



JUN - 9 2010

MEMORANDUM FOR GREGORY R. WAGNER, M.D.

Deputy Assistant Secretary for Policy
Mine Safety and Health

THROUGH:

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

FROM:

BILLY RANDOLPH *Peter J. Montali for*
Acting Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, MNM Northeastern
District, Wyomissing South Field Office, Wyomissing, Pennsylvania,
[REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject field office and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted by Billy Randolph, during the week of [REDACTED] 2009. Positive findings and issues requiring attention are included in this audit report.

Overview

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

(b) (6)

On-site areas examined included the high wall, high wall blast area, contract blasting, top level crushing plant, lime plant, mine office and break room. Work cycles were also observed at the blast site and crushing plant.

S&S Rate Comparison

Although the S&S rate for the Wyomissing-South Field Office were below the district and national average for FY 2008, that rate increased in FY 2009 and exceeded both the district and national averages.

S&S Rate Comparison			
Fiscal Year	Field Office, State Field Office	District Name	National Average
2008	19.9%	25.8%	21.0%
2009	29.4%	27.0%	21.0%

Time and Activity Comparison

Time distribution for E01 inspections conducted out of the Wyomissing-South Field Office from October 01, 2008 through September 30, 2009 indicates that approximately 59% of the total inspection time is being 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	20.51%	8.39%	65.86%	0.76%	5.24%	100.0%
Nat'l Avg. 2008	20.31%	10.42%	61.59%	3.02%	7.69%	100.0%
2009	24.45%	8.10%	58.00%	0.87%	9.45%	100.0%
Nat'l Avg. 2009	20.42%	10.66%	61.88%	3.82%	7.05%	100.0%

Time Distribution (Percent) – E01 Inspections at Surface Mines						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
2008	26.84%	8.77%	61.22%	1.48%	3.16%	100.0%
Nat'l Avg. 2008	26.19%	11.97%	56.17%	3.16%	5.67%	100.0%
2009	26.61%	9.10%	58.03%	1.88%	6.26%	100.0%
Nat'l Avg. 2008	25.89%	11.93%	56.18%	3.27%	6.00%	100.0%

Time Distribution (Percent) – E01 Inspections at Underground Mines						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
WG 01	There are no underground mines assigned to this field office					

Audit Results

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

1. Conditions or practices identified by the inspector were very detailed.
2. The documentation for the second level reviews of Field Activity Reviews by district management provided detailed comments. The second level reviews identified many specific deficiencies and provided excellent feedback to FO supervisors concerning the submitted reports.
3. Personnel at the field office displayed a professional attitude and appearance.
4. Mine files were neat, labeled appropriately, up to date, and in excellent order.

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

1. Citations issued for conditions observed during this audit indicate that mining methods and maintenance of safe ground conditions were not being addressed in previous inspections. Citations were being extended to allow excessive time for the operator to correct the hazard by scaling. [REDACTED]
2. Guards observed were mostly providing minimum protection from moving machine parts, and few resembled the type of guarding recommended in the Guarding Guide Book. Several were constructed and/or mounted in a manner that created the hazard of the guard falling on miners.
3. On-site inspection time for previous inspections at the V [REDACTED] does not appear appropriate for the mine size, equipment or mine type. *See item # 27*
4. The district should review the status of intermittent and full-time operations for accuracy. A review of man-hour reports for some operations listed in intermittent status indicate they should be classified as full-time.
5. Inspection reports indicate the District and Field Office is not adhering to MSHA policy regarding the rotation of mine assignments. (Page 5 supervisor handbook C)
6. Several citations were issued during the audit for conditions that appeared to have existed for extended period of time but had not been identified and addressed. - *Attachment B*
7. Citations issued for violations not always properly evaluated regarding gravity, negligence and type of action. - *Attachment C*

Attachments

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

B. Citations/Orders issued during this audit

1.		107(a) Order
2.		56.15005
3.		56.3200
4.		56.14107a
5.		56.20003a
6.		56.12023
7.		56.14112a1
8.		56.12032
9.		56.12004
1		56.12013
1		56.14107a
1.		56.14112a1
1.		56.14112a1
1.		56.14107a
1		56.4601
1		56.12004
1		56.12004
1		56.14107a
1		56.20003a
2		56.20003a
2		56.17001
2		56.14107a
2		56.12030
2		56.14112b
2		56.14107a
2		56.14107a
2		56.14112b
2		56.14107a
2		56.11012
3		56.14107a

C. Enforcement actions with questionable evaluations

D. Photos taken during audit

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

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

This mine has only a base line Mine Information Form on file. The mine schedule and number of employees are different than stated in the Mine Information Form. In addition, previous inspection reports were found with errors that had not been corrected.

*Action Required: Mine information should be kept up to date and accurate.
Reference: General Inspection Procedure Handbook, pages 37 & 38.
See Attachment C*

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

Several citations and notes did not adequately state the cited hazard or violation without corrections made.

See Attachment C

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

Adequate Inadequate Not Applicable Comments Below

Not all Far's were completed on every inspector as required. A review of FARs revealed the [redacted] was not documenting any deficiencies and was commending the inspectors for thoroughness. [redacted] was recognizing possible deficiencies however, no action was found in the audit for corrections of these possible deficiencies.

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

District Field Office Mine ID

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

Although ██████████ identified potential deficiencies related to improper citing of violations and evaluation of gravity and negligence, the ██████████ had only documented the need for improvements in the inspector's notes and hand writing. No documentation was provided to indicate that any actions were taken to correct the identified deficiencies.

6. Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

See Items 1, 2, and 5 above.

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

Adequate Inadequate Not Applicable Comments Below

All FARs and AAs were not completed as required.

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

Adequate Inadequate Not Applicable Comments Below

The ██████████ were documenting deficiencies with the FARs and AAs. However no documentation of follow up action was provided during the audit.

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District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

There are no 103(i) mines assigned to this field office.

13. 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

There are no 103(i) mines assigned to this field office.

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

Adequate Inadequate Not Applicable Comments Below

See Items 1 and 2 above. Although several deficiencies were identified, [REDACTED] was interfering with their ability to take corrective actions needed for the inspectors.

See Attachment C

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

Adequate Inadequate Not Applicable Comments Below

Although several inspections had excessive gaps in the days on-site, no explanation was documented in notes. This deficiency was also noted by the [REDACTED] and [REDACTED]

Required Action: Inspection time distribution must be monitored to ensure that time is used efficiently.

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Office of Accountability

District Field Office Mine ID

Reference: Key Indicator Reports

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

Adequate Inadequate Not Applicable Comments Below x

Mine assignments are not being rotated annually among inspectors. Interviews with field office personnel indicated that mine assignments are done by [redacted] and are based on [redacted] 01 (regular) inspections at the mine visited during this audit had been conducted by the same inspector for [redacted]

Required Action: Mine assignments are to be made by the field office supervisor, and are to be rotated among the inspection staff on an annual basis.

Reference: General Inspection Procedures Handbook, page 13 (l).

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

Adequate Inadequate Not Applicable Comments Below

Deficiencies that were noted were not being addressed. Determinations of gravity, negligence, and level of enforcement on citations issued during previous inspections were sometimes questionable.

See Attachment C

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

Adequate Inadequate Not Applicable Comments Below x

Numerous guarding issues existed at the operation visited during this audit. The manner in which several guards were mounted creating hazards and allowed easy accessed to moving parts. Poorly maintained highwalls and poor mining practices were also observed and cited. Although district-level reviews questioned the enforcement actions and evaluations, there was not documentation provided to indicate these issues were being addressed or corrected.

See Attachment C

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

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

The team did not conduct a review of the ACR program.

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

Adequate Inadequate Not Applicable Comments Below

The team did not conduct a review of the ACR program.

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

Adequate Inadequate Not Applicable Comments Below

See Item No. 8, 9, and 14.

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

Adequate Inadequate Not Applicable Comments Below

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

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

Adequate Inadequate Not Applicable Comments Below x

PKWs were not reviewed during this audit.

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Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below x

PKWs were not reviewed during this audit.

25. 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 x

Not reviewed during this audit.

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

Adequate Inadequate Not Applicable Comments Below

District and Field Office supervisors are using the Key Indicator Reports.

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

Adequate Inadequate Not Applicable Comments Below

E01 (regular) inspections at the mine visited during this audit had been conducted by the same inspector for more than 3 years. When loose material on the high wall was seen, the inspector stated it had been this way for an extended time.

During the regular inspection (Event conducted during the audit, a total of on-site hours were necessary to complete the inspection. There were citations issued, of which were evaluated as S&S . The previous four inspections averaged hours on-site time to complete the inspection. An average citations were issued per inspection at an S&S rate of .

See Attachment B

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District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

See Item 27 above. Observation of the mine site during the audit indicated it is highly unlikely that all highwalls, equipment, plants, and work cycles could have been adequately inspected and safety talks held during the time spent on-site. Inspection notes indicated that, even on the inspections with minimal on-site time, the mine received a complete inspection.

The amount of time spent on inspection events should have caused concern to the supervisor that a complete and thorough inspection was not achieved.

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

Adequate Inadequate Not Applicable Comments Below

This mine works one shift per day, five days per week. Analysis of inspection time sheets indicates that inspection time is distributed evenly over the work week.

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

Adequate Inadequate Not Applicable Comments Below

Mine records were not examined during this audit. The inspection continued after the audit was completed.

31. Determine if all provisions of the MINER Act (Affecting MNM) are evaluated during the inspection

Adequate Inadequate Not Applicable Comments Below

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

District

Field Office

Mine ID

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

Adequate

Inadequate

Not Applicable

Comments Below

A total of on-site hours were required to complete the inspection at during the ⁽⁶⁾ accompanied inspection. The previous four inspections ranged from on-site hours to hours. These hours are from to complete the regular inspection in comparison to the inspection conducted during the audit. ⁽⁶⁾

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

Adequate

Inadequate

Not Applicable

Comments Below

During the audit, the inspector was very methodical in his inspection activities and evaluation of gravity, negligence and level of enforcement. However, a review of citations from previous inspections indicates questionable determination of gravity, negligence, and level of enforcement. See Attachment C

Reference: Citation and Order Writing Handbook, pp 7-9

34. Evaluate the inspector's mine site check.

Adequate

Inadequate

Not Applicable

Comments Below

The inspector's notes indicate he conducted a "drive through" inspection of the plant and quarry.

Page 19, Item V of the General Inspection Handbook states that, "MSHA inspectors, when appropriate and/or possible, should conduct inspections or investigations on foot in all areas of a surface or underground mine or mill. Inspectors may periodically or briefly operate a government vehicle or ride in other vehicles to travel from one location to another while conducting inspections at a site. These trips should be kept to a minimum and only undertaken when they are necessary to conduct an efficient and effective inspection.

Reference: General inspection handbook.

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District Field Office Mine ID

39. Determine adequacy of training plans (interview miners)

Adequate Inadequate Not Applicable Comments Below

Reviewed a contractors training plan on this inspection.

40. Evaluate Self-Rescuer conditions

Adequate Inadequate Not Applicable Comments Below

41. Examine electrical cables on several pieces of equipment

Adequate Inadequate Not Applicable Comments Below

During the audit, citations were issued for damaged electrical cables. Citations were issued for extensive damage to cables.

See Attachment B

42. Evaluate several pieces of equipment for permissibility (Gassy mines)

Adequate Inadequate Not Applicable Comments Below

43. Examine compliance with regulations for escape and evacuation

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

Guarding of moving conveyor belts was poorly maintained. See citations ██████████
██████████

46. Evaluate fire valves and hoses

Adequate Inadequate Not Applicable Comments Below x

49. Evaluate cleanup of accumulations/housekeeping

Adequate Inadequate Not Applicable Comments Below

See Citations ██████████ n Attachment B.

