U.S. Department of Labor

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



December 22, 2008

MEMORANDUM FOR

RICHARD STICKLER Acting Assistant Secretary for Mine Safety and Health Administration

FROM:

CHARLES J. THOMAS Marks (). Shomas Director of Accountability for Mine Safety and Health Administration

ARLIE A. WEBB Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, Bessemer, Alabama, Field Office, and

Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Uniform Mine File, MSHA field activities, level of enforcement, Field Activity Reviews (FARs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the week of **Sector**, by Arlie A. Webb and Charles J. Thomas. Positive findings and issues requiring attention are included in this audit report.

Overview

The audit team traveled to the subject field office and mine to observe and evaluate enforcement activities and mine conditions. Accompanying the audit team were

Areas of the mine examined during this audit included the longwall section and face equipment, the entire longwall belt conveyor, and longwall head gate and tail gate travel ways. The faces, roof, ribs, ventilation, entries, and equipment on three continuous mining machine sections (002-0, 003-0, and 004-0) were also examined, along with associated feeders, belts, point-type fire sensors, and Miner Act provisions. Other equipment inspected included shuttle cars, roof bolting machines, power centers, belt conveyor guarding, fire suppression systems, and ventilation fans. Pressure and function tests were conducted on three separate, 100-foot length sections of fire hose and their associated nozzles and connectors underground.

The Emergency Response Plan was reviewed and verified at the mine. Seventeen boreholes are provided from the surface to the mine elevation, with mobile surface trucks capable of supplying fresh air to each of the five "safe havens" located in the Flat Creek #1, Flat Creek #2, and Flat Creek #3 gate roads, one safe haven in the Flat Creek #4 area, and one in Flat Creek Mains area. Each safe haven has the required number of roof jacks, curtain material, boards, and supplies. The audit team examined three of the safe havens and supplies.

The inspectors and audit team members conducted safety discussions with 3 different bolter crews, longwall crew, 3 continuous mining machine operators, and numerous miners on working sections and outby. Discussion subjects included SCSR training and cache location, fire drills, escapeway drills, actions for excessive methane, red-zone safety precautions and general safety practices. Stickers and handouts regarding best practices, roof bolting safety tips, continuous mining machine safety tips, personal protective equipment stickers and Winter Alert stickers also were distributed.

The roof control and ventilation plans were also compared to the conditions and practices in the mine.

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

- 1. No violations of 75.200 were observed during this audit, and no 75.400 violations were observed in any belt conveyor entries during this audit. Although all inspectors accompanying the audit team adequately enforced the regulations, these two areas exemplify MSHA's goals, and the inspectors' attention to detail.
- 2. Evidence indicates that rock dust is being applied at frequent intervals throughout the mine. The company was using a standard "leaf-blower" to apply rock dust in hard to reach areas in the belt conveyor entries. (See Attachment B)
- 3. No excessive methane was detected in any area visited by the audit team, and the approved roof control and ventilation plans appeared adequate for current mining conditions.
- 4. Inspection documentation indicated thorough and complete inspections are being conducted.
- 5. A 104(d) tracking system is maintained up to date.
- 6. There is a very high level of communication between the UMWA, the company, and MSHA at this mine. Interviews with

revealed an attitude of

cooperation and mutual respect.

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

- 1. In one instance, a citation was not issued for an obvious violation of 30CFR, §75.1722.
- 2. Inspection Event Calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days.
- 3. An E02 inspection calendar was not being maintained for all underground mines required to be inspected under 103(i) of the Mine Act.
- 4. On one isolated occasion an E02 spot inspections was not conducted within the time frames set forth by the Mine Act and MSHA policy.

Audit Results

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

Attachments

- A. Office of Accountability Checklist, with comments, recommendations, and references
- B. Modification of leaf blower for use as rock duster
- C. Citations issued during this audit

1.	75.1725(a)
2.	75.512
3.	75.333(h)
4.	75.1100-3
5.	75.400
6.	75.320(a)
7.	75.342(a)(4)(i)
8.	75.380(d)(1)
9.	75.380(d)(2)
10.	75.1725(a)
11.	75.1722

D. Other audit photos

1.Evaluate supervisory review of inspection reports and documentation for completeness.			
Adequate Inadequate X Not Applicable Comments Below			
The event calendar for inspection event number was compared to time and activity data from timesheets. Of the 104 data entries, 34 errors were observed, including:			
 14 instances where time was reported on time sheets, but not on the inspection event calendar. 			
 16 instances where the shift worked was recorded on the inspection event calendar, but not reported on time sheets. 			
 4 instances where the information was recorded on the inspection event calendar and time sheets, but did not match. 			
In addition, there were two instances where the Special Assessment Review Form (SAR) was found in the inspection report. This document contains privileged and protected information.			
Action Required-Improve supervisory review of inspector work products, including time sheets, inspection event calendars, and notes. This is a systemic issue to most of MSHA field reports.			
Reference – Coal Mine Safety and Health Supervisor's Handbook (AH08-III-1)			
2. Determine if supervisors address report deficiencies immediately			
Adequate Inadequate X Not Applicable Comments Below			
There was no indication that errors had been identified, and no corrective actions had been taken.			
Action Required- Improve supervisory response to deficiencies found in work products, and actions taken to correct those deficiencies.			
Reference – Sago, Aracoma, and Darby Internal Review, Recommendations and Corrective Actions			

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date				
3. Determine if supervisors are visiting each assigned mine at least annually				
Adequate X Inadequate Not Applicable Comments Below				
Several departments greatly exceeded the number of required mine visits:				
The Example 1 and the producted 2.6 times the number of required visits The Example 1 and the producted 2.5 times the number of required visits The Example 1 and the producted 1.4 times the number of required visits The Example 1 and the producted 1.4 times the number of required visits The Example 1 and the producted 1.4 times the number of required visits The Example 1 and the producted 1 a				
However, the Bessemer, Alabama field office supervisors conducted only 69 of the required 96 mine visits (72%).				
The District Manager and one field office supervisor for District 11 were both assigned to the Crandall Canyon accident investigation during most of the period evaluated and were therefore unable to personally conduct mine visits. Although this gave the appearance that both positions failed to meet the minimum requirements for mine visits, additional research revealed that several subordinate positions (as shown above) conducted mine visits while acting in those capacities.				
Recommendation – Persons conducting mine visits while acting in higher level capacities should list mine visit information on the spreadsheet accordingly.				
4. Evaluate the quality of Field Activity Review reports (FARs)				
Adequate Inadequate X Not Applicable Comments Below				
repetitive. None of the FARs documented any deficiencies and seldom mentioned constructive criticism.				
Action Required – Supervisors must scrutinize inspection reports and take corrective actions immediately for observed deficiencies.				
Reference – Sago, Aracoma, and Darby Internal Reviews, Corrective Action Plan				

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability			
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date			
5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted			
Adequate X Inadequate Not Applicable Comments Below			
6. Evaluate the quality of Accompanied Inspections			
Adequate Inadequate X Not Applicable Comments Below			
None of the Accompanied Activity Reports examined during this audit included any deficiencies and seldom mention any constructive criticism.			
Action Required – Supervisors are required to document deficiencies and corrective actions identified during Accompanied Activities.			
Reference – Coal Mine Safety and Health Supervisor's Handbook – Chapter 1, Section VI- Conducting Accompanied Activities.			
Reference – CMS&H Memo No. HQ-07-081-A (Mine Visits and Accompanied Supervisory/Managerial Activities).			
7. Determine if supervisors are thoroughly reviewing mine files at least annually			
Adequate X Inadequate Not Applicable Comments Below			

quate 🗌	Not Applic	able	Commer	nts Below
· · · ·				
×.				
	6		, e	
		6	6	6

Attachment A United States Department of Labor
Mine Safety and Health Administration Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
Evaluate supervisory and management review of 103(i) (spot inspection) tracking
14. system for compliance with time frames
Adequate Inadequate X Not Applicable Comments Below
This mine produces coal on 3 shifts, 7 days per week. The mine falls under the 5-day spot inspection category as stated in §103(i) of the Mine Act due to a liberation rate well in excess of 1 million cubic feet of methane per 24-hour period.
During Fiscal Year 2008, one 103(i) inspections was missed. An E02 inspection was not conducted during the period beginning March 19, 2008, and ending March 30, 2008 (12 days). Interviews with district personnel revealed this to be the result of a scheduling/communication error. All other E02 inspections were conducted within the established 5-day time frame.
In addition, there were six occasions when the spot inspections were not conducted at irregular intervals:
 Four instances where spot inspections were conducted on consecutive Wednesdays (October 03 & October 10, 2007) (November 14 & November 21, 2007) (April 16 & April 23, 2008) (July 02 & July 09, 2008)
• One instance where spot inspections were conducted on consecutive Thursdays
 (January 17 & January 24, 2008) One instance where spot inspections were conducted on three consecutive Mondays (August 04, August 11, & August 18, 2008)
Action Required – Spot inspections are to be conducted of all or part of the mine during every 5 working days at irregular intervals.
Reference – Federal Mine Safety and Health Act of 1977, §103(i)
Reference – Sago, Aracoma, and Darby Internal Reviews, Page B-5, Item 10, Recommendations & Corrective Actions
 Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection
Adequate X Inadequate Not Applicable Comments Below
Audit results indicate that E02 inspections are separate from other inspection activities.
L

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability			
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date			
Determine if supervisors are monitoring inspector time and activity17.documentation to ensure proper use of time by inspector			
Adequate X Inadequate Not Applicable Comments Below			
With the exception of the issue identified in Item No. 1 above, an evaluation of inspector time distribution for E01 inspections conducted out of this field office was quite commendable:			
67% of the total underground inspection time was spent onsite 65% of the total surface inspection time was spent onsite 65% of the total surface facility inspection time was spent onsite			
Time recorded in the "Other" category averaged 17% overall.			
Determine if District Manager is monitoring the ACRI program and using the 21. Performance Management System to ensure that CLRs justify changes Adequate X Inadequate Not Applicable Comments Below CLR decisions appeared logical, well-reasoned, and in compliance with national policy and			
supported the inspectors when inspector documentation was effective.			
23. Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions			
Adequate Inadequate X Not Applicable Comments Below			
Second level reviews did not address the issues found in supervisory reviews, FARs and AAs (as noted in Items 1, 2, 4, and 6 above).			
Determine if complete and thorough inspections are being conducted andadequately documented			
Adequate X Inadequate Not Applicable Comments Below			
Inspector field notes, issuances, and tracking maps indicate the mine is being inspected thoroughly.			

Attachment A	United States Department of Labor Mine Safety and Health Administration Office of Accountability	
District Coal Dist 11 Field Office	Bessemer, AL Mine ID Date	
*	ion notes, air samples, rock dust samples, and tr ort the inspector's assertion that the mine was in	Ų I
Adequate X Inadequat	e Not Applicable Commen	ts Below

31. Determine that the inspector spent sufficient time on off-shifts and on weekends		
Adequate X Inadequate Not Applicable Comments Below		
A review of event calendars and inspection time and activity data indicated:		
At least 8% of the total inspection time was on Saturdays and Sundays At least 13% of the total inspection time was on Fridays At least 16% of the total inspection time was on off-shifts		

34. Determine if all mine record books, postings, and other required materials are examined during the inspection				
Adequate	X	Inadequate	Not Applicable	Comments Below
		<u></u>	······································	· · · · · · · · · · · · · · · · · · ·

35. Determine if all provisions of the MINER Act are evaluated during the inspection
Adequate X Inadequate Not Applicable Comments Below
Inspection notes, interviews with inspection personnel, and observation of inspection activities during the audit indicated that all provisions of the MINER Act are being effectively evaluated during inspection activities.

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability			
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date			
 Determine if the amount of time expended on each inspection activity and area of 36. the mine is sufficient to accomplish inspection goals 			
Adequate X Inadequate Not Applicable Comments Below			
As noted in Items 17 and 31 above.			
Evaluate each citation/order/safeguard for inspector's determination of gravity,37.argligence, number of persons affected, and the level of enforcement			
Adequate X Inadequate Not Applicable Comments Below			
Positive Comment: After a review of enforcement actions taken during the six months prior to the audit, the audit team agreed with the inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement. It should be noted that inspectors in this field office appear to be very conscientious in their evaluations of the number of persons affected. This gravity and negligence is also supported by the conference officer.			
38. Accompany and evaluate inspector's imminent danger run			
Adequate X Inadequate Not Applicable Comments Below			
Evaluate conditions on working section and observe work cycle			
42.			
Adequate X Inadequate Not Applicable Comments Below			
The continuous mining machine sections were clean, well ventilated, and well supported. Rock dusting was excellent, and observation of the mining cycle indicated safe working habits.			

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
43. Observe air quantity, quality, and gas checks by inspector
Adequate X Inadequate Not Applicable Comments Below
44. Determine adequacy of Emergency Response Plan training (interview miners)
Adequate X Inadequate Not Applicable Comments Below
Miners were familiar with the location of escapeways, escapeway maps, location of the ERP supplies, and SCSR cache locations.
45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners)
Adequate X Inadequate Not Applicable Comments Below
At least 14 miners were interviewed during this audit. The interviews indicate all miners are being well trained in the provisions of the roof control plan, ventilation plan, emergency and evacuation plans, SCSR storage and donning of SCSRs.
46. Evaluate Self-Contained, Self-Rescuer condition, storage, signage
Adequate X Inadequate Not Applicable Comments Below
Determine if the mine operator has conducted SCSR donning expectation training

47.		4 ×	or has conducted SCSR donr ved and evaluated the traini	
Adequate	X	Inadequate	Not Applicable	Comments Below
Interview locations.	s with mir	ners indicated a thor	ough knowledge of donning	; technique and cache

Attachment A		Mine Safe	States Department of Labor ty and Health Administration ffice of Accountability	
District C	Coal Dist 11	Field Office Bessem	er, AL Mine ID	Date
48. []]	Examine	electrical cables on s	several pieces of equipn	nent
Adequate	X	Inadequate	Not Applicable	Comments Below
				·
49. []]	Evaluate	several pieces of eq	uipment for permissibil	ity
Adequate	X	Inadequate	Not Applicable	Comments Below
50. ¹	Examine	lifelines, personnel	doors, and related signa	ge
Adequate	X	Inadequate	Not Applicable	Comments Below
		· · · ·		
51. []]	Examine	escapeway map for	compliance with regula	tions
Adequate	X	Inadequate	Not Applicable	Comments Below
52. ¹	Evaluate	integrity of primary	and alternate escapewa	ays
Adequate	X	Inadequate	Not Applicable	Comments Below
				· · · · · · · · · · · · · · · · · · ·

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
53. Evaluate integrity of return side stopping line
Adequate X Inadequate Not Applicable Comments Below
54.Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries
Adequate X Inadequate Not Applicable Comments Below
Section conveyor belts were maintained in excellent condition with regard to rock dusting, ventilation, examinations, and maintenance of rollers.
55. Evaluate conveyor belt isolation from other air courses
Adequate X Inadequate Not Applicable Comments Below
56. Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)
Adequate X Inadequate Not Applicable Comments Below
A functional/pressure test was conducted on three fire valves, hoses, and nozzles during this audit. All tested equipment functioned properly. The average elapsed time from notification that a test was being conducted until water was being applied to the belt was less than 3 minutes.

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
59. Evaluate condition of conveyor belt drives, and fire suppression systems
Adequate Inadequate X Not Applicable Comments Below
Two citations were issued during this audit for conditions found at belt drives.
 Excessive distance between drop-off rollers on a take-up unit resulted in the belts rubbing together within the take-up unit. The tail pulley on a main line belt drive was not adequately guarded.
However, in one instance, the belt conveyor drive and belt take-up unit at the mouth of a developing longwall gate entry were not adequately guarded. (Photographs of the belt conveyor take-up unit are in Appendix D)
Interviews indicated this condition was an obvious violation that had not been cited during past inspections. The district decided to give the operator the opportunity to correct the hazard as a result of its oversight. The condition was corrected immediately.
Action Required – Authorized Representatives are required by the Mine Act to issue citations and/or orders for all observed violations.
Reference – Federal Mine Safety and Health Act of 1977, §104(a)
Recommendation –OA audit teams have also observed inadequate and/or insubstantial guarding of belt conveyor take-up units in other districts. The OA recommends a review of current MSHA guidelines on guarding. This issue appears to be systemic to MSHA, and should be addressed. Wire ropes along the belt conveyor take up units are inadequate to prevent contact with moving drop-off rollers and stands, and movable end-roller carriages. This condition is exacerbated when the ropes are in close proximity to the equipment.
62. Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below

Attachment A United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
 Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area
Adequate X Inadequate Not Applicable Comments Below
66. Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate X Inadequate Not Applicable Comments Below
One district-level Peer Reviews (Accountability Reviews) was conducted in District 11 during FY2008, it was thorough and in-depth. The review was well documented, and included an examination of E01 reports (regular inspections), E02 reports (103(i) spot inspections, E03 reports (hazard complaint inspections), E16 reports (spot inspections), Time and Activity data, the Uniform Mine File, and GPRA Goals. The review also included a mine visit.
67. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews
Adequate Inadequate Not Applicable X Comments Below
There were no headquarters-level reviews conducted in District 11 during FY2008. The required four (4) reviews were conducted in other Districts.
 68. Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.
Adequate X Inadequate Not Applicable Comments Below
No headquarters reviews were conducted in District 11 during FY2008.
Although the district-level review included an analysis of root causes, corrective actions, and proposed implementations dates, there is no documentation of the method(s) to be used to measure the success or failure of the corrective actions.
Recommendation – All district-level reviews should contain one or more methods to be used for measuring whether or not the corrective actions are working.

