U.S. Department of Labor

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



January 12, 2009

MEMORANDUM FOR

RICHARD STICKLER Acting Assistant Secretary for Mine Safety and Health Administration

THROUGH:

CHARLES J. THOMAS **Charles Charles Charles**

ery Kinell

FROM:

SUBJECT:

Accountability Specialist MSHA Office of Accountability Audit, Helena,

Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Mine Files, MSHA field activities, level of enforcement, Field Activity Reviews (FAR's), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the week of by Jerry Kissell, Charlie Thomas, and Anthony Webb.

Montana, Field Office, and

JERRY KISSELL

Positive findings and issues requiring attention are included in this audit report.

Overview

The audit team traveled to the Helena, Montana Field Office and to the East Boulder Mine to observe and evaluate enforcement activities and mine conditions. Prior to the field visit, the previous two quarters E-01 inspection reports were reviewed as well as time utilization and enforcement activities for the mine and field office. Accompanying the audit

Company personnel accompanying the audit team

included

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Underground areas traveled into the mine and areas of the mine examined during this audit included the# 1 tunnel entry, shifters office, shop areas, the 670 incline ramp from the 6500 level to the 7600 level, and the east 6500 foot wall lateral. Captive stopes were inspected including the 7400/670+670 slusher stope, and the 7400/665 slusher stope. Other areas inspected underground included powder magazines, primer magazines, laydown areas, (Organized storage locations), haulage ramps, and waste and ore pass areas. Equipment inspected included LHD's, utility vehicles, ventilation fans, rail haulage equipment and personnel haulers.

Surface areas inspected included the primary crusher, conveyor belts, and areas in the mill, laydown storage, surface fire taps and surface mobile equipment. Records reviewed included fire hose testing, ground and continuity records, pull test records (ground support), mine rescue records and explosive inventory records.

The Ventilation and Escape maps were reviewed and verified at the mine. Currently, the operator has eleven (11) refuge chambers developed and maintained throughout the mine.

The audit team conducted safety discussions underground with mine crews during the inspection and conducted a safety meeting with the dayshift crew of approximately 120 miners. Safety discussion topics included a review of mine accident history, accident classification and categories for the most common accidents at this mine, including material handling, ground falls, non-powered hand tools and machinery as well as hearing and respiratory protection. Safety "pocket card" best practice handouts were distributed during the inspection as well.

A headquarters peer reviews was not conducted in this district in 2008, the two required headquarter reviews were conducted in other districts. The Rocky Mountain District completed one peer review of the Green River, WY field office in January 2008.

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

- 1. The supervisor visited numerous high risk/high violation mines throughout the year.
- 2. The supervisor exceeded the minimum required AA's and FAR's for each inspector.

- 3. Inspection documentation well written and indicative of thorough and complete inspections.
- 4. Inspectors performed professionally and confidently exhibiting excellent knowledge of MSHA regulations and policy, as well as thorough review of citations issued and root cause review for each violation issued.
- 5. The 104(d) tracking system is obvious, maintained and up to date.
- 6. Ample time spent on mine site with excellent time management. Other time was below 4 % for the local inspection personnel on the previous inspection.
- 7. MSHA personnel set example for safety practices, ie: PPE usage, Tire Chalks on GOV's were always used, and safety discussions with miners on a one to one basis were consistently done.
- 8. Weekend and off-shift inspections regularly covered.
- 9. Records for self rescuer maintenance and ITX gas detectors well maintained, and readily available.
- 10. Very open and positive communications between MSHA and the operator. Miners, safety personnel, and management personnel demonstrated open and willing communications to all MSHA personnel during the audit.
- 11. The mine operator has pro-actively initiated a safety program to reduce the injury accidents related to the use of hand tools and knives in the mill. Kevlar gloves are being provided when employees are to use box/utility knives during work assignments to reduce exposure to slipping blades and hand injuries.
- 12. The company simplified safety programs, in that, they returned to a "5 Point" safety system and feel that it is working for them at this time.
- 13. Miners are provided with "Kevlar sleeves" to reduce soft tissue injuries related to falling ground. The KEVLAR sleeves were implemented many years ago due to the characteristics of the rock and have been successful in reducing these types of injuries.

The audit also revealed issues that require corrective actions, which include the following:

- 1. Inadequate supervisory review of inspection notes, and citations. (See Item 1 in attachment A).
- 2. ATF records keeping in underground magazines no clear method of record keeping was observed for the <u>underground</u> magazines inspected during the audit. Citations # was issued for improper storage of

explosives under 57.6102a2. After discussion with the Assistant Secretary's office, MSHA is currently in the process of rewriting the Memorandum of Understanding (MOU) with the ATF, these matters should be clarified and defined in this agreement. (The underground explosive storage magazines held explosives for more than one week's usage on average, per magazine.)

Recommendations for improving industry and MSHA relations:

1.) DM and ADM's select and visit high risk/problematic mining operations once quarterly. Logistics and total mine numbers make it impossible to visit all mines, but supporting field office activities with site visits can provide support, oversight, positive input, and receive feedback from miners, mine management, MSHA inspectors and supervisors.

2.) During interview discussion with the Helena MT field office staff, a recommendation to request having tech support evaluate ground conditions in some underground mining operations and provide training to the field office staff on ground integrity and inspection evaluation would be beneficial. This has been initiated by the District therefore no action required.

Recommendations made to the mine operator:

1.) Contact the Rocky Mountain District for assistance in training requests or contact the National Mine Academy for upcoming courses they may be offering. (Supervisory responsibility, training makes a difference, ATF, etc...)

2.) Provide safety policy changes to the underground that have been successfully implemented in the mill, which targeted the reduction of hand injuries related to the use of hand tools and knives.

Audit Results

The attached checklist (Attachment A) 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. Citations issued during this audit
- C. Photo of rubber-tire stope workings
- D. Photos GOV vehicles parked and tires chalked on mine property -Positive
- E. Photo master switch lock-out device on mobile equipment

1. Coal Metal/Nonmetal X				
Evaluate supervisory review of inspection reports and documentation for completeness.				
Adequate Inadequate X Not Adequate X Applicable	Comments Below			
The following citations had specific issues that appear to not be compliant with the M/NM Citation/Order writing handbook PH08-I-08, or were cited under the wrong standard of the CFR 30.				
<u>Citation</u> Negligence statement included place exam needed checking area before & after moving PH-I-08, page 22, Section IX, Negligence Criteria)	e e			
<u>Citation</u> Issued under 57.8529 for no air movement at face (72-222 Ramp) Negligence justification stated "Not a company practice, no cite history". How does this identify the knowledge or lack of knowledge by a company agent on this specific condition? (Reference PH-I-08, page 22, Section IX, Negligence Criteria)				
Citation Valicance statement reade	"Porriorur of store go			
<u>Citation</u> Negligence statement reads	Neview of storage			
procedures needed". How does this describe the company management/agents knowledge or lack of knowledge of the conditions cited? (Reference PH-I-08, page 22, Section IX, Negligence Criteria)				
The following citations are the same issue associate and 56/57.12008 being interchanged.	ted with 56/57.12004			
<u>Citation</u> Issued under 57.12004 for the outer jacket on an electrical cable not being in the bushing to a electrical box exposing insulated electrical conductors was terminated with the following statement: "the electrical cable was properly bushed eliminating any exposure of the insulated conductors". This appears to be a violation of 57.12008.				
<u>Citation</u> Issued under 57.12004 for damaged elerreview assistance from electrical inspector, the citation ap of 57.12008, for electric power wires/cable not being provinsulated where it passes into the electrical box. The cable slipped out of the provided bushing or was not properly	ppears to be a violation perly bushed or e appears to have			

2. Coal Metal/Nonmetal X Determine if supervisors address report deficiencies immediately			
Adequate X Inadequate Not Comments Below			
When report deficiencies were identified the Supervisors are requesting corrections immediately from inspection staff.			
4. Coal Metal/Nonmetal X Evaluate the quality of Field Activity Review reports (FARs)			
Adequate X Inadequate Not Adequate X Comments Below			
Account of the continents below Positive Comment: FAR's very well documented, Supervisors have exceeded the minimum required FAR's for each inspector in the office.			
5. Coal Metal/Nonmetal X Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted			
Adequate Not Adequate Applicable			
Well documented.			
6. Coal Metal/Nonmetal X			
Evaluate the quality of Accompanied Inspections			
Adequate X Inadequate Not Applicable Comments Below			
Positive Comment: The supervisor has exceeded the minimum required AA's and has documented positives and areas for improvement.			
and has documented positives and areas for improvement.			

	l/Nonmetal X pervisors are thoroughly reviewing mine files at least
Adequate X Inade	equate Not Comments Below
Determine if A	l/Nonmetal X ssistant District Manager is holding supervisor general mine visits, FARs, and accompanied activities
Adequate X Inade	equate Not Comments Below
1	y the AA's and FAR's are being completed and
reviewed at the district le	evel.
p	
Determine if su	l/Nonmetal X upervisors are monitoring inspector time and activity to ensure proper use of time by inspector
Adequate X Inade	equate Not Comments Below
L	
Determine if St	l/Nonmetal X andard Operating Procedures (SOPs) are in place, compliance with MSHA policies and procedures
Adequate X Inade	equate Not Comments Below

19. Coal Metal/Nonmetal X			
Determine if supervisors are using the Performance Management			
System to hold inspectors accountable for properly evaluating gravity			
and negligence, termination due dates, and timely termination of			
Citations.			
Adequate X Inadequate Not Comments Below			

20. Coal Metal/Nonmetal X Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine				
Adequate X Inadequate	Not Comments Below			
The supervisor visits the high risk and high violation mines and keeps documentation identifying visits and discussions with industry.				

21. Coal Metal/Nonmetal X			
Determine if District Manager is monitoring the ACRI program and			
using the Performance Management System to ensure that CLRs justify			
changes			
Adequate X Inadequate Not Comments Below			
22. Coal Metal/Nonmetal X			
Determine if District Manager is using discretion in granting			
conferences			
Adequate X Inadequate Not Comments Below			

Determine if seco	Nonmetal X ond level reviews and Pee ew of enforcement actions	er Reviews are used to assess s
Adequate X Inadequ	uate Not Applicable	Comments Below
Well documented	·	· · · · · · · · · · · · · · · · · · ·

	Metal/Nonmetal Determine if appropriate activith respect to issues of mis	tions are taken by s	- 0
Adequate	X Inadequate	Not Applicable	Comments Below
			· · · · · · · · · · · · · · · · · · ·

	Metal/Nonmetal e inspector/special cess for completing	ist knowledge of	documentation required
Adequate X	Inadequate	Not Applicable	Comments Below
· · ·	· · · · · · · · · · · · · · · · · · ·		

26. Coal	Metal/Nonmeta		
Evaluat	e the district's proc	ess for perform	ng Possible
Knowing/Willful (PKW) reviews and initiating or denying special			
in <u>ves</u> tig	ations		
Adequate X	Inadequate	Not Applicable	Comments Below
			······································
	·		

	Metal/Nonmetal X mine if complete and thorough inspections are being conducted lequately documented
Adequate X	Inadequate Not Comments Below
suppo entire	Not
Adequate X	Inadequate Applicable Comments Below

31. Coal Metal/Nonmetal Determine that the inspecto weekends	lana in the second s	e on off-shifts and on
Adequate X Inadequate	Not Applicable	Comments Below

34. Coal Metal/Nonmetal X Determine if all mine record books, postings, and other required materials are examined during the inspection Not Adequate Х Inadequate **Comments Below** Applicable ATF records need addressed. Clear guidance from HQ will be coming in the MOU between MSHA and ATF.