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

Adequate Inadequate Not Applicable Comments Below

Did not have the opportunity to review the bulletin board during the mine visit. Inspection was on-going at the time of the audit and was completed after the mine visit was conducted.

52. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes and first aid (Person in charge)

Adequate Inadequate Not Applicable Comments Below

Did not review during the mine visit. Inspection was on-going at the time of the audit.

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

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

Audit team did not review the peer reviews. Documentation is maintained at the District

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

Adequate Inadequate Not Applicable Comments Below

Audit team did not review the peer reviews. Documentation is maintained at the District

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

Adequate Inadequate Not Applicable Comments Below

Audit team did not review the peer reviews. Documentation is maintained at the District

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

Adequate Inadequate Not Applicable Comments Below

See Attachment C

64. 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

Did not review on this audit.

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Office of Accountability

District Field Office Mine ID

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

Adequate Inadequate Not Applicable Comments Below

The field office clerk had all files legible and in order. These files were well maintained.

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

Adequate Inadequate Not Applicable Comments Below x

Inspection was not completed during the audit. Did not review during the audit mine visit.

69. Determine if required information is submitted in the plan

Adequate Inadequate Not Applicable Comments Below

70. Determine if submitted plans are evaluated for provisions contrary to standards or regulations

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

No documentation was provided to show that the results of second-level reviews, nor required corrective actions were being communicated to inspector.

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Office of Accountability

District Field Office Mine ID

73. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?
Adequate Inadequate Not Applicable Comments Below X

Not reviewed during this audit.

74. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.
Adequate Inadequate Not Applicable Comments Below

75. Determine if adequate close-out conferences are being conducted at the end of each inspection.
Adequate Inadequate Not Applicable Comments Below

Inspector notes indicate that close-out conferences are being conducted at the end of each inspection.

76. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.
Adequate Inadequate Not Applicable Comments Below

Inspection/audit team observed blasting during the audit.

77. Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.
Adequate Inadequate Not Applicable Comments Below

The field office completed all required inspections last year.

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Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

78. Evaluate the two most current completed E01 (regular) inspections

Adequate Inadequate Not Applicable Comments Below

The following information is a summary of the two most recently completed E01 inspections at the subject mine:

Event <input type="text" value="(b) (6)"/>	Onsite hours <input type="text" value="(b) (6)"/>	Citations issued = <input type="text" value="(b) (6)"/>	S&S % = <input type="text" value="(b) (6)"/>
Event <input type="text" value="....."/>	Onsite hours = <input type="text" value="(b) (6)"/>	Citations issued = 0	S&S % =
	(6)	17	

Accountability Audit:
Event # Onsite hours = Citations issued S&S % =

See Attachment C

79.

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID

Mine Citation/Order

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



Section I-Violation Data

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

8a. Written Notice (103g)

A blasting contractor employee was observed standing two (2) feet from the highwall edge without being tied off and using proper fall protection. The blasting contractor was in the process of loading drilled holes in preparation for a blast on the 3rd bench of the pit. The drill holes in this area are 36 feet deep indicating a drop-off over the highwall of that distance. Footprints were observed on the highwall side of the drill hole where the miner was observed. That footprint was measured at two (2) feet from the highwall edge. An oral imminent danger order was issued to Ray Hearn - Supervisor of Weaverland Quarry, at 0908 hours on this date.

Citation # 8570502 is being issued in conjunction with this order.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: _____

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

12. Type of Action 107a

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

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

E. Citation/Order Number _____ F. Dated Mo Da Yr _____

15. Area or Equipment [Redacted] - Blasting crew

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

Section III-Termination Action

17. Action to Terminate The fall protection standard was reviewed with the blasting crew.

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

Section IV-Automated System Date

19. Type of Inspection (activity code) E01

20. Event Number [Redacted]

21. Primary or Mill P

22. Signature [Redacted]

23. AR Number [Redacted]

MSHA Form 7000-1, (Rev. 10/1999) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW, MC 2129, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID

Mine Citation/Order

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



Section I—Violation Data

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

A blasting contractor employee was observed standing two (2) feet from the highwall edge without being tied off and using proper fall protection. The blasting contractor was in the process of loading drilled holes in preparation for a blast on the 3rd bench of the pit. The drill holes in this area are 36 feet deep indicating a drop-off over the highwall of that distance. Footprints were observed on the highwall side of the drill hole where the miner was observed. That footprint was measured at two (2) feet from the highwall edge. The miners had been trained in fall protection use and each miner had fall protection available at the blast site. This condition was a factor that contributed to the issuance of imminent danger order. Therefore, no abatement time was set.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.15005
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The fall protection standard was reviewed with the blasting crew.

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

Section IV—Automated System Data

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

MSHA Form 7000. 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 (1-888-734-3347), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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



Section I - Violation Data

4 5 6 7 8	(b) (6)	3. Citation/Order Number (b) (6)
		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

Loose and unconsolidated material was seen on the west highwall of the main haul road leading to the lower pit levels. The loose material was approximately 60 feet in length and 20 feet in height. The loose ranged in size up to 3 feet boulders. Tracks were observed on the haul road approximately 6 feet from the face. The roadway is approximately 75 feet wide in this area. This is a regularly traveled haul road. This hazard exposed the miners to the falling material that could result in serious or fatal injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.3200
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Section II - Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
			F. Dated Mo Da Yr	
15. Area or Equipment				
16. Termination Due A. Date (b) (6)				

Section III - Termination Action

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

Section IV - Automated System Data

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

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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 MNM Northeastern Field Office Wyomissing South Mine ID (b)(6)

Mine Citation/Order

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



Section I—Violation Data

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

8. Condition of Practice

a. Written Notice (103g)

The head roller and tension roller on the transfer conveyor from the secondary crusher were not guarded to prevent miners from coming into contact with them. The unguarded rollers were measured at 5 1/2 feet from the ground level. The conveyor was in operation at the time of inspection. The portable plant where this conveyor is located is normally operated by two employees. Miners accessing this area were exposed to possible fatal crushing injuries should they accidentally contact the moving rollers.

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	56.14107a
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date (b)(6)

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

MSHA Form 70... provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
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District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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 Mine Safety and Health Administration



Section I—Violation Data

1. Date (b) (6)		3. Citation/Order Number (b) (6)
4. (b) (6)	((b) (6))	
6. (b) (6)		(Contractor)
8. (b) (6)		8a. Written Notice (103g) <input type="checkbox"/>

The bottom two steps leading to the secondary 1650 crusher platform were covered with wet, slippery spilled material and the walkway platform around the crusher was covered with 4 inch minus rock material for approximately 20 feet. This condition creates a slip/trip/fall hazard to miners attempting to access the platform. The portable plant where the 1650 crusher is located is normally operated by two employees.

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 56.20003a
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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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	
		F. Dated Mo Da Yr	
15. Area or Equipment			
16. Termination Due A. Date (b) (6)			

Section III—Termination Action

17. Action to Terminate The steps and walkway platform have been cleaned of spilled material.	
18. Terminated A. Date (b) (6)	

Section IV—Automated System Data

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

Inside the West Power House the #8 Mill feeder starter door was found unsecured and open approximately 1/2 inch. Upon inspection of the energized circuits, it was discovered that fuses and circuits were not insulated or guarded to prevent contact. Miners access this control box to start/stop and adjust the speed of the feeder. Energized 110 volt circuits were easily within reach of the control panel.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12023

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3347), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
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District MNM Northeastern Field Office Wyomissing South Mine ID (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date		3. Citation/Order Number
		(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The right side guard on the tailpulley of the conveyor that feeds the 1650 secondary crusher was not place, vibration and spillage from above had caused it to fall to the ground on it's left end. Employees working or traveling this area were exposed to the possibility of injury, if they were to accidentally contact the moving machine parts. The portable plant where this conveyor is located is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14112a1
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

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

United States Department of Labor
 Mine Safety and Health Administration
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District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]
4. Reported To		(Contractor)
5. Location of Violation		6a. Written Notice (103g)

The cover plate for the motor junction box of the conveyor under the jaw crusher was not in place. Duct tape had been placed over the remaining part of the motor junction box. This exposes the 480 volt electrical connections to weather conditions. Employees working or traveling this area were exposed to the possibility of injury from shock and/or fire. The portable plant where this conveyor is located is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12032
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Section II—Inspector's Evaluation

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

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

Section III—Termination Action

17. Action to Terminate		The motor pecker-head cover has been replaced.		
18. Terminated	A. Date	B. Time (24 Hr. Clock)		
	[REDACTED]	[REDACTED]		

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	[REDACTED] (6)	21. Primary or Minor	P
22. Signature	[REDACTED]	23. AR Number		[REDACTED]	

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

United States Department of Labor
 Mine Safety and Health Administration
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District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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

Section I - Violation
 1. Date (b) (6) 3. Citation/Order Number (b) (6)

8. Condition or Practice

- 1. Written Notice (103g)

A 480 volt power cable located under the conveyor under the jaw crusher frame was found to have several breaks and cuts in the outer jacket. These breaks and cuts exposed the inner conductors to weather and vibration damage. Employees working or traveling this area were exposed to possible shock, burn, and electrocution hazards. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-0a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12004
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Section II - Inspector's Evaluation

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

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

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

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

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate

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

Section IV - Automated System Data

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

MSHA Form 7000-0a, revised 10/2004. 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 2126, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Date

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

Section II—Condition or Practice

(Contractor)
 8a. Written Notice (103g)

The 480 volt power cable splice located between the tool trailer and jaw crusher was not insulated to a degree at least equal of that of the original outer jacket. The power conductors were only provided with cable connectors and a thin layer of tape. Employees working or traveling this area were exposed to possible electrical shock, burn, or electrocution hazards. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 56.12013b
 Safety Other

Section II—Inspector's Evaluation

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

United States Department of Labor
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Mine Citation/Order

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

Section I--Violation Data

(b) (6)	3. Citation/Order Number (b) (6)
4	(b) (6)
5	(b) (6)
6	(b) (6)
7	(b) (6)
8	(b) (6)
9	(b) (6)

8. Condition or Practice

8a. Written Notice (103g)

The #1 lime pump compressor drive was not adequately guarded on the back side. A large hole had been made to allow lines and electrical conduit to pass through. This condition exposed the compressor fly wheel to accidental contact. The #1 lime pump compressor is located on the ground floor of the Upper Plant mill building. When the mills are running, an mill operator is in the area. If a miner were to accidentally contact the moving fly wheel, it could result in loss of fingers, hand, or limb injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 65.14107a
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
15. Area or Equipment				
16. Termination Due A. Date (b) (6) Time (24 Hr. Clock) (b) (6)				

Section III--Termination Action

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

Section IV--Automated System Data

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

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

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

(b) (6)

District MNM Northeastern Field Office Wyomissing South Mine ID

Mine Citation/Order

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



Section I—Violation Data

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

8. Condition or Practice

8a. Written Notice (103g)

The bottom part of the tailpulley guard of the under screen conveyor was not in place. The section not in place exposed the entire underside of the tailpulley. Employees working or traveling this area were exposed to the possibility of injury, if they were to accidentally contact the moving machine parts. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14112a1
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Section II—Inspector's Evaluation

10. Gravity:
 A. Injury or illness (see): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

22. Signature 23. AR Number

MSHA Form 7000-3a, page 1 of 2
 In accordance with 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 MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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

Section I—Violation Data

1. Date (b) (6)	3. Citation/ Order Number (b) (6)
(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>	

The bottom part of the tailpulley guard of the conveyor to the bin was not in place. The section not in place was hanging down approximately one foot, exposing access to the tailpulley. Employees working or traveling this area were exposed to the possibility of injury, if they were to accidentally contact the moving machine parts. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14112a1
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 104a

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number

21. Primary or Mill P

22. Signature

23. AR Number

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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

Section I—Violation Data

1. Mine Name (b) (6)	2. Time (24 Hr. Clock)	3. Citation/Order Number (b) (6)
	4. Location	(Contractor)

8. Condition or Practice

The rotating headpulley shaft for the conveyor that feeds the shaker screen was not guarded to prevent contact. The unguarded portion measured at 2 1/2 inches of exposed shaft and was easily within reach of the travelway. Employees working or traveling this area were exposed to the possibility of entanglement injuries should they accidentally contact the unguarded moving machine parts. The portable plant is normally operated by two employees.

