### **U.S. Department of Labor**

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



March 24, 2009

MEMORANDUM FOR	MICHAEL A. DAVIS

Deputy Assistant Secretary for Operations

Mine Safety and Health

FROM:

CHARLES J. THOMAS Charles C. Thomas

Director of Accountability for

Mine Safety and Health Administration

JERRY J. KISSELL ( ) Shome for

Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, Morganfield,

Kentucky Field Office, and

#### Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine
and field office. Audit subjects included the Uniform Mine File, MSHA field activities,
evel of enforcement, Field Activity Reviews (FARs), MSHA supervisory and
managerial oversight, mine plans, and the conditions and practices at the mine. The
audit was conducted during the weeks of <b>Exercise 1999</b> Charles J. Thomas and
erry J. Kissell. Positive findings and issues requiring attention are included in this
audit report.

<u>Overview</u>	
conducted on three I	w was conducted on February 10th; the underground audit was MMU's, one set of recently constructed "#25 Set" seals, and outby  Jerry Kissell conducted a separate ID preparation plant which is covered in a separate audit memorandum.
Accompanying the a	uditors were
v	
	also assisted with the field office audit in
Morganfield, KY. Sp	pecific areas of the mine examined during this audit included the
four MMU's (062-0, 0	064-0, and 065/066 super section) all advancing, the primary and

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alternate escapeways, belt conveyors, ERP supplies, tracking system, and record books.

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

- 1. With few exceptions, the level of enforcement appears commensurate with the conditions and practices observed. The 104-d, 104-b, and 107-a orders are being utilized when warranted. Gravity and negligence determinations appear appropriate the majority of all citations/orders reviewed.
- 2. Short abatement times were set and hazards and violations corrected timely.
- 3. Roof control plan appears appropriate for current mining conditions. Skin control can always be improved upon by adequate examinations and continuous scaling. Safety talks with roof bolters were documented and the talks observed during the audit were genuine.
- 4. Rockdusting was excellent in all areas traveled during this audit and rock dust survey results are also indicative of this observation. All rockdust surveys during the two quarters audited were compliant. This is noteworthy for a mine this large and having six MMU's.
- 5. Inspection documentation indicated thorough and complete inspections.
- 6. The and the District Manager have visited numerous mines during the time period covered by this audit.
- 7. The 104(d) tracking system is well maintained and up to date.
- 8. District-level Peer Reviews (Accountability Reviews) are thorough, detailed, and document root causes, corrective actions, and timelines for correction. District oversight is appropriate and the level of enforcement is being coached and mentored with the new AR's in the Morganfield, KY Field Office.
- 9. High percentages of site time are achieved by inspectors in the Morganfield field office thus providing MSHA inspector presence at the mine sites. Most recent key indicator report 54.9% onsite enforcement time.

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

1. This underground coal mine has a large number of citations issued each quarter, and the **root cause of hazards and violations** needs to be communicated more clearly to the mine operator and the maintenance supervisors, and some violations should be eliminated and not be repeat violations. For example two

specific roof bolting machine were cited 3 times each for accumulations in less than four months. The root cause of the accumulations needs to be identified and corrected to prevent repeat issuances. The Field Office Supervisor has agreed to meet with the coal operator on a monthly basis to assist in identifying and eliminating repeat hazards and violations.

- 2. Inspection event sheet calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days and signed by all participating CMI's timely. This was corrected during the audit. Incorrect health sample numbers were corrected on the event sheet during the audit.
- 3. Two 104-A citations evaluated with high negligence did not have adequate documentation on why a elevated enforcement D-2 order was not issued. There may have been extenuating circumstances but they were not made clear in the inspection notes or body of the citation under condition or practice. Details are documented in the checklist item number 19. The audit team believes the criteria for elevated enforcement existed.
- 4. Three citations were issued in the same MMU on the same roof bolter, for the same standard in the same inspection event, within 58 days. A second roof bolter, fin the MMU was cited 3 times, twice in the same regular inspection and again in the following quarter's regular inspection, within a 98 day period, for the same standard. The documentation was not provided in the notes as to determine why the negligence was not elevated in either of these instances. Root cause of oil accumulations should be communicated to the mine operator to eliminate repeat violations.
- 5. It appears that conscientious methane tests are not being conducted by certain roof bolting crews. Two occasions have been cited where roof bolter crews have taken permissible equipment inby the last open crosscut prior to conducting a mandated methane test, and this mine is on a 15 day spot. Elevated enforcement should be warranted on future violations. The root cause of this violation may be the method selected by the operator to conduct these test. The roof bolters had difficulty assembling the extendable probe and maneuvering it on the ground. Probes on bicycle tires have proven easier to assemble and conduct the tests than the method being used by this operator.
- 6. Roof control plan appears adequate for current mining conditions but to prevent skin type injuries the plan could be further enhanced by requesting the operator to use roof matte (screen) in high traffic exposure areas such as belt conveyors, haul roads, and primary escapeway entries. This was also recently recommended by the Coal Division of Safety Roof Division during mine visit.

### **S&S Rate Comparison**

- 1. The field office S&S rate for this mine during the previous five quarters Averaged 44.04% which is above the national average for CY2008 which was 36.00%.
- 2. The District S&S rate currently is **51**% compared to FY 2008 which was 36.00%.

### **Audit Results**

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

## **Attachments**

- A. Office of Accountability Checklist, with comments, recommendations, and references
- B. Citations issued during this audit

1.	75.1103-4(a)(1)
2.	75.1725(a) [4-a Belt Conveyor]
3.	75.1725(a) modified to 75.400
4.	75.400
5.	75.202(a)
6.	75.362(d)(1)(ii)
7.	75.400
8.	75.400
9.	75.1714-7(c)
10.	75.503
11.	75.382(d)
12.	75.1714-3(b)
13.	75.400
14.	75.202(a)
15.	75.1101-1(b)
16.	75.400
17.	75.203(e)
18.	75.1714-7(c)
19.	75.203(b)
20.	75.400
21.	75.604(b)
22.	75.400
23.	75.333(e)(1)(ii)
24.	75.1101-7(b)
25.	75.202(a)
26.	75.400
<b>40.</b>	

District Coal Dist 10 Field Morganfield, KY Mine ID Date Date		
7. Determine if supervisors are thoroughly reviewing mine files at least annually		
Adequate Inadequate X Not Applicable Comments Below		
Petition of modification summary sheet was incomplete. This has been corrected.		
Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities		
Adequate X Inadequate Not Applicable Comments Below		
Determine if District Manager is using Performance Management System to hold ADMs accountable for oversight of subordinates		
Adequate X Inadequate Not Applicable Comments Below		
Determine if MSHA Administrators are using Performance Management  10. System to hold District Managers accountable for oversight of subordinates		
Adequate X Inadequate Not Applicable Comments Below		
Determine if ADMs and DMs are visiting mines with poor compliance at least monthly		
Adequate X Inadequate Not Applicable Comments Below		
Evaluate required monthly reports of supervisory and management mine visits		
Adequate X Inadequate Not Applicable Comments Below		

District Coal Dist 10 Field Morganfield, KY Mine ID Date Office		
Ciric		
Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district		
Adequate X Inadequate Not Applicable Comments Below		
Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames		
Adequate X Inadequate Not Applicable Comments Below		
Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection		
Adequate X Inadequate Not Applicable Comments Below		
Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness		
Adequate Inadequate X Not Applicable Comments Below		
s not reviewing 7000-186 for type of miner being utilized. Ripper miner should be checked on form. This is a low risk rare occurrence and <u>only one CMI</u> was not filling them out correctly.		
Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector		
Adequate X Inadequate Not Applicable Comments Below		
Positive comment: Resources are being utilized effectively and efficiently.		

Adequate

Inadequate

Mine Safety and Health Administration

Office of Accountability		
District Coal Dist 10 Field Morganfield, KY Mine ID Date Date		
Determine if supervisors are using the Performance Management System to		
hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations		
Adequate Inadequate X Not Applicable Comments Below		
Two citations were questionable concerning negligence. They are citations #		
Two citations were questionable concerning negligence. They are citations #		
(þ) (6) b		
6		
Reference: Citation and Order writing handbook, page's 17-22.		
Determine if supervisors are adequately evaluating the level of enforcement		
20. by visiting each producing mine		

Not Applicable

Comments Below

Office of Accountability  District Coal Dist 10 Field Office Morganfield, KY Mine ID Date
Determine if District Manager is using discretion in granting conferences
Adequate X Inadequate Not Applicable Comments Below
Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions
Adequate X Inadequate Not Applicable Comments Below
Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance
Adequate Not Applicable X Comments Below
No misconduct or major poor performance was observed.
Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.
Adequate X Inadequate Not Applicable Comments Below
Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations
Adequate X Inadequate Not Applicable Comments Below

Office of Accountability  District Coal Dist 10 Field Morganfield, KY Mine ID Date Date		
Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases		
Adequate X Inadequate Not Applicable Comments Below		
Determine if managers and supervisors are using required "standardized reports" to review critical data relevant to inspections and investigations		
Adequate X Inadequate Not Applicable Comments Below		
Positive Comment: The levels of enforcement appear accurate and adequate for the past inspections and provide the foundation for future enforcement actions at elevated levels when necessary.  Positive Comment: This District meets, discusses, and acts on Key Indicator reports weekly and has positive impact on which direction the District moves to shore up weakness in enforcement and areas that need oversight. The staff assistant and ADM have notes on Key Indicator reports of when and what was discussed and they act upon		
the DM recommendations.		
Determine if complete and thorough inspections are being conducted and adequately documented		
Adequate X Inadequate Not Applicable Comments Below		
Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety		
Adequate Inadequate X Not Applicable Comments Below		
Only on one occasion was an air analysis sample collected in the last open crosscut on MMU on in and no air quantity was recorded in notes or air sample card. This was discussed with the CMI and he just inadvertently failed to record the air reading in his notes or the card. This is an isolated occurrence and is low risk. The District will cover this issue at the next scheduled staff meetings.		

### Mine Safety and Health Administration

Office of Accountability
District Coal Dist 10 Field Morganfield, KY Mine ID Date
Office
Determine that the ingrester eport sufficient time on off shifts and on
Determine that the inspector spent sufficient time on off-shifts and on weekends
31. weekends
Adagusta V Inadagusta Nat Applicable Comments Pology
Adequate X Inadequate Not Applicable Comments Below
Determine if areas deemed "too wet" for rock dust surveys are re-visited and
33. sampled
Adequate X Inadequate Not Applicable Comments Below
Determine if all mine record books, postings, and other required materials are
34. examined during the inspection
Not Not
Adequate   Inadequate   X   Applicable   Comments Below
The operator is not required to keep a record book concerning methane detector
calibration, but must provide evidence that the emergency barricade multi-gas detector
is charged and calibrated and two different emergency supply storage sleds when
examined did not have properly calibrated multi-gas detectors. The last calibration dates
recorded on the two instruments was June 2008 and July 2008 and was missed during
two E01 inspections. According to District conducted interview the detectors were
checked and calibrated when check the previous quarter, but remains a mystery why the
operator would place outdated detectors in the emergency box after MSHA's last
quarterly inspection.
Determine if all provisions of the MINER Act are evaluated during the
35. inspection
napeedon
Adequate Inadequate X Not Applicable Comments Below
Tracquate 77 Trot rippireasie Comments Below
See item 34 above.

#### Mine Safety and Health Administration Office of Accountability

District Coal Dist 10 Field Office	Morganfield, KY Mine ID	Date Date
	ount of time expended on afficient to accomplish ins	each inspection activity and pection goals
Adequate X Inadequate	Not Applicable	Comments Below
		spector's determination of d, and the level of enforcement
Adequate Inadequate	X Not Applicable	Comments Below
		(b) (6)
h) (C)		
b) (6)		
71		
(b) (6)	(b) (6)	
Reference: Miner Act Section 104	-d	· · · · · · · · · · · · · · · · · · ·

See item 19 concerning oversight of this item.