		Metal/Nonmet ine if the amount a of the mine is su	of time expended	h inspection activity spection goals
Adequate	x	Inadequate	Not Applicable	Comments Below

37. Coal Metal/Nonmetal X
Evaluate each citation/order/safeguard for inspector's determination
of gravity, negligence, number of persons affected, and the level of
en <u>for</u> cement
Adequate X Inadequate Not Comments Below

38. Coal	Metal/Nonmetal X	
Accompar	ny and evaluate inspector's imminent	danger run
Adequate X I	Inadequate Not Applicable	Comments Below
	· · · · · · · · · · · · · · · · · · ·	

loose ground, citation **decouper** The inspector took the appropriate enforcement action for the conditions found. Additionally, violations have been issued under 56/57.18002 in the past for inadequate work place examinations. Examinations need to be improved by the mine operator to identify and correct obvious hazards.

40. Coal Metal/Nonmetal X
Evaluate inspector's observation of Back/Rib conditions
Adequate X Inadequate Not Comments Below
Violations were issued for 57.3200 where loose unsupported ground materials were easily barred down in area's where persons work or traveled. (Citation

41. Coal Metal/Nonmetal X
Evaluate operator's workplace examinations
Adequate Inadequate X Not Comments Below
This item reflects the conduct of the mine operator and not MSHA. Violations for 57.18002 have been issued in previous inspections and will be issued during this inspection as well, based on the number of citations issued for conditions that proper work place examinations would have corrected prior to the inspectors observations of non-compliant conditions.
42. Coal Metal/Nonmetal X
Evaluate conditions on working section and observe work cycle
Adequate X Inadequate Not Comments Below
Observed multiple area's and production stopes. MSHA inspectors issued appropriate citations when hazards or violations were observed and unsafe conditions generally were corrected timely if not later than before the end of the

42. Coal Metal/Nonmetal | X Evaluate conditions on working section and observe work cycle Not Adequate Х Inadequate **Comments Below** Applicable Observed multiple area's and production stopes. MSHA inspectors issued appropriate citations when hazards or violations were observed and unsafe conditions generally were corrected timely if not later than before the end of the same shift. Abatement times were correctly established and followed by the operator. 43. Coal Metal/Nonmetal | X Observe air quantity, quality, and gas checks by inspector Not Inadequate Adequate Х **Comments Below** Applicable Air quality was good at every location traveled by inspection party as tested with Industrial Scientific ITX gas detectors. All readings were compliant. 44. Coal Metal/Nonmetal | x Determine adequacy of Emergency Response Plan training (interview miners)/Escape and Evacuation plans.(M/NM) Not **Comments Below** Adequate Х Inadequate Applicable Metal/Nonmetal | X | 45. Coal Determine adequacy of training regarding roof, ventilation, and other plans (interview miners) Not **Comments Below** Adequate Х Inadequate Applicable

46. Coal Metal/Nonmetal X Self-Rescuer condition
Adequate X Inadequate Not Comments Below
48. Coal Metal/Nonmetal X
Examine electrical cables on several pieces of equipment
Adequate X Inadequate Not Comments Below

51. Coal	Metal/Nonmetal X
Examine	e escapeway map for compliance with regulations
Adequate X	Inadequate Not Comments Below
· · · · · · · · · · · · · · · · · · ·	

52. Coal Metal/Nonmetal X	
Evaluate integrity of primary and alternate es	capeways
Adequate X Inadequate Not Applicable	Comments Below

57. Coal Metal/Nonmetal X
Observe and evaluate fire detection methods
Adequate X Inadequate Not Applicable Comments Below
60. Coal Metal/Nonmetal X Determine if all required record are adequately completed and in compliance with applicable standards
Adequate X Inadequate Not Applicable Comments Below
All records with the exception for underground explosives magazines were in order. The underground explosive magazine daily transaction summary records were not clear. This matter is being addressed through headquarters with a MOU rewrite with the ATF as there has been conflicting direction for MSHA
enforcement personnel on this requirement in underground mines.
61. Coal Metal/Nonmetal X
Examine mine map for accuracy of workings and escapeway locations
Adequate X Inadequate Not Comments Below
62. Coal Metal/Nonmetal X Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below

63. Coal Metal/Nonmetal X Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes
Adequate X Inadequate Not Applicable Comments Below
66. Coal Metal/Nonmetal X
Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate X Inadequate Not Applicable Comments Below
A peer review was completed in the Green River Wyoming Field office in 2008.

67. Coal Metal/Nonmetal X
Determine if MSHA headquarters is conducting sufficient, in-depth
Peer Reviews
Adequate X Inadequate Not Comments Below
No Headquarters Peer reviews done in the Rocky Mountain district in 2008. The required two (2) HQ reviews were conducted in CY2008 in other Districts.
68. Coal Metal/Nonmetal X 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

70. Coal Metal/Nonmetal X Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt, etc
Adequate X Inadequate Not Applicable Comments Below
77. Coal Metal/Nonmetal X Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate X Inadequate Not Applicable Comments Below
Positive comment: Excellent notes, very detailed documentation of conditions observed, safety talks held with miners and operators, complete and thorough pre and post conference discussions daily and final. See Item 1 for issues found.
79. Coal Metal/Nonmetal X
Citations, orders, and safeguards issued during previous two quarters
Adequate X Inadequate Not Comments Below
Although citations were issued under an incorrect standard the conditions were corrected and the operator did not contest the citations. (See item 1)
80. Coal Metal/Nonmetal X Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date
Adequate X Inadequate Not Applicable Comments Below
104(d) tracking is posted in the field office and current.

82. Coal Metal/Nonmetal Determine if all applicable months, or within the time	plan reviews were pe	erformed within six
Adequate X Inadequate	Not Applicable	Comments Below
		· .
115. Coal Metal/Nonmeta	1 X	
Evaluate the effectiveness communication with, insp	0 1	1
Adequate X Inadequate	Not Applicable	Comments Below
	· · ·	

116. Coal F	Metal/Nonmetal X Review documentation of staff meetings/safety meetings to
d	letermine their effectiveness and relevance to the Agency's mission
a	n <u>d c</u> urrent issues
Adequate	X Inadequate Not Applicable Comments Below
Meetings for	r staff are held consistently and are documented for agenda topics.

이 가지 않는 것이 가지 않았어?		U.S. Department of L Mine Safety and Healt		
Section I-Viciation Data	lock)		3. Citation/	
		5. Operator	Order Number	
6 Mine		7. Mine ID		(Contractor)
8. Condition or Practice				a. Written Notice (103g)
A small oxygen bottle was with a small acetylene bot		ie surrace maint	enance snop	on a snell
Oxygen cylinders shall for storage of flammable o				
			See Continuation F	ōrm (MSHA Form 7000-3a) 🎧
9. Violation A. Health B. Section Safety of Act Other		Part/Section of Title 30 CFR	57.4601	
Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (Is): No Likelihood [] B. Injury or Illness could rea- sonably be expected to be: No Lost Workd	Unlikely 🖉 ays 📋 Lost Work	Reasonably Likely []	Highly Likely	Occurred
10. Gravity: A. Injury or illness (has) (is): No Likelihood [] B. Injury or illness could rea- sonably be expected to be: No Lost Workd C. Significant and Substantial: Yes [] 11. Negligence (check one) A. None []	ays C Lost Work	days Or Restricted Duty 🗭 Adderate 🖌 D. High	Permanently Disabl D. Number of Persons D. E. Reckler	Ing Fatal Affected: se Disregard [_]
10. Gravity: A. Injury or Illness (has) (is): No Likelihood [ays Cost Work No 🔽 B. Low C. A 13. Type of Issuanc	days Or Restricted Duty 🗭 Noderate 😰 D. High e (check one) Citation 🗹 E. Citation/	Permanently Disabl D. Number of Persons D. E. Reckles Order D. Safegu	ing Fatal s Affected:
10. Gravity: A. Injury or Illness (has) (is): No Likellhood [] B. Injury or Illness could rea- sonably be expected to be: No Lost Workd C. Significant and Substantial: Yes [] 11. Negligence (check one) A. None [] 12. Type of Action 104a	ays Cost Work No 🔽 B. Low C. A 13. Type of Issuanc	daye Or Restricted Duty 🗭 Noderate 😰 D. High e (check one) Citation 🗹	Permanently Disabl D. Number of Persons D. E. Reckles Order D. Safegu	ing Fatal
10. Gravity: A. Injury or Illness (has) (is): No Likelihood [ays Cost Work No 🔽 B. Low C. A 13. Type of Issuanc	days Or Restricted Duty 🗭 Noderate 😰 D. High e (check one) Citation 🗹 E. Citation/	Permanently Disabl D. Number of Persons D. E. Reckles Order D. Safegu	ing Fatal
	aysLost Work No 2 B. Low C. N 13. Type of Issuanc D. Written Notice 8. Time (24 Hr. Clock) ttle was rem	daya Or Restricted Duty <table-cell></table-cell>	Permanently Disabl D. Number of Persons C. E. Recklee Order C. Safegu F.	Ing Fatal Affected: 001 se Disregard [] iard Written Notice] Dated Mo Da Yr
10. Gravity: A. Injury or Illness (has) (is): No Likelihood [aysLost Work No 2 B. Low C. N 13. Type of Issuanc D. Written Notice 8. Time (24 Hr. Clock) ttle was rem	daya Or Restricted Duty <table-cell></table-cell>	Permanently Disabl D. Number of Persons C. E. Recklee Order C. Safegu F.	Ing Fatal Affected: 001 se Disregard [] iard Written Notice] Dated Mo Da Yr
10. Gravity: A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could rea- sonably be expected to be. No Lost Workd C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104a 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Date Mo Da Ye action terminates The oxygen bo action terminates this cita	ays Cost Work No 2 B. Low C. N 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock) ttle was rem ation, (24 Hr. Clock	daya Or Restricted Duty <table-cell></table-cell>	Permanently Disabl D. Number of Persons C. E. Recklee Order C. Safegu F.	Ing Fatal Affected: 001 se Disregard [] iard Written Notice] Dated Mo Da Yr
10. Gravity: A. Injury or Illness (has) (is): No Likelihood [ays Cost Work No 2 B. Low C. N 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock) ttle was rem ation. (24 Hr. Clock	deye Or Restricted Duty <table-cell> Acderate 😰 D. High e (check one) Citation 🖓 E. Citation/ Order Number Order Number Oved and placed 21. Primary or Mill P</table-cell>	Permanently Disabl D. Number of Persons C. E. Reckles Order C. Safegu F. In proper : 23. AR Number	Ing Fatal () Affected: 001 se Disregard () and Written Notice) Dated Mo Da Yr storage. This

Attachment A: Citations issued during Audit

B

Mine Citation/Order		U.S. Departmen Mine Safety and	nt of Labor I Health Administration	
Section I-Violation Data				
1. Date Ma Da V	2. Time /24 Ht Clock)		3. Citation/ Order Number	
L Served To		5. Operator		
3. Mine		7. Mine ID		

The 480 volt power cord for the Miller welder did not pass thru a proper fitting. The power cable went thru a hole on the back (metal) and did not have any type of fitting provided. The welder was in the surface maintenance shop.

Cables shall enter metal frames of motors, splice boxes, and electrical compartments only through proper fittings.