8a. Written Notice (103g)

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action 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
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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 P	23. AR Number (b) (6)
22. Signature			

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-784-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

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

Section I—Violation Data

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

(Contractor)
 8a. Written Notice (103g)

8. Condition or Practice

Located in the Tool/MCC trailer were two (2) 11 ounce spray cans of highly flammable starting fluid stored 6 1/2 feet (measured) from an oxygen/acetylene burning outfit. Employees working or traveling in this area were exposed to the possibility of injury from fire, explosion, and/or projectile hazards. The Tool/MCC trailer is accessed for tools, parts, and lockout procedures. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.4601

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 104g

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

14. Initial Action

A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/Order Number	F. Dated Mo Da Yr
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15. Area or Equipment

18. Termination Due

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (rev 05/08) 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 LAC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I—Violation Data			
1. Date	Mo Da Yr	12. Time (24 Hr. Clock)	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			(Contractor) <input type="checkbox"/>
			8a. Written Notice (103g) <input type="checkbox"/>

A large 480 volt power cable located at the 1650 crusher framework structure had the outer jacket separated where it enters a tube that carries it to the opposite side of the crusher. This exposes the inner conductors to weather and mechanical damage from the excessive vibration caused by the crusher operating. Employees working or traveling this area were exposed to the possibility of injury from shock, burn, or electrocution hazards. The portable plant is normally operated by two employees.

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12004

See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>				
Section II—Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (a): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
15. Area or Equipment		F. Dated Mo Da Yr		

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

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

Section IV—Automated System Data		
19. Type of inspection (activity code)	20. Event Number	21. Primary or Mill
B01	[REDACTED]	P
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, (FPI) (REV. 10/95) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

Under 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 1-800-REG-FAIR (1-800-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District **MNM Northeastern**

Field Office **Wyomissing South**

Mine ID **(b) (6)**

Date **(b) (6)**

Mine Citation/Order

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



Section I—Violation Data

(b) (6)	(b) (6)	3. Citation/ (b) (6)
	5. M	
	7.	

8a. Written Notice (103g)

A 480 volt power cable located at the 1650 crusher framework structure had the outer jacket cut in several places. This exposes the inner conductors to weather and mechanical damage from excessive vibration caused by the crusher operating. The cable was followed to a junction box with two buttons, one labeled up and the other labeled down. Employees working or traveling this area were exposed to the possibility of injury from shock, burn, or electrocution hazards. The portable plant is normally operated by two employees.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12004
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date (Mo Da Yr) (b) (6) (b) (6) (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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

Section I--Violation Data		(b) (6)
(b) (6)	3. Citation/Order Number	(b) (6)
6. M	7.	
		(Contractor)
5. Condition of Mine		8a. Written Notice (103g) <input type="checkbox"/>

The #1 mill auger screw drive located in the #1 elevator pit was not provided with a guard on the back side. The drive V-belts and pulleys were open to contact. The opening in the back side was measured at 65 inches from the ground level. The auger screw speed reducer keyed shaft was measured at 69 1/2 inches from the ground and was also open to contact. The #1 elevator pit is not a regular travelway. This area is accessed for clean-up and maintenance. This condition exposes miners to entanglement injuries from accidental contact.

See Continuation Form (MSHA Form 7000-3a)

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b) (6)	(b) (6)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order

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

Section I--Violation Data

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

8a. Written Notice (103g)

Grease and air hoses were found laying across the walkway and steps going to the #1 mill. The grease hose was extended across the walkway and left lying on the platform of the #8 mill. This condition exposes miners to slip/trip/fall hazards. The Upper Plant mill building is accessible and a mill operator is in the area when the mills are operating.

See Continuation Form (MSHA Form 7000-Sa)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate The hoses have been removed from the walkways.

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

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date (b) (6)	12. Time (24 Hr. Clock) 6:17 AM	3. Citation/Order Number (b) (6)
		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

The entire Upper Plant mill building was not being kept clean and orderly. Housekeeping was not being maintained on the walkway alongside the #8 mill and the area in front of the Nesco/#8 lime pump room access doors. The spillage was approximately 1 foot deep and 6 feet across, in front of the doors. The spilled material consisted of loose fine gravel and dust. The entire mill building had spillage on several floors and is being included in this citation. This condition exposes miners to slip/trip/fall hazards related to working and/or traveling these areas. A mill operator is in the area when the mills are running.

See Continuation Form (MSHA Form 7000-3a)

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

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

16. Termination Due	A. Date (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 700-... 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 MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>
(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>	

The (b) (6) was not provided with a lighting system. The pit did not have sufficient illumination to provide safe working conditions. The pit contains stairs, auger screws and the bottom section of the lime elevator. This condition creates a slip/trip/fall hazard to miners that enter the elevator pit. A mill operator is present in the area when the mills are running.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.17001
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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 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

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

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

Section IV—Automated System Data

19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Multi <u>M</u>	<u>(b) (6)</u>
22. Signature <u>(b) (6)</u>	23. AR Number <u>(b) (6)</u>		

MSHA Form 7000-3, Page 1 of 2
 provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

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

(Contractor)
 8a. Written Notice (103g)

The #8 mill auger screw drive located in the #8 mill elevator pit was not provided with a guard on the back side. The V-belts and pulleys were open to contact. The auger screw speed reducer keyed shaft was also open to contact. The speed reducer pulley and shaft were approximately 5 feet from the floor level. This condition exposes miners to possible entanglement injuries from accidental contact. The #8 mill elevator pit is not a regularly traveled area. The area is accessed for clean-up and maintenance duties.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

12. Type of Action 104a

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

14. Initial Action

A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due

A. Date Mo Da Yr [REDACTED] 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 M—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number [REDACTED]

21. Primary or Mill M

22. Signature [REDACTED]

23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6) Date (b) (6)

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

Section I--Violation Data

1. Date <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/Order Number <u>(b) (6)</u>
(Contractor) <input type="checkbox"/>		
8a. Written Notice (103g) <input type="checkbox"/>		

The tailpulley guard of the #3 belt located on the crushing side of the Upper Plant was not secured in place. The left side section of the guard had been bent down behind the bearing, opening access to the tailpulley drum. The back side expanded metal section had been cut out and replaced by re-attaching the section with pieces of wire on the top side only. An opening was observed below the back side which measured 24 1/2 by 5 1/2 inches. This opening also allowed access to the tailpulley drum. Miners were exposed to possible entanglement injuries while working or traveling this area. The mill operator employee, that also operates the crushing side of the Upper Plant, is in the area when the mills or crushers are running.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14112b
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date (b) (6) B. Time (24 Hr. Clock) (b) (6)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I—Violation Data

1. Date (b) (6)	3. Citation/ Order Number (b) (6)
(Contractor) <input type="checkbox"/>	
8a. Written Notice (103g) <input type="checkbox"/>	

The Returns belt tailpulley was not provided with a guard on the sides. This condition allows access to the wing-type tailpulley. The tailpulley is approximately 2-3 feet off the floor level and is easily accessible. Approximately 8 feet away from the tailpulley was a wing-type snub roller that also was not provided with a guard. This condition exposes miners to possible entanglement injuries up to and including loss of limb. A mill operator is in the area when the mills or crushing system is running.

See Continuation Form (MSHA Form 7000-3e)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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



Section I--Violation Data

1. Date (b) (6)	3. Citation/ Order Number (b) (6)
(Contractor)	
8a. Written Notice (103g) <input type="checkbox"/>	

The underside of the Sand conveyor tailpulley was not provided with a guard. The tailpulley framework was measured at 34 inches from the walkway level. This condition allows access to the moving tailpulley drum. The Sand conveyor is joined by using metal belt clips thus increasing the hazard associated with contacting the conveyor belt. The Sand conveyor is located in the Upper Plant area. A mill operator is in the area when the mills and crushing system are running.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input 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 checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action: A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
F. Dated Mo Da Yr			
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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 M	23. AR Number (b) (6)
22. Signature			

MSHA Form 7000-3a (rev. 08) 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 and agricultural agencies. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement activities 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, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I—Violation Data			
1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number	
			5. Operator
			(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>			

The tailpulley guard of the Rice belt was not secured in place on the left side. The side section of expanded metal had been cut out and replaced by re-attaching the section with pieces of welding rods on the top side only. The section was not secured at any other point and pushed in easily. This condition exposes miners working or traveling this area to possible entanglement injuries resulting from accidental contact with the wing-type tailpulley. The Rice belt is located in the Upper Plant area. A mill operator is in the area when the mills and crushing system are running.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14112b
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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 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action				F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
15. Area or Equipment				

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

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

Section IV—Automated System Data		
19. Type of Inspection (activity code)	20. Event Number	21. Primary or MII
E01		M
22. Signature	23. AR Number	

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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

Section I—Violation Data

1. Date (b) (6)	3. Citation/Order Number (b) (6)
(Contractor) <input type="checkbox"/>	

8. Condition or Practice

8a. Written Notice (103g)

The Flat Rice belt tailpulley located in the Upper Plant area is not adequately guarded to prevent contact. The tailpulley was partially guarded by a removable walkway cross-over platform. This platform did not cover the entire tailpulley and could easily be lifted off. Openings around the tailpulley ranged from 3-4 inches on the top side and 8-10 inches on the sides of the tailpulley. This condition exposes miners working or traveling this area to possible entanglement injuries. The Flat Rice belt is located in the Upper Plant area. A mill operator is in the area when the mills and crushing system are running.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date (b) (6) B. Time (24 Hr. Clock) (b) (6)

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

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

District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine Citation/Order

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

Section I--Violation Data

1. Date (b) (6)	2. Time (24 Hr. Clock)	3. Citation/ Order Number (b) (6)
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8. Condition or Practice

i. Written Notice (103g)

The walkway alongside the old bin next to the flat rice belt had openings in the expanded metal floor. A hole in the center of the floor was approximately 8 inches by 12 inches. There was also an opening along the left side of the walkway ranging approximately 6-10 inches in width and extending for approximately 15 feet in length. This condition exposes miners working or traveling this area to a fall hazard to the level below. This area is not a regular travelway. Accessed for clean-up and/or maintenance duties.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.11012
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

18. Termination Due A. Date (b) (6) B. Time (24 Hr. Clock) (b) (6)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 06 (rev 05) ... is provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesses. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

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

Section I—Violation Data

1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Section <u>[REDACTED]</u>	
(Contractor) <input type="checkbox"/>	