### Mine Safety and Health Administration

Office of Accountability
District Coal Dist 10 Field Morganfield, KY Mine ID Date Office
Accompany and evaluate inspector's imminent danger run.
38.
Adequate X Inadequate Not Applicable Comments Below
Check adequacy of preshift/onshift examinations
Adequate X Inadequate Not Applicable Comments Below
Recommendation for the operator: The operator needs to identify the "root cause" of the hazards and violations recorded in the examination books. The record books indicate adequate reporting and adequate examinations, but the operator continues to fall short on abating reported hazards and violations. Elevated enforcement has documented this failure to comply timely.
Evaluate inspector's observation of roof conditions
Adequate X Inadequate Not Applicable Comments Below
Recommendation: It was recommended that roof mats or screen would reduce struck by draw rock accidents. This was also recommended by the Coal Division of Safety Roof specialist recently in April 2008. If draw rock accidents continue to occur it is recommended that the roof control plan be further evaluated for improvement.
Evaluate operator's workplace examinations 41.
Adequate X Inadequate Not Applicable Comments Below

District Coal Dist 10 Field Morganfield, KY Mine 1D Date Date						
Evaluate conditions on working section and observe work cycle						
Adequate Inadequate X Not Applicable Comments Below						
Two roof bolter operators failed to make a methane test prior to tramming their roof bolting machine inby the last open crosscut and installed two bolts prior to the MSHA CMI making his imminent danger run. The CMI properly cited the roof bolter operators. This is a recurring problem and this mine has recently this quarter received a citation for the safe unsafe practice and it is recommended that elevated enforcement is warranted.						
43. Observe air quantity, quality, and gas checks by inspector						
Adequate X Inadequate Not Applicable Comments Below						
Determine adequacy of Emergency Response Plan training (interview miners)						
Adequate X Inadequate Not Applicable Comments Below						
Determine adequacy of training regarding roof, ventilation, and other plans 45. (interview miners)						
Adequate X Inadequate Not Applicable Comments Below						
Evaluate Self-Contained, Self-Rescuer condition, storage, signage						
Adequate X Inadequate Not Applicable Comments Below						

District Coal Dist 10 Field Morganfield, KY Mine ID Date
Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training
Adequate X Inadequate Not Applicable Comments Below
Interviews with miners confirm that the training has occurred. Observed training demonstration exercise, as well as a mach fire drill in the conducted in the #5 unit.
Examine electrical cables on several pieces of equipment
Adequate X Inadequate Not Applicable Comments Below
Evaluate several pieces of equipment for permissibility
Adequate X Inadequate Not Applicable Comments Below
Permissibility violations were cited this audit.
Examine lifelines, mandoors, and related signage
Adequate X Inadequate Not Applicable Comments Below
Examine escapeway map for compliance with regulations
Adequate X Inadequate Not Applicable Comments Below
Evaluate integrity of primary and alternate escapeways
Adequate X Inadequate Not Applicable Comments Below

### Mine Safety and Health Administration

Office of Accountability  District Coal Dist 10 Field Office Morganfield, KY Mine ID  Office Date
53. Evaluate integrity of return side stopping line
Adequate X Inadequate Not Applicable Comments Below
Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries
Adequate Inadequate X Not Applicable Comments Below
MSHA is properly citing belt conditions, but the operator is not correcting the root cause of these violations. MSHA needs to communicate the root cause of the hazard and the violations on belt conveyors at this mine. Three assigned belt cleaners by the company is not a sufficient amount of resources to maintain these older infrastructures.
Evaluate conveyor belt isolation from other air courses
Adequate X Inadequate Not Applicable Comments Below
Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)
Adequate X Inadequate Not Applicable Comments Below
Two different sections of fire hose and nozzles were tested and found adequate during this audit.
Observe and evaluate fire detection methods
57.
Adequate X Inadequate Not Applicable Comments Below

District   Coal Dist 10   Field   Morganfield, KY   Mine ID   Date   Dat						
Evaluate cleanup of accumulations and application of rock dust						
Adequate X Inadequate Not Applicable Comments Below						
Positive Comment: Rock dusting was excellent in some areas traveled.  Citations were issued on the 5a belt line and the 2d west beltline, respectively for accumulations of float coal dust.						
59. Evaluate condition of conveyor belt drives, and fire suppression systems						
Adequate Inadequate X Not Applicable Comments Below						
One branch line was found installed improperly below the top belt in a belt storage area and when tested the water would not spray on top of the top belt. This was cited by the CMI.						
Determine if all required record books are adequately completed and in compliance with applicable standards						
Adequate X Inadequate Not Applicable Comments Below						
Examine mine map for accuracy of workings and escapeway locations						
Adequate X Inadequate Not Applicable Comments Below						
Examine mine bulletin board and evaluate adequacy of all required postings						
Adequate X Inadequate Not Applicable Comments Below						
Interview responsible person(s) and evaluate knowledge of emergency 63. response, evacuation procedures, and fire fighting processes						
Adequate X Inadequate Not Applicable Comments Below						

			Office of Acco	ountability		
District	Coal Dist 10	Field Office	Morganfield, KY	Mine ID	Date	

Determine if approved plans address and are compatible with mining conditions and equipment
Adequate Inadequate X Not Applicable Comments Below
See item 40 concerning skin control and the roof control plan.
Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area
Adequate X Inadequate Not Applicable Comments Below
Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate X Inadequate Not Applicable Comments Below
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
Determine if Peer Reviews are being used to assess supervisors and managers performance
Adequate X Inadequate Not Applicable Comments Below
Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and
the ERP provisions Adequate X Inadequate Not Applicable Comments Below

# Mine Safety and Health Administration Office of Accountability

District   Coal Dist 10   Field   Morganfield, KY   Mine ID   Date
Determine if Peer Reviews accurately reflect and evaluate MSHA activities at all types of mining (underground/surface/surface facilities) within the
district Adequate X Inadequate Not Applicable Comments Below
Determine if approved plans and the Uniform Mine File books are addressed during each Peer Review
Adequate X Inadequate Not Applicable Comments Below
73. Evaluate the approved roof control plan after in-mine visit
Adequate X Inadequate Not Applicable Comments Below
Recommendation: Skin control should be closely monitored and upgrades to the roof control plan concerning skin control should be requested if warranted.
Evaluate approved ventilation plan after in-mine visit
Adequate X Inadequate Not Applicable Comments Below
Evaluate approved training plan after discussion with miners
Adequate X Inadequate Not Applicable Comments Below
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Not Applicable

Comments Below

X

Inadequate

Adequate

Adequate

X

Inadequate

#### Mine Safety and Health Administration Office of Accountability

District Coal Dist 10 Field Office Morganfield, KY Mine ID Date Date
78. Ten most current completed E02 (103(i) spot) inspection reports
Adequate X Inadequate Not Applicable Comments Below
79. Citations, orders, and safeguards issued during previous two quarters
Adequate Inadequate X Not Applicable Comments Below
See items 19 and 37 concerning negligence and type of action issued.
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
Determine if all plans and documents in the Uniform Mine File are legible, and up to date
Adequate Inadequate X Not Applicable Comments Below
Petition of modification summary sheet was not complete, and three inspector certification sheets did not have the current mine ID, Mine Name, and Company name. These have all been corrected.
Determine if all applicable plan reviews were performed within six months, or within the timeframes required

Not Applicable

Comments Below

## Mine Safety and Health Administration

Attachment	A	171			ountability	auon		
District	Coal Dist 10	Field Office		field, KY	Mine ID		Date	
		٠						
83.		ne if plan re ers are prote		d appro	oval proce	ess provic	les reasonabl	le assurance
Adequate	e X	Inadequate	e	Not Aj	oplicable		Comment	s Below
					·			·
84.		ne if approvised/adequ			O		emented and	continue
Adequate	$\mathbf{x}$	Inadequat	e 🗌	Not A	applicabl	e	Comment	s Below
						***	· · · · · · · · · · · · · · · · · · ·	
		*					1	
85.		ne if miners its impleme		quately	trained i	n the pro	visions of an	y new plan
Adequate	e X	Inadequat	e 🗌	Not A	applicabl	e	Comment	s Below
86.		ne if Standa nents of MS		~		, ,	dequately ac	ldress
Adequate	e X	Inadequat	re	Not A	applicabl	e 🗌	Comment	s Below
	Determi	ne if district	manage	ement r	eviewed	the final v	ersion of all	approved
87.	plans							11
Adequate	X	Inadequat	e 🗍	Not A	nnlicable	e 🗍	Comment	s Below

88.	Determine being me		approval/disapproval of	plans were set, and are
Adequate	e X	Inadequate	Not Applicable	Comments Below

### Mine Safety and Health Administration

Office of Accountability
District Coal Dist 10 Field Morganfield, KY Mine ID Date Office
Office
Determine if the plan is tracked from date of submission through the review
89. process
Adequate X Inadequate Not Applicable Comments Below
Determine if dated copy of approval/disapproval letter is in file
90.
Adequate X Inadequate Not Applicable Comments Below
Determine if copies of the plan are distributed as per an established list
91.
Adequate X Inadequate Not Applicable Comments Below
Determine if a copy of the most recent plan is provided for inclusion in the
92. Uniform Mine File
Adamsta IV Incidental Net Applicable Comments Release
Adequate X Inadequate Not Applicable Comments Below
Determine if a due date for formal review of plans is identified
93.
Adequate X Inadequate Not Applicable Comments Below
Adequate X Inadequate Not Applicable Comments Below
Determine if required information is submitted in the plan
94.
Adamsta [V] Instructs [] Nat Application [] Comment D.1
Adequate X Inadequate Not Applicable Comments Below

Attachment A Mine Safety and Health Administration Office of Accountability
District Coal Dist 10 Field Morganfield, KY Mine ID Date Office
Evaluate recommendations made to the District Manager proposing approval/disapproval of plan
Adequate X Inadequate Not Applicable Comments Below
96. Determine if comments from miner's representatives are addressed
Adequate X Inadequate Not Applicable Comments Below
Determine if proposed plans are evaluated for provisions contrary to standards or regulations
Adequate X Inadequate Not Applicable Comments Below
Determine if the uniform mine file is reviewed for information related to plan adequacy
Adequate X Inadequate Not Applicable Comments Below
Determine if all plan approval groups communicate to prevent conflicting elements of plans
Adequate X Inadequate Not Applicable Comments Below

101.	Determine if technical specialists conduct on-site, in-mine reviews as necessary, prior to plan approval							
Adequate	X	Inadequate	Not Applicable	Comments Below				

District Coal Dist 10 Field Morganfield, KY Mine ID Date Office	
	——
Determine if input is solicited from field office inspectors/supervisors, and	
recommendations are addressed prior to approval	
Adequate X Inadequate Not Applicable Comments Below	
Determine if results of on-site evaluations are discussed with mine operator and miner's representative	or
Adequate X Inadequate Not Applicable Comments Below	
Determine if the overall violation history, plan compliance history, accider and injury reports were considered during plan review	ıt
Adequate X Inadequate Not Applicable Comments Below	
Determine if projected mining relative to overlying, underlying, and adjacent workings was checked	
Adequate X Inadequate Not Applicable Comments Below	
Determine if projected mining in relation to overlying bodies of water was checked	
Adequate X Inadequate Not Applicable Comments Below	
Determine if the overall design of the mine plan was assessed to avoid future problems	
Adequate X Inadequate Not Applicable Comments Below	!

District Coal Dist 10 Field Office Morganfield, KY Mine ID Date
Determine if plans contain required safety precautions for operating remote controlled equipment
Adequate X Inadequate Not Applicable Comments Below
Determine if all affected plans were compared (such as ventilation, training, roof control, etc.) to eliminate conflicts prior to approval of a plan
Adequate X Inadequate Not Applicable Comments Below
Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date
Adequate X Inadequate Not Applicable Comments Below
Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists
Adequate X Inadequate Not Applicable Comments Below
Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues
Adequate X Inadequate Not Applicable Comments Below
Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?
Adequate X Inadequate Not Applicable Comments Below

### Mine Safety and Health Administration

	Office of Accountability
District	Coal Dist 10 Field Morganfield, KY Mine ID Date
	Office
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
	Determine if inspectors have sufficient equipment and supplies to conduct
118.	
	thorough inspections.
A 1 .	V I I C N A I II C C A D I
Adequate	X Inadequate Not Applicable Comments Below
<u> </u>	
119.	Determine if adequate close-out conferences are being conducted at the end
117,	of each inspection.
	1,
Adequate	X   Inadequate   Not Applicable   Comments Below
	1
<u> </u>	
	Determine if manpower at the field office is sufficient to ensure adequate.
121.	Determine if manpower at the field office is sufficient to ensure adequate,
121.	Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.
	complete inspections, investigations, and other activities.
121. Adequate	complete inspections, investigations, and other activities.