	An addition of the second s	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section Safety Other	C. Part/Section of Title 30 CFR	56.12008
Section II-Inspector's Evaluation		
10. Gravity:	1999년 1997년 19 1997년 1997년 199 1997년 1997년 199	
A. Injury or Illness (has) (is): No Likelihood	Unlikely 📝 Reasonably Likely 🗌	Highly Llkely
 B. Injury or illness could rea- sonably be expected to be: No Lost We 	orkdays 🔲 🛛 Lost Workdays Or Restricted Duty 💆	Permanently Disabling 🔲 Patal 🔲 .
C. Significant and Substantial; Yes []	No 😰	D. Number of Persons Affected: 001
11. Negligence (check one) 🛛 🗛 None 门	B. Low 🖉 🕐 C. Moderate 📋 D. High	E. Reckless Disregard []
12. Type of Action 104a	13. Type of Issuance (check one) Citation 🖌	Order 🔄 Safeguard 📄 Written Notice 🗔
14. Initial Action A. Citation 🗍 B. Order 🦳 C. Sefeguerd [D. Written Notice	F. Dated Mo Da Yr
15. Area or Equipment		
16. Termination Due A. Date Mo Da Yr	B. Time (24 Hr. Clock)	
Section III-Termination Action		
17. Action to Terminate The cable w	as wrap with an insulated wr	ap, terminating this

Citation.

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

19. Type of inspection 20. Event Number (activity code) E01		21. Primary or Mill P		
22. Signature			23. AR Number	nander för an med sam ander an an ander an
MSHA Form 7000-3, A stabilished a National Small Business and Agriculture Regulatory Inforcement actions. The Ombudsman annually evaluates enfort inforcement actions of MSHA, you may call 1-888.REG-FAIR (1- Street, SW MC 2120, Washington, DC 20416. Please note, hoy he right to contest citations and proposed penalties and obtain a	Ombudsman and 10 Regional coment activities and rates each 888-734-3247), or write the Omi vever, that your right to fills a con	Fairness Boards to faceive co agency's responsiveness to s oudsman at Small Business Ar nment with the Ombudsman is	mail business. If you wish to commer dministration, Office of the National O s in addition to any other rights you ma	t federal agency ni on the Imbudsman, 409 3rd

Image: Change Conginal Issue) Order Number 0. Mine 5. Operator (Contractor) 0. Mine 7. Mine ID (Contractor) Decition II-Justification for Action To	Mine Citation/Order Continuation			U.S. Department of Labo Mine Safety and Health A		
4. Served To 5. Operator 5. Mine 7. Mine ID 7. Mine ID (Contractor) Section II-Justification for Action To	Section 1-Subsequent Action/Continuation Data 1. Subsequent Action 1a, Continuation	2. Dated	Mo Da			
Section II+Justification for Action Change From To	4. Served To					<u> </u>
Change From To	Mine			7. Mine ID) (6	ontractor)
u = 10∰ u = 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1	ection II-Justification for Action	din an an	لمستشقفهم			
	Change F	rom		То		
7. C. PariySection 56,12008 57,12008	9. C. Part/Section 5	5.12008		57,12008		

Corretion of standard Change from 56.12008 to 57.12008.

		See Continuation Form
Section III - Subsequent Action Taken 8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	C. Vacaled D. Terminated 😥 E. Modified
Section IV-Inspection Data		en e
9. Type of Inspection EQ1	10. Event Number	
11. Signature	AR Number 12	Date Ma no Vr (13. Time (24 Hr. Clock)
MSHA Form 7000-38 (Mar 86 (revised)		

Mine Citation/Order	U.S. Department o Mine Safety and He		
Section I Violation Data			
1. Date Ma Da Vr. (2 Time (24 Hr. Clack)		3. Citation/ Order Number	
1 Social To	5 Operator		
Mine	7. Mine ID		(Contractor)
3. Condition or Practice	<u>متعدية من محمد المحمد المحم</u>	8a. V	Vritten Notice (103g)
A safe means of access was not provide level of the maintenance shop. A ladde grab rail was welded on the I beam of were boxes, pipes, air conditioner, ar electrical panels that are accessed as handrails or tie offs were provided.	er was provide the outer wal nd metal strap	d against the w 1. On top of th s, Also there w	all and a ese offices ere

ch. er had

accessed this area. No safe means of access were provided to prevent a miner from falling off the top of the offices.

		and the second second second second second	See Continuation Form	(MSHA Form 7000-3a)
Violation A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	57.11001	
ection II-Inspector's Evaluation				
D. Gravity:				
A. Injury or Illness (has) (is):	No Likelihood	Unlikely [🗍 🛛 Reasonably Likely 🖌	Highly Likely [Docurred [_]
B. Injury or illness could rea- sonably be expected to be	. Na Lost Workdays 🗌	Lost Workdays Or Restricted Duly	Permanently Disabling	🗹 Fatal 📋
C. Significant and Substantia	li Yes 🗹 No (D. Number of Persons Aff	ected: 001
1. Negligence (check one)	A None [] B. Lo	w [C. Moderate 🗹 D. I	High 📋 🛛 E. Reckless D	isregard 📋
2. Type of Action 104a	13	. Type of Issuance (check one) Citation	n 🗹 Order 门 Safeguard	Written Notice
4. Initial Action A. Citation 📋 B. Order 🛄	C. Safeguard 📋 D. Wri	E, Citation/ Order Number	F. Dat	ed MoDaYr
		and the second secon		
6. Termination Due A. Date	Mo Da Yr B. Tim	ie (24 Hr. Clock)		
ection III-Termination Action				
7. Action to Terminate A +	ie off cable a	and block was installe	ed providing saf	- access:
erminating this				
8. Terminated A. Date Mo	Da Yr B. Time (24 Hr	Clock		
ection IVAutomated System Data	a <mark>na se </mark>	i da ser a companya da ser a companya Na ser a companya da s		
9. Type of Inspection) (activity code)	20. Event Number	21. Primery or M P	00	
2. Signature			23. AR Number	
stablished a National Small Business nforcement actions. The Ombudsme nforcement actions of MSHA, you mu	and Agriculture Regulatory Orr in annually evaluates enforcement ay call 1-888-REG-FAIR (1-888-	Asions of the Small Business Regulatory Enforce houdsman and 10 Regional Fairness Boards to re ant activities and rates cach agency's responsive 734-3247), or write the Ombudsman at Small Bus r, that your right to file a comment with the Ombu	ceive comments from small business ness to small business. If you wish to siness Administration, Office of the Na	es about federal agency comment on the bonal Ombudsman, 409 3rd

	ion/Order		مىرىمى ئىرىكى	i Alexandri Alexandria	U.S. Departm Mine Safety a		abor h Administration	
Section IViola	and the she take the court dated in the se-	10 10 10 10	016-010			griden der s Gescherten	3, Citation/	
1. Date	Mo Da Yr	2. Time (24 Hr.	CIDEK			n en La constance	Order Number	ter an anti-
4. Served To	*				5. Operator	a an an ar ar		
6. Mine					7. Mine ID		the second s	
8. Condition						ta an		(Contractor) en Notice (103g)
was on shop.	the Linco)In welder	WE 00	6 locat	ed out sid	le of	it at the conne the surface mai	ntence
-							See Continuation Form (MS	HA Form 7000-3a)
). Violation	A. Health Safety Other	B. Section of Act			Part/Section of Title 30 CFR		57.12004	
Section II-Insp IO. Gravity;	ector's Evaluation							al de la companya de La companya de la comp
	or Illness (has) (is):	No Likelihood] Unli	ikely 🔽	Reasonably Likel	y 🗋	Highly Likely [] Occ	urred 📋
	or illness could rea- / be expected to be	. No Lost Worl	days []	Lost Workd	lays Or Restricted I	Duty 📋	Permanently Disabling	Fatal 📝
Courses and	ant and Substantia		No 🗸				D. Number of Persons Affecte	^{id:} 001
	re (check one)	A. None	B. Low [oderate 🔽	D. High	E. Reckless Disre	
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 Type of A Initial Acti A. Citation Area or E Area or E Terminati ection II-Terr Action to 	In 104a In B. Order [] Iquipment In Due A. Date mination Action Terminate The		D. Written B. Time (2	Notice [] 24 Hr. Clock)	E: Citation/ Order Number			Mo Da Yr
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	tion/Order			U.S. Depar Mine Safety		abor Administration	
ection I-Viol		12 20- 12415-01				3. Citation/	
. Date	Mo Da Yr	2. Time (24 Hr. Clo	JCK)			Order Number	
Served To				5 Operator			
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. Mine				7. Mine ID			(Contractor
	or Practice	and the second secon		میں میں میں میں میں اور		8a Written om the rail dump	Notice (103g)
t the lafe a	top (rail ccess was	level) con provided by	ncrete ba ut the mi	rriers, sign her choose	ns, and to go a	consolidated mat berms were prov round the barrie avy metal box.	ided
1 						See Continuation Form (MSHA	Form 7000-3a)
. Violation	A. Health [Safety [Other [B. Section of Act		C. Parl/Section of Title 30 CFR	1999 - 1998 - 1999 1997 - 1999 - 1999 1997 - 1999 - 1999 - 1999	57.11001	
ection II-Inst 0. Gravity:	pector's Evaluation		.		**		
	or Illness (has) (is):	No Likelihood	Unlikely 📋	Reasonably Li	kety 🔽	Highly Likely 📋 Occurr	ed 📋
	or illness could rea-		tvs Lost	Workdays Or Restricte	d Duty [7]	Permanently Disabiling 😧	Patal []]
	y be expected to be cant and Substantia	•	No []			D. Number of Persons Affected:	<u></u>
I. Negligen	ice (check one)	A. None []	B. Low 😥	C. Moderate	D. High	E. Reckless Disrega	rd 🔲
2. Type of J	Action 104a		13. Type of Iss	uance (check one)	Citation 🔽	Order 🗍 Safeguard 门	Written Notice
4. Initial Ac A. Cilation	fion I 📋 B. Order 📋	C. Şafeguard 📋 D	. Written Notice	E. Citation/ Order Numb	er	F. Dated	Mo Da Yr
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	A. Date		B, Time (24 Hr. Cl	ock)			
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7. Action to		Da Yr B: Time ((24 Hr. Clock				
7. Action to	A. Date Mo		-	21. Prim	ary or Mill		
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7. Action to CCESS 3. Terminat	A. Date tomated System Data nepection pode) E01	20. Event Number			<u>.</u> P	23. AR Number	

edion I-Violation Data Date Mip Da Yr 12 Time (24 Hr. Clock) Served To Mine	Mine Safety and Health A	3. Citation/	
Served To			
	5 Operator	Order Number	
Mine			
	7. Mine (D		
			(Contractor)
Condition or Practice 'he quards under the crusher were no	A second de la companya de la compa	8a, Written Notic	and the second sec
ength on both sides. Also the guard The length of these guards was over in height of 53 inches to over 6 fee the top but not fixed at the bottom bottom. Part of this area did have w valkway (the chains were only on pin.	40 feet in length of t in height. The gi and could be lifted arning signs and a	on each side and m mards were on pins i easily from the	canged
Violation [A Health ⊡] B. Section [C. Part/Section of	See Continuation Form (MSHA Form	17000-3a)
Violation A. Health B. Section Safety of Act Other ection II-Inspector's Evaluation	C. ParvSection of Title 30 CFR	57.14112b	
). Gravity: A. Injury or Illness (has) (is): No Likelihood [□] Unlikely 📈	er in	and the state of the	
B. Injury or illness could rea-		ghly Likely 📋 Occurred [<u> </u>
sumably be papeded to be.			atal []
C. Significant and Substantial: Yes 🗌 No 📝	D.	Number of Persons Affected:	001
1. Negligence (check one) A. None 📋 B. Low [(), Moderate 🗹 🛛 D. High 门	E. Reckless Disregard [])
2. Type of Action 104a 13. Type of Issue	ince (check one) Citation 🗹 C	Drder 门 Safeguard 门 Writ	len Notice []
4. Initial Action A. Citation [] B. Order [] C. Safeguard [] D. Written Notice []	E. Citation/ Order Number	F. Dated A	Ao Da Yr
5. Area or Equipment			
5. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Cloc	k)		
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cotion IV-Automated System Data	<u>، من المحمولة المحمو</u>		
0. Type of Inspection 20. Event Number (activity code) F(1)	21. Primary or Mill P		
. Signature	<u> </u>	23. AR Number	
SHA Form 700-3; abilished a Khational small Business and Agriculture Regulatory Choudeman and 1 forcement actions. The Ombudsman annually evaluates enforcement activities and forcement actions of MSHA, you may call 1-889-REG-FAR (1-888-734-3247), or w est, SW MC 2120, Washington, DC 20410. Flease note, howaver, littaviour right right to contest citations and proposed penalties and obtain a hearing before the Po	rates each agency's responsiveness to sm ite the Ombudsman at Small Business Adn to file a comment with the Ombudsman is it	ments from small businesses about fede all business. If you wish to comment on hinistration, Office of the National Ombuc n addition to any other rights you may ba	ral agency the Isman: 409 3rd