Attachment A	United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Co	al Dist 11 Field Office Bessemer, AL Mine ID Date Date
	Determine if Peer Reviews include a visit to the mine, and include observation of he producing section, conveyor belt entries, escapeways and the ERP provisions
Adequate	X Inadequate Not Applicable Comments Below
	Determine if approved plans and the Uniform Mine File books are addressed luring each Peer Review
Adequate	X Inadequate Not Applicable Comments Below
	valuate the two most current completed E01 (regular) inspection reports (two uarters)
Adequate	X Inadequate Not Applicable Comments Below

Attachment A United States Department of Labor Mine Safety and Health Administration
Office of Accountability
District Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
78. Ten most current completed E02 (103(i) spot) inspection reports
Adequate X Inadequate Not Applicable Comments Below
During this audit, there were 20 E02 inspection reports examined. The ten most recent E02 reports for the mine being audited. An additional ten reports were randomly selected from other mines inspected out of the Bessemer field office.
 11 (55%) indicated the inspector traveled to a working section 9 (45%) indicated the main purpose of the inspection was to examine seals No permissibility examinations or methane monitor calibrations were documented for any of the inspections. This is not a requirement, but is encouraged to better protect miners. 9 citations were issued during these 20 events
Recommendation – 103(i) Spot Inspections <u>should</u> frequently include examination of permissibility, water sprays, methane monitor calibration, and maintenance of air course ventilation controls, and other potential hazards relative to excessive methane liberation rates. FARs and AA may reward any effort above the minimum spot requirements.
Determine if 104(d) tracking system is in place at the office being sudited and is
Determine if 104(d) tracking system is in place at the office being audited, and is80. being kept up to date
Adequate X Inadequate Not Applicable Comments Below
Determine if all plans and documents in the Uniform Mine File are legible, and up 81. to date
Adequate X Inadequate Not Applicable Comments Below
99. Determine if the uniform mine file is reviewed for information related to plan adequacy
Adequate X Inadequate Not Applicable Comments Below

Attachment A	United States Department of Labor Mine Safety and Health Administration Office of Accountability
District C	Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date
103.	Determine if MSHA personnel from the plan approval group contacted and obtained additional information from the operator when necessary
Adequate	X Inadequate Not Applicable Comments Below
114.	Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date
Adequate	X . Inadequate Not Applicable Comments Below
	the spreadsheet appeared up to date, the number of mine visits was insufficient, as em 3 above.
115.	Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists
Adequate	X Inadequate Not Applicable Comments Below
	with inspectors and supervisors indicated an exceptional level of communication ne field office and district.

Attachmer	nt B		United States Dep Mine Safety and He Office of Ac	alth Administ	Х	
District	Coal Dist 11	Field Office	Bessemer, AL	Mine ID	Date	

Use of Leaf Blower for Spot Rock Dust Application

During this audit, the team observed company personnel utilizing a leaf blower to apply rock dust to locations along belt conveyors that otherwise, would have required stoppage of the belt and the removal of guards. This method of applying rock dust merits consideration as a means to prevent accidents. When guards do not have to be removed to apply rock dust, the potential for improperly replacing those guards is eliminated.

The leaf blower used at this mine for rock dusting included the following components that make it ideal for rapid application of rock dust.

- 1. 110 VAC operation
- 2. Wind speed at nozzle is approximately 200 mph
- 3. Vacuum pipe and nozzle are easily cleaned
- 4. Impeller is metal, which resists abrasion

When the suction (vacuum) pipe is slowly lowered into a standard bag of rock dust, the rock dust is pulled into the impeller blade and forced out through an extended nozzle at high speed. Rock dust was applied to an area approximately 20-feet away using this method.

The total cost is less than \$100.00

Eye protection is mandatory and respirator protection encouraged and recommended .

Attachment B	Mine Safety a	es Department of Labor and Health Administration e of Accountability	n	
District Coal Dist 11	Field Office Bessemer,	AL Mine ID	Date	
Photogra	aph 1 Leaf blower	used as rock duster	1.05.2008 12.53	
		1	1.05.2008 12:52	

Photograph 1 Leaf blower in use in belt entry

			Mine Safety Off		lth Adminis ountability	stratic	on			•	
t Coal	Dist 11 Fi	eld Office	Besseme	r, AL	Mine ID				Date		
Mine Cital	tion/Order				U.S. Depi						
Section 1-Viol				1993 - 19 97 - 1997 - 1992 - 1993 - 199 - 1993 - 1995 - 1993 - 1	Mine Safe	ty and	Healm /	Administ	ation		**************************************
1. Date	Mo Do Yr	2. Time (2	24 Hr. Clock)					3. Citation Order N			
Canolod T	a	n na Barr Anna a Inna San San	en al anti-	, 1997 (M. 1997) - 1997 (M. 1998) - 1997 (M. 1997) 1997 - 1997 (M. 1997) - 1997 (M. 1997)	5 Operator						
6. Mine			a na sa	- 14 5 7 1 4 4 9 4 4 4 4 4 5 4 4 4 4 4 4 4 4 4 4 4	7. Mine ID					مسبغ أستسف يجمعه	
8. Condition	or Practice				<u> </u>				89	Written N	(Contract otice (103g)
	ting the erator im				·		•	servi	ce.		
								See fly	minusian Esi	MARINA I	
9. Violation	A. Health Safety V	B. Section of Act	and and it is a shake we is a surface of the second second	T c	Part/Section o Title 30 CFR	Î			725(a)		Form 7000-3a)
	A. Health Safety Other pector's Evaluation			C		ī					Form 7000-3a)
Section II-Insp 10. Gravity:	Safety V Other pector's Evaluation	of Act	ort 🗍 🛛 Ini		Title 30 CFR			75.1	725(a)	999 999 199 199 199 199 199 199 199 199	
Section II-Insp 10. Gravity: A. Injury (B. Injury (Safety M Other Other pector's Evaluation or Illness (has) (is) or Illness could rea	of Act		ikely []	Title 30 CFR Reasonably	Likely		75.1 lighly Like	725(a) 9 []	Occurre	á []
Section II-Insp 10. Gravity: A. Injury (B. Injury (sonabl	Safety M Other pector's Evaluation or Illness (hes) (is)	No Likeliho	Workdays []	ikely []	Title 30 CFR	Likely	ty 🗹	75.1 lighly Like Регтале	725(a)	Occurre 1g []	d [_] Fatal [_]
Section II-Insp 10. Gravity: A. Injury (B. Injury (sonabl C. Signifi	Safety Contract Contr	No Likeliho	Workdays []	ikely [] Losi Worl	Title 30 CFR Reasonably days Or Restri	Likely cted Du	ty 🗹	75,1 lighly Like Permane , Number	725(a) y [_] ntly Disablir of Persons :	Occurre 1g [] Affected:	d [] Fatal [] 001
Section II-Insy 10. Gravity: A. Injury (B. Injury (Sonabl C. Signifii 11. Negligen	Safety Other Other Dector's Evaluation or Illness (has) (is) or Illness could rea by be expected to b cant and Substanti ace (check one)	No Likeliho No Likeliho E. No Lost ial: Yes A. None	Workdays [] V No [] B. Low	ikely [] Losi Worl	Title 30 CFR Reasonably days Or Restri	Likely cted Du	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) lý [_] ntly Disablir	Occurre 1g [] Affected: 5 Disregare	d [] Fatal [] 001
Section II-Insp 10. Gravity: A. Injury (B. Injury (sonabl C. Signifi	Safety Contract Contr	No Likeliho	Workdays [] V No [] B. Low	ikely [] Losi Worl	Title 30 CFR Reasonably days Or Restri	Likely cted Du	ty (y) C D. High	75,1 lighly Like Permane , Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 1g [] Affected: 5 Disregare	d [] Fatal [] 001
Section II-Insy 10. Gravity: A. Injury 4 B. Injury 4 Sonabl C. Signifii 11. Negligen 12. Type of 4 14. Initial Act A, Citation	Safety Contract Contr	of Act No Likeliho Herein No Lost Herein Yes A: None	Workdays [] V No [] B. Low	ikely [] Lost Work] C, t 3. Type of Ise	Title 30 CFR Reasonably (days Or Restri Moderate 🔽 uance (check c	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury (B. Injury (Sonab) C. Signifii 11. Negligen 12: Type of <i>I</i> 14. Initial Act	Safety Contract Contr	of Act No Likeliho Herein No Lost Herein Yes A: None	Workdays [] No [] B. Low 1	ikely [] Lost Work] C, t 3. Type of Ise	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury 4 B. Injury 4 Sonabl C. Signifii 11. Negligen 12. Type of 4 14. Initial Act A, Citation	Safety Contract Contr	of Act No Likeliho Herein No Lost Herein Yes A: None	Workdays [] No [] B. Low 1	ikely [] Lost Work] C, t 3. Type of Ise	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury 4 B. Injury 4 Sonabl C. Signifii 11. Negligen 12. Type of 4 14. Initial Act A, Citation	Safety Contract Contr	of Act No Likeliho	Workdays	ikely [] Lost Work] C, t 3. Type of Ise	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/ Order Nut	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . sonabl C. Signifi 11. Negligen 12. Type of J 14. Initial Act A, Citation 15. Area or E 16. Terminat	Safety Contract Contr	of Act No Likeliho	Workdays	ikely [] Lost Worl] C. 1 3. Type of Iss	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/ Order Nut	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . sonabl C. Signifi 11. Negligen 12. Type of J 14. Initial Act A. Citation 15. Area or E	Safety Contract Contr	of Act No Likeliho	Workdays	ikely [] Lost Worl] C. 1 3. Type of Iss	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/ Order Nut	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . sonabl C. Signifi 11. Negligen 12. Type of J 14. Initial Act A, Citation 15. Area or E 16. Terminat	Safety Contract Contr	of Act No Likeliho	Workdays	ikely [] Lost Worl] C. 1 3. Type of Iss	Title 30 CFR Reasonably (days Or Restri Moderate uance (check c E. Citation/ Order Nut	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . sonabl C. Signifi 11. Negligen 12. Type of J 14. Initial Act A, Citation 15. Area or E 16. Terminat	Safety Contract Other	of Act No Likeliho C No Likeliho C No Lost C N	Workdays	ikely [] Lost Worl C. I 3. Type of Ise 1. Notice [] 24 Hr. Clock)	Title 30 CFR Reasonably days Or Restri Moderate uance (check c E. Citation/ Order Nur	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . Sonabl C. Signifi 11. Negligen 12. Type of <i>J</i> 14. Initial Ac A. Citation 15. Area or E 16. Terminat Section III-Ter 17. Action to 18. Terminat	Safety Contract Contr	of Act No Likeliho No Lost Ial: Yes A. None (a) C. Safegua te	Workdays	ikely [] Lost Worl] C. I 3. Type of Ise 1. Notice [] 24 Hr. Clock)	Title 30 CFR Reasonably days Or Restri Moderate uance (check c E. Citation/ Order Nur	Likely Icted Du E Dne)	ty (y) C D. High	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . sonabl C. Signifi 11. Negligen 12. Type of J 14. Initial Ac A. Citation 15. Area or E 16. Terminat Section III-Ter 17. Action to 18. Terminat	Safety Contrained System Data Inspection	of Act No Likeliho No Lost ial: Yes A: None (a) C: Safegua te ODa Yr 20. Event	Workdays	ikely [] Lost Worl] C. I 3. Type of Ise 1. Notice [] 24 Hr. Clock)	Title 30 CFR Reasonably (days Or Restriction Moderate uance (check of E. Citation/ Order Nur E. Citation/ Order Nur) (6)	Likely Icted Du E Dne)	ty 🗭 Cita Cita	75.1 lighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury. B. Injury. Sonabl C. Signifit 11. Negligen 12. Type of J 14. Initial Ac A. Citation 15. Area or E 16. Terminat Section III-Ter 17. Action to 18. Terminat Section IV-Au 19. Type of I	Safety Conter Co	of Act No Likeliho No Lost ial: Yes A: None (a) C: Safegua te ODa Yr 20. Event	Workdays	ikely [] Lost Worl] C. I 3. Type of Ise 1. Notice [] 24 Hr. Clock)	Title 30 CFR Reasonably (days Or Restriction Moderate uance (check of E. Citation/ Order Nur E. Citation/ Order Nur) (6)	Likely cted Du E one) mber	ty 🗭 Cita Cita	75,1 ighly Like Permane Number	725(a) y [_] ntly Disabilir of Persons . E. Reckless Order [Occurre 19 [] Affected: 5 Disregare	d [] Fatal [] 001 9 [] Safeguard
Section II-Insy 10. Gravity: A. Injury . B. Injury . Sonabl C. Signifii 11. Negligen 12. Type of J 14. Initial Acc A. Citation 15. Area or E 16. Terminat Section III-Ter 17. Action to 18. Terminat Section IV-Aut 19. Type of I (activity of 22. Signature MSHA Form 70	Safety Conter Co	of Act No Likeliho No Lost No Lost A None A None A(a) C Safegua te ODa Yr C 20. Event	Workdays	ikely [] Lost Worl C. 1 3. Type of les Notice [] 24 Hr. Clock) lock	Title 30 CFR Reasonably days Or Restri Moderate uance (check to Citation/ Order Nur (6) (6) 21. P Business Regula	Likely cted Du E one) mber rimary o	ty 😥 Cita Cita	75.1 ighly Like Permane Number	725(a) y [_] ntty Disablir of Persons <i>i</i> E. Reckless Order [F. I F. I R. Number f 1996, the Si	Occurrei 19 [] Affected: 5 Disregard Dated Dated mell Businet	d [] Fatal [] 001 J [] Safeguard Mo Da \

	United States Dep Mine Safety and Hea Office of Acc	alth Administratic	n	
trict Coal Dist 11 Field Office	Bessemer, AL	Mine ID	Dat	e
Mine Citation/Order		U.S. Department of I Mine Safety and Heal		
Section I-Violation Data 1. Date			3. Citation/ Order Number	
4, Served To		5. Operator		
6. Mine 8. Condition or Practice		7. Mine ID	8a Wd	(Contractor)
The 110 VAC electrical c not being maintained. The All electrical equipment person.	e polarity (hot	lead and neu	ral lead) was	reversed.
and the state of the	مىلىنى بىرىنى يورىغى يورىغى يىرىنىڭ تىلىنىڭ يېرىنىڭ مەربىيە بىر چېرىنىڭ تۇرۇپىرى بىرىنىڭ تۇرۇپىرى تەربىيە تەربى		See Continuation Form (N	ISHA Form 7000-3a)
9. Violation A. Health B. Section Safety d of Act Other		n/Section of e 30 CFR	75.512	
Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reé- sonably be expected to be: No Lost. Wo		Reasonably Likely	Highly Likely [] Oo Permanenfly Disabiling [cumed []]
A CALENDARY AND AND AND A CALENDARY	and the second		D. Number of Persons Affect	
C. Significant and Substantial: Yes		والمتحيين والمتحاصين فكمته ومحتجز والمتحق والمحاص والمحاصي والمحاص والمحاص والمحاص والمحاص والمحاص والمحاص والم	· · · · · · · · · · · · · · · · · · ·	
Yes 11. Negligence (check one) A. None	B. Low C. Mod	erate 📝 D. High	E. Reckless Dis	regard []
11. Negligence (check one) A. None 12. Type of Action 104(a)	13. Type of Issuance (c	check one) Citation 🖌	Order 🔲 Safeguard 🛛] Written Notice []
11. Negligence (check one) A. None	13. Type of Issuance (c	an a	and the second secon] Written Notice []
11. Negligence (check one) A. None [] 12. Type of Action 104(a) 14. Initial Action	13. Type of Issuance (c	check one) Citation 🗹	Order 🔲 Safeguard 🛛] Written Notice []
11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation A. Citation B. Order C. Safeguard 15. Area or Equipment A. Date 16. Termination Due A. Date	13. Type of Issuance (c	check one) Citation 🗹	Order 🔲 Safeguard 🛛] Written Notice []
	13. Type of Issuance (c D. Written Notice	check one) Citation 🗹	Order 🔲 Safeguard 🛛] Written Notice []
11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Order A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Date Market A. Date Section III-Termination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Terminated A. Date	13. Type of Issuance (c D. Written Notice	check one) Citation 🗹	Order 🔲 Safeguard 🛛] Written Notice []
	13. Type of Issuance (c D. Written Notice B. Time (24 Hr. Clock) Ime (24 Hr. Clock)	check one) Citation 🗹	Order 🔲 Safeguard 🛛] Written Notice []