District

22. Sign

#### Mine Safety and Health Administration

Coal Dist 10 Field Morganfield, KY Mine ID Date Date

<u> </u>	
V.	
Mine Citation/Order	U.S. Department of Labor
	Mine Safety and Health Administration
Section 1Violation Data	
1. Date 12 Time (2) Hr Clock	3. Citation/
7.8	Order Number
4. Served Te	
- Year	
6. Mine	7. Mine ID
8. Condition or Practice	(Contractor) 8a. Written Notice (103g)
The neat point type fire sensor i	ocated between crosscut 2 and 3 was not
	line. The sensor was next to the rib along
side of the belt line.	
•	
	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section	C. Part/Section of
Safety of Act	Title 30 CFR 75.1103-4(a)(1)
Other	· · · · · · · · · · · · · · · · · · ·
Section IIInspector's Evaluation	<del></del>
10: Gravity:  A. Injury or Illness (has) (is): No Likelihood [ Unlikely	Reasonably Likely [ Highly Likely [ Occurred [
	VE Reasonably tikely Triginy Likely Triging Coccured T
B. Injury or illness could reasonably be expected to be:  No Lost Workdays [	Lost Workdays Or Restricted Duty 📝 Permanently Disabling 📋 💮 Fatal 🗍
	D November (Dr. 1994)
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 ☐
The state of the s	C. Moderate (#) D. Trigir [] L. Neckloss Distigate []
12. Type of Action 104(a) 13. Type	of Issuance (check one) Citation 🗹 Order 🗌 Safeguard 🗍 Written Notice 🗍
14. Initial Action	E. Citation/ F. Dated Mo Da Yr
A Citation B. Order C. Safeguard D. Written No	
	<u> 1 i Andre Joseph Companya (1965). The property of the companya of the compan</u>
15. Area or Equipment	
16. Termination Due	
A. Date B. Time (24 I	fr. Clock)
Section IIITermination Action	er geben der geben der
	installed over the belt line.
21.2 110.00 2011002 11000	THE THE PERSON OF THE PERSON O
18. Terminated A. Date B. Time (24 Hr. Clock	
Section IV-Automated Syste	
19. Type of Inspection 20. Event Number	21. Primary or Mill
(activ	

MSHA Form 7000-3, Apr 00 (versey) an accordance shall be proved in the Small Business Regulatory Enforcement Fairness Act of 1986, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annitially evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888 REG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MG 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

### Mine Safety and Health Administration

District Coal Dist 10 Field Morganfield, KY Mine ID Date Date

Mine Citation/Order			U.S. Department of Mine Safety and H		
Section IVio	lation Data				
1, Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served T	·		5. Operator		
6. Mine			7, Mine ID		(Contractor)
8. Condition	or Practice			8a. Writ	ten Notice (103g)

The 4-A belt line was not being maintained in safe condition. The belt was rubbing the bottom belt roller belt frame at crosscut 4 that was warm to the touch and a bad bottom roller was present at crosscut 5 (bearing worn out).

Personnel were called to replace roller and align the belt.

						See Cont	inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health ☐ Safety ✔ Other ☐	B. Section of Act		C. Part/Section o Title 30 CFR	i	75.17	25(a)	
Section II-Insp	ector's Evaluation							
10. Gravity:								
A. Injury o	r Iliness (has) (is)	No Likelihood	Unlikely 🗌	Reasonably	Likely 🗸	Highly Likely	Occur	red []
	r illness could rea be expected to b		ays 🗌 Lost V	√orkdays Or Restri	cted Duty 🗹	Permanent	ly Disabling 🔲	Fatal []
C. Signific	ant and Substanti	al: Yes 🛂	No 📋			D. Number of	Persons Affected	002
11. Negligend	ce (check one)	A. None	B. Low	C. Moderate 📝	D. High	[] E	Reckless Disrega	ard 🗌
12. Type of A	ction 104(a)		13. Type of Issu	ance (check one)	Citation 🗹	Order 🗌	Safeguard 🗍	Written Notice [ ]
14. Initial Act A. Citation	ion B. Order	C. Śafeguard 🔲 1	D. Written Notice	E. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
15. Area or E		Mo Da Yr	B. Time (24 Hr. Clo	ck)			·	<del></del>
Section IIITerr						<del></del>		
	<del></del>		<del></del>	<del></del>	4			<del></del>
17. Action to	tetuliuste J.M.	e belt roll	er was rep	laced and	tne be	it was a	11gnea.	
18. Términate	A. Date	B. Time	(24 Hr. Clock					
Section IV-Aut	omated System Data			·				
19. Type of Ir (activit	nspection	30. Event Number		21. Pa	imary or Mill			
22. Signat			-	· · · · · · · · · · · · · · · · · · ·		23. AR	Number	
MSHA Form			s of the S	mali Business Regula	ory Enforcement	Falmess Act of 1	996, the Small Busin	ess Administration has

MSHA Form
soft the Small Business Act of 1996, the Small Business Act of 1996, the Small Business Administration has
established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Beards to receive comments from small businesses about federal agency
enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the
enforcement actions of MSHA, you may call 1-888-REATR(1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd.
Street, SW MC 2120, Washington, DC 20418. Pleas-FAIR (1-888-764-3247), or write the Ombudsman is 5 mall Business Administration of the National Ombudsman is 1 maddition to any other rights with the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

### Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Office Morganfield, KY Mine ID Date

Milne Safety and Health Administration  Section I-Violation Date  1. Date  Mo. Da. Yz		
A Served To  S. Occasion  A. Served To  S. Occasion  The 4-A belt line was not being maintained in safe operating condition. In that the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.  See Confinuation Form (MSHA Form 7600-3a)  9. Violation  A. Heath  See Confinuation Form (MSHA Form 7600-3a)  10. Gravity:  A. Heighy or lines (has) (a):  No Likelihood  Unlikely  A. Reasonably Likely W Highly Likely  Permanently Disabling  Falat  C. Significant and Substantiat:  Yes W No  C. Significant and Substantiat:  Yes W No  11. Negligence (check one)  A. None  B. Low  C. Moderate W  D. High  E. Reckless Disregard  Written Notice  12. Type of Action  10.4(a)  13. Type of Issuance (check one)  A. Citation  Order C. Safeguard  D. Written Notice  14. Initial Action  A. Citation  Order  Tails 30 CFR  75.1725(a)  Courred  D. Number of Persons Affected  OO2  11. Negligence (check one)  A. None  B. Low  C. Moderate W  D. High  E. Reckless Disregard  Written Notice  14. Initial Action  A. Citation  Order  F. Dated  Mo Da Y  Order Number  T. Action to Terminate  A. Date  Mo Da Y  B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection  19. Event Number  Order Inspection  19. Event Number  F. Dated  Mo Da Y  Order Number  Order Numbe	Mine Citation/Order	
A Served To  3. Mine  6. Condition of Practice  8. Condition of Practice  8. Condition of Practice  8. Condition of Practice  8. Written Nation  1. That the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.  8. Violation  8. Violation  8. A. Health  9. Section  9. Other  10. Grawy:  10. Grawy:  10. Grawy:  10. Grawy:  10. Grawy:  10. Sevin Hinses (has) (is): No Likelihood  10. Grawy:  10. Sevin Hinses (has) (is): No Likelihood  10. Grawy:  10. Sevin Hinses (has) (is): No Lost Workdays  10. Sevin Hinses (has) (is): No Lost Workdays  10. Sevin Hinses (has) (is): No Lost Workdays  11. Negligence (check one)  12. Type of Action  13. Type of issuance (check one)  14. Injust A None  15. Order  16. Cremination Due  16. Order  16. Cremination Due  16. A Catation  16. Termination Due  16. A Date  16. Termination Due  16. A Date  16. Terminated  16. Terminated  16. Terminated A Date  16. Terminated System Data  17. Albin to Terminate  18. Time (24 Hr. Clock)  19. Type of Inspection  20. Event Number  21. Primary or Mill  18. Terminated  19. Type of Inspection  10. Transport or Mill  1		
8. Wirle Note   T. Mine   D   Contract   8. Condition or Practice   Saw Written Notice (1055)   The 4-A belt line was not being maintained in safe operating condition. In that the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.  See Continuation Form (MSHA Form 7000-3a)   S. Violation   A. Health   B. Section   Safety   Other   Title 30 CFR   T5.1725(a)   Section   I. Impeded to Evabation   Other   Safety   Other	T. DateMo. Da_Yr	
See Condition or Practice  8.8. Written Notice (103) The 4-A belt line was not being maintained in safe operating condition. In that the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.  See Continuation Form (MSHA Form 7000-3a) 9. Violation	4. Served To	5. Operator
8. Written Notice (103g) The 4-A belt line was not being maintained in safe operating condition. In that the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.  See Continuation Form (MSHA Form 7000-3a) 8. Violation A. Health B. Section of Act Other Safety P. Section III Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely P. Highly Likely Cocurred D. Significant and Substantial: Ves No D. Significant	5. Mine	
that the second bottom roller out by the belt tail piece was running in loos coal and coal dust. The accumulations were 8 feet long 6 inches high and 2 feet wide.    See Continuation Form (MSMA Form 7000-3e)	3. Condition or Practice	
Section	that the second bottom roller coal and coal dust. The accum	out by the belt tail piece was running in loose
Section		
Section III—Termination Due  A. Date  Mo. Da. Yr  B. Section III—Termination Due  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Termination Action  17. A Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section IV—automated System Data  19. Type of Inspection  (activity code)  B. 10 Viving region of Action  B. C. Part/Section of Title 30 CFR  75.1725(a)  Permanently Disabing F Patal Flaghty Likely Flaghty L		
Section III—Termination Due  A. Date  Mo. Da. Yr  B. Section III—Termination Due  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Termination Action  17. A Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section III—Terminated  A. Date  Mo. Da. Yr  B. Time (24 Hr. Clock)  Section IV—automated System Data  19. Type of Inspection  (activity code)  B. 10 Viving region of Action  B. C. Part/Section of Title 30 CFR  75.1725(a)  Permanently Disabing F Patal Flaghty Likely Flaghty L		
Section		
A. Health   Safety   Dispection   A. Health   Safety   Dispection   C. Part/Section of Title 30 CFR   75.1725(a)		•
Safety   Office   O		
10. Gravity:   A. Injury or Illness (has) (is): No Likelihood   Unlikely   Reasonably Likely   Highly Likely   Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Fatal   O. Significant and Substantial: Yes   No   D. Number of Persons Affected: 002    11. Negligence (check one)   A. None   B. Low   C. Moderate   D. High   E. Reckless Disregard   Written Notice   Order   Safeguard   Written Notice   E. Citation   Order   Safeguard   Written Notice   E. Citation   Order Number   F. Dated   Mo Da Y	Safety ✓ of Act	
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Primary or Illness could reasonably be expected to be: No Lost. Workdays Lost Workdays Or Restricted Duty Permanently Disabling Falat D. Number of Persons Affected: 002  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 112. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice E. Citation/Order Number Safeguard Mo Da Y  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 accumulations were cleaned up and sent out of the mine.  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)  Section IV—Automated System Data  19. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill		
Sonably be expected to be:  No Lost Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Falal    C. Significant and Substantial:  Yes   No    10. Number of Persons Affected: 002  11. Negligence (check one)   A. None   B. Low   C. Moderate   D. High   E. Reckless Disregard    12. Type of Action   104(a)   13. Type of Issuance (check one)   Citation   Order   Safeguard   Written Notice    14. Initial Action   B. Order   C. Safeguard   D. Written Notice   E. Citation/ Order Number    15. Area or Equipment  16. Termination Due   A. Date   Mo Da Yr   B. Time (24 Hr. Clock)    17. Action to Terminate   The accumulations were cleaned up and sent out of the mine.  18. Terminated   A. Date   Mo Da Yr   B. Time (24 Hr. Clock)    19. Type of Inspection (3ctivity code)   B. Date   20. Event Number    20. Event Number   21. Primary or Mill    21. Primary or Mill   22. Event Number   23. Primary or Mill    24. Primary or Mill   24. Primary or Mill    25. Event Number   24. Primary or Mill    26. Event Number   24. Primary or Mill    27. Primary or Mill   28. Primary or Mill    28. Primary or Mill   29. Event Number   29. Event Number    29. Event Number   29. Event Number   29. Event Number    20. Event Number    21. Primary or Mill    22. Event Number    23. Event Number    24. Primary or Mill    25. Event Number    26. Event Number    27. Primary or Mill    28. Event Number    29. Event Number    20. Event Number    20. Event Number    20. Event Number    20. Event Number    21. Primary or Mill    22. Event Number    23. Event Number    24. Event Number    25. Event Number    26. Event Number    27. Event Number    28. Event Number    29. Event Number    20. Event Number    21. Primary or Mill    22. Event Number    23. Event Number	•	Unlikely ☐ Reasonably Likely ☑ Highly Likely ☐ Occurred ☐
C. Significant and Substantial:  Yes V No D. Number of Persons Affected:  002  11. Negligence (check one)  A. None B. Low C. Moderate D. High E. Reckless Disregard U.  12. Type of Action 104(a)  13. Type of Issuance (check one)  C. Safeguard D. Written Notice  E. Citation D. Order Safeguard Written Notice  E. Citation/Order Number  F. Dated Mo Da Y  D. Written Notice D.		Lost Workdays Or Restricted Duty 📝 Permanently Disabling 🗍 Fatal 📋
12. Type of Action 104(a)  13. Type of Issuance (check one) Citation 2 Order Safeguard Written Notice  14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/Order Number  E. Citation/Order Number  F. Dated Mo Da Y  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 accumulations were cleaned up and sent out of the mine.  18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection (activity code)  20. Event Number 21. Primary or Mill (activity code)	C. Significant and Substantial:	D. Number of Persons Affected: 002
A. Citation B. Order C. Safeguard D. Written Notice Corder Number  6. Termination Due A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  Section III-Termination Action  7. Action to Terminate The accumulations were cleaned up and sent out of the mine.  8. Terminated A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  8. Terminated A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  8. Terminated A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  20. Event Number  (21. Primary or Mill (21. Primary or Mill (22. Primary or Mill (24. Primary or		
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice B. Citation/Order Number  E. Citation/Order Number  F. Dated Mo Da Y  Order Number  B. Time (24 Hr. Clock)  F. Dated Mo Da Y  Order Number  F. Dated Mo Da Y  Order Number  D. Written Notice  F. Dated Mo Da Y  Order Number  D. Written Notice  D. Written Not	12. Type of Action 104(a) 13	3. Type of Issuance (check one) Citation 🗹 Order 🔝 Safeguard 🗍 Written Notice
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 accumulations were cleaned up and sent out of the mine.  18. Terminated A. Date B. Time (24 Hr. Clock  Section IVAutomated System Data  19. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill	14. Initial Action	
A. Date  B. Time (24 Hr. Clock)  Section III-Termination Action  The accumulations were cleaned up and sent out of the mine.  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection (activity code)  E01  20. Event Number  21. Primary or Mill		معنیہ جس معنیہ میں مصمل این مصمل این مصمل این است مصمل این این است مصمل این است مصمل این است این است مصمل این
A. Date  B. Time (24 Hr. Clock)  Section III-Termination Action  The accumulations were cleaned up and sent out of the mine.  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection (activity code)  E01  20. Event Number  21. Primary or Mill		
Section IIITermination Action  17. Action to Terminate The accumulations were cleaned up and sent out of the mine.  18. Terminated A. Date B. Time (24 Hr. Clock  Section IVAutomated System Data  19. Type of Inspection (activity code)  E01  20. Event Number 21. Primary or Mill	6. Termination Due A Date Mo Da Yr B Tin	me (24 Hr. Clock)
17. Action to Terminate The accumulations were cleaned up and sent out of the mine.  18. Terminated A. Date B. Time (24 Hr. Clock  Section IVAutomated System Data  19. Type of Inspection (activity code)  E01  20. Event Number 21. Primary or Mill		10 (211). 500()
A. Date B. Time (24 Hr. Clock Section IVAutomated System Data 9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill		s were cleaned up and sent out of the mine.
9. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill	A. Date B. Time (24 H	Ir. Clock
(activity code) E01 / "		21 Primary or Mill
22. Signat 23. AR Number		At Three yearing
	22. Signat	23. AR Number