Section I-Violation Data		Mine Safety and H	ealth Administration	<u> </u>
I. Date Mo Da Yr	2. Time (24 Hr. Clock)	·····	3. Citation/	
		5. Operator	Order Number	
3 Mine		7. Mine ID	(Contr	astorA
3. Condition or Practice		I	8a. Written Notice (103	2.5.31.00
opening to preve ground was 47 in in length. This	ent a miner from fa	lling off the pac rete pad and the sed on a regular	handrail provided at an d to the ground below. Th opening was 9 feet 6 inc basis and a sign	
and the second				
	an an an Arran an Arra. Na taona an Arra an Arra			
NH THE	[5 O		See Continuation Form (MSHA Form 7000-3	» 🗍
0. Violation A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	57.11002	
Section II-Inspector's Evaluation			an dan menerikan anal dari berkerikan ana ang dari berkerikan dari berkerikan dari berkerikan dari berkerikan Anal dari berkerikan dari berkerikan dari berkerikan dari berkerikan dari berkerikan dari berkerikan dari berker	
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B. Injury or illness could rea- sonably be expected to be:	Ne Los Medication T3 Los	Workdays Or Restricted Duty		<u></u>
C. Significant and Substantial			D. Number of Persons Affected: 001	*****
1. Negligence (check one)	A None [7] B. Low [7]	C Moderate 🖌 D. H	igh E. Reckless Disregard	
2. Type of Action 104a		ssuance (check one) Citation		ce 🗍
4. Initial Action		E. Citation/	F. Dated Mo Da	
A. Citation [] B. Order [] 5. Area or Equipment	C. Safeguard D. Written Notice	Order Number	****	
5. Area or equipment				
6. Termination Due A. Date	Mo Da Yr B. Time (24 Hr. 0	Clock)	n ny manana amin'ny fanitr'i Ariana amin'ny fanitr'i Ariana amin'ny fanitr'i Ariana. Ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr	
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ection III-Termination Action 7. Action to Terminate	금 옷이 공격적 것이 있다.			
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Action to Terminate Actionto Terminate Actionto Terminate Actionto Terminate Acti	B. Time (24 Hr. Clock 20: Event Number and Agriculture Regulatory Ombudsman as an an audity exclusion and a clocks and a clocks you call 1-888-743-2327).	e Small Business Regulatory Enforcem and rates Bach agency's responsivence and rates Bach agency's responsivence or with the Ombudsmen at Small Busis gint to file a comment with thue Ombud	I here solve the solve s	5y 09 3rd

Mine Citation/Order		U.S. Department of L Mine Safety and Healt		
Section I-Violation Data				
. Date	Claat		3. Citation/ Order Number	
Served To		5. Operator		
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		(, wine it)	to de transforma de la composición de Este de la composición	(Contractor)
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of 24 to 28 inches in 1 collers can be accessed collers were not secure 15 inches in reach.	from the side	with a reach of	12 inches. The	se return
			See Continuation Form (MSI	HA Form 7000-3%)
D. Violation A. Health B. Section Safety Of Act Other	Ċ	Part/Section of Title 30 CFR	57.14107a	
Section II-Inspector's Eveluation	نىيەلەر يېرىيەت بىنى بىرىيەت بىرى. مەربىيە ئىنىشى تەسىئىتىن تەسىبە كىن		ى يەرەپىيە بىرى بىرى يېرىكى يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە يەرەپىيە ي يىرىپ يەرەپىيە يەرەپى	
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B. Jolucy or Illness could rea-				
- No Lost	Workdays Lost Work	days Or Restricted Duty V	Permanently Disabling	Fatal 🗌
Dollary De Dyboded to Do.		anala of Restricted Daty M		
C. Significant and Substantial: Yes			D. Number of Persons Affecte	
C. Significant and Substantial: Yes	□ No 🗹	Voderate 🗭 D. High	D. Number of Persons Affecte	d: 001
C. Significent and Substantial: Yes Yes 1. Negligence (check one)	□ No 🗹	Vioderate 🖌 D. High	D. Number of Persons Affecte	d: 001
C. Significant and Substantial: Yes II. Negligence (check one) A. None II I2. Type of Action 104a I4. Initial Action	□ No 🖉 B. Low □ C. 1 13. Type of Issuance	Moderata 📝 D. High za (check one) Citation 📝 E. Citation/	D. Number of Persons Affecte	d: 001 Jard []
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Mine Citation/Ord			U,S. Department of Lat Mine Safety and Health /		
Section I-Violation Data					-
1. Date Mo D	2. Time (24 H	r. Clock)		3. Citation/ Order Number	
4 Served To			5 Operator		and the second secon
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8. Condition or Practic	ce			Ba. Writte	en Notice (103g)
neutral pos This condit the brakes operator to were not pr	sition. This s ion exposes m were not prop a crushing h	kid loader is iner on the g erly function azard exiting oning. Crushin	old whenever the used as needed b round to a crushi ing. This also ex the equipment an ng hazards of thi	asis at the mi ng hazard in n poses a equipm d not knowing	ll area. ot knowin ent the brake
				See Continuation Form (MS	HA Form 7000-3a)
	ety of Act	C	Part/Section of Title 30 CFR	57.14101a3	
IO. Gravity: A. Injury or Illness B. Injury or Illness sonably be expe C. Significant and 6	could rea- cted to be: No Lost Wo	orkdays 📋 🛛 Lost Wor	kdays Or Restricted Duty	ighly Likely [] Occ Permenently Disabiling [] Number of Persons Affecte	urred 📄 Fatal 🔽 xd: 00.1
A. Injury or Illness B. Injury or Illness sonably be expe C. Significant and 1. Negligence (check	could rea- cted to be: No Lost Wo Substantial: Yes Vi (one) A. None [] 104a	orkdays Cost Work No C B, Low C 13, Type of Issuen	kdays Or Restricted Duty D D Moderate D D High ce (check one) Elation	Permanently Disabling	Fatal 🗹 ^{xd:} 00.1 gard [_]
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A. Injury or Illness Sonably be expe Sonably be expe C. Significant and 4 Negligence (check Type of Action A. Citation B. (A. Citation B. (S. Area or Equipment C. Termination Due Section III-Termination A 7. Action to Terminat 8. Terminated A. Da	could rea- cted to be: No Lost Wo Substantiat: Yes V (one) A. None [] 104a Order [] C. Safeguard [t A. Dat clion e	orkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice	kdays Or Restricted Duty D Moderate D High ce (check one) Citation/ Order Number	Permenently Disabling [] Number of Persons Affecte E. Reckless Disre OrderSafeguard	Fatal 🗹 Fatal 🗹 ad: 00.1 gard [_] Written Notice [
A. Injury or Illness B. Injury or Illness Sonably be expe C. Significant and 4 Sonably be expe C. Significant and 4 Initial Action A. Clation A. Clation B. 4 Initial Action A. Clation Due Section III-Termination A A. Action to Terminat 8. Terminated A. Da Section IV-Automated Sy S. Type of Inspection	could rea- cted to be: No Lost Wo Substantial: Yes V (one) A. None [] 104a Order [] C. Safeguard [t A. Dat cton e	brkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice B. Time (24 Hr. Clock) Ime (24 Hr. Clock	kdays Or Restricted Duty	Permenently Disabling [] Number of Persons Affecte E. Reckless Disre OrderSafeguard	Fatal 🗹 Fatal 🗹 ad: 001 gard [] Written Notice [
A. Injury or Illness Sonably be expe sonably be expe C. Significant and the Invegligence (check Invegligence (check Initial Action A. Cltation B, (B. Area or Equipment A. Cltation Due Section III-Termination A 7. Action to Termination 8. Terminated A. Data Section IV-Automated Sy	could rea- cted to be: No Lost Wo Substantial: Yes V cone) A. None [] 104a Order [] C. Safeguard [t A. Dat ction e Mo Da Yr stem Data [20. Event Nurr	brkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice B. Time (24 Hr. Clock) Ime (24 Hr. Clock	kdays Or Restricted Duty	Permenently Disabling [] Number of Persons Affecte E. Reckless Disre OrderSafeguard	Fatal 🗹 Fatal 🗹 ad: 001 gard [_] Written Notice [

Mine Citatio	on/Order				ent of Labor Id Health Administration	
Section I-Violati	ion Data	an a		*****		
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)			3. Citation/ Order Number	
4. Served To				Operator		
6 Mine			7	. Mine ID		 (Contractor)

A diesel fuel fired heater was stored next to oxygen/acetylene torches and within 10 feet of the cutting/welding tables in the mill shop. The tank of the heater was approximately half full of diesel fuel. The heater was a Master brand 165,000 BTU.

Heat sources capable of producing combustion shall be separated from combustible materials if a fire hazard could be created.

9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	57:4500	
Section II-Insp	ector's Evaluation					
10. Gravity: A. injury o	r liiness (has) (is):	No Likelihood [] Unlikely 🖌	Reasonably Likely	Highly Likely 📋 Oc	curred [_]
	r illness could rea- be expected to be		days 🔲 🛛 Lost '	Workdays Or Restricted Duty 🔽	Permanently Disabling] Fatal 🗌
C, Signific	ant and Substantia): Yes []	No 🕅		D. Number of Persons Affec	ted: 001
11. Negligend	e (check one)	A None []	B. Low 🛄	C. Moderate 🗹 D. Hig	h 📋 🛛 E. Reckless Disr	egard []
12. Type of A	ction 104a		13. Type of Iss	wance (check one) Citation 5	🖉 📄 Order 📋 🛛 Safeguard 🗌) Written Notice []
14. Initial Act A. Citation		C. Safeguard []	D. Written Notice	E. Citation/ Order Number	F. Dated	Mo Da Yr
5. Area or E	auioment				a a serie de la constante de la	

a second seco	and the second	en an
16: Termination Due Mo Da Vr		
	1 / 1 · · · · · · · · · · · · · · · · ·	
A. Date B. Time (24 Hr. Clock)		
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water a second	in a second s	and the second secon
Section III-Termination Action	이는 것 같은 것 같	
Occupy in the Hellington Action		a a shi ta ƙasar ƙwallo

17. Action to Terminate The heater was moved from the area and placed in proper storage. This action terminates this citation.

