers heads were observed pointing in a direction to where they would not cover the top of the bottom belt and the bottom of the top belt. This condition poses a hazard due to burns and smoke inhalation.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.1103-9(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 Mo Da Yr	B. Time (24 Hr. Clock)	
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Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 7 established a enforcement a enforcement a 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.

of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has an and 10 Regional Fairness Boards to receive comments from small businesses about federal agency viles and rates each agency's responsiveness to small business. If you wish to comment on the 47), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

A clear travelway of at least 24 inches was not provided on both sides of the 2nd Main Northwest beltline from crosscut #86 to #85. On the travelway side of the beltline a walkway of 17 to 18 inches was observed for a distance of 22 feet between the belt structure and the waterline that was covered with rock approximately 2 1/2 high sloping downward toward the beltline. This condition poses a hazard to slip, trip, and fall injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1403-5(g)
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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 checked="" type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment			

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

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

Section IV—Automated System Data

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

MSHA Form established enforcement enforcement actions or means, you may use the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has n and 10 Regional Fairness Boards to receive comments from small businesses about federal agency ties and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions or means, you may use the 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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U.S. Department of Labor
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Section I—Violation Data

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

The 2nd Main Northwest conveyor belt was not properly aligned to prevent the energized conveyor belt from coming in contact with belt structure or belt components. At crosscut #84 a bottom roller was observed rubbing the structure creating an area hot to the touch and had cut through 3 belt stands outby previously.

This standard has been cited 13 times in two years at this mine which liberates over 570,000 cubic feet of methane per 24 hour period.

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)

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: 003	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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 conveyor belt was properly aligned.

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 established a enforcement:

the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has and 10 Regional Fairness Boards to receive comments from small businesses about federal agency 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 Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

The sprinkler system installed on the 1st Northeast belt drive was not covering 50 feet of fire-resistant belt. When measured the sprinkler system on the drive and take-up unit covered 44 1/2 feet of belt. This condition poses a hazard due to burns or smoke inhalation.

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
			75.1101-7(b)

Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input 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 <small>Mo Da Yr</small>	B. Time (24 Hr. Clock)
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Section III—Termination Action

17. Action to Terminate		
18. Terminated		
A. Date <small>Mo Da Yr</small>	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]

MSHA Form 7 established a of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 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
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District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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

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

Miners working on MMU-001 were unable to identify the location of fire suppression equipment for rapid assembly in the event of a fire or emergency. When questioned, five miners were unable to identify the location of the fire nozzle used for fire fighting on the working section. This condition poses a hazard due to burns or smoke inhalation from lost time to locate the necessary equipment.

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
			75.1502(c)(1)(iii)

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: 005
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
			F. Dated Mo Da Yr
15. Area or Equipment			

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

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

Section IV—Automated System Data

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

MSHA Form 7i established a

if the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has an and 10 Regional Fairness Boards to receive comments from small businesses about federal agency rules 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 Dist 8 Field Office Vincennes, IN Mine ID Date

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.1731(b)	N	UL	LD	2	Mod

Conveyor belts must be properly aligned to prevent the moving belt from rubbing against the structure or components. The 4B conveyor belt is not being properly aligned between cross cut #73 and cross cut #74. The bottom conveyor belt was rubbing seven bottom roller hanger components, heat from friction was being created from the belt rubbing the hangers.

Was the heat generation considered when evaluating this citation for S&S? Were there any combustibles in the area? What is the distance between CC73 and CC74? The citation should have included the fact that this mine liberates more than 3.5 million cubic feet of methane each 24 hours. Was a citation for inadequate examinations considered?

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]			104(a) Citation	75.202(a)	N	UL	FTL	1	Mod

The mine rib where persons are required to work and travel is not adequately supported in the intersection of the No. 6 entry, cross cut 223 in the 4th Main west return air course. The North West corner has rashed off from the mine floor up approximately 3 feet which leaves an under cut coal and rock brow approximately 2 feet to 4 feet tall and 2 feet to 4 feet thick and 10 feet in length. The North East corner has rashed off from the mine floor up approximately 4 feet which leaves an under cut coal and rock brow approximately 1 to 4 feet tall and 1 to 3 feet thick and 12 feet in length. The South West corner has visible gaps approximately 1/4 to 1/2 of an inch approximately 2 feet back from the corner. The South East corner has visible gaps 1/4 to 1/2 of an inch approximately 3 feet back from the corner. The mine height in this area is approximately 9 feet high. The operator immediately hung danger flagging in the affected areas, and begin taking action to eliminate the hazard.