MSHA Form so Small Business Regulatory Enforcement Fairness Act of 1995, the Small Business Administration has established a National Small Business and Agriculture Regulatory Cincultural and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC-2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Attachment B  District Co.	al Dist 10	Mi Field Office	ne Safety and Office Morganfiel	of Acco	Administ puntability Mine ID	ration	Date			
									<u>.</u>	
Mine Citat	ion/Order				U.S. Depart Mine Safety		<b>bor</b> Administratio	n		٠
Section IViol	ation Data									_
1. Date	Mo Da Yr	2, Time (24 h	fr. Clock)				3. Citation/ Order Number	er		
4. Served To	)				5 Operator				<u> </u>	
6. Mine		<del></del>		· · <u>· · · · · · · · · · · · · · · · · </u>	7. Mine ID				(Contractor)	-
8. Condition	or Practice		<del></del>		L	<del></del>	<del></del>	8a. Writte	n Notice (103g)	Т
b belt No.12 line.	coal and c line. The and were f Some accum lk way at	accumul rom 1 to ulations	ations we 3 inches had been	re fro deep	om the he	ead roll oth side	ler in by es and un	and und to creater the	der the 4- osscut e belt	=

					See Con	tinuation Form (MS	HA Form 7000-3a)
9. Violation A. Health ☐ Safety ✓ Other ☐	B. Section of Act		C. Part/Section of Title 30 CFR		75,	400	
Section II-Inspector's Evaluation							
10. Gravity:							
A. Injury or Illness (has) (	is): No Likelihood 🗌	Unlikely 🔲	Reasonably	Likely 🗸	Highly Likely	Occi	urred
B. Injury or illness could re sonably be expected to		ays 🗌 Lost Wo	rkdays Or Restric	ted Duty 🗸	Permanen	tly Disabling	Fatal []
C. Significant and Substa	ntial: Yes 🗹	No 🗌			D. Number of	Persons Affecte	ed: 002
11. Negligence (check one)	A. None	B. Low 🗌 C	. Moderate 🔽	D. High	) [] E	. Reckless Disre	gard [ ]
12. Type of Action 104(	a)	13. Type of Issua	nce (check one)	Citation 🗸	Order	Safeguard [	Written Notice
14. Initial Action A. Citation B. Order	C. Safeguard.	D. Written Notice	E. Citation/ Order Num	nber		F. Dated	Mo Da Yr
15. Area or Equipment	-Mo Do Vr			<u></u>			
		B, Time (24 Hr. Clock	k)			· · · · · · · · · · · · · · · · · · ·	·
Section IIITermination Action							<del></del>
17. Action to Terminate P to clean the b	ersonnel wer elt line.	e taken off	of the i	init to	help t	he belt	cleaner
18. Terminated A. Date		(24 Hr. Clock					
Section IVAutomated System D	ata:						<u> </u>
19. Type of Inspection (activity code) F	01/ 20. Event Number		21. Pri	imary or Mill			
22. Signa				,	. 23. AR	Number	
MSHA Forti- established a National Small Bus enforcement actions. The Onbus enforcement actions of MSHA, yo Street, SW MC 2120, Washingt the right to contest citations and p	dsman annually evaluates er ou may call 1-888-REG-FAIR on, DC 20416. Please note,	tory Ombudsman and 10 forcement activities and (1-888-734-3247), or with however, that your right t	Regional Fairness I rates each agency's ite the Ombudsman to file a comment with	Boards to receives responsiveness at Small Busine the Ombudsm	ve comments from s to small business ss Administration, nan is in addition to	small businesses at . If you wish to corr Office of the Nation	iment on the al Ombudsman, 409 3rd

### Mine Safety and Health Administration

			Office of Acco	untability			
District	Coal Dist 10	Field	Morganfield, KY	Mine ID	Date		
		Office				i	

Mine Cita	ition/Order		U.S. Department of Mine Safety and Hea		//-		
Section IVio	lation Data						
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Numbe			
4. Served T	Го		5. Operator				
6 Mine			7. Mine ID			(Contractor)	
8. Condition	n or Practice			· · · · · · · · · · · · · · · · · · ·	8a. Written N	lotice (103g)	

A loose rib was present on the back side of the No.4-B belt line at the take up. The loose rib measured 20 feet long, 8 to 10 inches thick and 3 1/2 feet high. Along the back side of the belt between crosscut 10 and 11 there was loose roof that had broken up and gap down 3 inches. Loose rib was present between crosscut 20 and 21 that was gaped open 4 inches 6 feet high and 15 feet long. Loose rib was also present at the tail piece that had been marked off and not pulled down or secured.

			Can Cantilavation	Farm (MOUA, Farm 7000, 9%)
9. Violation A. Health B. Section Safety Other Other		ection of D CFR	75.202(a)	Form (MSHA Form 7000-3a)
Section IIInspector's Evaluation				
10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood	Unlikely 🗍 Rea	sonably Likely 📝	Highly Likely	Occurred
B. Injury or illness could rea- sonably be expected to be: No Lost Workday	/s Lost Workdays (	or Restricted Duty 🗹	Permanently Disat	oling Fatal [
C. Significant and Substantial: Yes 🗹	No 🗌		D. Number of Person	is Affected: 001
11. Negligence (check one) A. None	3. Low 🗌 C. Modera	te 🗹 D. High	E. Reckle	ess Disregard []
12. Type of Action 104(a)	13. Type of Issuance (che	ck one) Citation 🗹	Order 🗌 Safeg	uard Written Notice
14. Initial Action A. Citation B. Order C. Safeguard D		itation/ rder Number	F	Dated Mo Da Yr
15. Area or Equipment				
16. Termination Due A. Date	, Time (24 Hr. Clock)			
Section IIITermination Action				
17. Action to Terminate The loose roof affected areas.	and top were	pulled and s	caled down	in the
	24 Hr. Glock			
Section IVAutomated System Data	·	T20	<del></del>	· · · · · · · · · · · · · · · · · · ·
19. Type of Inspection (activity 20. Event Number		21. Primary or Mill		
22. Sign			23. AR Number	
MSHA Fo established a National Small Business and Agriculture Aegulate enforcement actions. The Ombudsman annually evaluates enforcement actions of MSHA, you may call 1-B88-REG-FAIR (Street, SW MC 2120, Washington, DC 20416. Please note, he the right to contest citations and proposed penalties and obtain.	ory Omougsman and 10 Regional programment activities and rates each 1-888-734-3247), or write the Omouger, that your right to file a column of the column	Fairness Boards to receive agency's responsiveness t budsman at Small Business ment with the Ombudsma	comments from small bus to small business. If you ve Administration, Office of n is in addition to any other	vish to comment on the the National Ombudsman, 409 3rd

District

### Mine Safety and Health Administration

Coal Dist 10 Field Morganfield, KY Mine ID Date Office

<u> </u>	
	·
Mine Citation/Order	U.S. Department of Labor Mine Safety and 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
8. Condition or Practice	(Contractor)  8a. Written Notice (103g)
	use of a probe in the No.10 entry on the
	ter operator take in the bolter into the
	time that this citation has been issued
to this mine and the second on in just	over two weeks.
	. *
	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section C.	Part/Section of
Safety ✓ of Act	Title 30 CFR 75.362(d)(1)(ii)
Other Section IIInspector's Evaluation	
10. Gravity:	
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely  Highly Likely  Occurred
B. Injury or illness could reasonably be expected to be:  No Lost Workdays  Lost Work	days Or Restricted Duty 🗹 Permanently Disabling 🗌 Fatal 🗌
C. Significant and Substantial; Yes ☑ No □	D. Number of Persons Affected: 002
11. Negligence (check one) A. None : B. Low : C. N	vloderate ☐ D. High ☑ E. Reckless Disregard ☐
12. Type of Action 104(a) 13. Type of Issuance	ce (check one) Citation 🗹 Order 🗌 Safeguard 🗌 Written Notice 📋
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F, Dated Mo Da Yr Order Number
15. Area or Equipment	
	•
16. Termination Due A. Date No Da Yr B. Time (24 Hr. Clock)	
Section III-Termination Action	a broke and the man constant of the
take gas test by the mines safety dept	a probe and the men were instructed to
cake gas test by the mines safety dept	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IV-Automated System Data	
19. Type of Inspection 20. Event Number	21. Primary or Mili
(€	
22. S	23. AR Number
	····

### Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Morganfield, KY Mine ID Date

Office

Mine Citation/Order	stration
Section IViolation Data	
1. Date 12 Time 124 Hr Clork	on/ r Number
4. Served To	
6. Mine	(Contractor)
8. Condition or Practice	8a. Written Notice (103g)

The company No.5 roof bolter being used on the No.2 (062-0)MMU was not being maintained in safe condition. Oil and coal dust has been allowed to accumulate on the left valve bank and in the reel compartment of the roof bolter.

		Can Cardinardian Form MCCHA From 7000 0ay
9. Violation A. Health B. Section Safety Other Other	C. Part/Section of Title 30 CFR	See Continuation Form (MSHA Form 7000-3a)
Section IIInspector's Evaluation		
10. Gravity:		
A. Injury or Illness (has) (is): No Likelihood	Unlikely 🗌 Reasonably Likely 🔽	Highly Likely Occurred
B. Injury or illness could rea- sonably be expected to be: No Lost Workda	ys Lost Workdays Or Restricted Duty 🗸	Permanently Disabling [ Fatal [
C. Significant and Substantial: Yes 🗹	No []	D. Number of Persons Affected: 024
11, Negligence (check one) A. None	B. Low C. Moderate 🗹 D. High	E. Reckless Disregard
12. Type of Action 104(a)	13. Type of Issuance (check one) Citation 🗹	Order Safeguard Written Notice
14. Initial Action A. Citation B. Order C. Safeguard C.	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment	:	
16. Termination Due A. Date	3. Time (24 Hr. Clock)	
Section IIITermination Action		
	oal dust has been removed f	rom the roof bolter.
	(24 Hr. Clock	
Section IVAutomated System Data		
19. Type of Inspection 20, Event Number (ac	21. Primary or Mill	
22. Sig		23. AR Number
MSHA F established a reasonal common members annually evaluates enforcement actions of MSHA, you may call 1-888-REG-FAIR Street, SW MC 2120. Washington, DC 20416. Please note, the right to contest citations and proposed penalties and obtain	udsman and 10 Regional Fairness Boards to receive orcement activilles and rates each agency's responsiveness ( (1.888-734-3247), or write the Ombudsman at Small Business ovever, that your right to file a comment with the Ombudsman	Administration, Office of the National Ombudsman, 409 3rd in addition to any other rights you may have, including

#### Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Morganfield, KY Mine ID

Office District Coal Dist 10 Field Morganfield, KY Mine ID

Office District Date

Mine Citatio	on/Order		U.S. Department Mine Safety and h			
Section IViolati	on 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 o	r Practice				8a Written Notice (103g)	

Loose coal and coal dust has been allowed to accumulate on the No.2 (062-0)MMU. The accumulations were from No.9 entry over to the No.1 entry. The accumulations were from 1 to 10 inches deep along the ribs from the backup curtains in by to the faces.