18. Terminated A. Date	B. Time (24 Hr. Clock	n an	an an an an Anna an Ann	n in an
Section IVAutomated System Data		······································		
19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill P		
22. Signature			23. AR Number	
enforcement actions. The Ombudsma	and Agriculture Regulatory Ombudsman in annually evaluates enforcement activity	the Small Business Regulatory Enforcement Fa and 10 Regional Fairness Boards to receive co as and rates each agency's responsiveness to r), or write the Ombudsman at Small Business A	mments from small businesses abou small business. If you wish to comme	t federal agency int on the

enforcement actions of MSHA you may call 1888-REG-FARI (1885-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3 Street, SW MC 2120, Washington, DC 20416. Please note, howaver, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to context citations and proposed panalties and obtain a hearing before the Federal Mine Safety and Heath Review Commission.

Mine Citation/Order	U.S. Department Mine Safety and I	t of Labor Health Administration	
Section IViolation Data			
1. Date Mo Da Yr [2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To	5. Operator		
6. Mine	7. Mine ID		(Contractor)
8. Condition or Practice	a da antigua da antigu	8a. Writt	en Notice (103g)
A service truck belo parked on an incline and was not choc	이상 이 이야지 않는 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 있다.		was 'he truck

A STREET AND A STREET AND A STREET

was parked on an incrine and was not chocked. The incline was 5 to 4%. The truck was parked at the core shed parking area adjacent to a busy mine road with foot and equipment traffic. Chocks were provided and were in the bed of the truck.

			s condition									
to	ä	crushing	hazard. Ha	zards of	this	type	has	caused	severe	to fatal	. inju	iries
			industry.								111	

9. Violation	A. Health	B. Section of Act		C. Parl/Section of Title 30 CFR	57.14	1207	
Section II-Insp	ector's Evaluation						
10. Gravity:							
A, Injury o	r Illness (has) (is):	No Likelihood	Unlikely []	Reasonably Likely 😧	Highly Likely	Осси	med 🔲
	r illness could rea be expected to be		days 🗍 🛛 Lost V	/orkdays Or Restricted Duty	Permanent	y Disabling []	Fatal 🕢
C. Signific	ant and Substanli	al: Yes 🔽	No []		D. Number of	Persons Affected	<u>1: 001</u>
11. Negligend	ce (check one)	A. None []]	B. Low	C. Moderate 🔽 🛛 D. Higi) 🗍 🛛 E.	Reckless Disreg	ard []] bra
12. Type of A	ction 104a		13. Type of Issu	anca (check one) Citation 🖌] Order [Safeguard 📋	Written Notice 🗍
14. Initial Acti A. Citation		Ç. Safeguard [_]	D. Written Notice	E, Citation/ Order Number		F. Dated	Mo Da Yr
15. Area or E	quipment						

16. Termination Due A. Date Mo Da Yr B.

. Time (24 Hr. Clock)

Section II-Termination Action 17 Action to Terminate The service truck was properly chocked; terminating this citation.

18. Terminated A. Date	Mo Da Yr B. Time (24 Hr. Clock	
Section N-Automated System I	Data	
19. Type of Inspection (activity code) I	20 Event Number	21. Primary or Mill P
22. Signature		23. AR Number
MSHA Form 7000-3, Apr 08 (rev established a National Small Bu	siness and Agriculture Regulatory Ombudsman and	Small Business Regulatory Enforcement Faimess Act of 1996, the Small Business Administratic of 10 Regional Faimess Boards to receive comments from small businesses about federal agence and rates each agency's responsiveness to small business. If you wish to comment on the

sinct semicine actions to more a your may can receive error (1-66-74-3247), or write the Unpublication at Small sublines Administration, Office of the National Ombudgament, 409 at Street, SW MC 2120, Washington, DC 2016, Plasse noise, however, in their your right for file a comment with the Ombudgament is in addition to any other rights you may have, including the right to contest classons and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Cita	lion/Order	U.S. Department o Mine Safety and He		
Section IViol	ation Data			
1. Date	Mo Da Yr 12. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To	2	5 Operator		an a
6. Mine		7. Mine ID		(Contractor)

Explosive materials in the 6500 Main Powder Magazine were not being stored according to brand and grade. The following were found in the same powder box; nine sticks of 1 1/2 powder, nine - C - 10 Boosters and a roll of primer cord. This exposes a miner to a exposure hazard that has resulted in fatal injury in the mining industry.

	and a start water water water and a start of the second start and the second start and the second start and the	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section Safety of Act Other	C: Part/Section of Title 30 CFR	57.6102a2
Section II-Inspector's Evaluation		
10. Gravity: A. Injury or Illness (has) (is): No Likelihood	📋 Unlikely 🖌 Reasonably Likely 📋	Highly Likely 📋 Occurred 门
B. Injury or lliness could rea- sonably be expected to be: No Lost V	Vorkdays [] Lost Workdays Or Restricted Duty []	Permanently Disabling 🛄 Fatal 🖌
C. Significant and Substantial. Yes] No 🗭	D. Number of Persons Affected: 001
11. Negligence (check one) A, None	B. Low 📄 C. Moderate 📄 D. High	E. Reckless Disregard
12. Type of Action 104a	13. Type of Issuance (check one) Citation 🗹	Order 🚺 Safeguard 🗍 Written Notice 🗌
14. Initial Action A. Citation] B. Order] C. Safeguard	E Citation/	F. Dated Mo Da Yr
AF Arre av Farthering		

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16. Termination Due

Section III-- Termination Action

A. Dat

B. Time (24 Hr. Clock)

17. Action to Terminate The noted materials were placed in their proper boxes. This hereby terminate this citation.

18. Terminated A. Date Mo.De Y	6. Time (24 Hr. Clock			
Section IV-Automated System Data	Part and an a	n i serie and an anna an anna an anna an anna an anna an an		
19. Type of Inspection 20. (activity code) E01	Event Number	21. Primary or Mill P		
22. Signature			23, AR Number	1.1
MSHA Form 7000-3; Apr us (revised) / In a established a National Small Business and Ap				

Stability of endities and provide the regulatory understand of Regulatory understand of Regulatory endities and of Regulatory endities and of regent agency enforcement actions of MSHA, you may call 1-868-REG-FAIR (1-888-734-3247), or write the Omegana at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to context clations and proposed penalties and obtain a neering before the Federal Mine Safety and Health Review Commission.

vine Cit Continu	ation/Order ation					artment of Li ty and Health	ibor Administration		
I. Subseq	ubsequent Action/ juent Action 1a.	Continuation	2. Dated (Original Issue	Mo Da	<u> </u>	Citation/ Order Numbe		nen an	
	To		(Onginal Issue	2)	5 Operator				
Mine				<u> </u>	7. Mine ID			(Contractor)	
lection IIJ	ustification for Acti	on			L.		an a		
Change		Station and the state of the state	om			To	******	******	
	on Or Practice		terre and the second second		ലംബം				
teason	in fatal injury	in the mining	industry.	nound read as	ionows. 1 m	exposes a mir	er to a explosion h	azaro mar nas resi	IRGO
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ction IIS	ubsequent Action	Takan						See Continuation F	Form
Extended	To A. Date	Ao Da Yr	B. Time (24 Hr, C	iook)	T	C. Vacaled	D. Terminated	CZ E Madilia	
otion BA-14					ليستججع	C. vacaled	Li D. reimiaieu	2 E. Modified	
A AUGHT IVII	nspection Deta	[[10.]	Event Number	read the second s					
TYPE OF I		「「」と同じ論論報告の							
Signatu			JAR N	ی 13 منبع میرون کرد. 10 منبع میرون کرد میرون	12. Date 1	to Da Yr	13. Time (24 Hr. C	Party Party States	

Mine Citation	n/Order		U.S. Departmen Mine Safety and	t of Labor Health Administration	
Section I-Violation) Dala		a na		
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To			5, Operator		
8. Mine			7. Mine ID		(Contractor)
8. Condition or F	Practice			8	a. Written Notice (103g)

The temporary container for the damage explosives was not labeled for its contents. This container is located in the Main Anfo. Magazine. The operator must mark the temporary, portable container with at least the common name of its contents.

				n de la companya de La companya de la comp	See Continuation	Form (MSHA Form 7000-3a)
9. Violation	A. Health Safety	B. Section of Act		C. Part/Section of Title 30 CFR	47,446	
Section II-Insp	ector's Evaluation	Farmer and the second secon				
10, Gravity: A. Injury c	r lliness (has) (is):	No Likelihood	Unlikely 🐼	Reasonably Likely. []	Highly Likely 📋	Occurred 📋
	or illness could rea- / be expected to be		days [_] Lost V	Vorkdays Or Restricted Duly	Permanently Disa	bling 门 🛛 Fatal 🗍
C. Signific	ant and Substantia	il: Yes 🗍	No 🗹		D. Number of Perso	ns Affected: 001
11. Negligen	ce (check one)	A None	B: Low []	C. Moderate 🔽 D. I	ligh 📋 🛛 E. Reckl	ess Disregard 门
12. Type of A	oction 104a		13. Type of Iss	uance (check one) Citation	📝 Order 🗌 Safe	guard 🔲 Written Notice 📋
14. Initial Act A. Citation		C. Safeguard [_]	D. Written Notice	E. Citation/ Order Number		F. Dated Mo Da Yr
15, Area or E	quipment				ala na manana manana manana a manana a manana ma	ومحرب بالمراقب بالمراقب ومستحم والمستحم والمستحم

16, Termination Due A, Date Mo Da Y	B: Time (24 Hr. Glock)		en de la companya de
Section III-Termination Action			an a
17. Action to Terminate The notec	container was labeled "	Damaged Explosives".	This
hereby terminates this			
18. Terminated A. Date MoDa Yr	Time (24 Hr, Clock		

		Alexandri Martin and Alexandria	a second and a second secon	and the second
Section IV-Automated System Data				
19. Type of Inspection 20. Event Numbe (activity code) FO1	n Sil	21. Primary or Mill P		
22. Signeture			23. AR Number	