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

Mine Citation/Order U.S. Department of Labor Ame Safety and Health Administration Scientify 1. Date Scientify 1. Date Scientify 3. Strand To Scientify 4. Mine Scientify 4. Mine Scientify 6. Mine Scientify 7. Mine ID Scientify 6. Continue or Practice B. Wetten Macket (135) 6. Continue or Practice B. Wetten Macket (135) 7. Mine ID Scientify All ventrilation controls shall be maintained for the purpose for which they were built. The stopping located in crosscut number14 in the longwall conveyor belt entry. 9. Volidion A Heath 8. Volidion A Heath 8. Volidion A Heath 8. Volidion A Heath 9. Volidion A Heath 9. Volidion A Heath 9. Volidion A Heath 10. Gravity: A Heath 10. Gravity: No Idea									
1. Due 1. Classics 1. Classics 0 crier Number 4. Sensed To 5. Operator 5. Mole 7. Mine ID E. Operator 9. Condition or Practice B. Writen Notice (105g) B. Writen Notice (105g) 9. Condition or Practice B. Writen Notice (105g) B. Writen Notice (105g) 9. Condition or Practice B. Writen Notice (105g) B. Writen Notice (105g) 9. Voidston A. Heattin B. Section Sector Section of Title So CFR 75.333(h) 9. Voidston A. Heattin B. Section G. Part/Section of Title So CFR 75.333(h) 9. Voidston A. Heattin G. Section Entrangevice Statution No. Likelihood Unlikely [P] 9. Voidston A. Heattin G. Section Entrangevice Statution Section Scatter (105g) Occurred 9. Voidston A. Heattin G. Section Entrangevice (105g) Occurred D. Norther Of Persons Alfected 10. Gravity: A. Intury or linese fuels (10; No. Likelihood Unlikely [P] Reasonably Likely Highly Likely Occurred 9. Noigigence (check one) A. None B. Low C. Moderate [P] D. Norther Of Persons Alfected: 001 <	Mine Citat	ion/Order						tion	
A Served To 5. Operator S. Muss 7. Mine ID Condition of Practice Government S. Condition of Practice Government Sector Linux The stopping located in crosscut number14 in the longwall conveyor Belt entry has a hole that measured 6 inches by 8 inches. This stopping Separates the track entry from the belt entry. 9. Violation A fleath Sector Interscher Government Sector Interscher Sector Interscher Sector Interscher Description of Tata 30 OFR 75.333(h) Sector Interscher Sector Interscher Description of Tata 30 OFR 10. Forentizes could rear- No Likelihood Unlikely P Peractify the sector of Tata 30 OFR 75.333(h) Sector Interscher Sector Interscher Description of Tata 30 OFR 10. Sector Interscher No Likelihood Unlikely P Permanenty Disabiling Fata 1 Intery of Ilinese fault 60 No Lest Workdays	a synthesis and sonely	ation Data		TRANS			3 Citation/		a a su a
S. Mos Condition of Practice Condition of	n an							nber	
8. Condition or Practice Gondratory All ventilation controls shall be maintained for the purpose for which they were built. The stopping located in crosscut number14 in the longwall conveyor belt entry has a hole that measured 6 inches by 8 inches. This stopping separates the track entry from the belt entry. 9. Violation A Health 6. Section Starter See Continuation Form (M6HA Form 7003-34) 9. Violation A Health 6. Section 0. Violation A Health 6. Section 10. Gravity: A Health 75.333(h) Sector B-inspectry Evulation Occurred 10. Gravity: No Lost Workdays Cr Restricted Duty [2] Permanently Disabling 11. Nadifigence (check one) A. None B. Low C. Moderste [2] 12. Type of Action 10. Gravity: P. Monter of Persons Affected: 001 14. Intila Action A. Otation B. Time (24 Hr. Clock) F. Dated Mo Da Yr 13. Type of Insuston Due A Date Mo Da Yr B. Time (24 Hr. Clock) E. Crationy 15. Termination Due A Date Mo Da Yr B. Time (24 Hr. Clock) E. Crationy or Mill 16. Termination Due A Date Mo Da Yr B. Time (24 Hr. Clock)	4. Served 11	<u></u>			5. Opera	or			
8. Condition or Practice Ea. Withen Notes (1039) All ventilation controls shall be maintained for the purpose for which they were built. The stopping located in crosscut number14 in the longwall conveyor belt entry has a hole that measured 6 inches by 8 inches. This stopping separates the track entry from the belt entry. 9. Violation A. Health B. Section Sectorinuation Form (MRHA Form 7000-day [] 9. Violation A. Health B. Section C. Part/Section of Title 30 OFR 75.333(h) Sector Interse (has) (a): No Likelihood Unlikely [] Reasonably Likely Highly Likely [] Occurred [] 9. Violation A. Health B. Secton C. Part/Section of Title 30 OFR 75.333(h) Sector Interse (has) (a): No Likelihood [] Unlikely [] Reasonably Likely [] Permanently Disabiling [] Fatal [] 0. Gravity: A. Injury or linese (has) (a): No Likelihood [] Unlikely [] Reasonably Likely [] Permanently Disabiling [] Fatal [] c. Significant and Substantial: Yas [] No [] D. Number of Persona Affected: 001 001 11. Negligence (check one) A. Nona [] B. Low [] C. Moderate [] D. High [] E. Reckless Diaregard [] 12. Type of Action [] Order [] Sefector [] F. Dated Mo Da Yr 14. In	6. Mine				7. Mine I	Ď		· ·	(Contractor)
Were built. The stopping located in crosscut number14 in the longwall conveyor belt entry has a hole that measured 8 inches by 8 inches. This stopping separates the track entry from the belt entry. 9. Violation A. Health 5. Saction C. Part/Section of Title 30 CFR 75.333(h) 9. Violation A. Health 5. Saction C. Part/Section of Title 30 CFR 75.333(h) 9. Violation A. Health 5. Saction C. Part/Section of Title 30 CFR 75.333(h) 9. Violation A. Health 5. Saction C. Part/Section of Title 30 CFR 75.333(h) 9. Violation A. Health 5. Saction C. Part/Section of Title 30 CFR 75.333(h) 9. Violation A. Health 5. Saction Unlikely @ Reasonably Likely Highly Likely Occurred 9. Nourber of Minese fasis (bit) No Lost Workdaya Lost Workdaya Or Restricted Duty @ Permanently Disabling Fatal 0. Significant and Subtantial: Yes No @ D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate @ D. High E. Reckless Disregard 012 12. Type of Action 0. Mathematics Sategord D. Nithen Notice F. Dated Mo Da Yr <t< td=""><td></td><td>the second s</td><td></td><td></td><td>دىيە بىرىسىيە بايارىسىيە خەم بىر بىرى مىنبەسىيە تەخت</td><td></td><td></td><td></td><td>Notice (103g)</td></t<>		the second s			دىيە بىرىسىيە بايارىسىيە خەم بىر بىرى مىنبەسىيە تەخت				Notice (103g)
See Continuation Form (MSHA Form 7000-04) 9. Violation A. Health 5. Section Grad 0. A Health S. Section Setter U. Stately U. Other C. Part/Section of Title 30 CFR Title 30 CFR 75.333(h) Sector In-Inspector Section Occurred B. Injury or Illness (has) (ia): No Likelihood Unlikely OF Resonably Likely Highly Likely Occurred B. Injury or Illness chash (ia): No Lost Workdaya Lost Workdaya Or Restricted Duty IV Permanently Disabling Science (check one) A. No.s B. Low C. Moderate IV D. Number of Persons Alfected: 001 11. Negligence (check one) A. No.s B. Low C. Moderate IV D. High E. Reckleas Diaregord 12. Type of Action 10.4(a) 13. Type of Issuance (check one) Setepured Written Notice 13. Type of Issuance (check net) A. Date Mo Da Yr B. Time (24 Hr. Clock) E. Claston 14. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) E. Claston 13. Type of Inspace for Inspace	were b	ntilation	controls s	nall be ocated i	maintainec n crosscut	l for the	purpose in the	for whice	h they
States With A. Health B. Section of Act Or Act O	belt e	ntry has a	a hole that	measure	d 8 inches	by 8 inc	hes. Th	is stoppi	.ng
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td>separa</td><td>tes the tr</td><td>cack entry</td><td>from the</td><td>belt entr</td><td>у.</td><td></td><td></td><td></td></td<>	separa	tes the tr	cack entry	from the	belt entr	у.			
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
9. Violation A. Heattin B. Saction of Act C. Part/Section of Title 30 CFR 75.333(h) Section Lin-Inspector's Evaluation Other Title 30 CFR 75.333(h) 10. Gravity: A. Injury or Illness (has) (is): No.Likelihood Unlikely [2] Reasonably Likely Highly Likely Occurred B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty [2] Permanentity Disabiling Fatal C. Significant and Substantial: Yes No [2] D. Number of Persons Affected: 001 001 11. Negligence (check one) A. None B. Low C. Moderate [2] D. High E. Reckless Disregard 12. Type of Action 10.4(a) 13. Type of tssuance (check one) Citation [2] Order [2] Sefguard [2] Written Notice [2] 14. Initial Action B. Order [2] C. Safeguard [2] D. Written Notice [2] E. Citation [2] Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed . Section IV-Automated System Data B. Time (24 Hr. Clock Section IV-Automated System Data <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
Sately O of Act Trite 30 CFR 75.333(h) Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [Unlikely Ø Reasonably Likely] Highly Likely] Occurred] B. Injury or Illness (bas) (is): No Likelihood [Unlikely Ø Reasonably Likely] Highly Likely] Occurred] B. Injury or Illness could reasonably be expected to be: No Lost Workdays [Lost Workdays Or Restricted Duty Ø Permanently Disabiling] Fatal] C. Significant and Substantial: Yes [No Ø D. Number of Persons Affected: 001 11. Negligerics (Check one) A. None [B. Low [C. Moderate Ø D. High] E. Reckless Disregard] 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Ø Order [Sefeguerd] Written Notice [14. Initial Action	o to Love		1		122.2		See Cont	nuation Form (MSH	A Form 7000-3a)
Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (la): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permenently Disabling C. Significant and Substantial: Yes Yes No 11. Negligence (check one) A. None B. Low C. Moderate 12. Type of Action 104(a) 13. Type of Action 104(a) 13. Type of Issuance (check one) C. Safeguard V. A. Chation B. Corder C. Safeguard D. Wiritien Notice 14. Initial Action E. Clisation/ Order Number A. Clastion B. Order C. Safeguard D. Wiritien Notice 15. Area or Equipment B. Time (24 Hr. Clock) 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Deta 17. Action to Terminate The hole has been sealed. Section V-Automated System Deta 18. Terminated A Date Mo Da IP. Type of Inspecibon (activity maretore) 20. Event Number	9. Violation	Safety V					75.33	3(h)	
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.Likelihood [Unlikely @ Reasonably Likely] Highly Likely] Occurred [B. Injury or Illness could reasonably be expected to be: No.Likelihood [Unlikely @ Reasonably Likely] Highly Likely] Occurred [B. Injury or Illness could reasonably be expected to be: No.Likelihood [Unlikely @ Reasonably Likely] Penmanently Disabiling] 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 Diaregard] 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation @ Order] Sefeguard] Written Notice [H. Initial Action] B. Order] C. Sefeguard] D. Written Notice [Citation/ A. Citation] B. Order] C. Sefeguard] D. Written Notice [Citation/ Order Number F. Dated Mo Da Yr 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock III-Termination Action 17. Action to Terminate The hole has been sealed. Image: Clock III-Terminated Statem Data B. Time (24 Hr. Clock IIII-Terminated Statem Data Image: Clock IIII-Terminated Statem Data 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Section II-Insp	and the second	.		<u> </u>				
B. Injury or linees could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantial: Yes No No D. Number of Persons Affected: 001 11. Negligerice (check one) A. None B. Low C. Moderate D. High E. Reckless Disregerd 12. Type of Action 104(a) 13. Type of issuance (check one) Citation Order Sefguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation Order Number F. Dated Mo Da Yr 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock	10. Gravity:		· · · · · · · · · · · · · · · · · · ·						
C. Significant and Substantial: Yes: No D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Sefeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Sefeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order No Da Yr 15. Area or Equipment B. Order B. Time (24 Hr. Clock) Sector III-Termination Action The hole has been sealed. 16. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Sector IV-Automated System Data 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Sector IV-Automated System Data 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Sector IV-Automated System Data 19. Type of Inspection E0.1 20. Event Number 21. Primary or Milli Sector Vill	A. injury c	and a stream of Course of Course			5		فتنت الالبيار وتهاته	- <u></u>	and a star for the second s
11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation Order Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation Ørder Number F. Dated Mo Da Yr 15. Area or Equipment B. Time (24 Hr. Clock) Image: Content in the transformed check one in the transformed check on the transformed check one transformed check on the transformed check on the tr	B. Injury C		NO LOST WORK	days [] Lo	st Workdays Or Res		Permanenti	y Disabiing 📋	Fatal [_]
12: Type of Action 104(a) 13: Type of Issuance (check one) Citation 2 Order Sefeguard 3 Written Notice 3 14: Initial Action A Citation B. Order C. Sefeguard D. Written Notice C. Sefeguard B. Time (24 Hr. Clock) F. Dated Mo Da Yr 16. Termination Due Section III-Termination Action A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The hole has been sealed. B. Time (24 Hr. Clock Section IV-Automated System Deta 18. Terminated System Deta B. Time (24 Hr. Clock Section IV-Automated System Deta 19. Type of Inspection Roll 20. Event Number 21. Primary or Mill	sonably	v be expected to be					D. Dunth of all	Daisson Alfordad	6
14. Initial Action A. Citation B. Order C. Seifeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock and the second and t	sonably C. Signific	/ be expected to be ant and Substantia		No 😰			D. Number of	Persona Affected	¹ 001
A. Citation B. Order C. Sefeguard D. Written Notice Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 18. Termination Action 19. Type of Inspection (activity and E. D. Written Notice Order Number 21. Primary or Mill	sonably C. Signific 11. Negligen	/ be expected to be ant and Substantie ce (check one)	al: Yes [_]	<u>enetimeterenet</u> eren	C. Moderate			Reckless Disreg	
15. Area or Equipment 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action Image: Clock in the	sonably C. Signific 11. Negligen 12. Type of A	/ be expected to be eant and Substantia ce (check one) iction 104(a)	al: Yes [_]	B. Low		j D. High	[] Ε.	Reckless Disreg Safeguard [_]	
A. Date B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate 17. Action to Terminate The hole has been sealed. 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Data 19. Type of Inspection (activity of the point of the p	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act	/ be expected to be ant and Substantie ce (check one) indion 104(a) lon	A. None	B. Low [] 13. Type of	Issuance (check on E. Citation] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
A. Date B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate 17. Action to Terminate The hole has been sealed. 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Data 19. Type of Inspection (activity of the point of the p	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation	/ be expected to be ant and Substantie ce (check one) ction 104(a) lon B. Order	A. None	B. Low [] 13. Type of	Issuance (check on E. Citation] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
A. Date B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate 17. Action to Terminate The hole has been sealed. 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Data 19. Type of Inspection (activity of the point of the p	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation	/ be expected to be ant and Substantie ce (check one) ction 104(a) lon B. Order	A. None	B. Low [] 13. Type of	Issuance (check on E. Citation] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
17. Action to Terminate The hole has been sealed. 18. Termineted A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection (activity and E.01) 20. Event Number (activity and E.01) 21. Primary or Mill	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E	/ be expected to be ant and Substantia ce (check one) inction 104(a) lon B. Order quipment	al: Yes [] A. None [] C. Sefeguard []	B. Low [] 13. Type of	Issuance (check on E. Citation] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
18. Termineted A. Date Mo Da Yr 18. Termineted A. Date Mo Da Yr 18. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection (activity and E01 20. Event Number	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E	/ be expected to be ant and Substantia ce (check one) icclion 104(a) lon B. Order quipment	A. None [] C. Sefeguerd [] Mo Da Yr	B. Low 13. Type of D. Written Notic	tssuance (check on E. Cifation e [] Order h] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
A. Date B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection (activity and EQ1 20. Event Number 21. Primary or Mill	sonably C. Signific 11. Negligeri 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III-Term	/ be expected to be ant and Substantie ce (check one) cclion [04(a)] B. Order [culpment on Due A. Date nination Action	al: Yes [] A. None [] C. Safeguard [] Mo Da Yr	B. Low 13. Type of D. Written Notic B. Time (24 Hr.	tssuance (check on e E. Citation Order N Clock)] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
A. Date B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection (activity and EQ1 20. Event Number 21. Primary or Mill	sonably C. Signific 11. Negligeri 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III-Term	/ be expected to be ant and Substantie ce (check one) cclion [04(a)] B. Order [culpment on Due A. Date nination Action	al: Yes [] A. None [] C. Safeguard [] Mo Da Yr	B. Low 13. Type of D. Written Notic B. Time (24 Hr.	tssuance (check on e E. Citation Order N Clock)] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
19. Type of Inspection 20. Event Number 21. Primary or Mill	sonably C. Signific 11. Negligeri 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III-Term	/ be expected to be ant and Substantie ce (check one) cclion [04(a)] B. Order [culpment on Due A. Date nination Action	al: Yes [] A. None [] C. Safeguard [] Mo Da Yr	B. Low 13. Type of D. Written Notic B. Time (24 Hr.	tssuance (check on e E. Citation Order N Clock)] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 18. Terminati Section III-Ter 17. Action to 18. Terminati	/ be expected to be ant and Substantia ce (check one) icclion 104(a) ion 	A. None [] A. None [] C. Sefeguard [] Mo Da Yr hole has	B. Low 13. Type of D. Written Notic B. Time (24 Hr. been sea	tssuance (check on e E. Citation Order N Clock)] D. High e) Citation 🗹	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
22. Signatur 23. AR Number	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 18. Terminati Section III-Ten 17. Action to 18. Terminati	/ be expected to be ant and Substantia ce (check one) icclion 104(a) ion 	A. None [] A. None [] C. Safeguard [] Mo Da Yr Mo Da Yr e hole has	B. Low 13. Type of D. Written Notic B. Time (24 Hr. been sea e (24 Hr. Clock	tssuance (check on e [] E. Clfation Order N Clock)] D. High b) Citation [2] V tumber	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice
	sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III-Ten 17. Action to 18. Terminate Section IV-Aut 19. Type of It	/ be expected to be ant and Substantia ce (check one) indian 104(a) lon 104(a	A. None [] A. None [] C. Safeguard [] Mo Da Yr Mo Da Yr e hole has	B. Low 13. Type of D. Written Notic B. Time (24 Hr. been sea e (24 Hr. Clock	tssuance (check on e [] E. Clfation Order N Clock)] D. High b) Citation [2] V tumber	[] Ε.	Reckless Disreg Safeguard [_]	ard Written Notice

t Coal Dist 11 Field Office Mine Citation/Order Section I-Violation Data 1. Date 2. Time (2)	Bessemer, ,	AL Mine	ID	D	ate
Section I-Violation Data					
Section I-Violation Data					
			partment of Lab		
				3. Citation/	and and a second se
4 Served To). 	5. Operation		Order Number	
			А		,
6. Mine		7. Mine IE			(Contractor)
8. Condition of Practice All firefighting equipme		ـــــــــــــــــــــــــــــــــــــ			Written Notice (103g)
condition. The fire val- conveyor belt entry was cap screwed that could n used to remove the cap.	not useabl iot be remo	e. The fir ved by han	e outlet () d. A pipe v	pipe nipple wrench had) had a metal been to be
9. Violation A. Health B. Section		C. Part/Section		See Continuation For	m (MSHA Form 7000-3a)
Safety Sa		Title 30 CFR		75.1100-3	
Section II-Inspector's Evaluation 10. Gravity:					
A. Injury or Illness (has) (is): No Likelihooc	I 🔲 Unlikely	Reasonab	ly Likely 📋 🛛 H	ighly Likely 📋	
B. Injury or liness could res- sonably be expected to be: No Lost V	Vorkdays 🗌 🛛 Lo	st Workdays Or Res	tricted Duty 🔽	Permanently Disabilin	g 🔲 Fatal 🗌
C. Significant and Substantial: Yes	No 🗹		D	Number of Persons /	Affected: 008
11. Negligence (check one) A. None	B. Low	C. Moderate 😿	D. High 🗌	E. Reckless	Disregard []
12. Type of Action 104(a)	13. Type of	Issuanca (check one) Citation 🗹	Order 🗌 Sølegua	rd 门 Written Notice 🗌
14. Initial Action A. Citation B. Order C. Safeguard	D. Written Notic	e 📋 E. Citation Order N		F. C	ated Mo Da Yr
15. Area or Equipment					
<u>. </u>	<u></u>			<u></u>	
16. Termination Due A. Date Mo Da Yr	B. Time (24 Hr.	Clock)			
Section III-Termination Action			مىرىكە مۇنچى يان مىسى كەخىرى يىلى بىرىن		
17. Action to Terminate The fire va	alve has be	en replace	d and the	pipe nipple	has been
installed so a fire hose when tested.	s conta con	mected. Th	e rite var	ve lunceion	ed broberty
18 Terminated MoDa Yr	Time (24 Hr. Clock	, <u>and a statistical and a statistical a</u>	1	ىلىكى <u>ئەرەبە مەلۇلەت نىرىكا</u> تىغان بۇرىپى	
Section IV-Automated System Data					and a state of the second
19. Type of Inspection 20. Event No. (activity code) E0.1	umber	21.	Primary or Mill	1	وسينيكة المتحسينية المتجربين المتحسب المستبلينين
22. Signa				23. AR Number	
MSHA For	telene et 4	e Small Rusiness Bon	latory Epiorcament Fal	mess Act of 1998 the Ser	all Business Administration has
Astablished a National Singl Business and Agraculate enforcement actions. The Ombudisman annually evalu- enforcement actions of MSHA, you may call 1-888-REC	negunaticy conbudsman i ales enforcement activitie	and 10 Regional Faime s and rates each agence	is Boards to receive co vis responsiveness to s	mments from small busin mail business, if you wish	isses about federal agency to commant on the