					See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation A. Health Safety ✓ Other	Safety of Act			if	75.		
Section IIInspector's Evaluation							
10. Gravity:							
A. Injury or Illness (has) (is):	No Likelihood 🔲	Unlikely 🔽	Reasonably	Likely [	Highly Likely	Occur	red [
<ul> <li>B. Injury or illness could rea- sonably be expected to be</li> </ul>		ys 🗌 🛮 Lost We	orkdays Or Restr	cted Duty 🗹	Permanent	ily Disabling 📋	Fatal [
C. Significant and Substantia	al: Yes 🗌	No 🗹			D. Number of	Persons Affected	004
11. Negligence (check one)	A. None	B. Low 🗌 C	. Moderate 📝	D. High	E	. Reckless Disreg	ard []
12. Type of Action 104(a)		13. Type of Issua	ince (check one)	Citation 🔽	Order [	Safeguard [	Written Notice [
14. Initial Action A, Citation B, Order	C. Safeguard 🔲 🛭	D. Written Notice	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
15. Area or Equipment							
16. Termination Due A. Date	Mo Da Yr	3. Time (24 Hr. Cloc	k)				
Section IIITermination Action							
17. Action to Terminate	<del></del>						
18. Terminated A. Date Mo	Da Yr B. Time	(24 Hr. Clock					
Section IVAutomated System Data							
19. T <sub>3</sub> (a			21. P	rimary or Mill			
22. Si					23. AR	Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1896, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman anniually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-896-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

#### Mine Safety and Health Administration

Office of Accountability

Office of Accountability									
District Co	oal Dist 10	Field Office	Morganfield, KY	Mine ID		Date			

	3. Cita	ation/	•	<b>-</b>
		ation/		
	Ord	ler Number		
5. Operator			-	
7. Mine ID				
				(Contractor
			8a. Written No	tice (103g)
.0703048*255	* being	stored	on the	No.2
heck for cal	ibration	on	tl	nis
	7. Mine ID 0.0703048*255	7. Mine ID	7. Mine ID 2.0703048*255* being stored theck for calibration on	7. Mine ID  8a. Written No  0.0703048*255* being stored on the theck for calibration on

	•							See Cor	itinuation Form (M	SHA Form 7000-	Ba∖ [ີ
9. Violation	A. Health ☐ Safetyl <b>✓</b> Other ☐	B. Section of Act		<del> </del>	C. Part/Sec Title 30 C		· · · · ·		14-7(c)		<del></del>
Section II-Inspe	ctor's Evaluation										
10. Gravity:									-		•
A. Injury or	Iliness (has) (is)	: No Likelih	00d	Unlikely 📝	Reaso	nably Li	kely 📋	Highly Likely	00	curred [	
	filness could rea be expected to b		t Workday	s 🗌 Lost V	Vorkdays Or F	Restricte	ed Duty 🗹	Permanen	tly Disabling	] Fatal [	]
C. Significa	ant and Substant	iai: Ye	s 🗌 N	lo 🕢				D. Number o	f Persons Affec	ted: 001	
11. Negligence (check one) A. None ☐ B. Low ☐ C. Moderate ☑ D. High ☐ E. Reckless Disregard ☐											
12. Type of Ac	tion 104(a)			13. Type of Issu	uance (check	one)	Citation 🗸	Order 🗌	Safeguard [	] Written No	tice 🗌
14. Initial Action	on B. Order	] C. Safegu	ard D.	Written Notice [	E. Cita	tion/ er Numb	er		F. Dated	Mo Da	Υr
15. Area or Eq	uipment	······	· · · · · · · · · · · · · · · · · · ·				······································				
16. Terminatio	n Due A. Da	tı	В.	Time (24 Hr. Clo	ock)						
Section IIITerm	ination Action										
17. Action to T	erminate										
78 + 3 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	EL	ana Va	<del> </del>			·					
18. Terminated	A. Date	oDa Yr	B. Time (2	4 Hr. Clock							
Section IVAuto	mated System Data	<del></del>	<u> </u>					<del></del>		<del></del>	<del></del>
19. Type of Ins	spection De	20 Even	t Number			21. Prim	ary or Mill			<del></del>	
22. Sign						<del></del>		23. AR	Number		<del></del>
MSHA Fc	Sanal Carell Division	an and Kalauli	use Descriptor	pylsions of the S y Ombudsman and	Small Business F	Regulator	y Enforcement	Fairness Act of	1996, the Small Bu	isiness Administra	tion has
enforcement acti enforcement acti	ons. The Ombuda ons of MSHA, you	man annually e may call 1-888-	valuates enfo REG-FAIR (1	cement activities ar -888-734-3247), or	nd rates each ag write the Ombut	ency's re Isman at	sponsiveness Small Busines	to small busines s Administration	<ul> <li>If you wish to co</li> <li>Office of the Nation</li> </ul>	omment on the onal Ombudsman	409 3rd
				wever, that your righ hearing before the					any other rights y	rou may have, inc	uding

## Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Morganfield, KY Mine ID Date

Office

Mine Citation/Order	U.S. Department of Labo Mine Safety and Health A	
Section 1Violation Data		
1. Date Mo Da Yr 2. Time (24 Hr. Clock)	[3	Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)
8. Condition or Practice	·	8a. Written Notice (103g)
The company No.10 ram car being used o maintained in permissible condition. Thead light on the dumping end also the packing gland.	he packing gland	was bent on the right
	•	
		See Continuation Form (MSHA Form 7000-3a)
	Part/Section of Title 30 CFR	75,503
Section IIInspector's Evaluation		
10. Gravity:  A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ✓	Reasonably Likely [] High	ghly Likely Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Work	lays Or Restricted Duty	Permanently Disabling Fatal F
C. Significant and Substantial: Yes ☐ No ✓	D.	Number of Persons Affected: 002
	oderate 🗸 D. High 📋	E. Reckless Disregard
12. Type of Action 104(a) 13. Type of Issuance		Order Safeguard Written Notice
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment		
is. Area or Equipment		
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)		<del></del>
Section IIITermination Action		
17. Action to Terminate		
18. Terminated A. Date Mo Da Yr B. Time (24 Hr, Clock		
Section IVAutomated System Data		
19. Type of herection 20 Event Number (acti	21. Primary or Mill	
22. Sign		23. AR Number
5000		

MSHA Form.

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

Section IV--Automated System L 19. Type of Inspection

(act

20. Event Number

## Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Morganfield, KY Mine ID Date

Office

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section IViolation Data	
1. Date Mo Do Vr. 12 Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator
6. Mine	7. Mine (D
A A A TOTAL A PLANT OF THE PROPERTY OF THE PRO	(Contractor)
8. Condition or Practice	8a. Written Notice (103g)
on the emergency escape personnel to the surface after loss of escape hoist did not become operational	
•	
	See Confinuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section C. I	Part/Section of
Safety of Act Other	itle 30 CFR 75.382(d)
Section IIInspector's Evaluation	
10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely  Highly Likely  Occurred
B. Injury or illness could reasonably be expected to be:     No Lost Workdays      Lost Workdays	ays Or Restricted Duty 📝 Permanently Disabling 🗌 Fatal 🗌
C. Significant and Substantial: Yes 🗹 No 🗌	D. Number of Persons Affected: 00 i
11. Negfigence (check one) A. None 🗍 B. Low 🗍 C. M	oderate 📝 D. High 🔲 E. Reckless Disregard 🗍
12. Type of Action 104(a) 13. Type of Issuance	(check one) Citation ☑ Order ☐ Safeguard ☐ Written Notice [ ]
14. Initial Action	E. Citation/ F. Dated Mo Da Yr
A. Citation B. Order C. Safeguard D. Written Notice	Order Number
A. Citation B. Order C. Safeguard D. Written Notice	
A. Citation B. Order C. Safeguard D. Written Notice	
A. Citation B. Order C. Safeguard D. Written Notice	
A. Citation B. Order C. Safeguard D. Written Notice	
A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Clock)  Section III-Termination Action	
A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Clock)  Section III-Termination Action	Order Number  ase when power went off back feeding
A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment  16. Termination Due A. Date B. Time (24 Hr. Clock)  Section III-Termination Action  17. Action to Terminate The hoist had a single phase	Order Number  ase when power went off back feeding eplaced and phase connections were

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

21. Primary or Mill

23. ÅR Number

## Mine Safety and Health Administration

Office of Accountability

District Coal Dist 10 Field Office Morganfield, KY Mine ID Date Date

Mine Citation/Order	U.S. Department of Labor Mine Safety and 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 (Contrac
8. Condition or Practice	8a. Written Notice (103g)
The CSE 100 SCSR serial number 9	95302 being carried by a employee was not bei

The CSE 100 SCSR serial number 95302 being carried by a employee was not being maintained in proper condition. The outer cover was broken and 1/2 of the cover could be pulled away from the SCSR.

									See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Othe	7	B. Section of Act	'n			rt/Section o e 30 CFR		75.17	14-3(b)	
Section II-Insp	ector's Evalu	ation									
10. Gravity:	No. 5			·							
	r Illness (h		No Likeli	hood [_]	Unlikely 😧	F	Reasonably	Likely [_j	Highly Likely	Occur	red 📋
	r illness co be expect		No Lo	st Work	days 🗌 Lost	Workday	s Or Restri	ted Duty 🗸	Permanen	lly Disabling	Fatal []
C. Signific	ant and Su	bstantial	: Y	es 🗍	No 📝				D. Number o	Persons Affected	001
11. Negligeno	se (check o	ne)	A. None		B. Low	C. Mod	erate 📝	D, Hìgh	[_] E	. Reckless Disregi	ard [
12. Type of A	ctlon [	04(a)			13. Type of Iss	uance (	check one)	Citation 🗸	Order []	Safeguard [_]	Written Notice
14. Initial Act A. Citation		der []	C. Safegi	Jard []	D. Written Notice		. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
15. Area or E	quipment										
16. Terminati	on Due	A. Dat	Mo Da	Ϋ́r	B. Time (24 Hr. Cl	ock)					
Section III Terr	nination Acti	on							· . ^		
17. Action to	Terminate	The	SCSR	was	replaced v	with	Seria	l Number	231575	•	
18. Terminate	A. Date		A	B. Tim	e (24 Hr. Clock			<u>,                                    </u>			
Section IV-Aut	omated Syst	em Date									
19. Type of Ir (activit	enection		20 Eve	nt Mumbe	ar.		21. Pr	imary or Mill			
22. Signati						<del>,</del>	خىسىلىك <del>ئىرىنى</del> رىنى		23. AR	Number	

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

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A	rra	cn	ım	en	11	н

Office of Accountability

District Coal Dist 10 Field Morganfield, KY Mine ID Date Date

U.S. Departme Mine Safety an 5. Operator 7. Mine ID	ent of Labor d Health Administration 3. Citation/ Order Number	
Mine Safety an	d Health Administration  3. Citation/	<b>*</b> /
Mine Safety an	d Health Administration  3. Citation/	*/
Mine Safety an	d Health Administration  3. Citation/	**/
Mine Safety an	d Health Administration  3. Citation/	**/
Mine Safety an	d Health Administration  3. Citation/	
5. Operator	3. Citation/	
		_
	Order Number	
		_
7. Mine ID		
		(Contracto
		a. Written Notice (103g)
er the reer, a	nd on the frame	try at enad
nanel South.	ced III cite #0 en	cry at space
Poster Dediction		
•		
	See Continuation	Form (MSHA Form 7000-3a)
C. Part/Section of	75 100	
Title 30 GFR	73.400	
Dagganghhi likehi	(ii) Highly Litroly (iii)	Occurred [
Neasonably Likely	M Flighty Likely	Occurred [
st Workdays Or Restricted D	uty 📝 Permanently Disab	ling Fatal
	D. Number of Person	s Affected: 002
C Madauta [d]	D tiles (1) C Decide	
ssuance (check one) Cit	ation 🗹 Order 🗌 Safeg	uard Written Notice
E. Citation/	F	Dated Mo Da Yr
Order Number	<u></u>	<del></del>
Clock)		
Clock)		
	ing	
Clock)	ing.	
	ing.	
	ing.	
	ing.	
leaned by wash		
leaned by wash	or Mill	
leaned by wash		
•	cr the reel, and of bolter local panel South.  C. Parl/Section of Title 30 CFR  Reasonably Likely st Workdays Or Restricted D  C. Moderate Substance (check one) Cit.	See Continuation I  C. Parti/Section of Title 30 CFR 75.400  Reasonably Likely  Highly Likely  St Workdays Or Restricted Duty  Permanently Disab  D. Number of Persons  C. Moderate  D. High  E. Reckle ssuance (check one) Citation  Order  Safegues

on forcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, OC 20416. Please note, however, that your right to find the Ombudaman is a mail business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, OC 20416. Please note, however, that your right to file a Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Safety and Health Administration

			Office of Acco	untability			_	
District	Coal Dist 10	Field	Morganfield, KY	Mine ID		Date		
	ll	Office	L	1	l	1		 

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section IViolation Data		
1. Date	3. Citation/ Order Number	
4 Served T	5. Operator	
6. Mine	7. Mine ID.	(Contractor)
8. Condition or Practice	8a.	Written Notice (103g)

A permanent splice was not effectively insulated and sealed so as to exclude moisture on the cable provided for the company #9 roof bolter located in the #8 entry at spad 20+29 on the 065/066 MMU of the 2d panel South. The tape for the spice had separated exposing the inner insulated conductors.