MSHA Form 7000-3, Apr Of (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive commands from small businesses adout [edien] agency enforcement actions. The Ombudsman annually evaluates colorcement activities and rates cach agency responsivences to small business. If you wint to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Bmail Business. Administration, Office of the National Ombudsman, 409 3rd Street; SW MC 2120, Weshington, DC 22016; Diesse nois: however, that your right to line a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed panalities and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Date Control of the contrect contrect control of the contrect control of the con	Aine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Served To 	ection I-Violation Data	
Interface T. Mine ID (Contraction) Condition or Precise B. Writen Notice (1630) (Contraction) There was (not) sign posted at the bottom access of the new secondary xcapeway from the 6600 E decline. A ign was posted at the top access to this excapeway. The sign stated) " This adder way is still under construction. Top Iadder not fully secured to raise all, inadequate toe clearance. Remaining Iadder are secured". This exposes a iner traveling up the raise to a falling hazard by not knowing the noted azards that would be encountered. The miner working in this area, stated that hey knew that the excepteway was there, but had not been commissioned. Violation A Health B. Section C. PertSection of Tele SOCFR 57.20011 State I - Isogeodre Viewaldow Induction Form (MSHA Form 7000-30) File SOCFR 57.20011 Other B. Section State (1) PertSection of Tele SOCFR 57.20011 State I - Isogeodre Viewaldow Induction of Note (1) Induction Form (MSHA Form 7000-30) File SOCFR 57.20011 State I - Isogeodre I and Substantiat Yes (2) Reasonaby Likely (2) Permanently Diabling (2) Feate (2) C. Sequence I and Substantiat Yes (2) Not Lost Workdays (2) Contworkdays (3) Contworkdays (3) Contworkdays (3) D. Rumper Miners (0:3) (B): No Likelihood (2) Unlikely (2) Reasonaby Likely (3) D. Number (2) State (2	Date Da Ye La Time (24 Hr Cleat)	
Contraction Condition of Preduce Contraction Contracti	. Served To	
Contraction Condition of Preduce Contraction Contracti		I / Mine ID
There was (not) sign posted at the bottom access of the new secondary xcapeway from the 6600 E ramp system to the bottom of the 6600 E decline. A ign was posted at the top access to this excapeway. The sign stated; "This adder way is still under construction. Top ladder not fully secured to raise all, inadequate toe clearance. Remaining ladder are secured". This exposes a iner traveling up the raise to a failing hazard by not knowing the noted azards that would be encountered. The miner working in this area, stated that hey knew that the excapeway was there, but had not been commissioned. Volation A Health 5. Section of State 5. Section of The Societor of St.20011 Construction Form (MSNA Form 700-2a) Construction Formate A None B Low Construction Form (MSNA Form 700-2a) Construction Form (MSNA Form 700-2a)		(Contractor)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Condition or Practice	Ba. Writen Notice (103g)
Violation A. Health B. Section C. Part/Section of Tile 50 CFR 57.20011 Setter II-Inspector's Evaluation O. Gravity: C. Part/Section of Tile 50 CFR 57.20011 Setter II-Inspector's Evaluation O. Gravity: Reasonably Likely Highly Likely Occurred A. Injury or Illness cuid reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal Ø G. Significant and Subplantiati Yes No Ø D. Number of Persons Affected: 001 001 I. Negligence (check one) A. None B. Low C. Moderate Ø D. High E. Racklass Disregard 2. Type of Action I04a 13. Type of Issuance (check one) Order Safeguard Written Notice 4. Initial Action A. Clauton B. Order C. Safeguard D. Written Notice E. Citation/ F. Dated Mo Da Yr 5. Termination Due A. Date Ma Date B. Time (24 Hr. Clock) E. Citation/ F. Dated Mo Da Yr 6. Cloub B. Time (24 Hr. Clock) E. Terminate A bate Mo Da Yr Treminate A Date Mo Da Yr Time (24 Hr. Clock E. Citation /	adder way is still under constr all, inadequate toe clearance. iner traveling up the raise to azards that would be encountere	ruction. Top ladder not fully secured to raise Remaining ladder are secured". This exposes a a falling hazard by not knowing the noted ed. The miner working in this area, stated that s there, but had not been commissioned.
Other	Violation A. Health B. Section	C. Part/Section of
action II-inspector's Evaluation D. Gravity: A. Injury or Illness (fnas) (is): No Likelihood [Safety of Act	Tills 30 CFR 57.20011
A. Injury or Illiness (fras) (is): No Likelihood Unlikely Preasonably Likely Highly Likely Occurred B. Injury or Illiness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal G. Significant and Substantial: yes No 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 104a 13. Type of Issuance (check one) Order Sefeguard Written Notice 3. Termination B. Order C. Safeguard D. Written Notice E. Citation/ F. Dated Mo Da Yr 3. Termination Due A. Date A. Date Mo Da Yr Order Number Order Number 4. Attoin to Terminate A sign was posted at the bottom of the excapeway. The noted adder was secured to the raise wall, giving the Ladder rung the correct 1. Terminated A. Date Mo Da Yr Time (24 Hr. Clock) P 2. Terminated A. Date Mo Da Yr Time (24 Hr. Clock)		
B. Injury of lifness could reasonably be expected to be. No Lost Workdays [Lost Workdays Or Restricted Duty [Permanently Disabiling [Fatal 0] C. Significant and Substantial: Yes [No 0] D. Number of Persons Affected: 001 I. Negligence (check one) A. None [B. Low [C. Moderate 0] D. High [E. Rackless Disregard [] 2. Type of Action 104a 13. Type of fesuance (check one) Order [Sefeguard [Written Notice [] 4. Initial Action B. Order [C. Safeguard [D. Written Notice [] E. Citation/ Order Number F. Dated Mo Da Yr 5. Termination Due A. Date B. Time (24 Hr. Clock) Image: Close of the second of the excape way. The noted adder was secured to the raise wall, giving the Ladder rung the correct learance. This hereby terminates this citation. 8. Terminated A. Date Mo Da Yr Time (24 Hr. Clock) Image: Close of the correct learance is a correct learance. This hereby terminates this citation. 8. Terminated A. Date Mo Da Yr Time (24 Hr. Clock) Image: Close of the correct learance. 8. Terminated (a One Yr) No the raise wall, giving the Ladder rung the correct learance. This hereby terminates this citation. Image: Close of the correct learance is close of the core close of the close of the	ection II-Inspector's Evaluation	
C. Significant and Substantial: Yes No No D. Number of Persons Affected: 001 Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr A. Citation Dive A Date B. Time (24 Hr. Clock) Rection to Terminate A sign was posted at the bottom of the excapeway. The noted adder was secured to the raise wall, giving the ladder rung the correct learance. This hereby terminates this citation. Terminated A Date Mo Da Yr The (24 Hr. Clock The A Date Mo Da Yr A Date Mo Da Yr A clouder to the raise wall, giving the ladder rung the correct learance. This hereby terminates this citation. A Date Mo Da Yr A Date Mo Da Yr A Date Mo Da Yr Clock A Date Mo Da Yr A Clouder to the raise wall, giving the ladder rung the correct learance. This hereby terminates this citation. S. Terminated A Date Mo Da Yr A Date Mo Da Yr Clock Clock Mo Da Yr Clock Clock Mo Da Yr Clock	0. Gravity:	elv 🕢 Reasonably Likely 🏳 Hichly Likely 🏳 Occurred 🗂
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Learance. This hereby terminates this citation. Terminated A. Date MoDe Yr diversion . Torminated A. Date MoDe Yr diversion Time (24 Hr. Clock . Clon M-Automated System Data . Time (24 Hr. Clock	D. Gravity: A. Injury or Illness (has) (is): No Elkelihood [Lost Workdays Or Restricted Duty Permanently Disabiling Fatal V D. Number of Persons Affected: 001 C. Moderate D. High E. Reckless Disregard rs of fesuance (check one) Citation V Order Safeguard Written Notice Sottce E. Citation/ F. Dated Order Number F. Dated Mo Da Yr
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ction IV -Autoinated System Data 1. Type of Inspection 20. Event Number 21. Primary or Mill p 23. AR Number 24. AR Number 25. AR	D. Gravity: A. Injury or Illness (has) (la): No Likelihood [Leet Workdays Or Restricted Duty Permanently Disabiling Fatal Ø D. Number of Persons Affected: 001 C. Moderate Ø D. High E. Reckless Disregard ac of Issuance (check one) Citation Ø Order Sefeguard Written Notice Notice E. Gitation/ F. Dated Mo Da Yr A Hr. Clock) at the bottom of the excapeway. The noted wall, giving the ladder rung the correct
Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill P 23. AR Number 24. Primary or Mill P 23. AR Number 24. Primary or Mill P 24. Primary or Mill P 25. Primary	Gravity: A. Injury or Illness (has) (ia): No Likelihood Unlike B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays G. Significant and Substantial: Ves No 🕑 Negligence (check one) A. None B. Low Type of Action 104a 13. Type Initial Action A. Citation B. Order C. Safeguard D. Written N Area or Equipment Termination Due A. Date Mono Y B. Time (24 citon III-Termination Action Action to Terminate A sign was posted adder was secured to the raise learance. This hereby terminate	Lost Workdays Or Restricted Duty Permanently Disabiling Fatal V D. Number of Persons Affected: 001 C. Moderate D. High E. Reckless Disregard as of fesuance (check one) Citation V Order Safeguard Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 4 Hr. Clock) Image: Clock one of the excapeway. The noted wall, giving the Ladder rung the correct is this citation.
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. Signature	D. Gravity: A. Injury or Illness (has) (ia): No Likelihood [Lost Workdays Or Restricted Duty Permanently Disabiling Fatal D. Number of Persons Affected: 001 D. Number of Persons Affected: 001 C. Moderate Z D. High E. Reckless Disregard Written Notice e of fesuance (check one) Citation Order Safeguard Written Notice E. C. Gitation/ Order Number F. Dated Mo Da Yr Order Number F. Dated Mo Da Yr Order Number at the bottom of the excapeway. The noted wall, giving the ladder rung the correct s this citation.
	D. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlike B. Injury or Illness could reasonably be expected to be: No Lost Workdays Sonably be expected to be: No Lost Workdays C. Significant and Substantial: Yes No No No Negligence (check one) A. None B. Low Illness Illness Type of Action 104a 13. Type Initial Action B. Order C. Saleguard D. Written N A citation B. Order C. Saleguard D. Written N A rea or Equipment B. Time (24 Con III-Termination Action Action to Terminate A sign was posted adder was secured to the raise I. Terminated A. Date Monda Time (24 Hr. Cloocition IV-Automated System Data) Type of Inspection [20. Event Number] Time (24 Hr. Cloocition IV-Automated System Data)	Lost Workdays Or Restricted Duty Permanently Disabiling Fatal V D. Number of Persons Affected: 001 C. Moderate D. High E. Reckless Disregard rs of fesuance (check one) Citation V Order Safeguard Written Notice E. Citation/ F. Dated Mo Da Yr Voltee Order Number F. Dated Mo Da Yr 4 Hr. Clock) Image: Clock one of the excape way. The noted wall, giving the Ladder rung the correct is this citation. ck [21. Primary or Mill Image: Clock one of the second o
SHA Form 7000-3, A since a stand s	O. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlike B. Injury or Illness could reasonably be expected to be: No Lost Workdays Sonably be expected to be: No Lost Workdays C. Significant and Substantial: Yes No No No Negligence (check one) A. None B. Low Illness Illness Type of Action 104a 13. Type Initial Action A. Order C. Saleguard D. Written N A citation B. Order C. Saleguard D. Written N Area or Equipment A. Date B. Time (24 Con III-Termination Action A sign was posted adder was secured to the raise Action to Terminate A sign was posted adder was secured to the raise I. Terminated A. Date MoDa Yr Time (24 Hr. Cloocition M-Automated System Data) Type of Inspection E01 20. Event Number Time Pair	Lost Workdays Or Restricted Duty Permanently Disabiling Fatal D. Number of Persons Affected: 001 C. Moderate D. High E. Reckless Disregard Permanently Disabiling Mritten Notice C. Moderate D. High E. Reckless Disregard Mritten Notice C. Moderate D. High E. Reckless Disregard Mritten Notice F. Clitation/ Order Number F. Dated Mo Da Yr AHr. Clock AHr. Clock AHr. Clock At the bottom of the excapeway. The noted wall, giving the ladder rung the correct s this citation. ck

Continuation Section I-Subsequent Action/Continuation Da		Mine Safety and Health	Addiminated of	<u> </u>
1. Subsequent Action 1a. Continuation	2. Dated Mi (Original issue)	Da Yr 3. Citation/ Order Numbe		
A Senied To		5. Operator		
6. Mine		7. Mine ID	(Cc	ontractor)
Section II-Justification for Action				
	From	То		
8. Condition Or Practice				
Reason Incorrect spelling in first secondary excapeway fro	sentence. It should read a m the 6600 E ramp syster	s follows. There was no sign posted n to the bottom of the 6600 E declir	at the bottom access of the ie.	new
		n en		
		entral de la companya de la company Recarda de la companya		
n en la seguir de la Statione en la seguir de la seguir de La seguir de la segui			ang	
	alah di sebugah di sebugah seb Sebugah sebugah			
an a				
-				
			atan Santa Santa Santa Santa Santa Santa	
n gan an an an an Angela. An gan an a				
			See C	ontinuation Form
Section II-Subsequent Action Taken	and the second	1. 		an a
8. Extended To A. Dats Mo Da	Yr B. Time (24 Hr. Clock)	G, Vacated	门 D. Terminated 🛛 😧 E.	Modified
Section IV-Inspection Data				
9. Type of Inspection E01	0. Event Number			
11. Signature		12. Date Marchant	142 Time 204 He Clock	