ct Coal	Dist 11	Fiel	d Office [Besse	emer, AL	Mine II				Da	te	
Mine Citat	ion/Order							ent of La nd Health		tration		
Section IViola	ition Data Mo Da Yr	اند میزمان بندن مد	2. Time (24	Hr Clock)	an a				3. Citatic			
4. Served To				10.03000		5. Opera	tor			Number		
											and the second	
6 Mice						7. Míne	Ð					(Contract
8. Condition		at e	rial in	the	form of	oil and	Coal	fine	s Word			Notice (103g)
accumu	late in	the	e tram	motor	compar	tments o	f the	No.6	09417	cont	inuous	miner
the Fla	at Creel	с Ma	ain sec	tion	(MMU-01	7). The	sil a	nd co	al fi	nes w	ere ha	rd pack
						up to 1						
of the	pan and	a co	overed	the e	lectric	al compos	hents	; loca	ted in	n the	compa	rtment.
the second second	1	<u></u>				1000	<u> </u>	و هېلې و و و و و و و و و و و و و و و و و و	See	Continuatio	on Form (MSH/	 Form 7000-3a)
9. Violation	A. Health Safety		B. Section of Act			C. Part/Section Title 30 CF			-	75.400		
	Other)		ينتاو معمدتها الم	باسا المساحة المحجرة والمحجرة الم	line and the second second			······			مهدئيني ويستجرب
A CONTRACTOR OF A CONTRACTOR		n		<u> </u>			مانشندر فسنب				. <u> </u>	
Section II-Insp 10. Gravity:												
10, Gravity:	or Illness (has)	(is):	No Likelihoo	d []	Unlikely 🔽	Reasona	ably Likel	у 🗍	Highly Llk	ely 📋	Occur	red 🔲
10, Gravity: A. Injury c B. Injury c	or Illness (has) or Illness could	rea-	<u>منعد منطقه و.</u>					ويرجعه فتقين فيتبونها والم			Occurr abling	
10, Gravity: A. Injury c B. Injury c sonably	or Illness (has) or Illness could y be expected i	rea- to be:	No Lost \	Workdays	📋 Lost	Reasona Workdays Or Re		ويرجعه فتقين فيتبونها والم	Permar	ently Dis	abling 📋	Fatal []]
10, Gravity: A. Injury c B. Injury c sonably C. Signific	or Illness (has) or Illness could y be expected t cant and Subst	rea- lo be: antial:	No Lost M	Norkdays No	⊡ Lost	Workdays Or Re	stricted I	Duty 🖌	Permar D. Numbe	ently Dis r of Pers	abling	Fatal (]
10, Gravity: A. Injury c B. Injury c sonably C. Signific	or Illness (has) or Illness could y be expected i	rea- lo be: antial:	No Lost \	Norkdays No	📋 Lost		stricted I	ويرجعه فتقين فيتبونها والم	Permar D. Numbe	ently Dis r of Pers	abling 📋	Fatal [[*]]
10, Gravity: A. Injury c B. Injury c sonably C. Signific	or Illness (has) or Illness could y be expected ant and Subst ce (check one)	rea- lo be: antial:	No Lost M Yes [A. None []	Norkdays No	[_] Lost [✔] _ow [_]	Workdays Or Re	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling	Fatal [_] 002 ard [_]
10, Gravity: A. Injury c B. Injury c sonably G. Signific 11. Negligeni 12. Type of A 14. Initial Act	or Illness (has) or Illness could y be expected te expected sant and Subst ce (check one) votion	rea- to be: antial: 104(a	No Lost M Yes [A. None [_] a)	Workdays	Lost .ow 13. Type (Workdays Or Re C. Moderate } of Issuance (che E. Citatic	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [] ons Affected kless Disrega	Fatal [] 002 ard] Safeguar
10, Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligent 12. Type of A 14. Initial Act A. Citation	or Illness (has) or Illness could y be expected i cant and Subst ce (check one) vction ion [] B. Order	rea- to be: antial: 104(a	No Lost M Yes [A. None []	Workdays	Lost .ow 13. Type (Workdays Or Re C. Moderate } of Issuance (che E. Citatic	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [_] ons Affected kless Disrege er [_]	Fatal [] 002 ard] Safeguar
10, Gravity: A. Injury c B. Injury c sonably G. Signific 11. Negligeni 12. Type of A 14. Initial Act	or Illness (has) or Illness could y be expected i cant and Subst ce (check one) vction ion [] B. Order	rea- to be: antial: 104(a	No Lost M Yes [A. None [_] a)	Workdays	Lost .ow 13. Type (Workdays Or Re C. Moderate } of Issuance (che E. Citatic	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [_] ons Affected kless Disrege er [_]	Fatal [] 002 ard] Safeguar
10, Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligent 12. Type of A 14. Initial Act A. Citation	or Illness (has) or Illness could y be expected i cant and Subst ce (check one) vction ion [] B. Order	rea- to be: antial: 104(a	No Lost \ Yes [A. None [_] a)	Workdays	Lost .ow 13. Type (Workdays Or Re C. Moderate } of Issuance (che E. Citatic	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [_] ons Affected kless Disrege er [_]	Fatal [] 002 ard] Safeguar
10, Gravity: A. Injury c B. Injury c sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E	or Illness (has) or Illness could (be expected i cant and Subst ce (check one) vction ion [] B, Order cquipment	rea- to be: antial: 104(a	No Lost \ Yes [A. None [_] a)	Workdays No B. I I [] D. V	Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatio Order	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [_] ons Affected kless Disrege er [_]	Fatal [] 002 ard] Safeguar
10, Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligent 12. Type of A 14. Initial Act A. Citation	or Illness (has) or Illness could (be expected i cant and Subst ce (check one) vction ion [] B, Order cquipment	rea- to be: antial: 104(a	No Lost 1 Yes [A. None [_] h) C. Safeguard	Workdays No B. I I [] D. V	Lost .ow 13. Type (Workdays Or Re C. Moderate { of Issuance (che E. Citatio Order	estricted I	Duty 🔽 D. High	Permar D. Numbe	ently Dis or of Pers E. Rec	abling [_] ons Affected kless Disrege er [_]	Fatal [] 002 ard] Safeguar
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati	or Illness (has) or Illness could (be expected i can and Subst (ce (check one) (ction () B. Order (quipment (on Due A. mination Action	rea- to be: antial: 104(a	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B. 1 D. W B. 1	Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatic Order	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal []] 002 ard [] Safeguen Mo Da
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E	or Illness (has) or Illness could (be expected i can and Subst (ce (check one) (ction () B. Order (quipment (on Due A. mination Action	rea- to be: antial: 104(a	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B. 1 D. W B. 1	Lost	Workdays Or Re C. Moderate of Issuance (che E. Citatio Order	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal []] 002 ard [] Safeguen Mo Da
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati	or Illness (has) or Illness could (be expected i can and Subst (ce (check one) (ction () B. Order (quipment (on Due A. mination Action	rea- to be: antial: 104(a	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B. 1 D. W B. 1	Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatic Order	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal []] 002 ard [] Safeguen Mo Da
10. Gravity: A. Injury c. B. Injury c. Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section IIITen 17. Action to	or Iliness (has) or Iliness could be expected band and Subst ce (check one) ction ion i B. Order iquipment ion Due A. minalion Action Terminate	rea- to be: antial: 104(a []] Date	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B.1 D.V B.1 Latio	Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatic Order	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal []] 002 ard [] Safeguen Mo Da
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati	or Illness (has) or Illness could (be expected) be expected ant and Subst (ce (check one) (ction (rea- to be: antial: 104(a []] Date	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B. 1 D. W B. 1	Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatic Order	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal [] 002 ard [] Safeguar Mo Da M
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section IIITen 17. Action to 18. Terminate Section IV-Aut	or Illness (has) or Illness could (be expected - ce (check one) (ce (check on	rea- to be: antial 104(c () Date	No Lost M Yes [A. None []] a) C. Safeguard A. Da Yr accumu	Workdays No B.1 D.V B.1 I. D.V	Lost	Workdays Or Re C. Moderate (of Issuance (che E. Citatic Order lock)	estricted I C ck one). Sn/ Number move c	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal [] 002 ard [] Safeguar Mo Da M
 10. Grevity: A. Injury c B. Injury c Sonably C. Signific 11. Negligeni 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section II(- Ten 17. Action to 18. Terminati Section IV-Aut 19. Type of I 	or Iliness (has) or Iliness could (be expected cant and Subst ce (check one) (ction [] B. Order (auipment ion Due A. mination Action Terminate 1 ed A. Date omated System 1	rea- to be: antial 104(c () Date	No Lost M Yes [A. None [] a) C. Safeguard	Workdays No B.1 D.V B.1 I. D.V	Lost	Workdays Or Re C. Moderate (of Issuance (che E. Citatic Order lock)	estricted I C ck one). on/ Number	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal [] 002 ard [] Safeguar Mo Da M
10. Gravity: A. Injury c B. Injury c Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section IIITen 17. Action to 18. Terminate Section IV-Aut	or Iliness (has) or Iliness could (be expected cant and Subst ce (check one) (ction [] B. Order (auipment ion Due A. mination Action Terminate 1 ed A. Date omated System 1	rea- to be: antial 104(a 	No Lost M Yes [A. None []] a) C. Safeguard A. Da Yr accumu	Workdays No B.1 D.V B.1 I. D.V	Lost	Workdays Or Re C. Moderate (of Issuance (che E. Citatic Order lock)	estricted I C ck one). Sn/ Number move c	Duty 🐼 D. High C	Permar	ently Dis r of Pers E. Rec Ord	abling [] ons Affected kless Disrege er [] F. Dated	Fatal [] 002 ard [] Safeguar Mo Da M
 Grevity: A. Injury c. Sonably G. Signific Negligeni Type of A I. Initial Act A. Citation Area or E Terminati Section III-Ten To Action to Terminati Section IV-Aut Type of I Type of I 	or Iliness (has) or Iliness could be expected ant and Subst ce (check one) ction ion ion ion ion ion ion cauipment ion Due A. mination Action Terminate T ed A. Date imated System i rspection isode) I	rea- to be: antial: 104(a []] Date The Date Data E01	No Lost M Yes [A. None [] a) C. Safeguard a) accumu Da Yr B 20. Event N	Workdays No B.1 D.V B.1 Latio . Time (24 umber	Lost	Workdays Or Re C. Moderate of Issuance (che E. Citatia Corder	estricted I C ck one) on/ Number movec	Duty 🖌 D. High C I I I J from	Permar	ently Dis r of Pers E. Rec Ord Citec	abling [] ons Affected kless Disrege er [] F. Dated 3 areas ber	Fatal [] 002 ard] Safeguar Mo Da 1
 Grevity: A. Injury c. B. Injury c. B. Injury c. B. Injury c. Signific Negligeni Type of A Type of A Type of A Greation Area or E Area or E Terminati Section II(- Ten To Action to Termination Terminatin Terminatin Terminatin <li< td=""><td>or Iliness (has) or Iliness could (be expected) cant and Subst ce (check one) (ction ()) Ction () B. Order (auipment ()) Con Due () A. mination Action Terminate '] Con det System 1 (code) () (0-3, Mar so (re) () () () () () () () () () () () () ()</td><td>rea- to be: antial 104(a </td><td>No Lost M Yes [A. None [] a) C. Safeguard C. Safeguard accumu accumu Da Yr B 20. Event N</td><td>Workdays No B.1 D.V B.1 D.V B.1 No Commentation</td><td>Lost Lost Lost Lost</td><td>Workdays Or Re C. Moderate of Issuence (che E. Citatic Order lock) been re been re 2 Small Business Re d 10 Regional Fair</td><td>estricted I Ck one). on/ Number movec I. Primar egulátory E</td><td>Duty 🐼 D. High C C I from y or Mill</td><td>Permar D. Numbe tation</td><td>AR Num</td><td>abling [] ons Affected kless Disrege er [] F. Dated 2 areas 2 areas ber businesses ab</td><td>Fatal []] 002 ard [] Safeguar Mo Da N</td></li<>	or Iliness (has) or Iliness could (be expected) cant and Subst ce (check one) (ction ()) Ction () B. Order (auipment ()) Con Due () A. mination Action Terminate '] Con det System 1 (code) () (0-3, Mar so (re) () () () () () () () () () () () () ()	rea- to be: antial 104(a 	No Lost M Yes [A. None [] a) C. Safeguard C. Safeguard accumu accumu Da Yr B 20. Event N	Workdays No B.1 D.V B.1 D.V B.1 No Commentation	Lost Lost Lost	Workdays Or Re C. Moderate of Issuence (che E. Citatic Order lock) been re been re 2 Small Business Re d 10 Regional Fair	estricted I Ck one). on/ Number movec I. Primar egulátory E	Duty 🐼 D. High C C I from y or Mill	Permar D. Numbe tation	AR Num	abling [] ons Affected kless Disrege er [] F. Dated 2 areas 2 areas ber businesses ab	Fatal []] 002 ard [] Safeguar Mo Da N
10. Gravity: A. Injury c. B. Injury c. B. Injury c. B. Injury c. Sonably C. Signific 11. Negligen 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III. Ten 17. Action to 18. Terminati Section IV. Aut 19. Type of II (activity c established a N enforcement ac	or Iliness (has) or Iliness could be expected ce (check one) ce (check one) could ion ion ion ion be an and Subst ce (check one) could ion ion ion be an and Subst ce (check one) could ion ion ion be an and Subst ce and an	rea- to be: antial 104(a [] Date Che Che Che Che Che Che Che Che Che Ch	No Lost M Yes [A. None [] a) C. Safeguard a) C. Safeguard a CCUMU a CCUMU a CCUMU 20. Event N n arculy evel n arrually evel vell 1.88-RE	Morkdays No B.I D.V B.I B.I B.I B.I C.Function C.FAIR (144 C.FAIR	Lost Lost Lost	Workdays Or Re C. Moderate { of Issuance (che E. Citatic Order lock) been re	stricted I ck one). on/ Number (nove of l, Primar agulatory E ress Boarn ncy's resp man et Sn	Duty [2] D. High C C I I I I I I I I I I I I I I I I I	Permar	AR Num tor 1996, in con small ness. If yo	abling [] ons Affected kless Disrege er [] F. Dated J. areas d. areas ber ber businesses ab ou wish to com of the Nationa	Fatai []] 002 ard [] Safeguan Mo Da N No Da N Safeguan Safeguan Mo Da N Safeguan Mo Da N Safeguan Mo Da N

nment C	Mine Safe	States Department of I ity and Health Admini ffice of Accountability	stration		
ict Coal Dist 11 Fiel	d Office Bessem	ner, AL Mine ID		Date	
Mine Citation/Order			tent of Labor nd Health Administr	ation	
Section I-Violation Data			3. Citation/		
4 Served To	177 1815 - 1 - 12	5. Operator	Order N		<u></u>
					·
6. Mine		7. Mine ID			(Contractor)
8. Condition or Practice The MSHA approved					Notice (103g)
	Section	C. Part/Section of		Ninuation Form (MSH	A Form 7000-3a)
Safety V Other	. Section of Act	C. Part/Section of Title 30 CFR		Ninuation Form (MSH 20(a)	A Form 7600-3a)
Safety Other Other Section II-Inspector's Evaluation 10. Gravity:	ofAct	Title 30 CFR	75.3	20(a)	
Safety C Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): M B. Injury or Illness could rea-	of Act	Title 30 CFR	75.3 Iy 🗌 Highly Likely	20(a)	red []
Safety Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is):	of Act lo Likellhood 📄 Unlik No Lost Workdays 🗍	Title 30 CFR	75.3 ly 📄 Highly Likely Duty 🗹 Permaner	20(a)	red [] Fatal []
Safety O Other Section II-Inspector's Evaluation 10, Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial:	of Act Io Likelihood Duniii No Lost Workdays D Yes No 🖌	Title 30 CFR tely 🗹 Reasonably Like Lost Workdays Or Restricted	75.3 N [] Highly Likely Duty [2] Permaner D. Number o	20(a)	red Fatal : 003
Safety Critiser Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) A	of Act Io Likelihood Dull No Lost Workdays Yes No	Title 30 CFR cely C Reasonably Like Lost Workdays Or Restricted C. Moderate C	75.3 Ny 📄 Highly Likely Duty 🗹 Permanen D. Number o D. High 🗌 E	20(a)	red [] Fatal [] * 003 ard []
Safety Cuttar Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action A. Cillation B. Order C	of Act Io Likelihood Dull No Lost Workdays Yes No	Title 30 CFR tely Reasonably Like Lost Workdays Or Restricted C. Moderate C. Moderate E. Clation/	75.3 Ny 📄 Highly Likely Duty 🗹 Permanen D. Number of D. High 📄 E itation 🖌 Order 🗋	20(a)	red Fatal : 003
Safety C Ottiar Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): M B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action	of Act Io Likelihood Duli No Lost Workdays Yes No V , None B. Low 13. Typ	Title 30 CFR tely Reasonably Like Lost Workdays Or Restricted C. Moderate C. Moderate E. Clation/	75.3 Ny 📄 Highly Likely Duty 🗹 Permanen D. Number of D. High 📄 E itation 🖌 Order 🗋	20(a) Coccur ty Disabling f Persons Affected Reckless Disreg Safeguard	red [] Fatal [] : 003 ard [] Written Notice []
Safety V Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): M. B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C 15. Area or Equipment 16. Termination Due	of Act No Likelihood Unlif No Lost Workdays Yes No None	Title 30 CFR tely Reasonably Like Lost Workdays Or Restricted C. Moderate C. Moderate E. Clation/	75.3 Ny 📄 Highly Likely Duty 🗹 Permanen D. Number of D. High 📄 E itation 🖌 Order 🗋	20(a) Coccur ty Disabling f Persons Affected Reckless Disreg Safeguard	red [] Fatal [] : 003 ard [] Written Notice []
Safety C Ctriar Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): M B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial; 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action	of Act No Likelihood Dulli No Lost Workdays Yes No V Yes No V 13. Typ Safeguard D. Written Mo Da Yr B. Time (2 hand held gas c	Title 30 CFR tely Reasonably Like Lost Workdays Or Restricted C. Moderate D C. Moderate D E. Citation/ Order Number 4 Hr. Clock)	75.3 N Highly Likely Duty Permanen D. Number of D. High E Hation Order I Laced with a	20(a)	red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr
Safety C Ctriar Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): M B. Injury or Illness could rea- sonably be expected to be: C. Significant and Substantial; 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 17. Action to Terminate The M detector. The gas 18. Terminated A. Date MoDe	of Act No Likelihood Dulli No Lost Workdays D Yes No V None B Low 13. Typ Safeguard D. Written Mo Da Yr B. Time (2) hand held gas of detector was n	Title 30 CFR tely Ø Reasonably Like Lost Workdays Or Restricted C. Moderate Ø C. Moderate Ø Da of Issuance (check one) C. Citation/ Order Number 4 Hr. Clock) detector was rep: cemoved from the	75.3 N Highly Likely Duty Permanen D. Number of D. High E Hation Order I Laced with a	20(a)	red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr
Safety O Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) A 12. Type of Action 14. Initial Action A. Cate Section III-Termination Due A. Date Section III-Termination Action 17. Action to Terminate The Igas 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection	of Act No Likelihood [] Unlii No Lost Workdays [] Yes [] No 🔽 Yes [] No 🔽 (13. Type) Bafeguard [] D. Written Mo Da Yr B. Time (2 hand held gas of detector was n	Title 30 CFR tely Ø Reasonably Like Lost Workdays Or Restricted C. Moderate Ø C. Moderate Ø Da of Issuance (check one) C. Citation/ Order Number 4 Hr. Clock) detector was rep: cemoved from the	75.3 N Highly Likely Duty Permanen D. Number of D. High E itation Ø Order laced with a mine and cal	20(a)	red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr
Safety O Ottiar Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial; 11. Negligence (check one) A. Citation 12. Type of Action 14. Initial Action A. Citation B. Order C 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 17. Action to Terminate The I detector. The gas 18. Terminated A. Date Section IV-Automated System Data	of Act No Likelihood Dunili No Lost Workdays D Yes No V None B. Low 1 13. Typ Safeguard D. Written Mo Da Yr B. Time (2 hand held gas of detector was n Yr B. Time (24 Hr. Ck	Title 30 CFR kely Reasonably Like Lost Workdays Or Restricted C. Moderate Moderate C. Moderate C. Moderate Moderate C. Moderate Moderate C. Moderate C. Moderate C. Moderate C. Moderate C. Moderate <td< td=""><td>y ☐ Highly Likely Duty Ø Permaner D. High ☐ E Ration Ø Order ☐ Iaced with a mine and cal</td><td>20(a)</td><td>red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr</td></td<>	y ☐ Highly Likely Duty Ø Permaner D. High ☐ E Ration Ø Order ☐ Iaced with a mine and cal	20(a)	red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr
Safety O Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial; 11. Negligence (check one) A. 12. Type of Action 10. Gravity: A. Initial Action A. Clation B. Order C. Significant and Substantial; 11. Negligence (check one) A 12. Type of Action 104(a) 14. Initial Action A. Clation B. Order C Station B. Order C A. Date Section III-Termination Action 17. Action to Terminate The gas 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection (activity coder)	of Act No Likelihood Dunili No Lost Workdays D Yes No V None B. Low 1 13. Typ Safeguard D. Written Mo Da Yr B. Time (2 hand held gas of detector was n Yr B. Time (24 Hr. Ck 20. Event Number	Title 30 CFR kely Reasonably Like Lost Workdays Or Restricted C. Moderate Moderate C. Moderate C. Moderate Moderate C. Moderate Moderate C. Moderate C. Moderate C. Moderate C. Moderate C. Moderate <td< td=""><td>75.3</td><td>20(a) Coccur Uy Disabiling F Persons Affected Reckless Disreg Safeguard F. Dated Calibrated. Number 1996, the Smell Busin</td><td>red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr ed gas ed gas</td></td<>	75.3	20(a) Coccur Uy Disabiling F Persons Affected Reckless Disreg Safeguard F. Dated Calibrated. Number 1996, the Smell Busin	red [] Fatal [] 003 ard [] Written Notice [] Mo Da Yr ed gas ed gas