5. Condition or Practice 6a. Written Notice (103g)

The East Conveyor tailpulley was not adequately guarded. The right side expanded metal had been cut open 24 inches by 11 1/2 inches and the section re-attached with wire on the top only. The back section had a 6 1/2 by 6 1/2 inch opening on the lower left side. The left side of the tailpulley had an opening of 24 inches allowing access to the wing-type tailpulley. The drive belts and pulleys of this belt were also not guarded on the back side. These conditions expose miners working or traveling this area to possible entanglement hazards from accidental contact with the moving machine parts. A mill operator employee is in the area when the mills or crushing system are running.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <p align="center">56.14107a</p>
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Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date [REDACTED]

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

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

MSHA Form 7000-3a (Rev. 10-1999) The provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.14107(a)	N	Unlikely	Fatal	1	Moderate
<p>A guard was provided for area between the speed reducer and the head pulley on the No.9 conveyor belt.Moving machine parts shall be guarded to protect persons from contacting gears,head,tail,and take up pulleys,shafts,and similar moving parts that can cause injury.No one travels this area when the belt is running.</p> <p>#1 The fist line in the condition or practice should read, A Guard was NOT provided for the area between the speed reducer and the head pulley. #2 The citation lacks explaining the hazard and gravity of the injury. #3 The statement that no one travels the area while belt is operating. How was this proven? What is the hazard without any exposure? These type opinions do nothing to support the violation the supervisor should have had these errors corrected</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.4201(a)(2)	N	Unlikely	Lost Days	1	High
<p>The fire extinguisher located on the welding machine trailer (Co# 70 welding machine) was not provided with an annual inspection or records tag showing that the annual maintenance inspection had been performed. The annual inspection is to be performed by a qualified technician and a certification tag placed on the extinguisher. The inspection is needed to check the mechanical parts, hose, nozzle and vessel, the amount of the extinguishing agent and expellant. The wire fastener was still attached to the fire extinguisher but the tag was not attached. There were no other records available to indicate that the annual inspection had been done. All units must be certified every 12 months. Persons were exposed to possible serious burns while attempting to use a defective unit. The fire extinguisher gauge showed pressure and appeared to be in usable condition.</p> <p>#1 How was lost work days determined? #2 Burns usually result in permanently disabling injuries from scarring. #3 Citation lacks any information to support high negligence. #4 Since when do we require a qualified technician to conduct a yearly exam ? Who were the people exposed?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED] (b)	104(a)	50.30(a)	N	No Likelihood	NoLostDays	0	Moderate
<p>An MSHA #7000-2 (Quarterly Employment Report) for the 2nd quarter of 2008 (April, May, June) was not completed nor mailed to MSHA's Health and Safety Analysis Center prior to July 15, 2008. The quarterly report is to be submitted to the MSHA Health and Safety Analysis Center in accordance with the instruction criteria in 50.30-1. The report is due within 15 days after the end of each calendar quarter and a copy retained at the company's main office for a period of five years after the submission date.</p> <p>#1 Citation lacks any negligence justification. Or gravity.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.1203	N	Unlikely	Lost Days	1	Moderate
<p>The trouble light found at the No.8 mill area had the outer jacket broken, exposing the electrical conductors, creating a shock or burn hazard.When a potentially dangerous condition is found it shall be corrected before equipment or wiring is energized.</p> <p>#1 Does not appear to be the most appropriate standard. #2 Who was exposed and how? #3 How was exposed bare conductors evaluated as unlikely? #4 What facts did the inspector use to determine gravity of injuries? #5 What facts did the inspector use to determine moderate negligence? Why say shock or burn is this multiple choice? Citation should be factual as possible.</p>									

United States Department of Labor
 Mine Safety and Health Administration
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District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.12034	N	Unlikely	Lost Days	1	High
<p>The 110 Volt dusk to dawn light had no guarding to protect a person from a burn or shock hazard. The dusk to dawn light was located alongside the walkway of the # 2B stacker conveyor belt approximately five feet above the walkway.</p> <p>#1 What person was exposed and how and how often. Where is the facts for negligence.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.12018	N	Unlikely	Fatal	1	High
<p>The mine operator failed to provide labeling for the 110 volt circuit breakers located in the 110/220 panel on the wall of the West Power Room/Control Room. Breakers not labeled were #8,16,22,24,25,27, and 29. All of these breakers were in the "ON" energized position. Principal power switches shall be labeled to indicate which units or circuits they control. Miners were exposed to electrical hazards associated with working on or near energized circuits which could be thought to be inactive. Injuries expected would include shock, burn, and possible electrocution. The West Power Room/Control Room is accessed on a daily basis.</p> <p>#1 Citation reads like we picked fatal from options of shock, burns, electrocution. No explanation for fatal. (how come fatal) #2 How did we determine high negligence? #3 Who were the miners exposed how long were they exposed?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.4201(a)(1)	N	Unlikely	Lost Days	0	High
<p>The fire extinguisher located on the Ford F250 maintenance truck (Co# 16) had not been visually inspected and recorded during the months of February, March, or April. The annual inspection was conducted January 2009. There was pressure on the gauge indicating the fire extinguisher was usable if needed. Persons were exposed to possible serious burns by attempting to use a defective unit.</p> <p>#1 What are we citing failure to make a record or conduct the test? #2 Were we citing a fire extinguisher or a record of a test? #3 How could the test or record cause LWD injuries? #4 Where is the negligence justification?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.14112(a)(1)	N	Unlikely	Fatal	1	High
<p>The guard for the tail pulley under the feed hopper, had been broken off and partially covered up with material. Guards shall be constructed and maintained to withstand the vibration, shock, and wear to which they will be subjected during normal operations. No one works or travels in this area when the plant is running.</p> <p>#1 If guard was broken off and we had exposed moving parts. Why would 56.14107(a) not be cited? #2 If you have access, can we say we never will or never have had exposure? Is fatal really the most expected injury? #3 What kind of moving parts did we have? Last sentence does nothing to support a violation. Is this a fact or opinion? How was this statement proven? why would a supervisor allow this in a citation? #4 Where is any negligence justification?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	(b) (6)	[REDACTED]	104(a)	56.14101(a)(2)	N	Unlikely	Lost Days	1	High
<p>The Chevrolet 1500 pickup truck (serial #IGCEC14 V4YE353378) Parking brake did not hold on a slight grade when tested. The Chevrolet pickup truck operates in the quarry pit on level areas most of the time.</p> <p>#1 If truck operates in the quarry but most of the time on level how did we determine it not likely to ever be parked grade? Would not hold on slight grade. #2 If run over by pickup truck is lost work days really the injuries a person is likely to receive? How is negligence being justified?</p>									

United States Department of Labor
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District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	56.12028	N	Unlikely	Lost Days	1	Moderate
<p>The mine operator was unable to produce current documentation that the continuity and resistance testing of the electrical system and equipment within the Quarry Maintenance shop had been conducted. Records were available for the grounding electrode test and several pieces of equipment were tested for motor continuity. A pedestal type 220 volt grinding wheel was not tested and several other pieces of equipment did not have their grounding conductors tested. Employees working around or in this area were exposed to the possibility of electrical shock or burn if a ground fault condition were to go undetected.</p> <p>#1 How would a failure of testing without a electrical fault cause LWD? An electrical fault is a different citation and should be cited.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	56.4201(a)(1)	N	Unlikely	Lost Days	1	Moderate
<p>Several fire extinguishers located at the mine site had not been visually inspected for serviceability during the month of April. The annual service examination was performed in March of 2009 and a monthly inspection was recorded for May of 2009. All the fire extinguishers that were checked showed pressure on the gauges, indicating their were operational if needed.</p> <p>#1 Why did we cite fire extinguishers individually previously and lump several this time? #2 We are citing failure to test. How was LWD justified? #3 How was negligence justified in the citation?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	56.14107(a)	N	Unlikely	Permanent	1	Moderate
<p>The existing (6) guard for the tail pulley on the No.8 feed belt in the mill area was not adequate. The openings on both sides of the tail pulley were not completely cover to prevent a person from contacting the pinch point.</p> <p>#1 Who is exposed? How likely would it be for an accident to result? And what type injuries are likely to result if contact is made to the moving machine parts? #2 How is Negligence justified in the citation?</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	47.41(a)	N	Unlikely	LostDays	1	Moderate
<p>The portable container,(1/2 Gal.),found on the Cat.Rock Breaker,(No.SB003)was not provided with a label marked with the appropriate information of it's contains.The operator must ensure that each container is properly label.</p> <p>#1(This standard should only be cited if the chemical were hazardous. What was in the container?)</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	56.12018	N	Unlikely	Fatal	1	Moderate
<p>The 110/220 volt breaker box located in the Primary Plant MCC building was not properly labeled to show which circuits they control. Breakers #20, #24, and #33 were not labeled but in the ON position. Upon inspection by the company electrician, these breakers did control live circuits. Other breakers had been moved from their original locations so another breaker could be added. Principal power switches shall be labeled to indicate which circuits they control. Miners were exposed to electrical hazards associated with working on or near energized circuits which could be thought to be inactive. The Primary Plant MCC building is accessed on an as needed basis for lock-out procedures of plant equipment. Electrical work is performed by company electricians and an outside electrical contractor.</p>									

United States Department of Labor
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District **MNM Northeastern**

Field Office **Wyomissing South**

Mine ID [REDACTED]

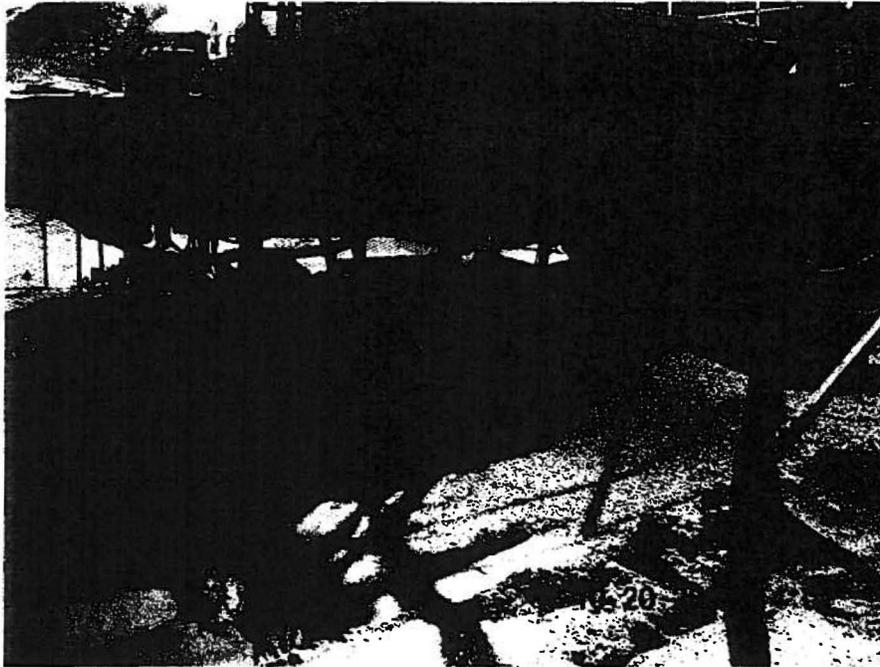


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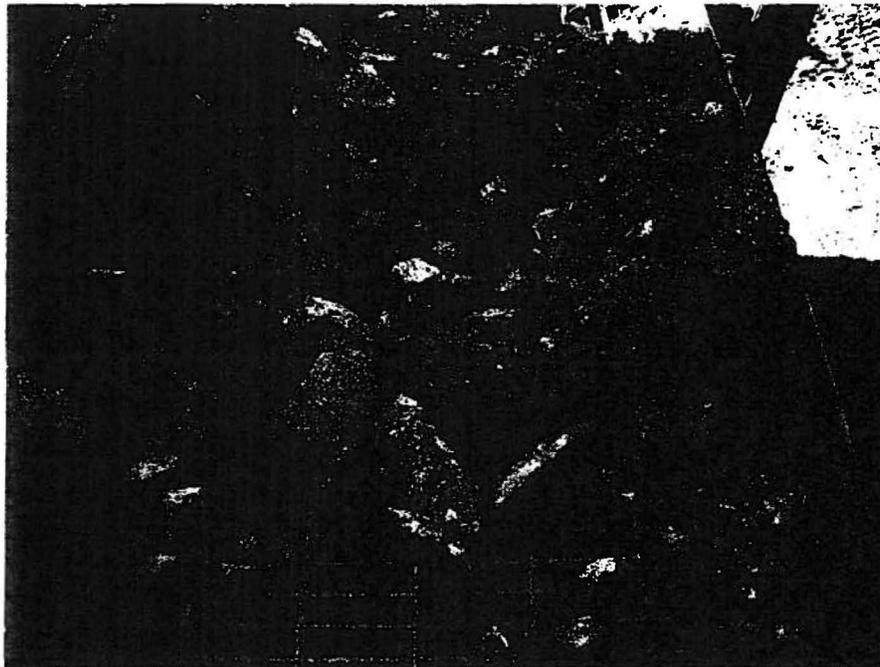