Mine Safety and Heal Section I-Violation Data 1. Date Mo Da Yr [2, Time (24 Hr, Clock)] 4. Served To 5. Operator	3. Citation/ Order Number		
4. Served To 5. Operator			
6 Mine. 7. Mine ID		(Cont	ractor)

The 6600 E lay down area at the bottom of the decline was not kept orderly. The following pallets of materials were noted. (1) Monster mats, (1)Ventilation bag, (1)power cable extension cables, and (2) pallets of bolting plates. This exposes a miner to a tripping hazard that has resulted in serious injury in the mining industry.

and a second	a she ha a she ha a she ha	
9. Violation A. Health B. Section Safety of Act Other	C. Per/VSection of Title 30 CFR	57.20003a
Section II-Inspector's Evaluation	<u>an na ang ang ang ang ang ang ang ang an</u>	e a de persona de la compansión de la compa
10. Gravity: A. Injury or Illness (has) (is). No Likelihood	🔲 Unlikely 📝 Reasonably Likely 🗌	Highly Likely 📋 Occurred 📋
B. Injury or illness could reasonably be expected to be: No Lost V	lorkdays 📋 🛛 Lost Workdays Or Restricted Duty 🔽	Permanently Disabling 📋 Fatal 🗍
C. Significant and Substantial: Yes] No 🔽	D. Number of Persons Affected: 001
11. Negligence (check one) A. None	B. Low 📋 C. Moderate 🗌 D. High	E. Reckless Disregard
12. Type of Action 104a	13, Type of Issuance (check one) Citation 🗸	Order 📋 Sefeguard 📋 Written Notice 🗌
14. Initial Action A. Citation 📋 B. Order 📋 C. Safeguard	E. Citation/	F. Dated Mo Da Yr
15. Area or Equipment		

A. Date B. Time (24 Hr. Clock)

16. Termination Due

Section III--Termination Action

17 Action to Terminate The noted materials were arranged in an orderly manner to eliminates the tripping hazard. This hereby terminates this citation.

18. Terminated A. Data Mo Da Yr B. Time (24 Hr. Clock	
Section IV-Automated System Data	
19. Type of Inspection (activity code) E01	21. Primary or Mill P
22. Signature	23. AR Number
establiched a National Small Business and Agriculture Regulatory Ombudsman and enforcement actions. The Ombudsman annually evaluates enforcement activities an enforcement actions of MSHA, you may call 1-888-1866. FART (1-688-734-3247), or v	nall Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 10 Regional Fairness Doards to receive comments from small businesses about federal agency of takes ach agency's responsiveness to small business. If you wish to comment on the affe the Ombudsman st Small Business Administration, Office of the National Ombudsman, 409 bits 0.6 a a compared with the Ombudsman statement and the Comment of the Computer and the Computer of the first of the Computer and t

Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, includi the right to contest citations and proposed penallies and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order Continuation				partment of Labor afety and Health Administra	tíon 🛞
Section ISubsequent Action/Continuation Data			a		
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Ma Da	Yr	3. Citation/ Order Number	
I. Served To			5. Operat	or	
3. Mine			7. Mine II)	(Contractor)
Section II-Justification for Action					
Change Fro	100 March 1			То	

17. Action To Terminate

Reason Incorrect spelling of word. The first sentences should read. The noted materials were arranged in an orderly manner to eliminate the tripping hazard.

			Sec	Continuation Form
Section III-Subsequent Action Taker	a de la factoria de la compañía de l			
8. Extended To A. Date Mo	Da Yr B. Time (24 Hr. Clock)	C. Vacated	🗌 D. Terminated 🛛 😡	E. Modified
Section IV-Inspection Data				
9. Type of inspection $E01$	10. Event Number 1			
11. Signature	AR Number	12. Date Ma Da Yr	113 Time /94 Hr. Clock)	
MSHA Form 7000-38, Mar 85 (revise	9			

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data	an a film a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	
1. Date MorDa Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Number	
4 Serveri To	5 Operator	
5. Míne	7. Mine ID	ractor)

Loose ground conditions were located on the left rib of the 7500/670+262 ore pass. The material was of various sizes and was removed by hand scaling with minimal effort. The largest piece measured approximately 36 inches by 24-31 inches by 7-1/2 - 10 inches and the top of the largest piece was 5 feet from the ground level. The material landed up to 4 feet into the ore pass roadway and 10 feet from the ramp roadway. An LHD uses the ore pass at least every other shift. This exposes a miner to a hazard of being struck by falling rock resulting in lacerations, contusions and fractures. The condition was not readily visible.

	ور در و و روی در شده میک در از از	a she a s	and the second second second second second second	See Complication	on Form (NISHA Form 7000-	-3a) [_]
9. Violation A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	57.3200		
Section II-Inspector's Evaluation						
10. Gravity: A. Injury or Illness (has) (i	s): No Likelihood [] Unlikety []	Reasonably Likely 📝	Highly Likely. 📋	Occurred	
 B. Injury or illness could n sonably be expected to 		days 门 🛛 Lost W	Vorkdays Or Restricted Duty 📝	Permanently Dis	abling [] Fatal [
C. Significant and Substa	ntial: Yes 🔽	No 🗌		D. Number of Pers	ons Affected: 001	
11. Negligence (check one)	A. None	B. Low	C. Moderate 🔽 🛛 D. Higi	I [] E. Reci	kless Disregard []	
12. Type of Action	04a	13, Typo of	Issuance (check one)	Citation 🖌 Ord	er 门 🛛 Safegi	uard []
14. Initial Action A. Citation [] B. Order] C. Safeguard []	D. Written Notice	E. Citation/ Order Number		F. Dated Mo Da	i Yr
15 Area or Fruitomant						

A. Date

16. Termination Due

B. Time (24 Hr. Clock)

Section III-Termination Action 17. Action to Terminate The material was removed by hand scaling with minimal effort, terminating this citation.

18. Terminated A: Date Mo Da Yr	B. Time (24 Hr. Clock			
Section IV-Automaled System Data			$I_{\rm E}$ $I_{\rm C}$	per la construcción de la construcc
19. Type of inspection 20. Eve (activity come Eq.1	nt Number	21. Primery of Mill P	<u>(b) (6)</u>	
22. Signature			23, AR Number	
MSHA Form 700	with the provisions of the Small	Business Regulatory Enforcement F	aimess Act of 1996, the Small Bu	siness Administration has

MSTA form 700 established a National Small Business and Agriculture Regulatory Chick State Regulatory Enforcement Famess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Chick Baran Regulatory Enforcement Famess Act of 1996, the Small Businesse about tederal agency enforcement actions of MSHA, you may call 1-888 REG FAIR (1-886-784-3247), or write the Ombudeman at Small Business Administration, Office of the National Ombudeman, 400 3rd Street, SW MC 2120, Washington, DC 2016, Plase REG FAIR (1-886-784-3247), or write the Ombudeman at Small Business Administration, Office of the National Ombudeman, 400 3rd Street, SW MC 2120, Washington, DC 2016, Plase and the Review Comment with the Ombudeman at Small Business I is not other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	6
Section IViolation Data		
1. Date	3. Citation/ Order Number	
	(b) (6)	
A Mine	7. Mine ID	(Contractor)
8. Condition or Practice		a. Written Notice (103g)

Loose ground conditions were located on the left rib of the 7500/670+220 waste pass. The material was of various sizes and removed by hand scaling, some with minimal effort. The largest pieces measured approximately 30-34 inches by 23-31 inches by 5 inches and 24 inches by 21 inches by 6 inches. The top of the material was about 9 feet from ground level. The material fell about 5 feet from the rib. MineCat (0V148) and Atlas-Copco drill jumbo (JS004) were parked in the waste pass. The right rear corner of the MineCat was under the loose material. This exposes a miner to a hazard of being struck by falling rock resulting in lacerations, contusions and fractures. The condition was readily visible.

And many administration to make many solution of the

	th B. Section ity of Act er	C. Part/Section Title 30 CFR	
Section II-Inspector's Eva	luation		
10. Gravity: A. Injury or lilness (has) (is): No Likelihood (] Unlikely 🗍 Reasonab	lly Likely 🔽 . Highly Likely 📋 Occurred 📋
 B. Injury or liness of sonably be expension 		rkdays 📋 🛛 Lost Workdays Or Res	tricted Duty 🖉 Permanently Disabling 📋 Fatal 📋
C. Significant and S	Substantial: Yes 🖌	No 🔲	D. Number of Persons Affected: 001
11. Negligence (check	one) A. None [B. Low 🛄 C. Moderate 🖌	D. High [] E. Reckless Disregard []
12. Type of Action	104a	13. Type of Isauance (check	one) Cilation 🖌 Order 门 Safeguar
14. Initial Action A. Citation 🗍 B. C	Drder [7] C. Safeguard [7]	E. Citation	

Area or Equipment

16. Termination Due

Section III-Termination Action

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

17. Action to Terminate The material was removed by hand scaling, some with minimal effort, terminating this citation.

18. Terminated A. Date	B. Time (24 Hr. Clock			
Section IV-Automated System Data			<u></u>	
19. Type of inspection (activity code) E01	20. Event Number	21. Primary or Mill P		in ya ya aniya ka da katiki into sa
22. Signature			23. AK Number	
MSHA Form 700 established a National Small Business an	provisions of the Small of Agriculture Regulatory Ombudaman and 10 R	Business Regulatory Enforcement I agional Fairness Boards to receiva		

enforcement actions of MSNA; you may call 1-88 xEG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Linguistics. If you with to comment on the enforcement actions of MSNA; you may call 1-88 xEG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Linguistics. If you with to comment on the enforcement actions of MSNA; you may call 1-88 xEG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Linguistics. If you with to comment with the Ombudsman at Small Business Linguistics. If you with the Ombudsman, 409 3rd Street, SW MOS 120, WSAIngton, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Houth Review Commission.

Mine Cita	tion/Order		U.S. Departme Mine Safety an	m t of Labor d Health Administration	
Section I-Viol	allon Dala				
1. Date	Mo Da Yr	2 Time (24 Hr. Clock)		3. Citation/ Order Number	
4 Served To			5 Operator		
6 Mina			7. Mine ID	• • • • • • • • • • • • • • • • • • •	(Contractor)

Three (3) inches of toe clearance was not provided at the seventh full section ladder from the top of the metal manway ladder in 7400/670+670 slusher stope. The tow clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs. This exposes a miner to a slip/fall hazard while climbing the ladder that would result in fatal blunt force trauma. The condition was readily visible.