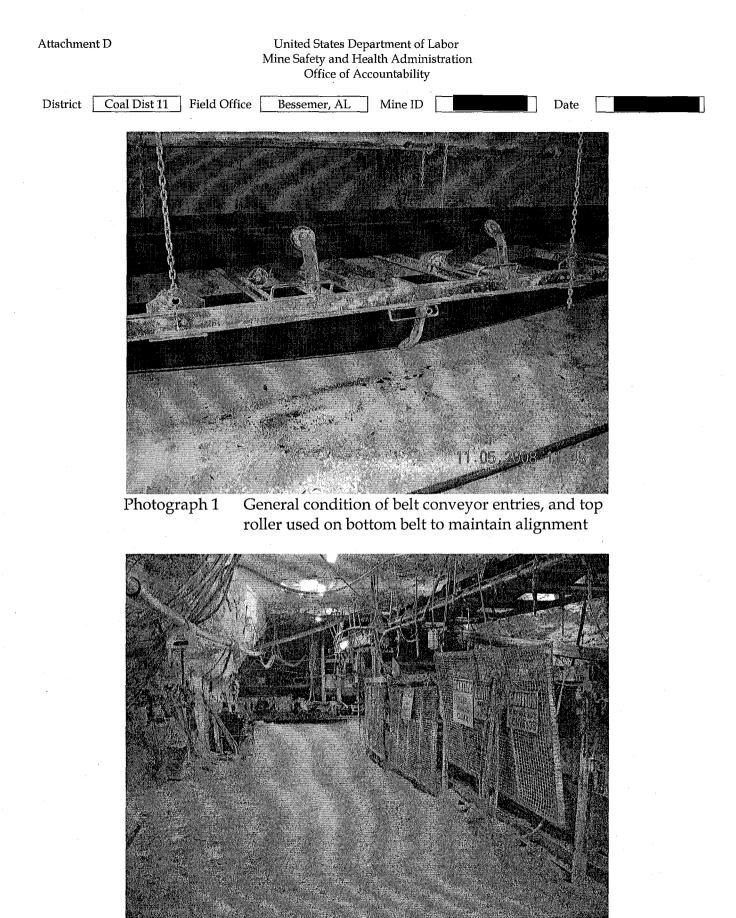
	ent C United States Depar Mine Safety and Heal Office of Acco	th Administratic	on		
trict	Coal Dist 11 Field Office Bessemer, AL	Mine ID		Date	
		L			
	Mine Citation/Order	U.S. Departmen Mine Safety and		tration	
	Section I-Violetion Data 1. Date Mo Da Yr 2. Time (21 Hr. Clock)		3. Citatio Order	n/ Number	and the second secon
	4. Served To	5. Operator		a a se a	
. 7	6. Mine	7. Mine ID	<u> </u>	an an an tha an	
	8. Condition or Practice			8a. Written N	(Contracte otice (103g)
	section by the operator were unable to asked the electricians said they had n system and that their normal place of This constitutes more than ordinary ne to comply with an mandatory safety and	ot been tra work was ou gligence an	ined on th tby. d is an ur	his methane	monitor
		·	See C	Continuation Form (MSHA)	Form 7000-3a)
j	Safety of Act	Part/Section of Title 30 CFR	75.34	12(a)(4)(i)	والتوافقة الإلتان والمراجعة
	Other				
	10. Gravity: A. Injury or Illness (has) (is): No Likelihood [] Unlikely []	Reasonably Likely	🖌 Highly Like	əfy [ˈ] Occurre	d []]
	B. Injury or illness could rea-	days Or Restricted Du		ently Disabling	Fatal []
	c. Significent and Substantial; Yes ☐ No 🔽			r of Persons Affected:	001
	n new second	Ioderate). High 🔽	E. Reckless Disregar	
-	<u>anterna del contra de la contra </u>	iance (check one)	Citation []	Order 📝	معينات فسيتشتق
			Gladoli		Safeguard
÷	14. Initial Action A. Citation ☐ B. Order 🖌 C. Safeguard [] D. Written Notice []	E. Citation/ Order Number	7693188	F. Dated	Safeguard Mo Da Y 09/20/2(
- - -	14. Initial Action A. Citation ☐ B. Order ☑ C. Safeguard ☐ D. Written Notice [] 15. Area or Equipment Flat Creek Main Section ()	E. Citation/ Order Number	7693188		Mo Da Y 09/20/2(
	A. Citation □ B. Order ✓ C. Safeguard □ D. Written Notice □ 15. Area or Equipment Flat. Creek Main Section () 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)	E. Citation/ Order Number	7693188		Mo Da Y 09/20/2(
	A. Citation B. Order V C. Safeguard D. Written Notice 1	E. Citation/ Order Number MMU-017), N	7693188 00.609417 0	continuous m	Mo Da Y 09/20/2(hiner.
	A. Citation B. Order V. C. Safeguard D. Written Notice 1 15. Area or Equipment Flat. Creek Main Section (1 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The electricians have been methane monitor. 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)	E. Citation/ Order Number MMU-017), N	7693188 00.609417 0	continuous m	Mo Da Y <u>09/20/2(</u> hiner.
181 - 11 - 11 - 11 - 11 - 11 - 11 - 11	A. Citation B. Order C. Safeguard D. Written Notice 1 15. Area or Equipment Flat Creek Main Section (1 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The electricians have been methane monitor.	E. Citation/ Order Number MMU-017), N	7693188 00.609417 d	continuous m	Mo Da Y <u>09/20/2(</u> hiner.
The second s	A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment Flat Creek Main Section (1 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The electricians have been methane monitor. 18. Terminated A. Date Mo Da Yr 19. Type of Inspection 20. Event Number Event Number	E. Cltation/ Order Number MMU-017), N n trained o	7693188 00.609417 d on the cal:	continuous m	Mo Da Y <u>09/20/2(</u> hiner.

chme		ited States Department of Labor Safety and Health Administration Office of Accountability
rict	Coal Dist 11 Field Office Be	essemer, AL Mine ID Date Date
	Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
	Section IViolation Data 1.	Order Number 5 7. Mine ID 7. Mine ID (Contractor)
	8. Condition or Practice	Ba. Written Notice (103g)
	longwill section you n of anyone, including of interest all SS offerminth 140' feet. T 144" (faurtien) inches	disabled persone. There was a accumption disabled persone. There was a accumption of 89 and extending outby for a distance of the ingter extended with the rite and up to ins depth.
•	9. Violation A. Heafith Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hes) (is): No Likelihood B. B. Injury or Illness could rea- sonably be aspected to be: No Lost Workdays C	See Continuation Form (MSHA Form 7000-3a)
		Lost Workdays or Restricted Duty Permanently Disabling Fatel s No D. Number of Persons Afflected Image: Solution of Persons Afflected C. Moderate D. High E. Reckless Disregard Image: Solution of Persons D. High Image: Solution of Persons Image: Solution of Persons D. High Image: Solution of Persons Image: Solution of Persons D. High Image: Solution of Persons Image: Solution of Persons D. High Image: Solution of Persons Image: Solution of Persons Order Safeguard Image: Solution of Persons Order Safeguard Image: Solution of Persons Image: Solution of Persons Persons Image: Solution of Persons Order Safeguard Image: Solution of Persons Image: Solution of Persons Image: Solution of Persons Persons Persons Image: Solution of Persons Image: Solution of Persons Persons Persons Image: Solution of Persons Image: Solution of Persons Persons Persons Image: Solution of Persons Image: Solution of Persons Persons Persons Image: Solution of Persons I
	16, Termination Due A.:Date Section III- Termination Action 17. Action to Terminate	
	18, Terminated Mo [Da Yr]	
	A. Date A. Date B. Tr Section IV—Automated System Data	īme (24 Hr. Clock)
	Section IV—Automated System Oata 19. Type of Inspection (activity code) E 1 20. Event Number 22. Signe E 1 20. Event Number	23. AR Number
	MSHA.F	

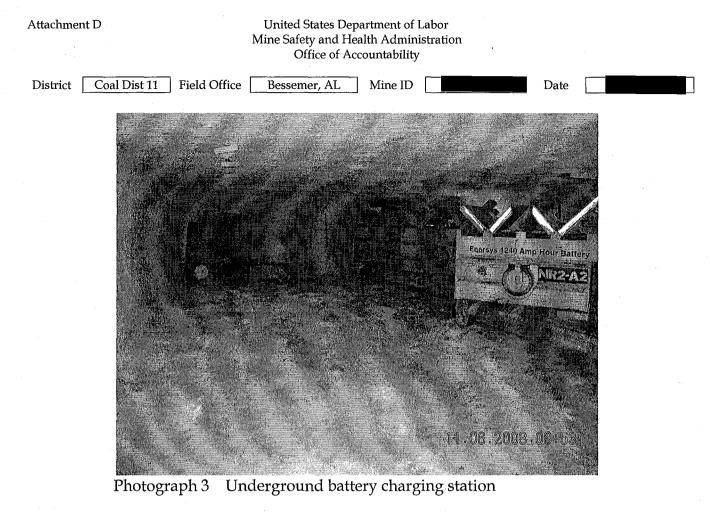
Attachmo	ent C	United States Department of Labor Mine Safety and Health Administration Office of Accountability
District	Coal Dist 11 Field Office	Bessemer, AL Mine ID Date Date
	Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
	Section I-Violetion Data	3. Citation / Order Number
	6. 8. Condition of Practice	(Contractor) Br. Written Notice (1036)
	Efat Check No 2 To shay the you	Longuell System from front for the forguell System up not clone marked to get director of troub, file geflictup,
	contry of hard for extended from tar	hed roch duet that prevented will be this could be not duet that prevented wisility This could to and aulty to the mouth of the long all find a
	U	
		See Continuation Form (MSHA Form 7000-3a)
	9. Violation A. Health Safety B. Section of Act Other D. Strong A. Health B. Section of Act Section II—Inspector's Eveluation 10. Gravity:	C. Part/Section of 75 . 380 0 2
	A. Injury or Illness (has) (is): No Likelihoo B. Injury or Illness could rea sonably be expected to be: No Lost Wo C. Significant and Substantial (See Reverse):	rkdays Lost Workdays or Restricted Dury Permanentity Disabling Fatal
	11 Negligence (check one) A. None B. Low 12. Type of Action 14. Initial Action	C. Moderate X D. High C E. Reckless Disregard 13. Type of Issuance (check one) Citation X Order Safeguard C
	A Citation B. Order C. Sefegu T5. Area or Equipment	ard D. Written E. Citation/ Order Notice D R. Citation/ Order Number
	16. Termination Due A. Date Section III-Termination Action	
	17. Action to Terminate	
	A. Date.	Yr B. Time (24 Hr. Clock)
	19. Type of Inspection (activity code)	23. AR Number