Photo No.2 -

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District **MNM Northeastern**

Field Office

Wyomissing South

Mine ID

(b) (6) [REDACTED]

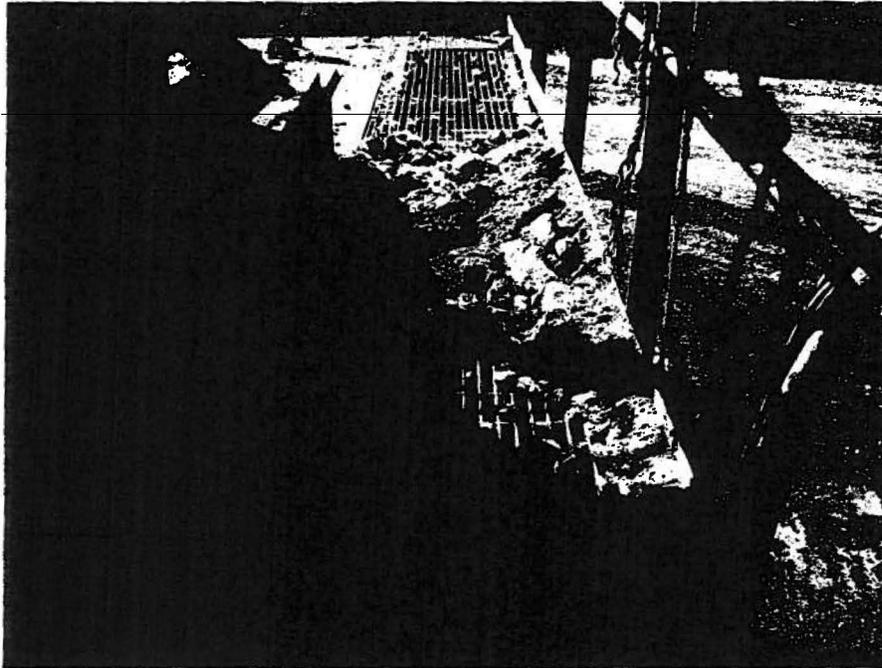


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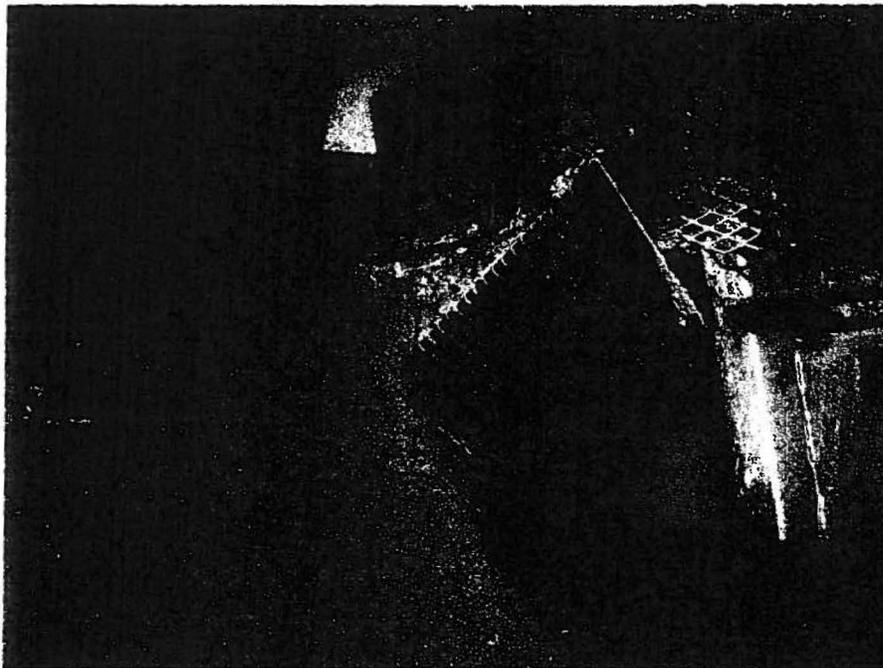


Photo No.4 -

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District MNM Northeastern Field Office Wyomissing South Mine ID (b) (6)

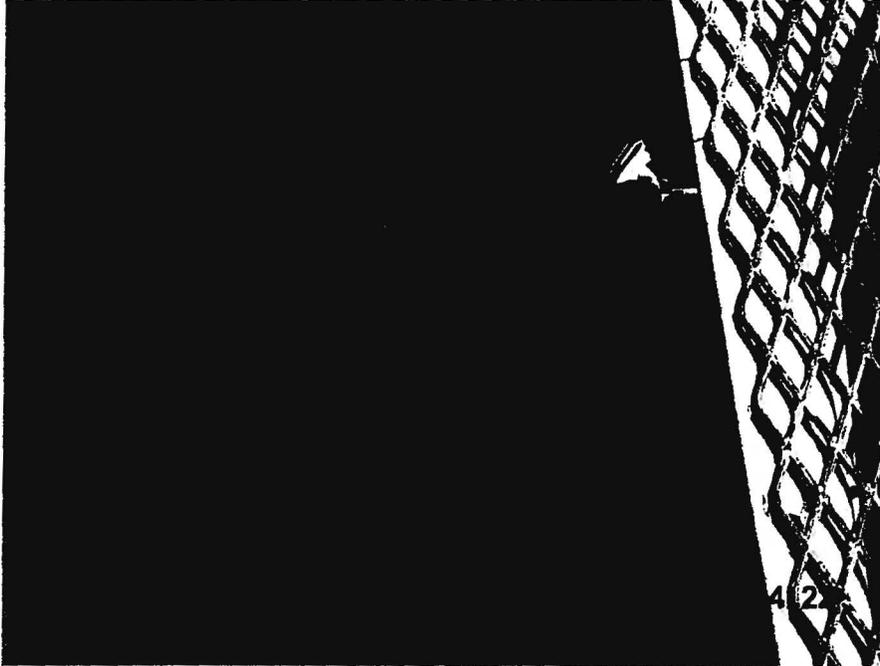


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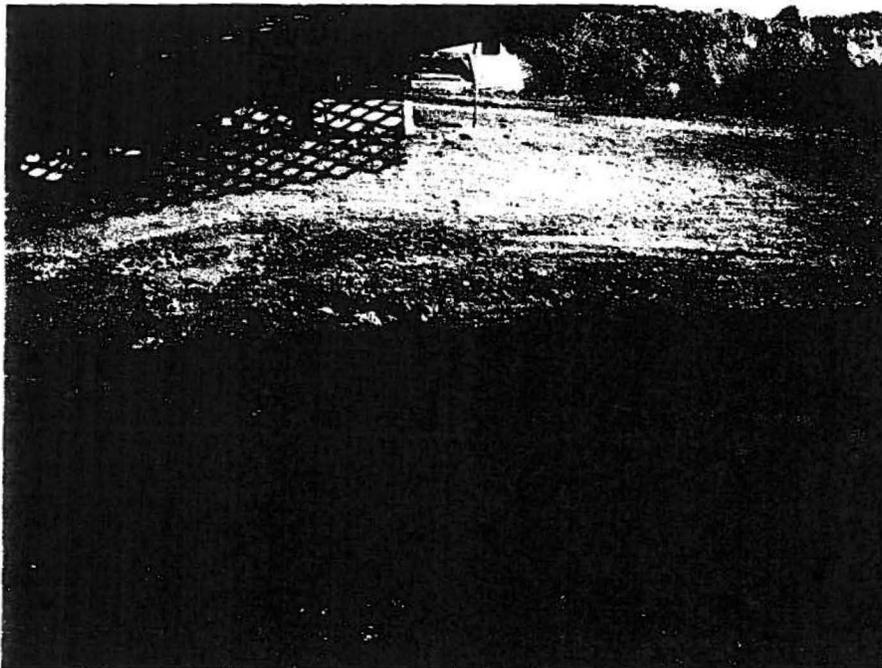


Photo No.6 -

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District **MNM Northeastern**

Field Office **Wyomissing South**

Mine ID **(b) (6)**

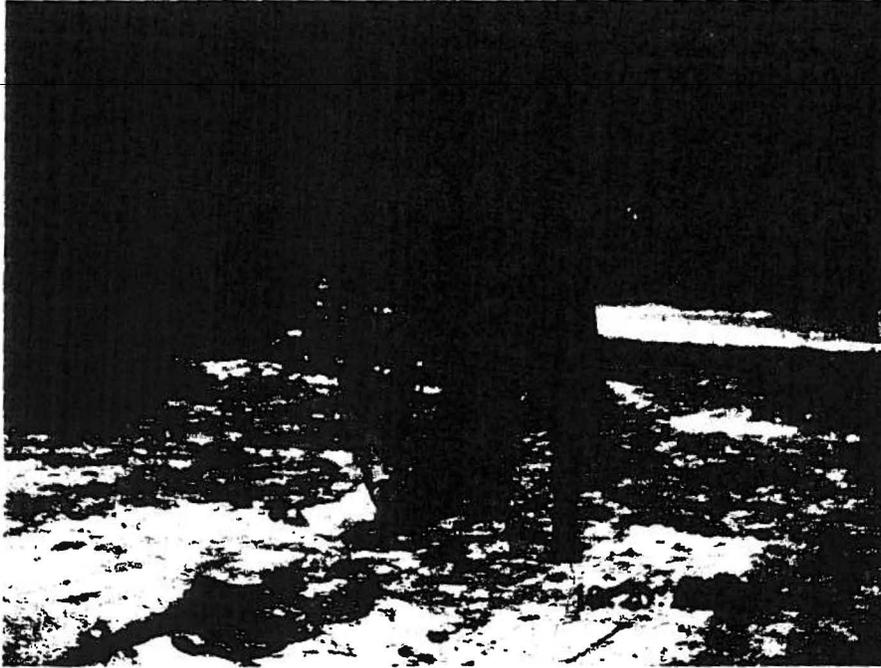


Photo No.7 -



Photo No.8 -

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District Field Office Mine ID