The narrative of this citation appears to meet the criteria for S&S. This standard was cited 46 times in the previous 24 months. The operator taking immediate action to eliminate the hazard after the citation was issued does not mitigate the fact that the hazard existed at the time of the inspection. Evaluation of the citation must be based on the potential for an occurrence if operations were to continue with the condition or practice unabated.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]			104(a) Citation	77.400(a)	N	UL	PD	1	Mod

Insufficient guarding is installed on the rotating pulley on the borehole pump located on the 1st floor of the prep plant. The guard in place creates an opening in 2 different areas. 1) An area approximately 4 inches by 6 inches. 2) An area approximately 6 inches by 12 inches. These areas are approximately 10 inches from the rotating pulley and belt. The operator installed danger flagging around the affected areas.

How close was this condition to where persons would normally work or travel (S&S)? The actions taken by the operator after the inspector cited the condition are not mitigating factors. Was an additional citation considered for inadequate examinations?

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]			104(a)						

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	75.370(a)(1)	N	UL	PD	2	Mod

The operators approved ventilation plan is not being followed in the No. 5 entry, inby cross cut No. 6 where the company No. 6010 Fletcher roof bolter is being operated on MMU-001-005. The plan states a minimum of 7000 CFM will be maintained at the end of the line curtain during the bolting cycle, when check with an anemometer only 2700 CFM was detected.

This citation appears to meet the criteria for S&S. Was an elevated level of enforcement considered? This standard was cited 67 times in the previous 24 months. The inspector should have included in the narrative of the citation the fact that this mine liberates more than 3.5 million cubic feet of methane per 24 hour period. The number of persons affected does not appear commensurate with the extent of a methane ignition.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	75.604(b)	N	UL	LD	1	Hi

The 995 volt trailing cable for the Joy continuous mining machine, company No. 4846E located on MMU-001-005 has a permanent splice that is not sealed as to exclude moisture, in that the rubber tape is wore off exposing approximately 3 inches of the shielding on the red phase lead and approximately 1-1/2 inches of the inner insulated red phase lead. The damaged area is in plain sight laying on the mine floor in the No. 4 entry, last open cross cut No. 6.

This citation appears to meet the criteria for S&S. This standard was cited 22 times in the previous 24 months.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	75.1909(d)	N	UL	LD	1	Mod

The parking brake for the company No. 5500 4 man diesel mantrip, located on Portal 2 bottom area will not hold the mantrip in a stationary position when tested on a slight grade. The operator has removed this mantrip until the condition has been corrected.

How many persons normally ride on this mantrip? Number of people affected appears too low. Citation appears to meet criteria for S&S. What if the condition had been left uncorrected? What types of grades does the mantrip operate on during a normal working shift?

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]									