							See Co	ntinuation Form (MS)	IA Form 7000-3a\
9. Violation	A. Health Safet Othe	y☑	B. Section of Act		C. ParVSection Title 30 CFF			504(b)	
Section IIInsp	ector's Evalu	ation							
10. Gravity:									, , , , , , , , , , , , , , , , , , , ,
A. Injury o	or Illness (h	as) (is):	No Likelihood	Unlikely [	Reasonat	bly Likely 📝	Highly Likel	y 🔲 Occu	rred []
	or illness co y be expect		No Lost Workd	lays [] Lost V	orkdays Or Res	stricted Duty	Permane	ntly Disabling 🔽	Fatal □
C. Signific	ant and Su	ibstantia(	Yës 🗹	No 🗌			D. Number	of Persons Affected	<sup>i:</sup> 002
11. Negligen	ce (check o	one) k	A. None	B. Low	C. Moderate	D, Hig	gh 🗌	E. Reckless Disreg	ard []
12. Type of A	Action 1	04(a)		13. Type of Issu	ance (check on	e) Citation [	✓ Order 🗌	Safeguard 🗌	Written Notice [ ]
14. Initial Act A. Citation		rder ⊟6	C. Safeguard [	D. Written Notice	E. Gitation Order			F. Dated	Mo Da Yr
15. Area of E	quipment	)							
									V
16. Terminati	ion Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clo	ck)				
Section IIITer	mination Acti	on	<del></del>		·				···
17. Action to	Terminate	The	affected	permanent	aplice w	as re-i	nsulated	by taping	·
			* **						
18. Terminate	A. Date	Ma	Da Yr Time	(24 Hr. Clock					
Section IVAut	omated Syst	em Data					4		
19. Type of Ir (activity o		E01	20. Event Number	· .	21.	Primary or Mill			
22. Signature							23. AF	Number	
MSHA Form 70								1996, the Small Busin	ness Administration has

MSHA Form 7000 sions of the Small Business Regulatory Enforcement Fairness Act or 1994, ne Small business Administration has established a National Authority of the Small Business Regulatory Enforcement Fairness Board Comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesses. It you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

## Mine Safety and Health Administration

				53.4			
rict Co	al Dist 10	Field	Morganfield, I	KY   Mine ID		Date	
[		Office	L		L	_]	
							•
	4.						
Mine Cita	tion/Order				tment of Labor and Health Admi	inistration	
Section IViol	lation Data						
1. Date		17 1000 111	SF (3008)	ì		ation/ der Number	
4. Served T	o			5. Operator		· · · · · · · · · · · · · · · · · · ·	_
6 Mine	<del></del>	<del></del>	<del></del>	7. Mine ID		يحنية	<del>-</del>
6_Wine		•		7. Wille ID			(Contract
8. Condition					7, P- F F		a. Written Notice (103g)
			owed to accum				
			ng the 5A bel o accumulate				
			5A belt driv				
	motors of			J 11000 2 0 11			
						,	
			•				
			•				
•					· · · · · · · · · · · · · · · · · · ·	ee Continuation F	Form (MSHA Form 7000-3a)
9. Violation	A. Health ☐ Safety ☑	B. Section of Act		C. Part/Section of Title 30 CFR	S	ee Continuation F	Form (MSHA Form 7000-3a)
	Safety 🗸 Other				S		Form (MSHA Form 7000-3a)
	Safety V Other Spector's Evaluation				S		Form (MSHA Form 7000-3a)
Section IIIns 10. Gravity: A. Injury	Safety Other other or Illness (has) (is	of Act  ): No Likelihood	d   Unlikely				Form (MSHA Form 7000-3a)  Occurred
Section IIIns 10. Gravity: A. Injury B. Injury	Safety Other Spector's Evaluation	of Act  No Likelihooca	<del> </del>	Title 30 CFR	kely 📝 Highly	75.400	Occurred []
Section IIIns 10. Gravity: A. Injury B. Injury sonab	Safety Other Other or Illness (has) (is	of Act  i): No Likelihooda- be: No Lost V	Norkdays ☐ Lost V	Title 30 CFR  Reasonably Li	kely [v] Highly ed Duty [v] Perr	75.400	Occurred []
Section III-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif	Safety Other Spector's Evaluation  or Illness (has) (is or illness could rely be expected to	of Act  No Likelihooda- be: No Lost V	Workdays ☐ Lost W ☑ No ☐	Title 30 CFR  Reasonably Li	kely [v] Highly ed Duty [v] Perr	75.400  Likely  nanently Disable of Persons	Occurred []
Section III-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif	Safety Other	of Act  No Likelihood  a- be: No Lost V  tial; Yes   A. None	Norkdays Lost V No L B. Low L	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte	kely [v] Highly ed Duty [v] Perr D, Nun	75.400  Likely  namently Disable of Persons  E. Reckles	Occurred [] ling [] Fatal [] s Affected: 018
Section IIIns 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger	Safety Other	of Act  No Likelihood  a- be: No Lost V  tial: Yes   A. None	Norkdays ☐ Lost W  No ☐  B. Low ☐  13. Type of Issu	Reasonably Li  // Reasonably L	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] s Affected: 018 ss Disregard []
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of	Safety Other	of Act  No Likelihood  a- be: No Lost V  tial: Yes   A. None	Norkdays ☐ Lost W  No ☐  B. Low ☐  13. Type of Issu	Reasonably Li  // Reasonably L	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation	Safety Other	of Act  No Likelihood  a- be: No Lost V  tial: Yes   A. None	Norkdays ☐ Lost W  No ☐  B. Low ☐  13. Type of Issu	Reasonably Li  // Reasonably L	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation	Safety Other	of Act  No Likelihood  a- be: No Lost V  tial: Yes   A. None	Norkdays ☐ Lost W  No ☐  B. Low ☐  13. Type of Issu	Reasonably Li  // Reasonably L	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation	Safety Other	of Act  of Act  No Likelinooc  a- be: No Lost V  tial: Yes [ A. None [ ]  C. Safeguard	Norkdays Dost V No D B. Low D 13. Type of Issu D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] s Affected: 018 ss Disregard [] uard [] Written Notice
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or	Safety Other	of Act  of Act  No Likelinooc  a- be: No Lost V  tial: Yes [ A. None [ ]  C. Safeguard	Norkdays Dost V No B. Low 13. Type of Isst D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] s Affected: 018 ss Disregard [] uard [] Written Notice
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or	Safety Other	of Act  of Act  No Likelinooc  a- be: No Lost V  tial: Yes [ A. None [ ]  C. Safeguard	Norkdays Dost V No D B. Low D 13. Type of Issu D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or	Safety Other	of Act  of Act  No Likelinooc  a- be: No Lost V  tial: Yes [ A. None [ ]  C. Safeguard	Norkdays Dost V No D B. Low D 13. Type of Issu D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or	Safety Other	of Act  of Act  No Likelinooc  a- be: No Lost V  tial: Yes [ A. None [ ]  C. Safeguard	Norkdays Dost V No D B. Low D 13. Type of Issu D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] s Affected: 018 ss Disregard [] uard [] Written Notice
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or	Safety Other	of Act  No Likelinood  a- be: No Lost V  tial: Yes [  A. None   C. Safeguard  Mo Da Yr	Norkdays Dost W No D B. Low D 13. Type of Issu D. Written Notice B. Time (24 Hr. Clo	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] s Affected: 018 ss Disregard [] uard [] Written Notice
Section II-Ins 10. Gravity: A. Injury B. Injury sonab C. Signif 11. Negliger 12. Type of 14. Initial Ac A. Citation 15. Area or 16. Termina Section III-Te 17. Action to	Safety Other	of Act  No Likelihood a- be: No Lost V tial: Yes  A. None  C. Safeguard  Mo Da Yr  Mo Da Yr  B.	Norkdays Dost V No D B. Low D 13. Type of Issu D. Written Notice	Title 30 CFR  Reasonably Li  Jorkdays Or Restricte  C. Moderate   ance (check one)  E. Citation/ Order Numb	kely 📝 Highly ed Duty 📝 Perr D, Nun D. High  Citation 🗹 Orde	75.400  Likely	Occurred [] ling [] Fatal [] a Affected: 018 as Disregard [] uard [] Written Notice

MSHA For visions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established entropy and the stabilished entropy

23. AR Number

22. Signa

District Coal Dist 10 Field Morganfield, KY Mine ID Date Office

		·
Mine Citation/Order	U.S. Department of L Mine Safety and Health	
Section I-Violation Data	while Salety and Health	TAUJIII II SIJAIOTI
1. Date Ma De Ve Do Timo (2) Hr Clock)	T	3. Citation/
		Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	<del></del>
DIODEAND 7 MINE	1, 110110 72	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)
An intake permanent stopping located a		
contained exposed combustible wooden p	in boards and w	edges along the top of
the stopping.		
		See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section C.	Part/Section of	
Safety ☑ of Act Other	Title 30 CFR	75.333(e)(1)(ii)
Section II-Inspector's Evaluation	<del></del>	
10. Gravity:		
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely	Highly Likely Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Work	days Or Restricted Duty 🗹	Permanently Disabling Fatal {
C. Significant and Substantial: Yes ☐ No ☑		D. Number of Persons Affected: 018
11. Negligence (check one) A. None [ B. Low [ C. N	Moderate 🗹 D. High	E. Reckless Disregard
12. Type of Action 104(a) 13. Type of Issuand	e (check one) Citation 🗹	Order Safeguard Written Notice
14, Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment	T	
16. Termination Due Mo Da Yr		
A. Date B. Time (24 Hr. Clock)		
Section III-Termination Action		
17. Action to Terminate The affected permanent st	opping was plas	tered.
NAME OF THE PROPERTY OF THE PR		
18. Terminated A. Date A. Date B. Time (24 Hr. Clock		
Section IVAutomated System Data		
19. Type of Inspection 20. Event Number	21. Primary or Mill	
(activity code) E01	2	
22. Signature		23. AR Number

of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a N enforcement actions. The Ombugaman annually evaluates emorcement actions. The Ombugaman annually evaluates emorcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombugaman at Small Business Administration, Office of the National Ombugaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombugaman is In addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

### Mine Safety and Health Administration

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

			Office of Acco	untability		 
District	Coal Dist 10	Field Office	Morganfield, KY	Mine ID	Date	