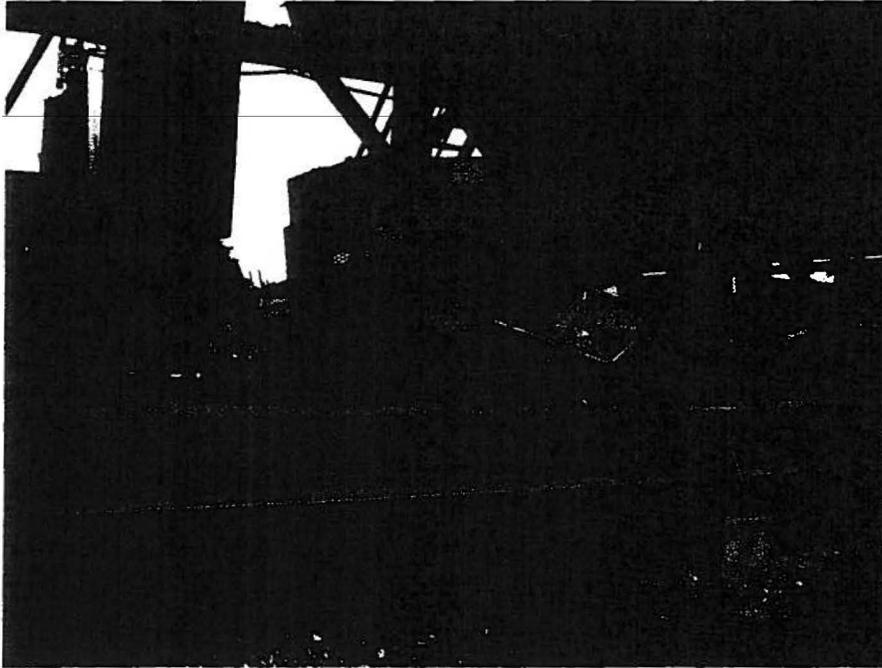


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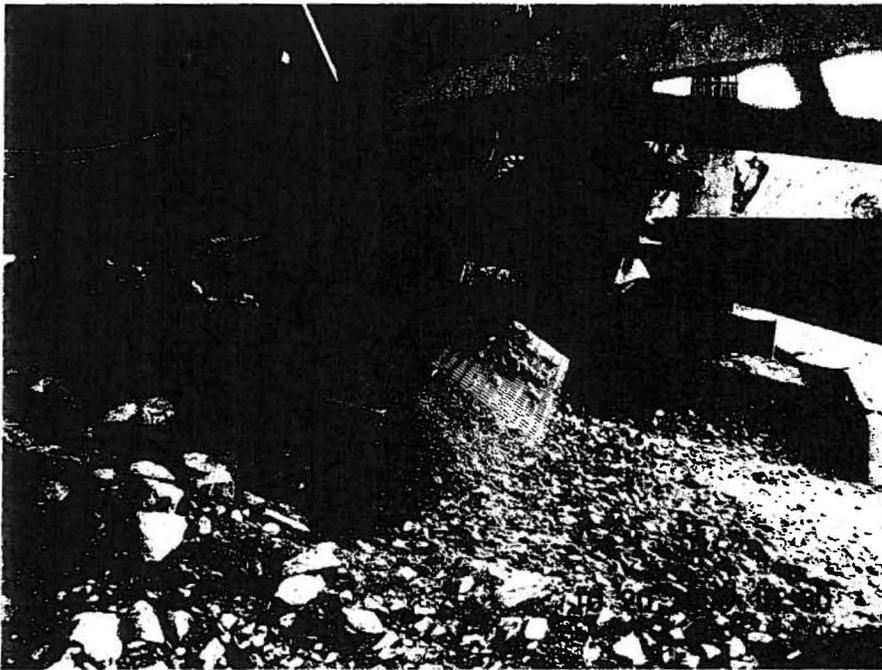


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District Field Office Mine ID

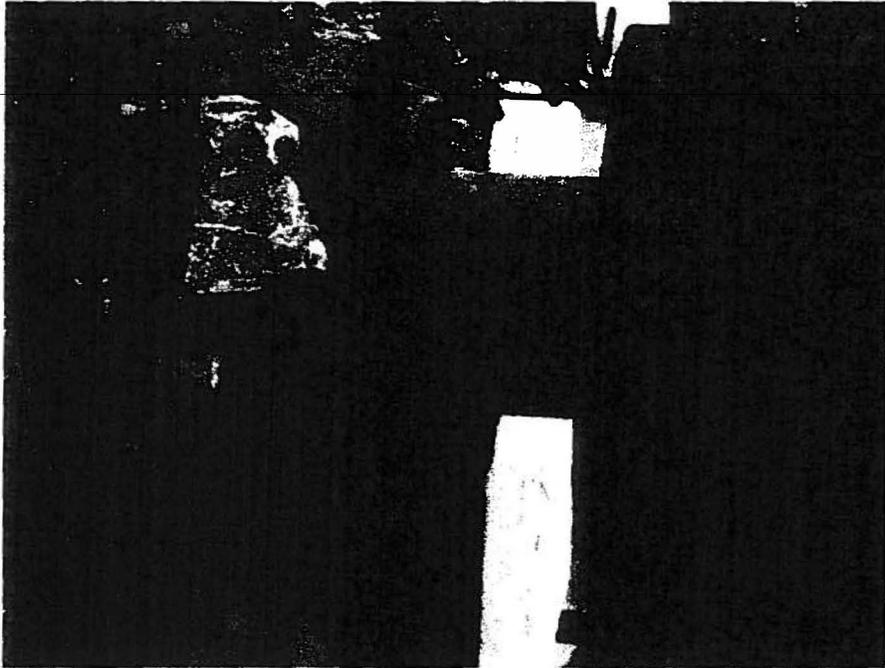


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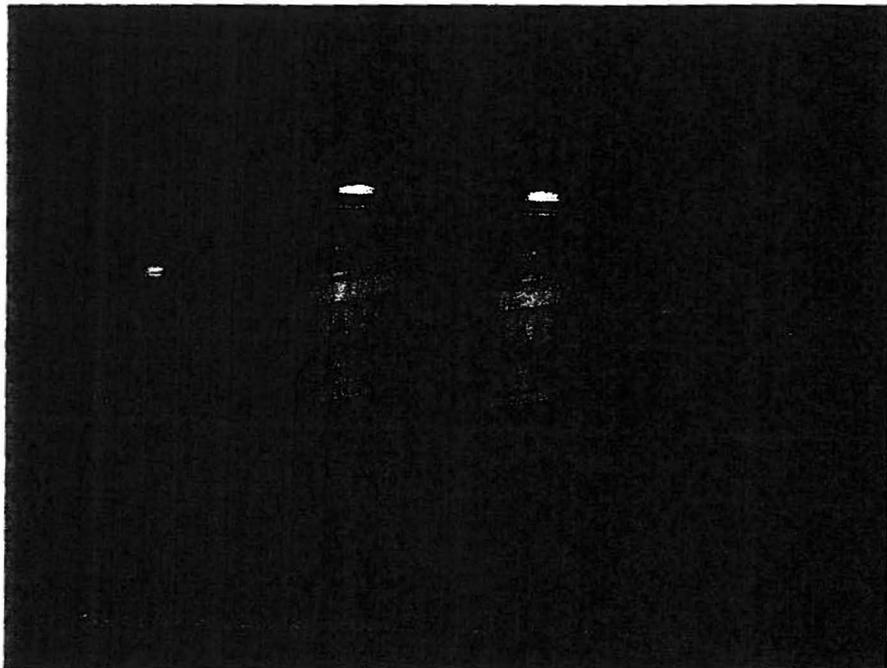


Photo No.12 -

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(b) (7)(C)

District MNM Northeastern Field Office Wyomissing South Mine ID [REDACTED]

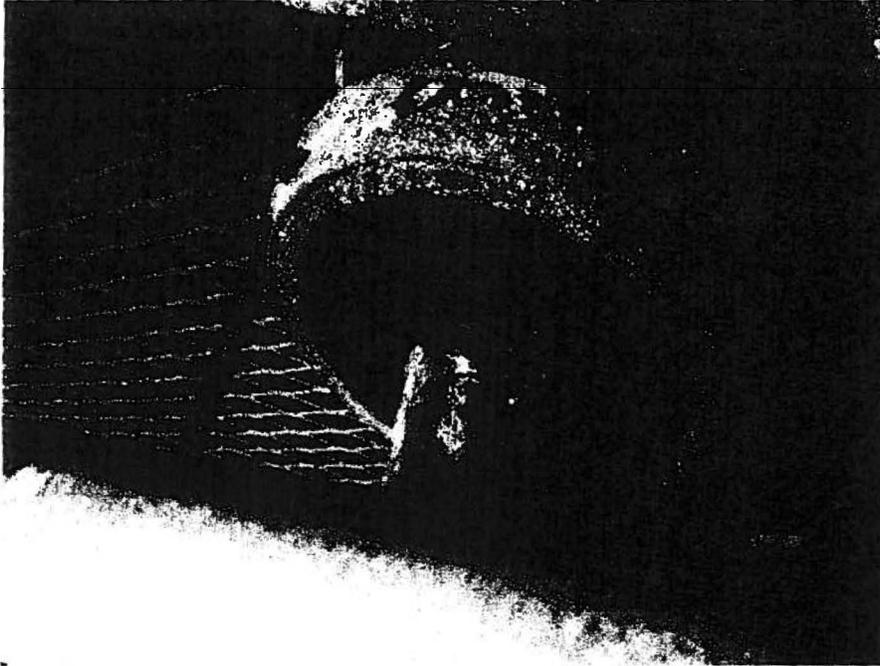


Photo No.13 -



Photo No.14 -

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District **MNM Northeastern** Field Office **Wyomissing South** Mine ID **(b) (6)**