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

District Coal Dist 8 Field Office Vincennes, IN Mine ID [REDACTED] Date [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]		104(a) Citation	75.1731(b)	N	UL	LD	2	Mod
<p>The Second South West belt is not properly aligned to prevent the belt from rubbing against structure and components. From crosscut number 53 to 54 the bottom belt was rubbing four bottom roller hangers and the hangers were extremely hot. The belt was allowed to run to align.</p> <p><i>The narrative of this citation appears to support the criteria for S&S. What is the distance from CC53 to CC54? The statement regarding the belt being allowed to run to align does not appear relevant to the cited condition. Was a citation considered for inadequate examinations?</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]		104(a) Citation	75.1731(b)	N	UL	LD	2	Mod
<p>The 1st 42 North conveyor belt, between crosscuts number 9 to 10, is not properly aligned to prevent the moving belt from rubbing against the structure. When inspected, the bottom belt was observed rubbing four bottom roller hangers hard enough to cause a distinct hot rubber smell.</p> <p><i>Citation appears to meet the criteria for S&S. What is the distance between CC9 and CC10? This standard had been cited 20 times in the previous 24 months. A separate citation for inadequate examinations should also have been considered.</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]		104(a) Citation	75.1101-10	N	UL	LD	2	Mod
<p>When water sprinkler system was tested at the 1st Main North West drive, the belt continued to run. The volume of water available at the drive was not sufficient to operate the flow switch.</p> <p><i>This citation appears to meet the criteria for S&S based on the sprinkler system's failure to stop the belt, which would have spread burning material further along the belt entry.</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]		104(a) Citation	75.370(a)(1)	Y	RL	PD	3	Mod
<p>The approved ventilation plan was not being followed in the No. 1 room on the MMU-001. No air movement could be detected while coal was being extracted from the No. 1 right cross cut. Heavy dust was suspended in the ambient air while miners were worked in the immediate area.</p> <p><i>The narrative of the citation should address a methane liberation rate of over 500,000 cubic feet per 24 hours. This standard was cited 11 times in the past 24 months. Was a line curtain in place at the time the violation was cited?</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
[REDACTED]	[REDACTED]		104(a) Citation	75.323(b)(1)(ii)	N	UL	LD	3	Mod
<p>The Co. No. 2 continuous miner located in the No. 1 room on the MMU-001 was observed extracting coal with 1 percent of methane registered on the onboard methane monitor. There was no immediate attempt to correct the condition when notified.</p> <p><i>This citation appears to meet the criteria for S&S. Was an additional citation considered for inadequate examination and/or calibration? Did the inspector check the calibration or have the company check the calibration as part of the inspection process? Was an air quantity reading taken in this area? The narrative of the citation should have included the methane liberation rate (over 500,000 cubic feet per 24 hours).</i></p>									

United States Department of Labor
 Mine Safety and Health Administration
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District Field Office Mine ID Date

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.321(a)(2)	N	UL	LD	1	Mod

The air quality where persons are required to work or travel along the 1st Southwest worked out Panel and the Main South seals was not at least 19.5% of oxygen. Starting at crosscut #39, in room entry #5+40 on the intake side, oxygen was observed at 19.4% and continued to be as low as 18.9% throughout the worked out panel. Oxygen levels below 19.5% were also observed along the Main South seals as low as 19.2% oxygen outby the #1 seal at the seal mixing point.

This citation appears to meet the criteria for S&S. What was the extent of the worked out area? The narrative of this citation appears to address two separate and distinct areas which should have been cited separately. Was an additional citation considered for inadequate examination?

United States Department of Labor
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District