9. Violation		للا المعركين وعمرتا التراجين				See	Continuation Form (MSH/	A Form 7000-3a) (
J. V101800A	A. Health Safety Other	o	ection Act		C. Part/Section of Title 30 CFR	5	7.11005	
ection II-Inspi	ector's Evalua	tion						in a second s
0. Gravity: A. Injury o	r liiness (ha	s) (is): No	Likelihood []]	Unlikely 🔽	Reasonably Likel	y 📋 🛛 Highly Li	kely 📋 Occuri	red []]
	r illness cou be expecte		No Lost Workd	ays 📋 🛛 Lost W	orkdays Or Restricted I	Duty 🗌 🛛 Perma	nently Disabling []	Fatal 🗹
C, Signific	ant and Sut	istantiai:	Yes 🗍	No 🔽		D. Numb	er of Persons Affected	001
1. Negligenc	e (check on	e) A. N	one 门	B. Low 📋 🛛 🕻	. Moderate 🔽	D. High	E. Reckless Disrega	ird 📋
2. Type of A	otion	104a		13. Type of	Issuance (check one)	Citation 🖌	Order [_]	Safeguard [
4. Initial Act		er∏ C.S	afeguard []]	D. Written Notice	E. Citation/ Order Number		F. Dated	Mo Da Yr
					the provide statement of the second statement of the			
		A. Date	Da Yr	B, Time (24 Hr. Cloc	k)			
ection III-Tem	nination Action	A. Date	Da Yr	B, Time (24 Hr. Cloc	k)			
6. Termination ection III-Tem 7. Action to	nination Action	A. Date	Da Yr	B, Time (24 Hr. Cloc	k)			
ction III-Tem	nination Action Ferminate	A. Date		B, Time (24 Hr. Cloc (24 Hr. Clock	k)			
ection III-Tem 7. Action to 7 8. Terminate	nination Action Terminate	A Date			k)			
ection III-Tem	nination Action Terminate d A Date maled Syster spection	A. Date 1 Mo Da		(24 Hr. Clock	k)	ror Mill		
ection III-Tem 7. Action to 7 3. Terminate ection IV-Auic 9. Type of In	Annation Action Terminate A Date mated System spection ade	A. Date	(r. B. Time	(24 Hr. Clock		P	AH: Number	

NUMBER OF

		e de la compañía de En el compañía de la c	ar by fooder with over the provide the same and
Mine Citation/Order Continuation		U.S. Department of Mine Safety and Hea	
Section ISubsequent Action/Continuation Da	la		
1. Subsequent Action 1a. Continuation	2. Dated Mo. (Original Issue)	Da Yr 3. Citation/ Order Numbe	
Sonud To		5. Operator	ini ini tili uni mili ini ini ini ini ini ini ini ini ini
S. Mine		7. Mine ID	(Contractor)
Section II-Justification for Action			
Change 1	from	To	
8. Condition Or Practice			

Reason The second sentence read: The tow clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs. The sentence should have read: The toe clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs.

1

		See Continuation Form
Section III-Subsequent Action Taken		
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	C, Vacated D, Terminated V E. Modified
Section IVInspection Data		
9. Type of Inspection E01	10. Event Number	
11. Signatun	AP Number 12	Date Mo Da Yr 113 Time (24 Hr. Clock)
mindelining all south at		
MSHA Form 7000-3a, Mar 85 (revised)		

Mine Cita	ion/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section IViol	ation Data	••••••••••••••••••••••••••••••••••••••	
1. Date	Mo Da Yr 2. Time (24 Hr. Glock)	3. Citation/ Order Numbe	4000-000-00-00-00-00-00-00-00-00-00-00-0
4. Served Te		5 Onerator	eoleinija (daga sama
(b) (6)			
6. Mine		7. Mine ID	
		(Contrac	stor)
8. Condition	or Practice	8a. Written Notice (103g)	FTT.

Loose ground conditions were located throughout the 7400/670+670 slusher stope. The material was of various sizes and removed by hand scaling with minimal effort. The largest piece measured approximately 21 inches by 4-11 inches by 5 inches. The back height near the manway was approximately 14 feet. The miners passed under the loose material on this shift. This exposes a miner to a hazard of falling rock that would result in fatal blunt force trauma. The condition was readily visible.

	and said and the said of	Same and the second second			ade commutation	I FOUL UNDER FOUL TODO-DAD
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	57.3200	
Section II-Inspe	clor's Evaluation					
10. Gravity: A. Injury o	r Iliness (has) (is):	No Likelihood	Unlikely [] Reasonably Likely 🖌	Highly Likely	Qccurred [_]
	r liness could rea- be expected to be		days [_] Los	t Workdays Or Restricted Duty	Permanently Disa	ibling 🗌 🛛 Fatal 🖌
C. Signific	ent and Subslantic	il: Yes 🗸	No []		D. Number of Perso	ms Affectad: 001
11. Negligenc	e (check one)	A. None 🗍	B. Low 📋	C. Moderate 🔽 D. H	igh 📋 🛛 E. Reckl	less Disregard 📋
12. Type of A	ction 104:	i	13. Type	of Issuance (check one)	Citation 📝 Orde	r [Safeguard [_]
14. Initial Acti A. Citation	야양을 잘 가지 않는 것을 것 같아요. 이번 것	C. Safeguard []	D. Written Notice	E. Citation/ Order Number		F. Dated Mo Da Yr
15 Area or Fr	uloment					

16. Termination Due	Mo Da Yr		
io. Tommenen ouo	A Date	B. Time (24 Hr. Clock)	
11. A		1 ((
and the second sec		والمحافظة والمتحد والمحافظ وال	باب المستحد بالمستحد الم
Section III-Tennination Acti	on	이번 방법은 물질이 있었다. 이거 문방했다.	

17. Action to Terminate The material was removed by hand scaling with minimal effort, terminating this citation.

18. Terminated A. Date Mo Da Yr	B. Time (24 Hr. Clock				
Section IV-Automated System Data	. I see a second se				
19. Type of Inspection 20. Eve (acti	nt Number	21. Primary or P	Mill		
22. Sign			23. AR Nu	mber	
MSHA Form 7000-3, Mar 85 (revised) in acco established a National Small Business and Agricu enforcement actions. The Ombudsman enrually	Adance wan the provisions of the Sma littire Regulatory Ombudsman and 10 evaluates enforcement activities and r	Regional Faimess Boards to	receive comments from sma	all businessos abou	it federal agency

enforcement actions. The Ombudsman sinitually evaluates enforcement activities and rates each agency's responsiveness to small business. If you with to commant on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-886-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Streef, SW - MC 2120, Washington, DC 20418. Please note, however, that your right in the Ombudsman is in addition to any other rights you may have, including the right to contest clations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Cita	tion/Order			U.S. Department Mine Safety and H	of Labor fealth Administration	- K
Section IVial	ation Data					
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	an the constant of the second of the	ľ	3. Citation/ Order Number	
4 Served T	ñ			5. Operator		
6. Mine				7. Mine ID		(Contractor

The fixed metal manway ladder in the 7400/670+670 slusher stope did not extend at least three (3) feet above the landing or have substantial handrails provided. The ladder measured approximately 22 inches from manway lacing and 21 inches vertically from a lagging platform. This exposes a miner to a slip/fall hazard while climbing the ladder and exiting into the stope. The condition was readily visible.

				See Continuatio	n Form (MSHA Form 7000-3a) [
9. Violation	A. Health [] Safety [] Other []	B Section of Act	C. Part/Section of Title 30 CFR	57.11006	
Section II-Insp	ector's Evaluation				
10. Gravity:		n de la companya de Esta de la companya d		ing in the second s	
	r liiness (has) (is);	No Likelihood	Unlikely 🔽 Reasonably Likely [Highly Likely	Occurred
	r illness could rea- be expected to be	No Lost Workdays [] Lost Workdays Or Restricted Duty	/ 🗹 🛛 Permanently Dis	abling 📋 🛛 Fatal 🗌
C. Signific	ant and Substantia	: Yes 🗌 No (V	D. Number of Pers	ons Affected: 001
11. Negligend	æ (check one)	A. None 🗍 🛛 🖪, Lo	w 门 C. Moderate 🔽 D.	High 🗌 🛛 E. Rec)	less Disregard []
12. Type of A	otion 104a		13. Type of Issuance (check one)	Citation 🖌 Ord	er 🗌 🛛 Safeguard 🗍
14. Initial Act A. Citation		C. Safeguard 📋 D. Wr	E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or E	guipment				
16. Teminati	on Due A. Date	Mo Da Yr B. Tin	ne (24 Hr. Clock)		
Section III-Terr	nination Action				
17. Action to	Ferminate				
18. Terminate	d A. Date ^{Mo}	Da Yr B. Time (24 H	r. Clock		
Section IV-Auto	mated System Data				
19. Type of In	spection Pol	20. Event Number	21. Primary or	Mill	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Ambinistration has established a National Small Business and Agriculture Regulatory Ombudeman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudeman annually evaluates on forcement activities and rates each agency's responsiveness to small business. If you wish to comment on the onforcement actions of MSHA, you may call 1486.REG-FAIR (1-886-734-0247), or write the Ombudeman at Small Business Administration, Office of the National Ombudeman, 409 ard Street, SW. MC 2120, Washington, DC 20416, Please note, however, that your nght to lie a comment with the Ombudeman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and oblain a hearing before the Federal Mine Safety and Health Review Commission.

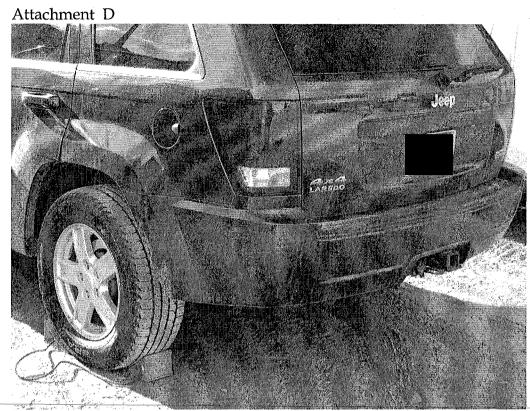
23, AR Number

22. Signature

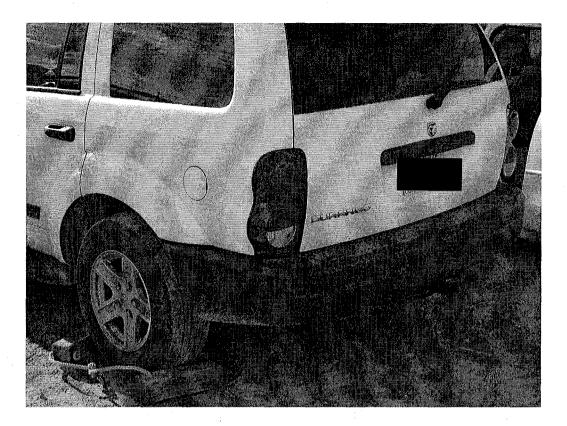
Attachment C



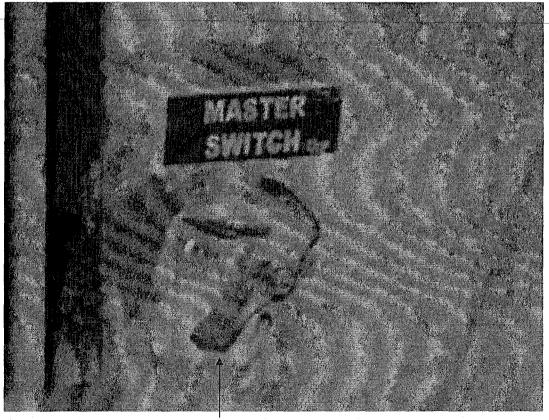
Rubber tire Stope workings, Left side – hanging wall/Right side Footwall – Ground support – split set roof bolts with – Dewydag rebar (epoxy-resin) pointanchor support, Steel mat.



Positive – GOV's parked and, chalked on mine property at all times when unattended.



Attachment E



Master switch designed for lock placement on mobile equipment.