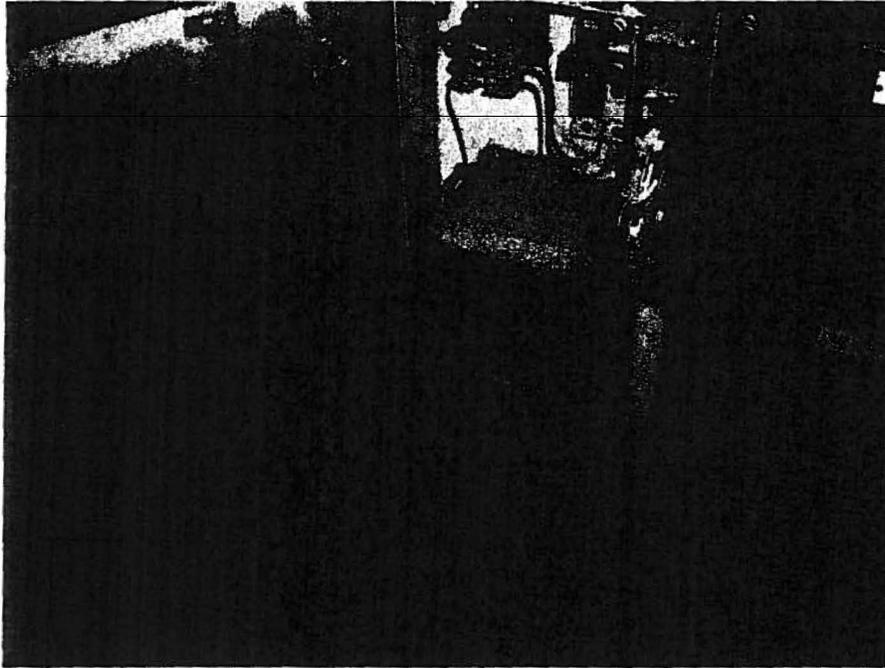


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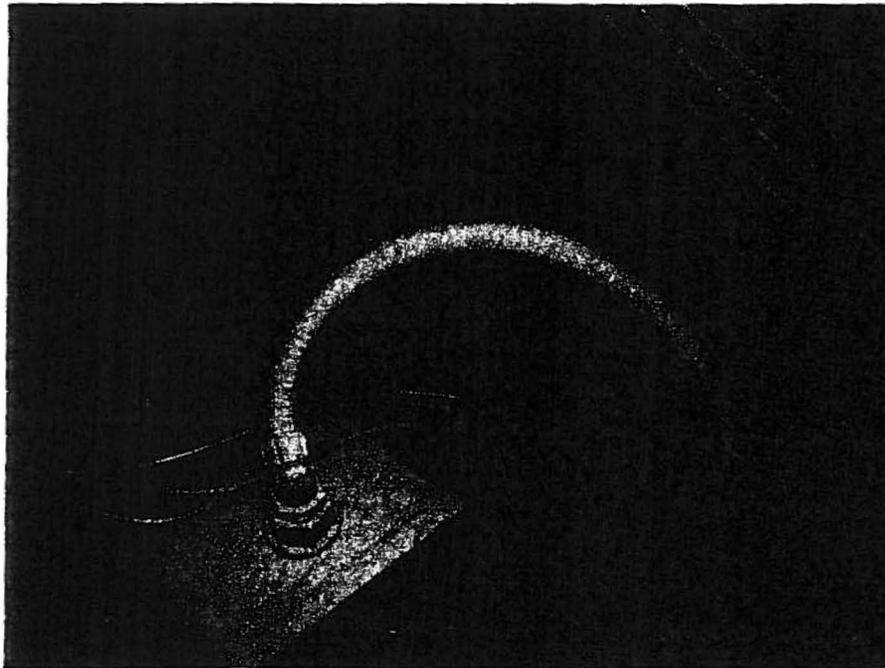


Photo No.16 -

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(b) (6)

District Field Office Mine ID

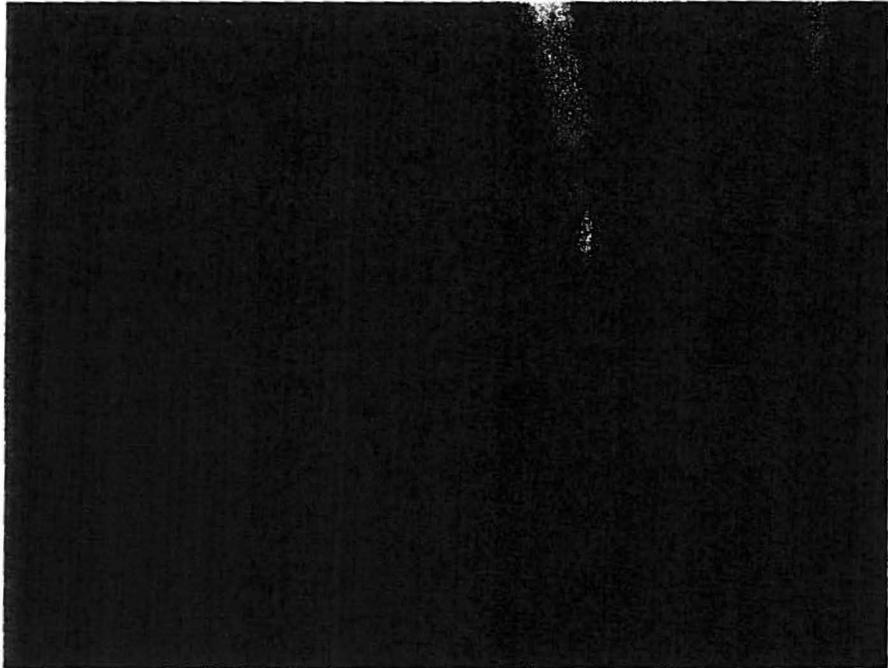


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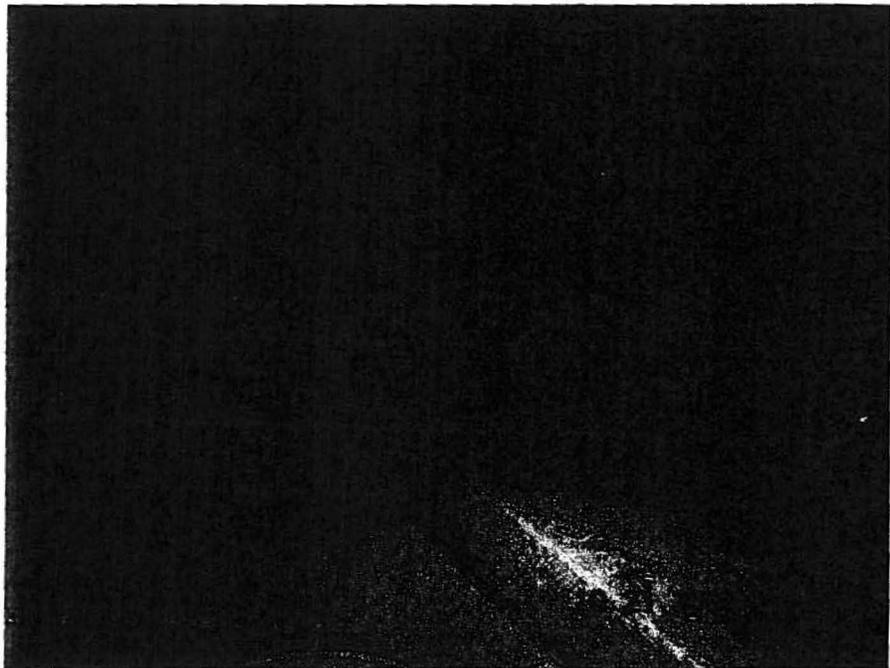


Photo No.18 -

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District **MNM Northeastern**

Field Office **Wyomissing South**

Mine ID **(b) (6)**

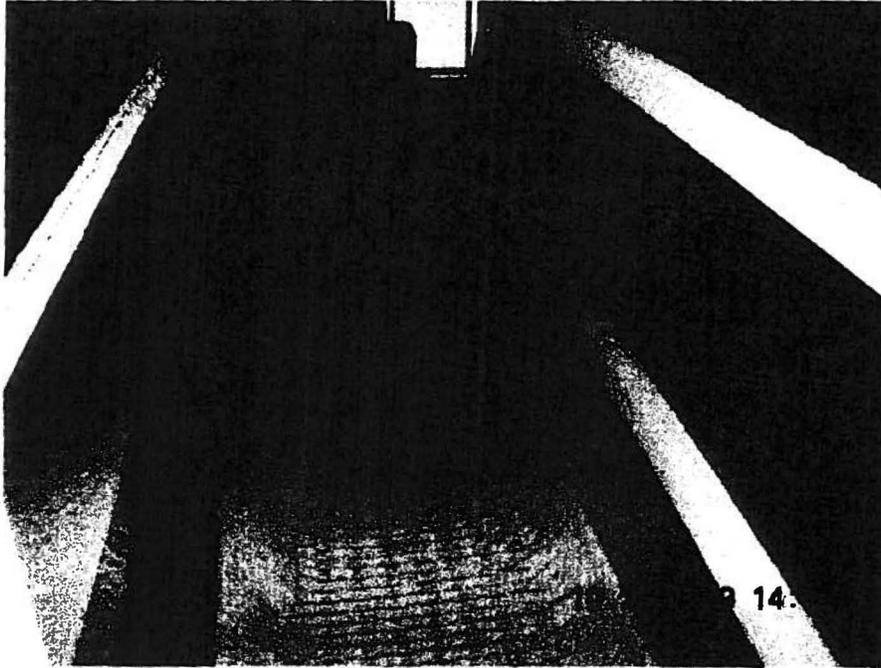


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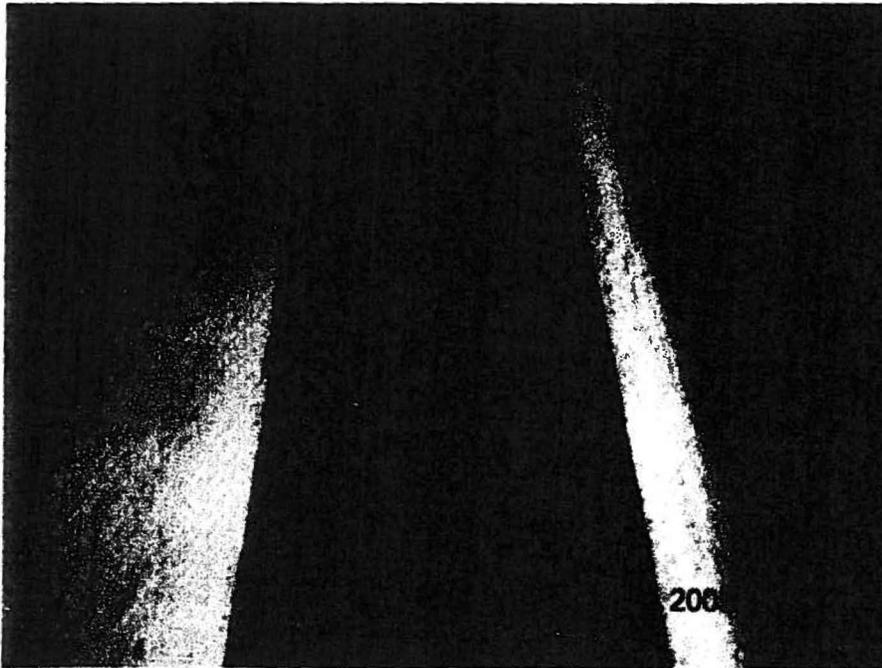


Photo No.20 -

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District **MNM Northeastern** Field Office **Wyomissing South** Mine ID **[REDACTED]**