Coal Dist 8

Field Office

Vincennes, IN

Mine ID



Date

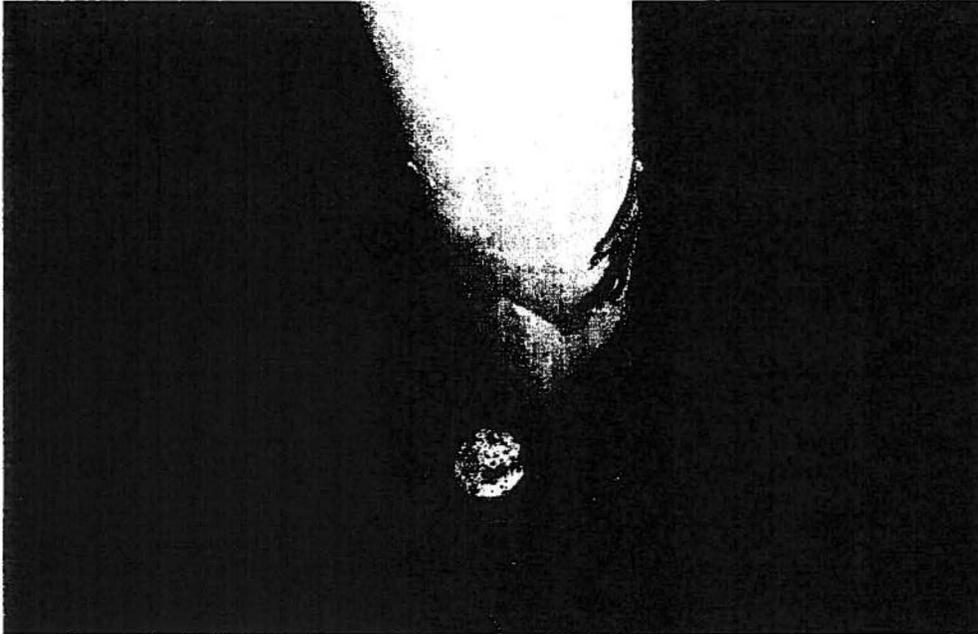


Photo No. 1 - Sprinkler positioning relative to conveyor belt

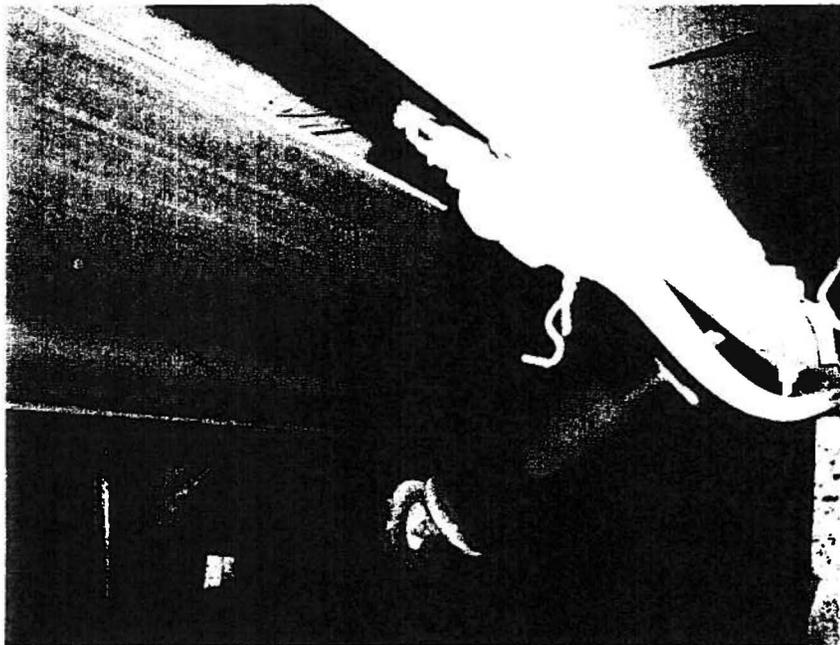


Photo No. 2 - Sprinkler positioning relative to conveyor belt

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District

Coal Dist 8

Field Office

Vincennes, IN

Mine ID



Date



Photo No. 3 - Handle broken off of fire tap

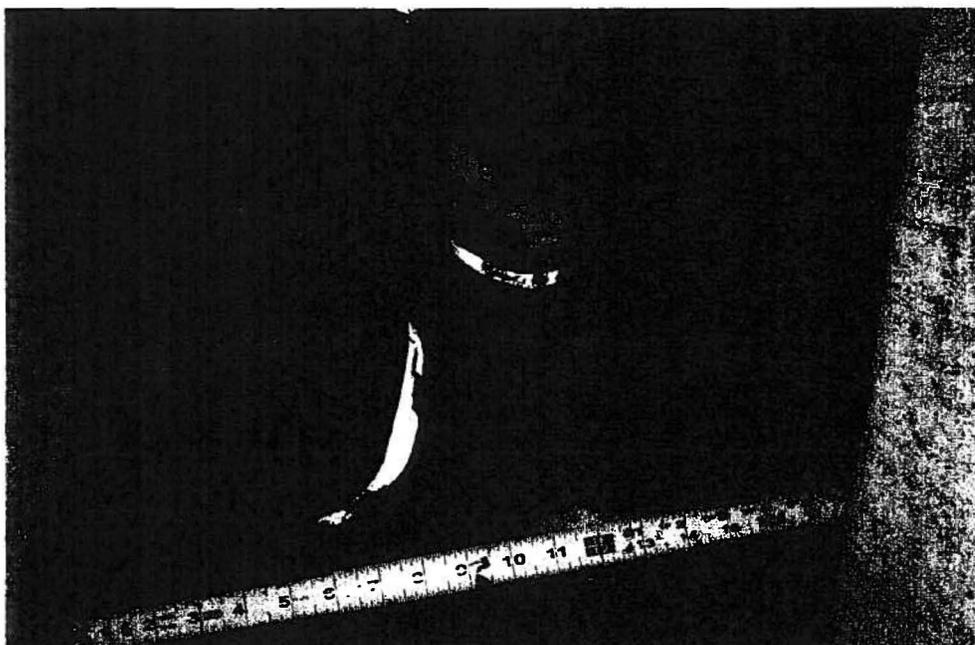


Photo No. 4 - Restricted clearance in belt entry