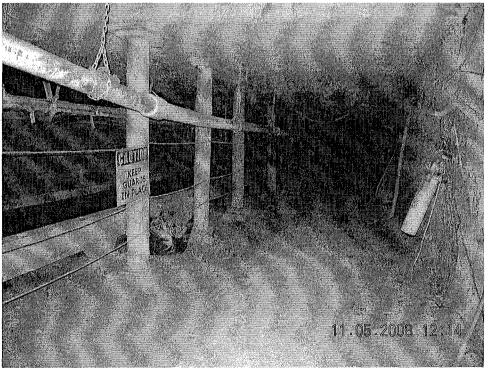
Mine Safety and	Department of Labor Health Administration Accountability		
ct Coal Dist 11 Field Office Bessemer, AL	Mine ID	Date	
		н — С Н	
Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Adn	ninistration	
Section F-Vielation Data 1. Date Mar Data 2. Time (24 Hr. Clock)	19 6	Citation/	
w 13		Order Number	
4. Served To	5 Operator		
6. Mine	7. Mine ID		
8. Condition or Practice		8a. Written t	(Contracto Notice (103g)
slide to the outby end of the take- belt to drop down and contact the b feet. The operator immediately removed th	pottom layer of belt f	ed the second or approximate	layer c ely 23
9. Violation 1 A. Health 1 B. Section	C. Part/Section of	See Continuation Form (MSHA	Form 7000-3a)
9. Violation A. Health B. Section Safety of Act.	C. Parl/Section of Title 30 CFR	See Continuation Form (MSHA 75.1725(a)	Form 7000-3a)
Safety of Act. Other Section II-Inspector's Evaluation		فتك متشدانين فيترفعه فاستوجداني ونوافيتهم جمعاتها	^F orm 7000-3a)
Safety of Act	Title 30 CFR	فتك متشدانين فيترفعه فاستوجداني ونوافيتهم جمعاتها	
Safety of Act. Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could rea-	Title 30 CFR Reasonably Likely 🕑 High	75.1725(a)	
Safety [v] of Act. Other [] Other [] Section IIInspector's Evaluation 10. Gravity: 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood [] Unlikely [] B. Injury or illness could reassonably be expected to be: No Lost Workdays [] Lost C. Stimificant and Substantial Instrumentation Instrumentation	Title 30 CFR Reasonably Likely P t Workdays Or Restricted Duty P	75.1725(a) Iy Likely [_] Occurr	ed [] Fatal []
Safety of Act Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost C. Significant and Substantial: Yes No	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. No	75.1725(a) Iy Likely [_] Occurr ormanently Disabling [_] umber of Persons Affected;	ed [] Fatal [] 001
Safety [v] of Act Other Other Section IIInspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood B. Injury or Illness could reassonably be expected to be: No Lost Workdays C. Significant and Substantial: Yes 11. Negligence (check one)	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. No C. Moderate D. High	75.1725(a) ly Likely [_] Occurr ormanently Disabling [_] umber of Persons Affected: E. Reckless Disrega	ed [] Fatal [] 001 rd []
Safety of Act Other Other Section IIInspector's Evaluation 10. Gravity: A. Injury or Illness (hab) (is): No Likelihood Unlikely B. Injury or Illness could reassinably be expected to be: No Lost Workdays C. Significant and Substantial: Yes Yes No 11. Negligence (check one) A. None B. Low 12. Type of Action	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. N C. Moderate D. High . of Issuance (check one) Citation	75.1725(a) ly LikelyOccurre ormanently Disabling umber of Persons Affected: E. Reckless Disrega QOrder	ed [] Fatal [] 001 rd [] Safeguard
Safety [v] of Act Other [] Other [] Section IIInspector's Evaluation 10. Gravity: A. Injury or Illness (hab) (is): No Likelihood [] Unlikely [] B. Injury or Illness could reassinably be expected to be: No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action B. Order [] C. Safeguard [] D: Written Notice	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. N C. Moderate D. High . of Issuance (check one) Citation E. Citation/	75.1725(a) ly Likely [_] Occurr ormanently Disabling [_] umber of Persons Affected: E. Reckless Disrega	ed [] Fatal [] 001 rd []
Safety [v] of Act Other [] Other [] Section IIInspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [] Unlikely [] B. Injury or Illness could reassinably be expected to be: No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. N C. Moderate D. High . of Issuance (check one) Citation E. Citation/	75.1725(a) ly LikelyOccurr ormanently Disabling umber of Persons Affected: E. Reckless Disrega QOrder	ed [] Fatal [] 001 rd [] Safeguard
Safety [v] of Act Other [] Other [] Section IIInspector's Evaluation 10. Gravity: A. Injury or Illness (hab) (is): No Likelihood [] Unlikely [] B. Injury or Illness could reassinably be expected to be: No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action B. Order [] C. Safeguard [] D: Written Notice	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. N C. Moderate D. High . of Issuance (check one) Citation E. Citation/	75.1725(a) ly LikelyOccurr ormanently Disabling umber of Persons Affected: E. Reckless Disrega QOrder	ed [] Fatal [] 001 rd [] Safeguard
Safety [v] of Act Other [] Other [] Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood [] Unlikely [_ B. Injury or Illness could reasonably be expected to be; No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] D: Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. C)	Title 30 CFR Reasonably Likely Highl t Workdays Or Restricted Duty Pe D. N C. Moderate D. High . of Issuance (check one) Citation E. Citation/ Crder Number	75.1725(a) ly LikelyOccurr ormanently Disabling umber of Persons Affected: E. Reckless Disrega QOrder	ed [] Fatal [] 001 rd [] Safeguard
Safety [v] of Act Other [] Other [] Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood [] Unlikely [_ B. Injury or Illness could reasonably be expected to be; No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] D: Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. C) Section III-Termination Action A. Date Mo Da Yr B. Time (24 Hr. C)	Title 30 CFR Reasonably Likely P Highl t Workdays Or Restricted Duty P D. N C. Moderate P D. High of Issuance (check one) Citation E. Citation/ Order Number Clock)	75.1725(a) iy LikelyOccurr rmanently Disabling umber of Persons Affected; E. Reckless Disrega 	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other [] Other [] Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood [] Unlikely [_ B. Injury or Illness could reasonably be expected to be; No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] D: Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. C)	Title 30 CFR Reasonably Likely P Highl t Workdays Or Restricted Duty P D. N C. Moderate P D. High of Issuance (check one) Citation E. Citation/ Order Number Clock)	75.1725(a) iy LikelyOccurr rmanently Disabling umber of Persons Affected; E. Reckless Disrega 	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood Unlikely [B. Injury or Illness could reasonably be expected to be; No Lost Workdays [C. Significant and Substantial: Yes [v] No [11. Negligence (check one) A. None [Title 30 CFR Reasonably Likely P Highl t Workdays Or Restricted Duty P D. N C. Moderate P D. High of Issuance (check one) Citation E. Citation/ Order Number Clock)	75.1725(a) iy LikelyOccurr rmanently Disabling umber of Persons Affected; E. Reckless Disrega 	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood Unlikely [Title 30 CFR Reasonably Likely Pe D. N C. Moclerate D. High of Issuance (check one) Citation E. Citation/ Order Number Clock reset and the belt is	75.1725(a) iy LikelyOccurr rmanently Disabling umber of Persons Affected; E. Reckless Disrega 	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood Unlikely [B. Injury or Illness could reasonably be expected to be: No Lost Workdays [Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] D: Written Notice 15. Area or Equipment B. Order [] C. Safeguard [] D: Written Notice 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Cost Section III-Termination Action The rollers have been itself., 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Section IV-Automated System Data 12. Event Number E01 20. Event Number	Title 30 CFR Reasonably Likely P Highl t Workdays Or Restricted Duty P D. N C. Moderate P D. High of Issuance (check one) Citation E. Citation/ Order Number Clock)	75.1725(a) y Likely [Occurr rrmanently Disabling [_] umber of Persons Affected; E. Reckless Disrega [V] Order [_] F. Dated 8 no longer co	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other [] Other [] Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (hais) (is): No Likelihood [] Unlikely [_ B. Injury or Illness could reasonably be expected to be; No Lost Workdays [] Lost C. Significant and Substantial: Yes [v] No [] 11. Negligence (check one) A. None [] B. Low [] 12. Type of Action 104(a) 13. Type 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] D. Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Cost Section III-Termination Action The rollers have been itself. 18. Terminated A. Date Mo Da Yr 18. Terminated A. Date Mo Da Yr 18. Terminated A. Date Mo Da Yr 19. Type of Inspection 20. Event Number	Title 30 CFR Reasonably Likely Pe D. N C. Moclerate D. High of Issuance (check one) Citation E. Citation/ Order Number Clock reset and the belt is	75.1725(a) iy LikelyOccurr rmanently Disabling umber of Persons Affected; E. Reckless Disrega 	ed [] Fatal [] 001 rd [] Safeguard Mo Da Y
Safety [v] of Act Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [Title 30 CFR Reasonably Likely [] t Workdays Or Restricted Duty [] Per D. N C. Mocierate [] D. High [] of Issuance (check one) Citation/ Creer Number Clock) Perset and the belt is 21. Primary or Mill e Small Businees Regulatory Enforcement Fairnee	75.1725(a) y Likely [_] Occurr rmenently Disabling [_] umber of Persons Affected: E. Reckless Disrega G. Order [_] F. Dated F. Dated 23. AR Number ss Act of 1996, the Small Busin	ed [] Fatal] 001 rd] Safe Mo [ntact