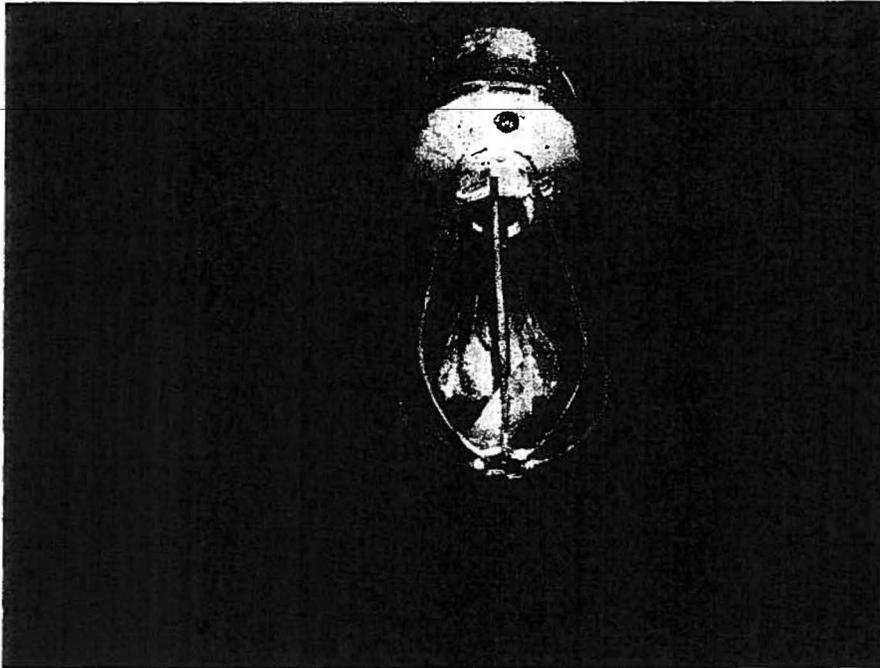


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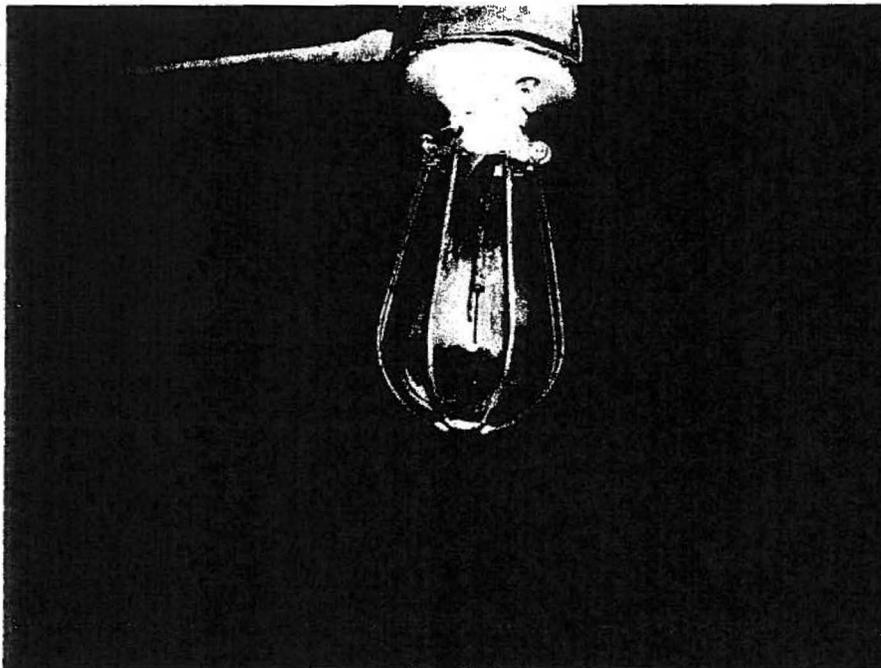


Photo No.22 -

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District

Field Office

Mine ID

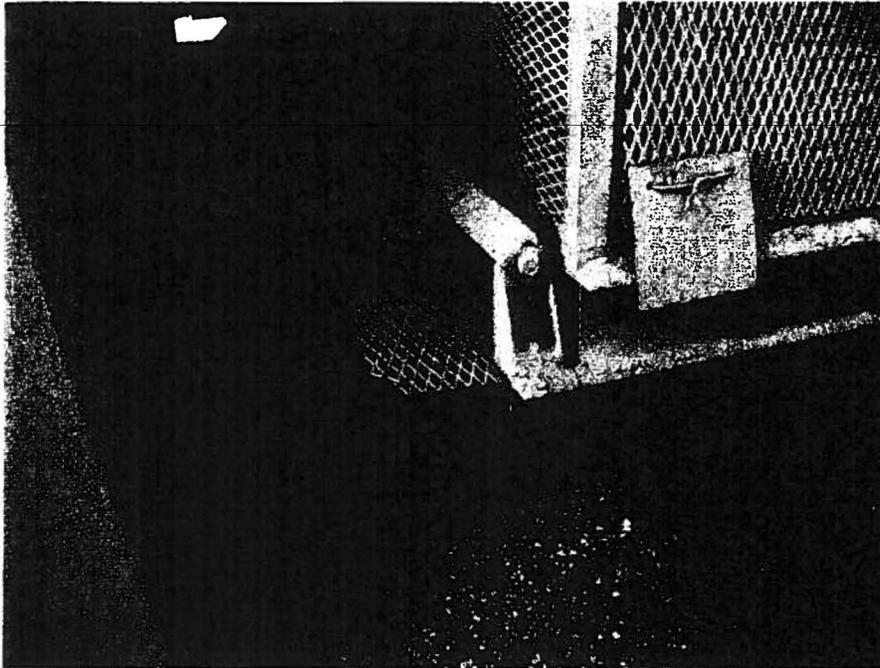


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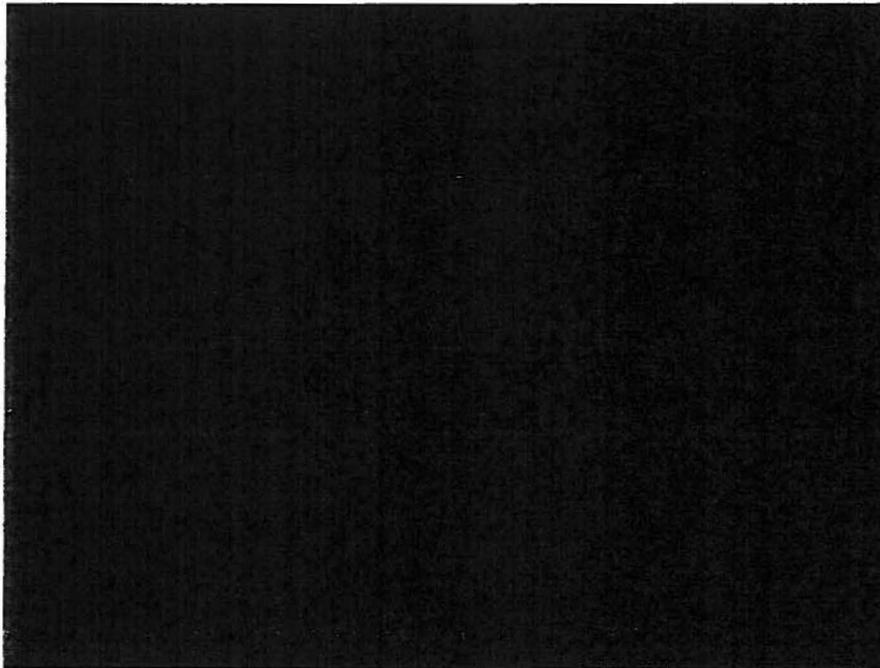


Photo No.24 -

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District Field Office Mine ID

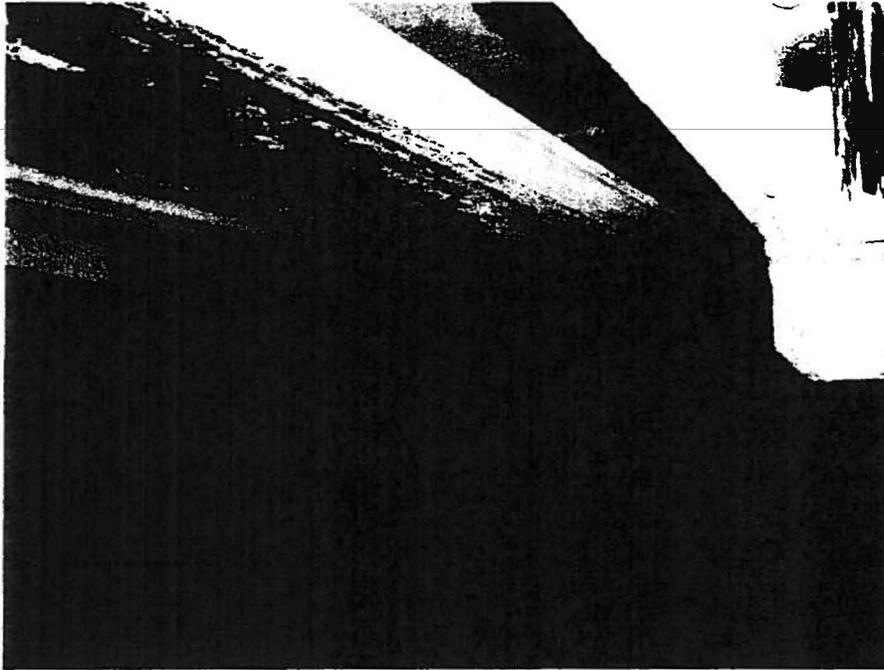


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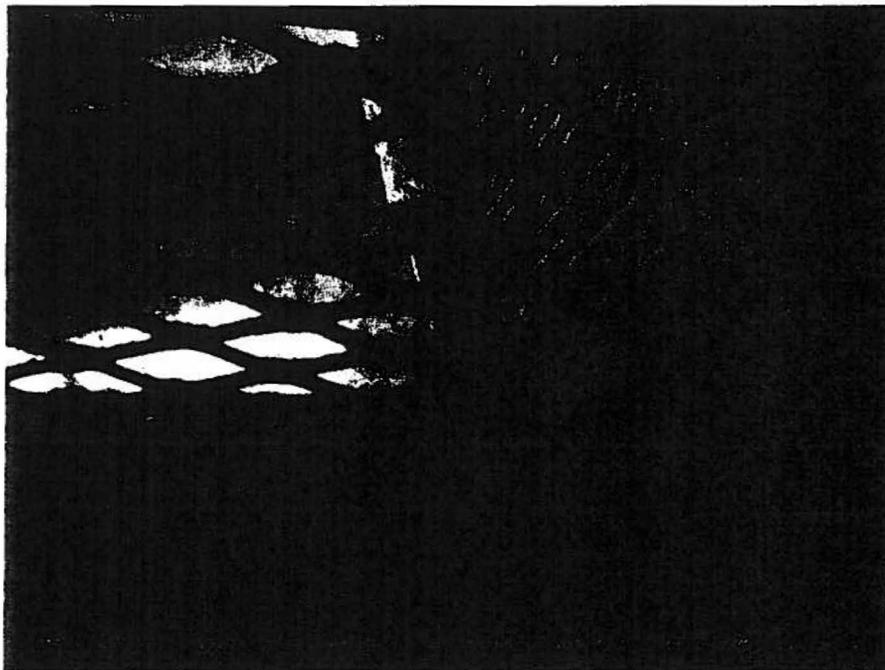


Photo No.26 -

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District Field Office Mine ID



Photo No.27 -

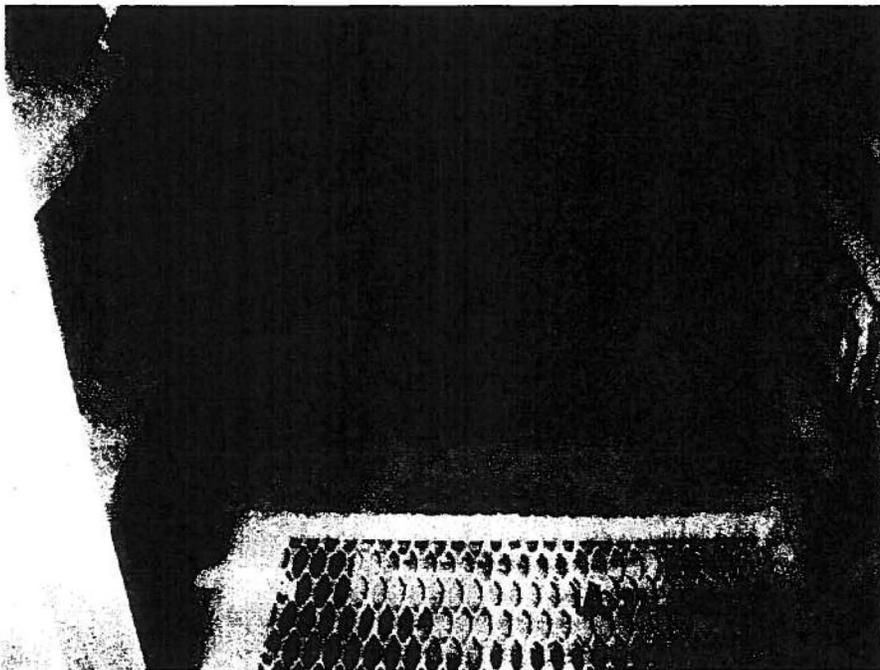


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