Section IViola	tion Data							
1. Date	Mo Da Yr	2, Time (24 Hr. Clock)				3. Citation/ Order Nu	ımber	<del> </del>
4. Served To				5. Operator				
	<del></del>							
6. Mine			4	7. Mine ID				(Contractor)
8. Condition of	or Practice			<del></del>		<del></del>	8a. Writte	Notice (103g)
The noz	zle for t	he sprinkler system	pro	vided f	or the	5A belt	take-up	pump and
pump mo		ot positioned prope	rly	to prov	ide pro	otection	for the	pump and
pamp me	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
								•
	•	· .	•					
						See Con	tinuation Form (MSF	A Form 7000-3a)
9. Violation	A. Health Safety	B. Section of Act		art/Section of itle 30 CFR		75.110	)1-7(b)	
Section II-Inspi	Other		٠	<del></del>	<del> </del>	·	<del></del>	<del></del>
10. Gravity:				<del></del>	<del>** ** ** ***</del>	<del></del>	· <del>V ··· ··· ·· ·· ·· ·</del>	<del></del>
	r Iliness (has) (is):	No Likelihood Unlikely 🗸		Reasonably L	ikely 🗌	Highly Likely	Öccu	rred []
	r illness could rea- be expected to be	. No Lost Workdays [ ] Lost	Workd	ays Or Restrict	ed Duty 📝	Permanen	tly Disabling []	Fatal 🔲
C. Signific	ant and Substantia	l: Yes 🗌 No 🗸				D. Number of	Persons Affected	<sup>l:</sup> 001
11. Negligeno	e (check one)	A. None B. Low	C. Mo	oderate 🗹	D. High	E	. Reckless Disreg	ard [
12. Type of A	ction 104(a)	13. Type of iss	uance	(check one)	Citation 🗸	Order 🗌	Safeguard [	Written Notice [
14. Initial Acti A. Citation		C. Safeguard D. Written Notice		E. Citation/ Order Num1	pér		F. Dated	Mo Da Yr
15. Area or E	quipment						<del></del>	
16. Termination	on Due A. Date	B. Time (24 Hr. Cl	ock)					
Section III-Tem	nination Action	<u></u>		<del></del>		<del></del>	<del></del>	<del></del>
17. Action to	Terminate The	nozzle was properly	у рс	sitione	d.			
	•							
18. Terminate	d				·- , · · · · ·		·····	
	A. Date	3. Time (24 Hr. Clock						
	mated System Data							
19. Type of In (activity o		20. Event Number		21. Prin	nary or Mill			
22. Signature						23. AR	Number	
MSHA Form 70	163	to of the	Small D	ielnare Pagulatoi	v Enforcement	Esimose Act of 1	oos the Small Bueln	ees Administration has

MSHA Form 7002-37-7, as Novelea, the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Oribudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement actions or MSHA, you may call 1-888-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section IV--Automated System Data

E01

19. Type of Inspection

(activity code)

22. Signa

20. Event Number

## Mine Safety and Health Administration

Office of Accountability District Coal Dist 10 Field Morganfield, KY Mine ID Date Office Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I--Violation Data 1. Date 2. Time (24 Hr. Clock) 3. Citation/ Order Number 4. Served To Operator . Mine 7. Mine ID (Contractor) 8a. Written Notice (103g) 8. Condition or Practice The coal rib along the 2d West beltline where persons work or travel was not being supported or otherwise controlled at crosscuts #144 and #136. At #144 the coal has pulled away from the rib for 10", is 3" to 9" thick, 7' in height, and 10' long. At #136 the coal has pulled away from the rib for 4", is 3" to 6" thick, 7' in height, and 12' long. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health B. Section C. Part/Section of 75.202(a) Safety 🗸 of Act Title 30 CFR Other Section II--Insp Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely [ Reasonably Likely Highly Likely Occurred [ B. Injury or illness could rea-No Lost Workdays Lost Workdays Or Restricted Duty 🔽 Permanently Disabling Fatal [ sonably be expected to be C. Significant and Substantial: D. Number of Persons Affected: Yes 🗸 No 🔲 002 11. Negligence (check one) A. None [ B. Low C. Moderate 📝 D. High 📋 E. Reckless Disregard [\_] 12. Type of Action 13. Type of Issuance (check one) Citation 🗸 Order 🗍 Safeguard [ Written Notice 104(a) E. Citation/ 14. Initial Action F. Dated Mo Da Yr Order Number A. Citation | B. Order C. Safeguard D. Written Notice 15. Area or Equipment 16. Termination Due A. Date B. Time (24 Hr. Clock) Section III -- Termination Action 17. Action to Terminate 18. Terminated Mo Da Yr B. Time (24 Hr. Clock

MSHA For visions of the Small Business Regulatory Enforcement Falmess Act of 1998, the Small Business Administration has wisions of the Small Business Regulatory Enforcement Falmess Act of 1994, he Small Business Act of 1994, which is a small Business Act of 1994, which is a small Business Act of 1994, which is a small Business Act of 1994, he Small Business Act of 1

21, Primary or Mill

23. AR Number

# Mine Safety and Health Administration

			Office of Acco	ountability			
District	Coal Dist 10	Field	Morganfield, KY	Mine ID	Date		
		Office		i			

wime Citati					ety and Healt		ion	
Section I-Viola								
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)				3, Citation/ Order Nun	nbe	
4. Served To			<del></del>	5 Operato	<del></del>	——————————————————————————————————————	···	
6. Mine	<u> </u>			7. Mine ID				<del></del>
O. WILLIE				7. Wille ID				(Contractor)
8. Condition								n Notice (103g)
mine f		was allowed ribs at the 2 rive.						
			•					
						ě		
			•					
			Carrier and			See Contin	uation Form (MSI	IA Form 7000-3a)
9. Violation	A. Health Safety V	B. Section of Act		C. Part/Section Title 30 CFR	of	75.4	00	
	ector's Evaluation			·				
10. Gravity:	or Illness (has) (is)	No Likelihood	Unlikely	Reasonabl	y Likely 🗸	Highly Likely	Öcci	irred []
	or illness could rea			<del></del>		<del></del>		<del>, , , , , , , , , , , , , , , , , , , </del>
sonably	y be expected to b	e: No Lost Workdays	☐ Lost V	Vorkdays Or Rest	ricted Duty 🗸	T	Disabling [_]	Fatal []
C. Signific	cant and Substanti	<sup>al;</sup> Yes. ✓ No				D. Number of I	Persons Affecte	d: 002
11. Negligen	ce (Check one)	A. None 🗌 B. I	Low []	C. Moderate 🗸	D. High	☐ E.i	Reckless Disreg	ard ["]
12. Type of A	Action 104(a)		13. Type of Issu	ance (check one)	) Citation 🔽	Order [	Safeguard []	Written Notice
14. Initial Act A. Citation	ion	C. Safeguard ☐ D. V	Vritten Notice	E, Citation/ Order No		<del></del>	F. Dated	Mo Da Yr
15. Area or E	quipment			<del></del>				<del></del>
16. Terminat	ion Due A. Dat	e Mo Da Yr B. T	ime (24 Hr, Clo	ick)			<del> </del>	
- 1	mination Action					<del></del>		
17. Action to	Terminate							
18. Terminate	ed A. Date M	Da Yr B. Time (24	Hr. Clock	<del>-</del>		<del></del> -		<del></del>
Section IVAut	omated System Data	<u> </u>	<del></del>		<del> </del>	<del></del>	<del> </del>	
19. Type of I		20. Event Number		21. F	rimary or Mill			
22. Signatur			127.2			23. AR N	umber	
enforcement ac enforcement ac	tions. The Ombudsi tions of MSHA, you r	nan annually evaluates enforce nay call 1-888-REG-FAIR (1-8	oment activities and 88-734-3247), or v	10 Regional Falmes id rates each agency write the Ombudsma	s Boards to receive 's responsiveness in at Small Busines	comments from sr to small business. s Administration, O	nall businesses at If you wish to com Nice of the Nation	ment on the al Ombudsman, 409 3rd
Street, SW Mi the right to con	C 2120, Washington, test citations and pro	DC 20416. Please note, howe posed penalties and obtain a h	ever, that your righ learing before the l	it to file a comment v Federal Mine Safety	vith the Ombudsma and Health Review	n is in addition to a Commission.	ny other rights you	may have, including

Mine Safety and Health Administration Attachment B Office of Accountability Coal Dist 10 Field Morganfield, KY Mine ID Date District Office Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section (-Violation Data 2. Time (24 Hr. Clock) 3. Citation/ 1. Date Mo Da Yr Order Number 6. Mine 7. Mine ID (Contractor) 8. Condition or Practice 8a. Written Notice (103g) Loose coal and coal dust has been allowed o accumulate at the 4-C belt head drive. The accumulations were from 1 to 6 inches deep, 6 feet long and 3 feet wide.

See Continuation Form (MSHA Form 7000-3a) C. Part/Section of Title 30 CFR 9. Violation A. Health B. Section Safety 🗸 75.400 of Act Other Section II-Insp ctor's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely 🗸 Reasonably Likely Highly Likely Occurred [ B. Injury or illness could rea-Lost Workdays Or Restricted Duty No Lost Workdays Permanently Disabling Fatel [] sonably be expected to be: D. Number of Persons Affected: C. Significant and Substantial: 001 Yes [] No 🗸 11. Negligence (check one) C. Moderate 📝 E. Reckless Disregard 🗍 A. None B. Low D. High 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation 🗸 Order [ Safeguard | Written Notice !" 14. Initial Action E. Citation/ F. Dated Mo Da Yr A. Citation B. Order D. Written Notice Order Number C. Safeguard 15. Area or Equipment 16. Termination Due A. Date B. Time (24 Hr. Clock) Section III--Termination Action 17. Action to Terminate 18. Terminated Mo Da Yr A. Date B. Time (24 Hr. Clock Section IV--Automated System Data 19. Type of Inspection 20. Event Number 21. Primary or Mill (activity 22. Signatu 23. AR Number MSHA Form nall Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has MSHA FORM 7 small business Regulatory Enroquent Partitiess Act of 1996, the Shall business Administration has established a function. The Ornbudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment from the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ornbudsman at Small Business Administration. Office of the National Ornbudsman, 409 3rd Street, SW MC 2120; Washington, DC 20416. Please note, however, that your right to file a comment with the Ornbudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District Coal Dist 10 Field Morganfield, KY Mine ID Date Office

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section I-Violation Data	
1. Date	3. Citation/ Order Number
4 Served To	5. Operator
	ALLOCALISM ACTION AND ACTION OF THE PARTY OF
	7. Mine ID (Contractor)
8. Condition of Practice	8a, Written Notice (103g)
	ow was present at the 4-C belt head drive. The from 4 to 7 feet wide. Also present was a

loose roof was 20 feet long and from 4 to 7 feet wide. Also present was a overhanging brow that measured 4 feet wide, 2 feet long and 8 inches thick.

						See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety 🗸 Other	B. Section of Act		C. Part/Section of Title 30 CFR	<del>,</del>	75,2	02(a)	
Section IIInspe	ctor's Evaluation							
10. Gravity:		W407	-		- Live			
, 18 mg	Illness (has) (is)		Unlikely [	Reasonably	ikely 🗸	Highly Likely	Occui	rred 📋
	illness could rea be expected to b		lays 🗌 Lost W	lorkdays Or Restric	ted Duty 🔽	Permanent	ily Disabling 📑	Fatal 📋
C. Significa	ant and Substant	al: Yes 🗸	No 🗍			D. Number of	Persons Affected	<sup>l:</sup> 001
11. Negligenc	e (check one)	A. None	B. Low []	C. Moderate 😧	D. High	[] <b>E</b>	. Reckless Disreg	ard 🗍
12. Type of A	ction 104(a)		13. Type of Issu	ance (check one)	Citation 🗸	Order 📋	Safeguard	Written Notice
14. Initial Action  A. Citation	on B. Order	C. Safeguard	D. Written Notice	E. Citation/ Order Nun	iber		F. Dated	Mo Da Yr
15. Area or Ec	quipment							
16. Terminatio	n Due A. Dai		B. Time (24 Hr. Clo	ck)				
Section III-Tem	ination Action							
17. Action to 1	iorminate				•			
18. Terminate	A. Date M	o Da Yr B. Time	(24 Hr. Clock					· · · · · · · · · · · · · · · · · · ·
Section IV-Auto	mated System Data	<del> </del>						
19. Type of In (activit	spection	29. Event Numbe		21. Pr	mary or Mill			
22. Signati					<del></del>	23. AR	Number	<u> </u>

MSHA Form 7000-0, Ryl. 50 (Chicago and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small business administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MG 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

# Mine Safety and Health Administration

			Office of Acco	ountability		
District	Coal Dist 10	Field Office	Morganfield, KY	Mine ID	Date	