Mine Safety and Health Administration Office of Accountability istrict Coal Dist 11 Field Office Bessemer, AL Mine ID Date Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Sector + Vealue Bas 1.00 memory Mine Safety and Health Administration Sector + Vealue Bas 1.00 memory 1.00 memo	Office of Accountability strict Coal Dist II Field Office Bessemer, AL Mine ID Date Wine Olthjov/Order U.S. Docarment of Labor Mine Safety and Health Administration Image: Control of Control o	tachment	С		United Sta	ates Department	of Labor			
strict Coal Dist 11 Field Office Bessemer, AL Mine ID Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Image: Contractory Sectort-Volden Date 0. Date Science Science Science 0. Date Mine Safety and Health Administration Image: Contractory Science Science 0. Bate Mine Science Science Science Science Science 0. Science	Strict Coal Dist II Field Office Bessemer, AL Mine ID Date Wine Otation/Order U.S. Department of Labor Mine Safely and Health Administration Ime Safets - Value Dist 2. Time (24 fr, Disc) Sofets and Safets - Value Dist 3. Objector Octor Munice Safets - Value Dist 7. Mine ID Sofets and Same Dist 7. Mine ID Sofets and Same Dist 7. Mine ID Sofets and Same Dist Sofets and Sofets and Sofets and Same Dist Sofets and Sofets and Sofets and				Mine Safety	and Health Adm	ninistration	ı		
Alme Citation/Order U.S. Department of Labor Mine Safety and Health Administration Date Mine Safety and Health Administration Image: Safety and Health Administration Date Mine Safety and Health Administration Image: Safety and Health Administration Saged1 S. Operator Scientator Mine Scientator Image: Safety and Health Administration Mine Scientator Scientator Saged1 Scientator Scientator Condition Pradue Scientator Scientator Mine D Contractor Scientator Condition Pradue Scientator Scientator Mine Safety and Health Fam Motion Pradue Scientator Scientator Condition Pradue Scientator Scientator Scientator Condition Pradue Scientator Scientator Scientator Violation A Health Scientator Scientator Scientator Scientator Violation A Health Scientator Scientator Scientator Scientator Violation A Health Contractor Scientator Scientator Scientator Violation	Mire Citation/Order U.S. Desertment of Labor Mire Safety and Health Administration Sector I-voider Date 3: Outproof Date Municer Sector I-voider Date 3: Outproof Date Municer Sector I-voider Date 4: Oscardor Date Municer Sector I-voider 4: Oscardor Barnet I 4: Oscardor More 7: Mire D Contractor 6: Oscardor Barnet I A Gerrafor More 7: Mire D Contractor 6: Oscardor Barnet I 1: A Gerrafor Barnet I 1: A Gerrafor Output An was loose and had relocated itself against the moving tail pulley roller O the extent it had worn a hole through the guard. Volation A testing One-diagon C. Put@Gertion df One-diagon 75.1722 Obsection Doseration Delay of Indes Codel diagon Doseration Diagon Indes (Net Kone) No Indes Yes Diagon Indes (Net Kone) No Indes Yes Obsection Doseration Obsection Doseration Obsection Section <				Offi	ce of Accountabil	ity			
Alme Citation/Order U.S. Department of Labor Mine Safety and Health Administration Date Mine Safety and Health Administration Image: Safety and Health Administration Date Mine Safety and Health Administration Image: Safety and Health Administration Saged1 S. Operator Scientator Mine Scientator Image: Safety and Health Administration Mine Scientator Scientator Saged1 Scientator Scientator Condition Pradue Scientator Scientator Mine D Contractor Scientator Condition Pradue Scientator Scientator Mine Safety and Health Fam Motion Pradue Scientator Scientator Condition Pradue Scientator Scientator Scientator Condition Pradue Scientator Scientator Scientator Violation A Health Scientator Scientator Scientator Scientator Violation A Health Scientator Scientator Scientator Scientator Violation A Health Contractor Scientator Scientator Scientator Violation	Mire Citation/Order U.S. Desertment of Labor Mire Safety and Health Administration Sector I-voider Date 3: Outproof Date Municer Sector I-voider Date 3: Outproof Date Municer Sector I-voider Date 4: Oscardor Date Municer Sector I-voider 4: Oscardor Barnet I 4: Oscardor More 7: Mire D Contractor 6: Oscardor Barnet I A Gerrafor More 7: Mire D Contractor 6: Oscardor Barnet I 1: A Gerrafor Barnet I 1: A Gerrafor Output An was loose and had relocated itself against the moving tail pulley roller O the extent it had worn a hole through the guard. Volation A testing One-diagon C. Put@Gertion df One-diagon 75.1722 Obsection Doseration Delay of Indes Codel diagon Doseration Diagon Indes (Net Kone) No Indes Yes Diagon Indes (Net Kone) No Indes Yes Obsection Doseration Obsection Doseration Obsection Section <		0.101.11		г <u></u>				-	
Mine Safety and Health Administration	Wine Safety and Health Administration Built Administration Built Administration Built Administration Scool T Scool T Control Order Number Scool T Allow Allow Control Order Number Control Order Produce Other Control Order Produce Other Control Order Produce Other Control Order Produce Other Other Other Other Other Other	trict	Coal Dist II	Field Office	Besseme	r, AL Mine I	D		Date	
Mine Safety and Health Administration	Wine Safety and Health Administration Built Administration Built Administration Built Administration Scool T Scool T Control Order Number Scool T Allow Allow Control Order Number Control Order Produce Other Control Order Produce Other Control Order Produce Other Control Order Produce Other Other Other Other Other Other									
Mine Safety and Health Administration	Mine Safety and Health Administration Anne Safety and Health Administration -Builty									
Mine Safety and Health Administration	Mine Safety and Health Administration Anne Safety and Health Administration -Builty	nazoriazi	tere (Contra							
Date Mo Da Yr 2. Time (24 Hr. Glock) 3. Citation/ Order Number Second I 5. Operator 0. Operator Alline 7. Mine ID 0. Operator Contractory 6. Operator 0. Operator Contractory 6. Operator 0. Operator Contractory 6. Operator 0. Operator Contractory 0. Operator 0. Operator Violation A. Health 6. Section 0. Contractory Safety Operator 0. A test 0. Operator 75.1722 Other 0. Operator 0. Operator 0. Operator 0. Operator O. Strutty: No () 0. Noniber of Persons Affected: 0.01 O. Significant and Substantiat: Yes () No () 0. Noniber of Persons Affected: 0.01 1. Negligence (check one) A. None () B. Low () C. Moderale () D. Highy () Costion () <td< td=""><td>Bolte Ma Da YL 2. Time (24 H, C658) 3. Operator Second Time 3. Operator C. Cellstoor C. Cellstoor Second Time 3. Operator 8. Writen Notice (153) C. Centratory Second Time 3. Operator 8. Writen Notice (153) C. Centratory Condition or Practice 6. Writen Notice (153) C. Centratory Second Time (154) C. Part/Section of Time (24 H, C658) Condition or Practice 6. Section 6. Part/Section of Time (24 H, C658) C. Centratory Condition or Practice 6. Section 6. Part/Section of Time (24 H, C658) C. Part/Section of Time 30 CFR 75. 1722 Violation A. Health B. Section C. Part/Section of Time 30 CFR 75. 1722 Violation A. Health B. Section Octat D. Notice of Partice Alfreduct (1) B. Induor of Times (18) (Not Lectihood) Unlikely (2) Courred (1) B. Section (2) Fatal (1) Costardio of Partice Alfreduct (2) No (1) C. Moderale (2) Partice Alfreduct (2) Fatal (2) S. Section (2) No (2) D. Notice of Partice Alfreduct (2) Fatal (2) Fatal (2) S. Note (1) B. Owe</td><td>Anne Gitat</td><td>ion/Order</td><td></td><td>÷.,</td><td></td><td></td><td></td><td></td><td></td></td<>	Bolte Ma Da YL 2. Time (24 H, C658) 3. Operator Second Time 3. Operator C. Cellstoor C. Cellstoor Second Time 3. Operator 8. Writen Notice (153) C. Centratory Second Time 3. Operator 8. Writen Notice (153) C. Centratory Condition or Practice 6. Writen Notice (153) C. Centratory Second Time (154) C. Part/Section of Time (24 H, C658) Condition or Practice 6. Section 6. Part/Section of Time (24 H, C658) C. Centratory Condition or Practice 6. Section 6. Part/Section of Time (24 H, C658) C. Part/Section of Time 30 CFR 75. 1722 Violation A. Health B. Section C. Part/Section of Time 30 CFR 75. 1722 Violation A. Health B. Section Octat D. Notice of Partice Alfreduct (1) B. Induor of Times (18) (Not Lectihood) Unlikely (2) Courred (1) B. Section (2) Fatal (1) Costardio of Partice Alfreduct (2) No (1) C. Moderale (2) Partice Alfreduct (2) Fatal (2) S. Section (2) No (2) D. Notice of Partice Alfreduct (2) Fatal (2) Fatal (2) S. Note (1) B. Owe	Anne Gitat	ion/Order		÷.,					
Sound I 6. Oversion Other Number 6. Oversion Alling 7. Mine ID Contaction or Practice 84. Written Notice (059) Condition or Practice 84. Written Notice (059) Condition or Practice 84. Written Notice (059) Condition or Practice 84. Written Notice (059) Contractory 84. Written Notice (059) Up and was loose and had relocated itself against the moving tail pulley roller .o the extent it had worn a hole through the guard. Violation A Health B. Section of Act Of Act C. Part/Section of Title 30 OFR 75.1722 Color II-Repectors Statistion Occurred D. Gravity A lay or liness that for asset of the statistic of the stati	Stood 1 6. Operator More 7. Mine ID Condition of Pendita Condition of Pendita 84. Writine Nicol (Condition of Pendita 84. Writine Nicol (Condition of Pendita Condition of Pendita 84. Writine Nicol (Condition of Pendita 84. Writine Nicol (Condition of Pendita Condition of Pendita 84. Writine Nicol (Condition of Pendita 84. Writine Nicol (Condition of Pendita Condition of Pendita 84. Writine Nicol (Condition of Table Society) 75.1722 Condition of Pendita 8. Section 0. Farity of Tile 30 of FR 75.1722 Condition of Table Society No Lost Workdays [] Lost Workdays [] Occurred [] D. Farity of Tileses (Mai) (Mai) No Lost Workdays [] Lost Workdays [] D. Number of Persons Affected: 001 D. Significant and Steptantiat: Yes [] No [] C. Moderale [] D. Number of Persons Affected: 001 Vise Action 104(a) 13. Type of Issuance (check cone) Catation [] Steption [] Steption [] Steption [] 1. Number of Execution Line (Cock Check cone) Catation [] D. Writeen Nicol [] D. Writeen Nicol [] D. Writeen Nicol [] Steption [] 2. Significant and Steptantiat: Yes [] No	ection I-Viola	ation Data	and a state of the			ind noutry	annino autori.		
Second II 6. Operator Mine 7. Mine ID Condition or Practice 6. Written Notices (103g) The tail pulley on the North Main belt No.1 was not adequately guarded. The usard was loose and had relocated itself against the moving tail pulley roller of the extent it had worn a hole through the guard. Violation A Health See Continuation Form (MSHA Form 7000-3a) Violation A Health See Socion of Act Violation B. Socion Of Act C. Part/Section of Title 30 GFR Title 30 GFR 75.1722 Statistic No B. Injury or Illness (has) (is): No Linkelihood Diract Unlikely Resonably Likely Highly Likely Occurred [] B. Injury or Illness (has) (is): No D. Number of Parsona Affected: On an Substantiat: Yes [] Yes [] No Lingligence (check one) A None [] B. Injury or Illness (has) B. Low [] C. Significant and Substantiat: Yes [] Yes [] No [] Lingligence (check one) A None [] D. Alogo	Second T 6. Operator Alloa 7. Mine ID Contractori Schulder or Practice Ba. Written Notice (1056) The tail pulley on the North Main belt No.1 was not adequately guarded. The tuard was loose and had relocated itself against the moving tail pulley roller of the extent it had worn a hole through the guard. Violation A Health B. Section See Continuation form (MSHA Form 750-2a) Violation of Act C. Part/Section of Tile 30 GFR 75.1722 School of Act C. Part/Section of Tole 30 GFR 75.1722 School of Act Unitiety C. Reesonably Likely IM Highly Likely Coccurred (INCOM) Bill (INCOM) A liquity or Illness of the Section C. Moderale IM INCOM Section of Tole 30 GFR Significant and Substantiat Yes IN to Like Workdays (Incom) Reesonably Likely IM Highly Likely (Incom) Coccurred (Incom) Ingligation (check one) A None (Incom) C. Moderale IM INCOM Dill Incom) Fatal (Incom) Ingligation (check one) A None (Incom) C. Moderale IM Incom) Chatton IV Second Incom) Ingligation (check one) A None (Incom) Station IM Incom) Finale (Mo De Yr Second Incom) Second Incom) Ingligation (check one) A Date	Date	Mo Da Yr	2. Time (24 Hr. Clo	ck)					
Mine 7. Mine ID Contractor) Conductor or Practice 6a. Writen Notice (1036) Inher tail pulley on the North Main belt No.1 was not adequately guarded. The ward was loose and had relocated itself against the moving tail pulley roller of the extent it had worn a hole through the guard. Violation A Heath B. Section C. Part/Section of Tile 30 OFR 75.1722 Violation A Heath B. Section C. Part/Section of Tile 30 OFR 75.1722 other Orarly or Ilinese (ha) (6): No Likelihood Unikely Reasonably Likely Highly Likely Occurred [] B. Injury or Ilinese (ha) (6): No Likelihood Unikely Reasonably Likely Permanently Disabiling Qr Fatal Significant and Substantiat: Yes Qr No D. Number of Persons Affected 001 Negligencie (heck one) A None [] B. Low [] C. Moderale Qr D. High [] E. Reckless Diaregard [] Yes of Action [] B. Order [] C. Safeguard [] D. Written Notice [] Creation/ F. Daled Mo Da Yr A clation [] B. Order [] C. Safeguard [] D. Written Notice [] Creation/ F. Daled Mo Da Yr A Clation [] B. Order [] C. Safeguard [] </td <td>Mine 7. Mine ID (Confracton) Goldano or Practice Ba Writen Notices (1030) The tail pulley on the North Main belt No.1 was not adequately guarded. The usard was Loose and had relocated itself against the moving tail pulley roller of the extent it had worn a hole through the guard. Violation A Heath B. Section Executive transmission form 94894. Form 7000-3a Violation A Heath B. Section C. Part/Section of TS. 1722 Violation A Heath B. Section C. Part/Section of TS. 1722 Control Oter 7. Nome ID Occurred [</td> <td>Served T</td> <td></td> <td></td> <td></td> <td>5. Operator</td> <td> i.</td> <td></td> <td></td> <td></td>	Mine 7. Mine ID (Confracton) Goldano or Practice Ba Writen Notices (1030) The tail pulley on the North Main belt No.1 was not adequately guarded. The usard was Loose and had relocated itself against the moving tail pulley roller of the extent it had worn a hole through the guard. Violation A Heath B. Section Executive transmission form 94894. Form 7000-3a Violation A Heath B. Section C. Part/Section of TS. 1722 Violation A Heath B. Section C. Part/Section of TS. 1722 Control Oter 7. Nome ID Occurred [Served T				5. Operator	i.			
Condition or Practice Image: Condition or Practice Ba. Written Notice (1030) Schulden or Practice Ba. Written Notice (1030) Image: Condition of Practice Ba. Written Notice (1030) Update Wass Loose and had relocated itself against the moving tail pulley roller Image: Condition of Practice Image: Condition of Practice Violation A. Health B. Section C. Part/Section of The 30 CFR 75.1722 Violation A. Health B. Section of Act C. Part/Section of The 30 CFR 75.1722 Sates View Image: Conduct of Condet Occurred [] B. Section of Act Permanently Disabiling (V Fatal] Display of liness (has) (is): No Lost Workdays Or Restricted Duty [] Permanently Disabiling (V Fatal] C. Significant and Substantiat: Yes (V No] C. Significant and Substantiat: Yes (V No] C. Moderate (Conder Act On) C. Moderate (Conder Act On) Otation [V Order]] Safeguard] A. Integritizence (check one) A. None] B. Low] C. Moderate (Conder Number F. Daled Mo Da Yr A. Clation] B. Order] C. Safeguard] D. Written Notice] E. Clation // Order] Safeguard] A. Action to Terminate The guard has been repaired and set in the proper place.<	Continue Predice Image: Continue of the North Main belt No.1 was not adequately guarded. The puard was loose and had relocated itself against the moving tail pulley roller to the extent it had worn a hole through the guard. Violation A meta worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation A health Image: State of the extent it had worn a hole through the guard. Violation of Act: C Part/Section of Tile 30 CFR Image: State of the extent it had worn a hole through the extent of the	T State State of the								·
See Continuation or Practice 64. Written Notice (1035) I Che tail pulley on the North Main belt No.1 was not adequately guarded. The yuard was loose and had relocated itself against the moving tail pulley roller to the extent it had worn a hole through the guard. See Continuation Form (MSHA Form 7000-3a) Condition A. Heath B. Section C. Part/Section of The 30 CFR 75.1722 Violation A. Heath B. Section C. Part/Section of The 30 CFR 75.1722 edion II-Inspector Thie 30 CFR 75.1722 edion II-Inspector No Lost Workdays Lost Workdays Or Restricted Duty Permanently Desabling I Fatal 0. Gravity No I D. Morber of Persons Affected: 001 1. Negligence (check one) A. None [] B. Low [] C. Moderate [] D. High I E. Reckless Diaregard [] 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation [] F. Dated Mo Da Yr 6. Termination Due A. Date Ma Da Yr B. Time (24 Hr. Clock) E. Chation/ F. Dated Mo Da Yr 6. Termination Due A. Date Ma Da Yr B. Time (24 Hr. Clock) E. Chation/ F. Dated Mo Da Yr 6. Termination Due A. Date	Construction of Prediction 6.8. Within Notices (1058) [1] Pite tail pulley on the North Main belt No.1 was not adequately guarded. The pulley soller to the extent it had worn a hole through the guard. See Continuation Form (MSIM Form 7000 3a) Construction A Health [] 6. Section State of Extended A The section of Table 30 CFR 75.1722 Violation Of Act Tille 30 CFR Of State of Extended A The section of Table 30 CFR 75.1722 Body of Winess (Nas) (B): No Likelihood [] Unlikely [] Reasonably Likely [] Highly Likely [] C. Significant and Substantiat Yes [] No [] D. Number of Persons Affected [] C. Significant and Substantiat Yes [] No [] D. Number of Persons Affected [] C. Significant and Substantiat Yes [] D. Written Notice [] E. Claution [] Order [] Safeguard [] A. Indig Affection (Check one) A. None [] B. Low [] C. Moderate 20] Order [] E. Reackess Divergard [] 2. Type of Addin IO4(a) [3. Type of Addin] Order [] Safeguard [] A. Indig Affected [] Order [] Safeguard [] A. Indig Affected D. Highly Check one) A. None [] B. Time (24 Hr. Cloc	Mine			<u>.</u>	7. Mine ID				(Contractor)
Che tail pulley on the North Main belt No.l was not adequately guarded. The puard was loose and had relocated itself against the moving tail pulley roller to the extent it had worn a hole through the guard. Violation A. Heath B. Section of Act See Continuation form (MSHA Form 7000:3a) Violation A. Heath B. Section of Act C. Pert/Section of Tile 30 CFR 75.1722 editor H-Inspector Evaluation Occurred [] Highly criliness (has) (is): No Likelihood [] Unlikely [] Reasonably Likely [] Occurred [] B. Injury or Illness (has) (is): No Likelihood [] Unlikely [] Reasonably Likely [] Occurred [] B. Ngiry or Illness chash (real real real real real real real real	See Continuation Form (MSHA Form 700-3a) Violation A Health B. Section Of Act Of A	. Condition	or Practice						8a, Written N	
See Continuation Form (MSHA Form 7000-3a) Violation A. Health Safety B. Section of Act C. Part/Section of Tille 30 OFR 75.1722 eddoi H-Inspector's Evaluation C. Gravity: C. Gravity: A Health B. Injury or Illness Could rea- sonably be explanated to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling B. Injury or Illness Could rea- sonably be explanated to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantiat: Ves Ø Yes Ø No D. Number of Persons Affected: 001 001 1. Nogligence (check one) A None B. Low C. Moderate Ø D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Ø Order Safeguard 4. Initial Action A. Classion B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)	See Continuation Form (MSHA Form 7000-da) Violation A Health See Continuation Form (MSHA Form 7000-da) Violation A Health Stetery G O'Act Of Act C. Part/Section of Title 30 OFR 75.1722 action 14-foregotors Evaluation Occurred [] A Ingry or Illness (has) (is): No Likelihood] Unlikely] Reasonably Likely [] Highly Likely [] Occurred [] A Ingry or Illness (has) (is): No Likelihood] Unlikely] Reasonably Likely [] Permanently basing [] Permanently basing [] C. Significant and Substantiat: Yes [] No] D. Humber of Persons Affected: [] 1. Neglagence (check one) A None [] B. Low [] C. Moderale [] D. High [] E. Reckless Disregard [] 4. Initial Action 104(a) [] 13. Type of Issaance (check one) Citation [] Order [] Safeyuard [] 5. Areas or Equipment . . B. Order [] D. Writen Notice [] E. Citation [] F. Daled Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock [] [] . A Clan to Terminated A. Date								guarde	ed. The
See Continuation Form (MSHA Form 7000-3a) Violation A Health Sefety Other of Act Other 75.1722 action IIfispector's setulation 0. Gravity: A Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely V Highly Likely Occurred B. Injury or Illness Could reasonably Likely V B. Injury or Illness Could reasonably be expected to be: No Lost Workdays Or Restricted Duty Permanently Disabiling V Permanently Disabiling V C. Significant and Substantiat: Yes V Yes V No I Likely of Action 104(a) 13. Type of Issuance (check one) Citation V C. Safeguard I D. Written Notice I B. Tord of Clon 0.4 Date Mo Da Yr Order Number S. Area of Equipment B. Tord Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) B. Tord Termination Action The guard has been repaired and set in the proper place.	See Continuation Form (MSHA Form 700C3a) Violation A. Health Set Operation of Act Or Act C. Part/Section of Talle 30 CFR Talle 30 CFR 7.5.1722 external regretor's Evaluation A. Insur or Ilness (hia) (b): No Likelihood 0. Gravity: A. Insur or Ilness (hia) (b): No Likelihood Unlikely 8. Injury or Illness (hia) (b): No Likelihood Unlikely Reasonably Likely Permanently Disabiling 8. Injury or Illness (hia) (b): No Likelihood Unlikely Reasonably Likely Permanently Disabiling Fatal 8. Injury or Illness (hia) (b): No Likelihood Unlikely Reasonably Likely D. High Clear (block one) Station (clear (cle	juard w	was loose	and had rel	ocated i	tself agains	t the mo	oving tai	l pulle	y roller
Violation A. Health B. Section Of Act C. Part/Section of Title 30 CFR 75.1722 edion III-Inspector's Evaluation Other(1) Other(1) Part/Section of Title 30 CFR 75.1722 0. 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 Disabiling Fatal C. Significant and Substantia: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation () Order () Safeguard [] 4. Initial Action B. Order C. Safeguard [] D. Written Notice E. Citation/ Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Image: Safeguard II Action F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard II Action II	Violation A. Heathing B. Section Grack Title 30 GFR 75.1722 ection II-Inspector's Evaluation O. Gravity: Reasonably Likely Highly Likely Occurred B. Indity of Titleses (hub) No Likelihood Unlikely Reasonably Likely Highly Ulkely Occurred B. Indity of Titleses (hub) No Likelihood Unlikely Reasonably Likely Highly Ulkely Occurred B. Indity of Titleses (hub) No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Indity of Titleses (hub) No Likelihood Unlikely Reasonably Likely Permanentity Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A None B. Low C. Moderale D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation // Order Safeguard 4. Initial Action A. Date Mo Da Yr B. Time (24 Hr. Clock) E. Citation / Order Number 5. Area or Equipment B. Time (24 Hr. Clock Initial Action <td>o the</td> <td>extent it</td> <td>: had worn a</td> <td>hole th:</td> <td>rough the gu</td> <td>ard.</td> <td></td> <td></td> <td></td>	o the	extent it	: had worn a	hole th:	rough the gu	ard.			
Violation A. Health B. Section Of Act C. Part/Section of Title 30 CFR 75.1722 edion III-Inspector's Evaluation Othert Title 30 CFR 75.1722 0. 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 Disabiling Fatal C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order [Safeguard [4. Initial Action B. Order C. Safeguard [D. Written Notice E. Citation/ Order [Safeguard [5. Area or Equipment B. Time (24 Hr. Clock) Image: Safeguard I F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard I A. Action to Terminate The guard has been repaired and set in the proper place.	Violation A. Heath B. Section of Act Title 30 CFR 75.1722 ection III-Inspector's Evaluation O. Gravity. Reasonably Likely Highly Ulkely Occurred B. Indry of Illness chubit factor C. Safety. Reasonably Likely Highly Ulkely Occurred B. Indry of Illness chubit factor No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Clation // Order Safeguard 4. Initial Action B. Order C. Safeguard D. Wiriten Notice E. Citation / Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Image: Safe System Data Image: Safe System Data Image: Safe System Data 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Image: Safe System Data Image: Safe System Data 9. Type of Inspectory B. Time (24 Hr. Clock Image: Safe Syste									
Violation A. Health B. Section Of Act C. Part/Section of Title 30 CFR 75.1722 edion III-Inspector's Evaluation Othert Title 30 CFR 75.1722 0. 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 Disabiling Fatal C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order [Safeguard [4. Initial Action B. Order C. Safeguard [D. Written Notice E. Citation/ Order [Safeguard [5. Area or Equipment B. Time (24 Hr. Clock) Image: Safeguard I F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard I A. Action to Terminate The guard has been repaired and set in the proper place.	Violation A. Heath B. Section of Act Title 30 CFR 75.1722 ection III-Inspector's Evaluation O. Gravity. Reasonably Likely Highly Ulkely Occurred B. Indry of Illness chubit factor C. Safety. Reasonably Likely Highly Ulkely Occurred B. Indry of Illness chubit factor No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Clation // Order Safeguard 4. Initial Action B. Order C. Safeguard D. Wiriten Notice E. Citation / Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Image: Safe System Data Image: Safe System Data Image: Safe System Data 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Image: Safe System Data Image: Safe System Data 9. Type of Inspectory B. Time (24 Hr. Clock Image: Safe Syste									
Violation A. Health B. Section Of Act C. Part/Section of Title 30 CFR 75.1722 edion III-Inspector's Evaluation Other(1) Other(1) Part/Section of Title 30 CFR 75.1722 0. 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 Disabiling Fatal C. Significant and Substantia: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation () Order () Safeguard [] 4. Initial Action B. Order C. Safeguard [] D. Written Notice E. Citation/ Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Image: Safeguard II Action F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard II Action II	Violation A. Heathing B. Section Of Act Tille 30 CFR 75.1722 ection II-Inspector's Evaluation O. Gravity: Tille 30 CFR 75.1722 ection II-Inspector's Evaluation O. Gravity: Permanentity Disabiling Pertail A. Injury of Illness (hub) (b): No Likelihood Unlikely Reasonably Likely Highly Uklely Occurred B. Injury of Illness (hub) (b): No Lost Workdays Lost Workdays Or Restricted Duty Permanentity Disabiling Patal C. Significant and Substantia: Yes No D. Number of Persons Affected: 001 1. Negl/gence (check one) A. None B. Low C. Moderale D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation (v) Order Safeguard 4. Initial Action B. Doder C. Safeguard D. Written Notice E. Citation/ Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Initial Action Safeguard 23. AR Number 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Initial Action to Terminate Date Action Date Act									
Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 75.1722 Section III-Inspector's Evaluation Other(' Title 30 CFR 75.1722 D. 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 Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order (Safeguard (3. finitial Action B. Order C. Safeguard (D. Written Notice E. Citation/ Order (Safeguard (3. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard (Proper place. 3. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard (Action to Terminate The guard has been repaired and set in the proper place.	Violation A. Health B. Section GrAct Tille 30 GFR 75.1722 Badon II-Inspectors Evaluation OffAct Tille 30 GFR 75.1722 Sectory Gravity: Reasonably Likely Highly Likely Occurred B. Indity of Illness (has) (ib): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Indity of Illness Could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanentity Disabiling Patal C. Significant and Substantia: Yes No D. Number of Persons Affected: 001 I. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Clation // Order Safeguard 4. Initial Action B. Order C. Safeguard D. Wiritien Notice E. Citation / Order Number 5. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safety Safe							· · · ·		
Violation A. Health B. Section Of Act C. Part/Section of Title 30 CFR 75.1722 edion III-Inspector's Evaluation Othert Title 30 CFR 75.1722 0. 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 Disabiling Fatal C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order [Safeguard [4. Initial Action B. Order C. Safeguard [D. Written Notice E. Citation/ Order [Safeguard [5. Area or Equipment B. Time (24 Hr. Clock) Image: Safeguard I F. Dated Mo Da Yr 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard I A. Action to Terminate The guard has been repaired and set in the proper place.	Violation A. Heath B. Section of Act Title 30 CFR 75.1722 ection III-Inspector's Evaluation O. Gravity: Reasonably Likely Highly Clikely Occurred B. Indry of Titless Could read Social Workdays Or Restricted Duty Permanentity Disabiling Patal B. Indry of Titless Could read No Lost Workdays Lost Workdays Or Restricted Duty Permanentity Disabiling Patal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. Highly Order (Safeguard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation (Order (Safeguard 4. Initial Action B. Order (C. Safeguard (D. Wirtten Notice (E. Citation/ Order Number 5. Area or Equipment B. Time (24 Hr. Clock) Image: Same (24 Hr. Cloc									
Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 75.1722 Section III-Inspector's Evaluation Other(' Title 30 CFR 75.1722 D. 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 Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order (Safeguard (3. finitial Action B. Order C. Safeguard (D. Written Notice E. Citation/ Order (Safeguard (3. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard (Proper place. 3. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Safeguard (Action to Terminate The guard has been repaired and set in the proper place.	Violation A. Heatin B. Socion C. Part/Section of Tile 30 CFR 75.1722 Badon II-Inspectors Evaluation Of Act Tile 30 CFR 75.1722 Satisfy Groups Evaluation C. Sartify C. Society Permanently Disabiling Permanently Disabiling Bingity of Illness Could read No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Patal Bingity of Illness Could read No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Patal C. Significant and Substantia: Yes No D. Number of Persons Affected: 001 I. Negligence (check one) A None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation // Order Safeguard 4. Initial Action B. Order C. Safeguard D. Wintlen Notice E. Citation / Order Number 5. Area of Equipment B. Time (24 Hr. Clock Initial Action Safety Safety Data Safety Safety Data Safety Safety Data 3. Type of Inspectors B. Time (24 Hr. Clock Initial Action to Terminate Safety Safety Data Safety Safet									
Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 75.1722 cother() Other() Of Act Title 30 CFR 75.1722 cothon III-Inspectors Evaluation . Gravity: A lipury of Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Injury of Illness could rea- sonably be expected to be: sonably be expected to be: sonably be expected to be: No Lost Workdays Or Restricted Duty Permanentity Disabiling Fatal C. Significant and Substantial: Ves IV Yes IV No D. Number of Persons Affected: 001 001 I. Negligence (check one) A None B. Low C. Moderate IV D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation IV Order I Safeguard 3. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 4. Area or Equipment B. Time (24 Hr. Clock) Image: Clock Image: Clock Image: Clock 5. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock Image: Clock 6. Terminate The guard has	Violation A. Healtin B. Sector Of Act Title 30 GFR 75.1722 uction B-Inspectors Evaluation O Fact Title 30 GFR 75.1722 uction B-Inspectors Evaluation O Sectory: Reasonably Likely I Highly Likely Occurred B. Injury of Iliness (hab) (ib): No Likelihood Unlikely Reasonably Likely I Highly Likely Occurred B. Injury of Iliness Could reasonably be expected to be: No Likelihood Lost Workdays Or Restricted Duty Permanentity Disabiling I Fatal C. Significant and Substantia: Yes I No D. Number of Persons Affected: 001 Negligence (check one) A. None B. Low C. Moderate I D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Clation I Order Safeguard Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice Order Number F. Dated Mo Da Yr 5. Area or Equipment B. Time (24 Hr. Clock) Image: Safety Sa									
Safety of Act Title 30 CFR 75.1722 edion III-Inspector's Evaluation 0. Gravity: A. Injury of Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Injury of Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred Image: Constraints of the synchrody	Safety of Act Tille 30 CFR 75.1722 edion III-Inspector's Evaluation . Gravity: A. Injury of Illness (his) (ii): No Likelihood Unlikely Reasonably Likely Highly Ulkely Occurred B. Injury of Illness (his) (iii): No Likelihood Unlikely Lost Workdays Or Restricted Duty Permanently Disabiling Fatal B. Northy of Illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal C. Significant and Substantiat: Yes No D. Number of Persons Affected: 001 1. Nogligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation* F. Dated Mo Da Yr 5. Area of Equipment B. Time (24 Hr. Clock) Intermination Due A. Date Mo Da Yr B. Time (24 Hr. Clock Intermination The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Intecoreat and set in the proper place.	Adamstra	LA USANG C	1.6.6.0	And the second			See Continuatio	n Form (MSHA I	Form 7000-3a)
ection II-Inspectors Evaluation 0. Gravity: A. Injury of Illness (has) (is): No Likelihood [] Unlikely [] Reasonably Likely [] Highly Likely [] Occurred [] B. Injury of Illness could reasonably be expected to be: No Lost Workdays [] Lost Workdays Or Restricted Duty [] Permanently Disabiling [] Fatal [] C. Significant and Substantial: Yes [] No [] D. Number of Persons Affected: 001 1. Negligence (check one) A. None [] B. Low [] C. Moderate [] D. High [] E. Reckless Disregard [] 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation [] Order [] Safeguard [] 4. Initial Action A. Order [] C. Safeguard [] D. Written Notice [] Citation/ Order Number 5. Area or Equipment B. Time (24 Hr. Clock) [] [] [] [] 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) [] [] ection III-Terminate The guard has been repaired and set in the proper place. [] [] []	extrol H-inspector's Evaluation 0. Gravity: A. Injury of Illness (his) (is): No Likelihood [Safety 🗸					75.1722		
0. Gravity: A. Injury of Illness (has) (is): No Likelihood Unlikely B. Injury of Illness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling C. Significant and Substantial: Yes Yes No 1. Negligence (check one) A. None B. Low C. Moderate O. High E. Reckless Disregard 1. Negligence (check one) A. None B. Low C. Moderate O. High E. Reckless Disregard 1. Negligence (check one) A. Initial Action A. Citation B. B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr B. Time (24 Hr. Clock) S. Termination Due A. Date Mo Da Yr A. Choro to Terminate The guard has been repaired and set in the proper place.	D. Gravity: A. Injury or Illness (has) (is): No Likelihood	notion II. Inco		<u> </u>						<u></u>
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 Permanentity Disabiling Fatal C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ F. Daled Mo Da Yr 5. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: State of the proper place. Reasonable of the proper place.	A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Injury or Illness could reasonably Likely Permanently Disabiling Fatal C. Significant and Substantiat: Yes No Counce Duty Permanently Disabiling Fatal C. Significant and Substantiat: Yes No Counce Duty Duty Disabiling Fatal C. Significant and Substantiat: Yes No Counce Duty Duty Disabiling Fatal C. Significant and Substantiat: Yes No Counce Duty Duty Disabiling Fatal C. Significant and Substantiat: Yes Fatal C. Safeguard C. Safeguard C. Safeguard C. Safeguard D. Written Notice E. Citation F. Dated Mo Da Yr A. Citation Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Safeguard C. Automated System Data S. Type of Inspection S. Apate Mo Da Yr B. Time (24 Hr. Clock Sing Substantiate S. Apate Mo Da Yr B. Time (24 Hr. Clock Sing Substantiate S. Apate Mo Da Yr B. Time (24 Hr. Clock Sing Substantiate S. Apate Mo Da Yr B. Time (24 Hr. Clock Sing Substantiate S. Apate Mo Da Yr B. Time (24 Hr. Clock Sing Substantiate Sing Substantiate		ectors Evaluation					• • • • • • • • • • • • • • • • • • •	······································	
sonably be expected to be: No Lost Workdays [Lost Workdays Or Restricted Duty] Permanently Disabiling [Fatal] C. Significant and Substantial: Yes [No] D. Number of Persons Affected: 001 1. Negligence (check one) A. None [] B. Low [] C. Moderate [D. High [] E. Reckless Disregard [] 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation [Order] Safeguard [] 4. [nitial Action B. Order [] C. Safeguard [] D. Written Notice [] E. Citation/ Order Number Order [] Safeguard [] 5. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock one proper place. 8. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock one proper place.	sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling V Fatal C. Significant and Substantial: Yes V No D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation V Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 5. Area or Equipment B. Time (24 Hr. Clock) E. Citation Mo Da Yr B. Time (24 Hr. Clock) E. Citation E. Citation <td></td> <td>or Illness (has) (is):</td> <td>No Likelihood 📋</td> <td>Unlikely []</td> <td>Reasonably Like</td> <td>ly 📝 🛛 Hij</td> <td>ghly Likely 🔲</td> <td>Occurre</td> <td>:d []</td>		or Illness (has) (is):	No Likelihood 📋	Unlikely []	Reasonably Like	ly 📝 🛛 Hij	ghly Likely 🔲	Occurre	:d []
C. Significant and Substantial: Yes V No D. Number of Persons Affected: 1. Negligence (check one) A. None B. Low C. Moderate 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation V C. Safeguard D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation V C. Safeguard D. Written Notice E. Citation/ F. Dated Mo Da Yr S. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) 6. Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place.	C. Significant and Substantial: Yes V No C. Moderate D. Number of Persons Affected: 001 1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation V Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr A. Citation Due A. Date Mo Da Yr B. Time (24 Hr. Clock 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock 6. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock 2. Signature 3. Strain Strai				vs Lost	Workdays Or Restricted	Duty IT	Permanently Dis	ablind 🔽	Fatal
1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 1. Negligence (check one) 1. Negligence (check one) 1. Negligence (check one) 1. Negligence (check one) 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 4. Initial Action B. Order C. Safeguard E. Citation/ Order Number F. Dated Mo Da F. Dated F. Dated F. Dated A. Date	1. Negligence (check one) A. None [] B. Low [] C. Moderale [] D. High [] E. Reckless Disregard [] 2. Type of Action 104(a) 13. Type of Issuance (check one) Citation [] Order [] Safeguard [] 4. Initial Action B. Order [] C. Safeguard [] D. Written Notice [] E. Citation/ Order [] Safeguard [] 4. Initial Action B. Order [] C. Safeguard [] D. Written Notice [] E. Citation/ Order Number F. Dated Mo Da Yr 5. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		in the second					
2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 5. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock one) Image: Clock one) Citation	2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 4. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 5. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock of the proper place. 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Image: Clock of the proper place. 7. Action to Terminate The guard has been repaired and set in the proper place. Safeguard [23. AR Number 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Autometed System Data 9. Type of Inspection 23. AR Number [3. Type of Inspection 20. Event Number 21. Primary or Mill [2. Signature 23. AR Number 23. AR Number [SHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act or 1996, the Small Business Administration has stabilished a National Small Business Administration has order one work of the Small Business Administration on small Business Administration and 10 Regional Fairness Act or 1996, the Small Business Administration has order one work of the Small Business Administration on small Business Administration and 0 Regional Fairness Act or 1996, the Small Business Administration has order one order or the probusines to th			103 (9)						
4. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr B. Time (24 Hr. Clock) E. Citation/ Order Number A. Date Mo Da Yr B. Time (24 Hr. Clock) E. Citation The guard has been repaired and set in the proper place. A. Compared Mo Da Yr	A. Initial Action A. Citation B. Order C. Safeguard D. Written Notice C. Safeguard C. Safeguard D. Written Notice C. Safeguard D. Written Notice C. Safeguard D. Written Notice C. Safeguard D. Written Notice C. Safeguard D. Written Notice C. Safeguard Safelystem Data D. Safe Safe Safe Safe Safe Safe Safe Safe	1. Negligen	ce (check one)	A. None	3. Low	C. Moderate	D. High	E. Reck	less Disregard	d []
A. Citation B. Order C. Safeguard D. Written Notice Order Number 5. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection fil-Termination Action B. Time (24 Hr. Clock) Image: Clock and set in the proper place. 8. Terminated Mo Da Yr Image: Clock and set in the proper place.	A. Citation B. Order C. Safeguard D. Written Notice Order Number 5. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection III-Termination Action The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) ection IV-Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Image: State Stat	2. Type of A	totion 104	(a)	13. Type o	f Issuance (check one)	Citati	on 🔽 🛛 Orde	¥[]	Safeguard
5. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection fll-Termination Action B. Time (24 Hr. Clock) Image: Clock for the proper place. 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated Mo Da Yr	5. Area or Equipment 6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock Ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number Stables and Agriculture Regulatory Ombudsman and 10 Regional Entimess Regulatory Enforcement Fairness. At or 1990, the Small Business Administration has stablested a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Entimess. It row wish to comments from small businesses about federal agency inforcement actions. The Ombudsman annually evaluates enforcement activities and agency microsenses. It may wish to comment on the forcement actions. The Ombudsman annually evaluates enforcement activities and agency microses to mail businesses. It our wish to comment on the forcement actions. The Ombudsman annually evaluates enforcement activities and agency microsenses. It may have, including	4. Initial Act							F. Dated	Mo Da Yr
6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection fll-Termination Action B. Time (24 Hr. Clock) Image: Clock and set in the proper place. 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated Mo Da Yr	6. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) ection (II-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place. B. Time (24 Hr. Clock Clock B. Time (24 Hr. Clock			C. Sareguaro D	. Written Notice					
A. Date B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place.	A. Date B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number SHA Form 7000-3, Mar 35 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1989, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency nforcement actions. The Ombudisman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the forcement actions of MSHA, you may call 1.488-FEG-FAIR (1.488-F34.3247), or write the Ombudisman and small Business Administration. Office of the National Ombudisman, 409 3rd refer, SW MC 22120, Washington, DC 20418, Piesse note, however, that your right to file a comment with the Combudisman is in addition to any tome rights you may have, including refersion function of MSHA, you may call 1.488-FEG-FAIR (1.488-F34.3247), or write the Ombudisman and small Business Administration. Office of the National Ombudisman, 409 3rd referst, SW MC 22120, Washington, DC 20418, Piesse n	5. Area or E	quipment							
A. Date B. Time (24 Hr. Clock) Section ID-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place.	A. Date B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number 24. Signature 23. AR Number Astabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency inforcement activities of MSHA, you may call 1.888-REG-FAIR (1-888-r43-3247), or write the Ombudisman and is mall Business Administration on the inforcement actions. The Ombudisman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the norderment actions of MSHA, you may call 1.888-REG-FAIR (1-888-r43-3247), or write the Ombudisman and is mall Business Administration. Office of the National Ombudisman, 409 3rd treet, SV/ MC 2120, Washington, DC 2041E, Priese note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including many in the addition to any other rights you may have, including many in the addition to any other rights you may have, including many in the addition to any other rights you may have, including many annually and the addition the comment with the Ombudisman is in addition to any other rights you may ha									
A. Date B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place.	A. Date B. Time (24 Hr. Clock) ection III-Termination Action 7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number ISHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1988, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency nforcement actions. The Ombudisman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the nforcement actions of MSHA, you may call 1-388-REG-ARI (1-388-REG-ARI (1-188-744-3247), or write the Ombudisman an is mal Business Administration Office of the National Ombudisman, 409 3rd treet, SW MC 2120, Washington, DC 20418, Piease note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including the order words in the order words in the order word with the Ombudisman is in a ddition to any other rights you may have, including	6. Terminati	ion Due	_Mo Da_Yr						
7. Action to Terminate The guard has been repaired and set in the proper place.	7. Action to Terminate The guard has been repaired and set in the proper place. 8. Terminated A, Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number [21. Primary or Mill [23. AR Number [23. AR Number [23. AR Number [23. AR Number [24. Primary or Mill [25. Signature [25. Signature [25. Signature [26. Second and a soft of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency norcement actions. The Ombudismen annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the norcement actions of MSHA, you may call 1. 388-REG-AAR (1.888-r94.3247), or write the Ombudisment and is mail Business Administration, Office of the National Ombudisman, 409 3rd rest, SW MC 2120, Washington, DC 20418, Piesse note, however, that your right to file a comment with the Ombudisment is in addition to any other rights you may have, including		A. Date	e E	. Time (24 Hr. Cl	ock)				
8 Terminated MoDa Yr	B. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number 23. AR Number 24. Signature 25. Signature 25. Signature 27. Primary or Mill 27. Primary or Mill 29. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number 23. AR Number 24. Primary or Mill 25. Signature 25. Signature 27. Primary or Mill 27. Primary or Mill 29. Type of Inspection 29. Type of Inspection 20. Event Number 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number 23. AR Number 23. AR Number 24. Primary or Mill 25. Signature 25. Signature 25. Signature 26. Signature 27. Primary or Mill 29. Primary or Mill				·····					
8. Terminated A. Date Mo Da Yr. B. Time (24 Hr. Clock	A. Date B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection (activity code) 20. Event Number 2. Signature 23. AR Number 2. Signature 23. AR Number ISHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency nforcement actions. The Ombudisman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the nforcement actions of MSHA, you may call 1.888-REG-ARM (1-888-734-3247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3rd treet, SW MC 2120, Washington, DC 20416, Piezee note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including	7. Action to	Terminate The	guard has	been repa	aired and se	t in the	e proper	place.	
8. Terminated A, Date Mo Da Yr B. Time (24 Hr. Clock	A. Date B. Time (24 Hr. Clock jection IV-Automated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 22. Signature 23. AR Number Attional Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Deards to receive comments from small businesses about federal agency nforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the nforcement 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 treet, SW MC 2120, Washington, DC 20416. Please note, however, that you right to file a comment with the Ombudsman and since addition to any other rights you may have, including									
A Date B. Time (24 Hr. Clock	A. Date B. Time (24 Hr. Clock Section IVAutomated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill 22. Signature 23. AR Number Alsha Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has isabilished a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Fairness Deards to receive comments from small businesses about federal agency inforcement actions. The Ombudisman annually evaluates enforcement activities on trates each agency's responsiveness to small business. If you wish to comment on the inforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudisman at Small Business Administration. Office of the National Ombudisman, 409 3rd itreet, SW. MC 2120, Washington, DC 20418, Please note, however, that you right to file a comment with the Ombudisman is in addition to any other rights you may have, including	8. Terminat	ed) Mo	Da Yr					<u> </u>	
	29. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill 23. AR Number 24. Primary or Mill 23. AR Number 23. AR Number 24. Primary or Mill 23. AR Number 24. Primary or Mill 23. AR Number 24. Primary or Mill 25. Signature 25. Signature 25. Signature 25. Signature 26. Event Number 27. Primary or Mill 29. AR Number 20. Event Number 20. Event Num me provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency nforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the nforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-794-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 3rd inteet, SW MC 2120, Washington, DC 20418, Please note, however, that you right to file comment with the Ombudsman is in addition to any other rights you may have, including		A, Date	B. Time (24 Hr. Clock					······································
	(activity code) E01 2. Signature 2. Signature 2. Signature 2. Signature 2. AR Number 2. AR Num	10000 10 10 10 10							میں بین جون	
	ASHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency inforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the inforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Business Administration, Office of the National Ombudsman, 409 3rd inforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Business Administration, DC 20416, Please note, however, that your right to fif to file a comment with the Ombudsman is in addition to any other rights you may have including			20. Event Number		21. Primai	y or Mill			
	ASHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has stabilished a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency inforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the inforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman and Small Business Administration, Office of the National Ombudsman, 409 3rd inforcement 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 itset, 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					<u></u>		23. AR Numb	er	
	stablished a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Faimess Boards to receive comments from small businesses about federal agency inforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the inforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman al Small Business Administration. Office of the National Ombudsman, 409 3rd irefet, 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, ircluding									
	ia vâur w routrar cirarous dua hizhozan Keusinas aun akanină natala na Lanăta kuna ogiălă din Lisann Kaalza, Anumisalari	Street, SW Mi	C 2120, Washington,	DC 20416. Please note, h	owever, that your rig	int to file a comment with the	Ombudsman is	in addition to any of	ner rights you m	ay have, including
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		ne right to cont	est citations and prop	osed penalties and obtain	a nearing before the	Pederal Mine Safety and H	aalin Keview Con	rimission.		
street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudes a dominant addition to any other rights you may have, including ine right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.					N.					
Irreet, 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										
reet, 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										

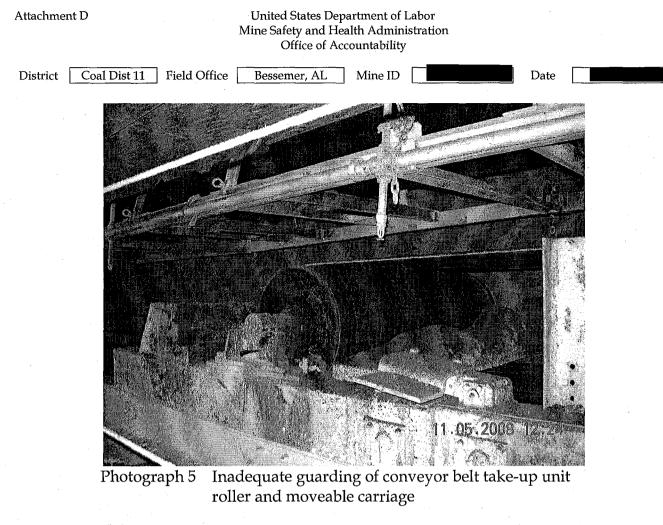


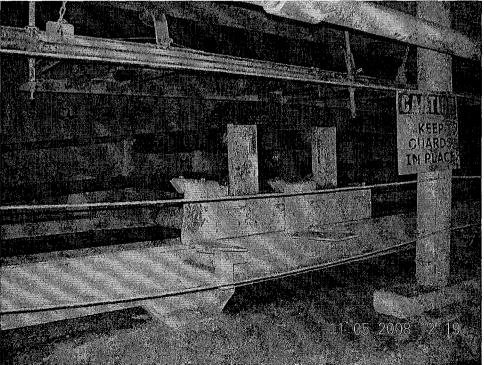
Photograph 2 General condition of belt conveyor entries at drives





Photograph 4 Inadequate guarding of conveyor belt take-up unit





Photograph 6 Inadequate guarding of conveyor belt take-up unit drop-off rollers and slide assembly