Mine Citation/Order		20 m m m m m m m m m m m m m m m m m m m	tment of La v and Health	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tion	
ection IViolation Data						
. Date 2. Time (24 ե	- Clark			3. Citation/ Order Nu	mber	
Served To	en e	5 Operator				
- House	<del></del>	7. Mine ID				
·		i. Wille 1D				(Contractor)
.Condition or Practice Phe Deluge type water sp				- 4 0 1-		n Notice (103g)
were not properly instal line. When activated the	led. 7 top :	sprays were	not lo	cated a	bove the	
Violation A. Health B. Section	<del>and the second </del>	C. Part/Section of		See Cont	inuation Form (MSt	IA Form 7000-3a)
Safety of Act		Title 30 CFR		75.110	1-1(b)	
Other				75.110	1-1(b)	
Other	Unlikely 53	Title 30 CFR	ikely ("]			rred i
Other  cction II-Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Likelihood:  B. Injury or illness could rea-		Title 30 CFR Reasonably L		Highly Likely	Occu	rred [
Other cetton II-Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Likelihood  B. Injury or illness could reasonably be expected to be:  No Lost Wo	orkdays Lost \	Title 30 CFR	ed Duty 🗸	Highly Likely Permanenti	Occu	Fatal []
Other	orkdays [] Lost \	Title 30 CFR Reasonably L	ed Duty 🗸	Highly Likely Permanenti	Occu	Fatal 🗍
Other  cetton IIInspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes:  1. Negligence (check one)  A. None	orkdays Lost \	Title 30 CFR Reasonably L	ed Duty 🗸	Highly Likely Permanentl D. Number of	Occu	Fatal []
Other Control II-Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Likelihood:  B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes Control  1. Negligence (check one)  A. None	No 🛂 B. Low	Title 30 CFR  Reasonably L  Workdays Or Restrict	ed Duty 🗸	Highly Likely Permanentl D. Number of	Occu y Disabling Persons Affected	Fatal []
Other Control II-Inspector's Evaluation  O. Gravity: A. Injury or Illness (has) (is): B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes  1. Negligence (check one) A. None  2. Type of Action: 104(a) 4. Initial Action	No  B. Low  13. Type of Iss	Reasonably L Workdays Or Restrict  C. Moderate  Check one)  E. Citation/	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg	Fatal ( )  b: 010  ard ( )
Other  No Likelihood  No Lost Wo  No Lost Wo  C. Significant and Substantial: Yes  No lost  Yes  None  Type of Action  Other	No  B. Low  13. Type of Iss	Reasonably L Workdays Or Restrict  C. Moderate  Check one)  E. Citation/	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other Control of the Control of C	No  B. Low  13. Type of Iss	Reasonably L Workdays Or Restrict  C. Moderate  Check one)  E. Citation/	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other  No Likelihood  No Lost Wo  No Lost Wo  C. Significant and Substantial: Yes  No lost  Yes  None  Type of Action  Other	No  B. Low  13. Type of Iss	Reasonably L Workdays Or Restrict  C. Moderate  Check one)  E. Citation/	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other Control of the Control of C	No  B. Low  13. Type of Iss	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other cection II-Inspectors Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Likelihood  B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes  1. Negligence (check one)  A. None  2. Type of Action  1. Otder  C. Safeguard  5. Area or Equipment  A. Date  Mo Da Yr	No  B. Low  13. Type of Iss  D. Written Notice	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other cection II-Inspectors Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Likelihood  B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  Yes  1. Negligence (check one)  A. None  2. Type of Action  1. Otder  C. Safeguard  5. Area or Equipment  A. Date  Mo Da Yr  action III-Termination Action	No  B. Low  13. Type of Iss  D. Written Notice	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice [
Other cection II-Inspector's Evaluation  O. Gravity: A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yes  1. Negligence (check one) A. None  2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard  6. Termination Due A. Date  Mo Da Yr  ection III-Termination Action	No  B. Low  13. Type of Iss  D. Written Notice	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other Control of the Control of Carolina o	No  B. Low  13. Type of Iss D. Written Notice	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other Control of the Control of Carolina o	No  B. Low  13. Type of Iss  D. Written Notice	Reasonably L Workdays Or Restrict  C. Moderate  uance (check one)  E. Citation/ Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice [
Other	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Ch	Reasonably L Workdays Or Restrict  C. Moderate   C. Moderate   C. Moderate   C. Moderate   Order Numl	D. High [Citation 12]	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice [
Other  Ot	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Ch	Reasonably L Workdays Or Restrict  C. Moderate   C. Moderate   C. Moderate   C. Moderate   Order Numl	D. High	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard	Fatal  t: 010  ard  Written Notice
Other  Ot	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Ch	Reasonably L Workdays Or Restrict  C. Moderate   C. Moderate   C. Moderate   C. Moderate   Order Numl	D. High [Citation 12]	Highly Likely Permanentl D. Number of	Occu y Disabling  Persons Affected Reckless Disreg Safeguard  F. Dated	Fatal  t: 010  ard  Written Notice

entorcement actions. The Original parallelise sentocement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSAA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business. Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

			Office of Acco	ountability	_		
District	Coal Dist 10	Field Office	Morganfield, KY	Mine ID		Date	

Mine Citat	ion/Order		U.S. Department of Labor Mine Safety and Health Administration						
Section IViola	ation Data								
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number					
4 Served To	)		E Operator						
6. Mine	<u>::::-</u>	<u> - La compression de la Algonologia de La Sance, en la Partición de la Sance</u>	7. Mine ID		(Contractor)				
8. Condition	or Practice		<u> </u>	8	a, Written Notice (103g)				

						See Con	inuation Form (MSH	IA Form 7000-3a)
, Violation	A. Health Safety V	B. Section of Act		C. Part/Section of Title 30 CFR		75.	400	<del>,                                    </del>
ection IIInspe	ctor's Evaluation							
0. Gravity:								. dine
44.	r Illness (has) (is):	No Likelihood	Unlikely 🗸	Reasonably	Likely []	Highly Likely	(Occu	rred []
	r illness could rea- be expected to be		orkdays 📋 🛚 Lost V	Vorkdays Or Restric	ted Duty 📝	Permanent	ly Disabling	Fatal []
C. Significa	ant and Substantia	il: Yes [	No 😧			D. Number of	Persons Affected	d: 010
1. Negligenc	e (check one)	A. None	B. Low	C. Moderate 🕢	D. High	[] в	Reckless Disreg	ard 📋
2. Type of A	ction 104(a)		13. Type of Issu	uance (check one)	Citation 🗸	Order 📋	Safeguard [	Written Notice
4. Initial Acti A. Citation		C. Safeguard (	D. Written Notice	E. Citation/ Order Nun	nber		F. Dated	Mo Da Yr
5. Ayea or E	quipment							
6. Terminatio	on Due A. Date	Mo Da Yr	B. Time (24 Hr. Cic	ock)				
ection IIITem	Ination Action							
7. Action to	Ferminate							
8. Terminate	A. Date Mo	Da Yr B.	Time (24 Hr. Clock					
ection IVAuto	mated System Data				21 1 222 12			
9. Type of In (activity)	spection FO1	20. Event Nur	mber	21. Pr	mary or Mill			
2. Signal						23. AR	Number	
C10 4: W - 2:				ALLE DANIES AND DESCRIPTION	and walks are sure where	China and Called	ONE AND CARREST PARTY	aus Admital Chicago Labor

MSHA Forr
e Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency s responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-7247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District Coal Dist 10 Field Morganfield, KY Mine ID Date Date

Mine Citation	on/Order				rtment of L y and Healt	abor h Administra	ition	
Section IViola	tion Data				<del>'</del>	tana a sa	<u> </u>	
1. Date	Mar Day V	2. Time (24 Hr. Ctc	ck\			3. Citation/ Order Nu	mber	
4. Served To				5. Operator	· · · · · · · · · · · · · · · · · · ·	- Cidel 140	111001 111001	<del></del>
	b			INCIDE E	***********	• • • • • • • • • • • • • • • • • • • •		
6. Mine	)			7. Mine ID			· · · · · · · · · · · · · · · · · · ·	/O-015-015-0
8. Condition of	or Practice						8a, Writter	(Contractor)  Notice (103g)
		on the No.4	(064-0)	MMU was d	civen 2	l to 21.		
		eet and on						
	,							
			••					
			•					•
								•
					•			
		•					÷	
			· · · · · · · · · · · · · · · · · · ·	·		See Con	inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety 🗸 Other	B. Section of Act		C. Part/Section of Title 30 CFR		75.20	03(e)	
	ector's Evaluation	<u> </u>		k <u>ada - 1920 - 1924, 19</u> 37. Villanda - 1921 - 1921	randa da d			
	or Iliness (has) (is):	No Likelihood	Unlikely []	Reasonably	ikely 💆	Highly Likely	Occu	red []]
	or illness could rea- y be expected to be		ys 🔲 🛮 Lost V	Vorkdays Or Restric	ted Duty	Permanent	ly Disabling	Fatal
	cant and Substantia		No []	******		D. Number of	Persons Affected	1: 001
11. Negligeno	ce (check one)			C. Moderate 😧	D. High	E	Reckless Disreg	
12. Type of A	ection 104(a)		13. Type of Issu	rance (check one)	Citation 📝	Order	Safeguard	Written Notice
14. Initial Acti A. Citation	ion	C. Safeguard 📋 🛭	). Written Notice	E. Citation/ Order Num	nber		F. Dated	Mo Da Yr
15. Area or E	quipment			**** *** *** *** *** ***				**************************************
16. Terminati	on Due A. Date	Мо Па Уг	3. Time (24 Hr. Clo	ck)		· ——————	······································	
Section III-Terr	mination Action	····				·····		
		litional roc	of support	s were ins	stalled	in the	entry to	reduce
the ent	try width	to 20 feet.			•		•	
18. Terminate	A. Date	B. Time	24 Hr. Clock					
	omated System Data						<del></del>	
19. Type of Ir (activity	rspection	20. Event Number		21. Pri	mary or Mill	- (		
22. Signato						23. AR	Number	<del></del>
	IOU-S. MUI UO II QVISEU					5-13-13-13-13-13-13-13-13-13-13-13-13-13-	DOO also Consil Declar	ess Administration has

MSHA Form 7000-3, Apr 00 (reviseu) in accordance marging-personned the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-88-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC-2120, Washington, DC 20416: Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Safety and Health Administration
Office of Accountability
Morganfield, KY Mine ID Coal Dist 10 Date Field Office District

Mine Citation	on/Orde	r						artment of ety and Hea		ration	mis
Section IViolati	on Data		سترجستوسستس				Mille Sal	ety and nea	itii Admiinist	ation	
1. Date	Mo Da	Yr	2. Time (	24 Hr. Cl	ock)				3. Citation Order N		<del></del>
4. Served To			منسنت			<del></del>	E Operato	5			
6. Mine							7. Mine ID				AND THE RESERVE
											(Contractor)
8. Condition o											ten Notice (103g)
	ned a	and c	alibra	ited	as req		<u>i</u> n part	75.320	. When		ng M-40 gas a limit for
				-							-
		-					-			•	
9. Violation	A Mode	L Total	B. Section	<del></del>		16	. Part/Section	<u></u>	See Co	ntinuation Form (M:	SHA Form 7000-3a)
9. Violation	A. Healt Safe Othe	ty 🛂	of Act				Title 30 CFR	<b>)</b>	75.17	714-7(e)	
Section II-Inspe	ctor's Eval	uation									
10. Gravity: A. Injury or			No Likelih	ood 📋	Unlike	ly 📝	Reasonabl	Likely []	Highly Likel	y 🗍 Oc	curred []
B. Injury or sonably	iliness or be expec		No Los	t Workd	ays	Lost Wor	kdays Or Resti	icted Duty 📝	Permane	ntly Disabling	Fatal
C. Significa				s []	No 🗸	<del></del>		<u>,,, , , , , , , , , , , , , , , , , , </u>	D. Number	of Persons Affect	ed: 001
11. Negligeno	e (check	one)	A. None [	<u> </u>	B. Low	C.	Moderate 📝	D. High		E. Reckless Disr	egard []
12. Type of A	ction [	04(a)			13. Type	of Issuan	ce (check one)	Citation 🗸	Order [	Safeguard [	Written Notice []
14. Initial Action		rder []	C. Safegu	ard []	D. Written N	otice [	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
15. Area or Ed	quipment						<del></del>				· · · · · · · · · · · · · · · · · · ·
								1			
16. Termination	on Due	A. Date	Mo Da	٧r	B. Time (24	Hr. Clock					
Section III-Term					· · · · · · · · · · · · · · · · · · ·					- <del> </del>	
17. Action to 1	reminate										
18. Terminate	d A. Dat	e Mo	Da: Yr	B. Time	(24 Hr. Cloc	*			<del></del>		
Section IVAuto		tem Data	لخب میں میں ہے۔ 			,					
19. Type of In:	spection	TO 1	20. Even	t Number		/ <del>- 7</del>	21. F	rimary or Mill			
22. Sigr							<del> </del>		23. AF	R Number	
MSHA Forestablished a Na	itional Sma	II Busines:	and Agricult	ure Regula	tory Ombudsh	nan and 10	Regional Faimes	Boards to receiv	e comments from	n small businesses	siness Administration has about federal agency
enforcement act Street, SW MC	ions of MS 2120, Wa	HA, you m shington, D	ay call 1-888- IC 20416, Pl	REG-FAIR ease note,	(1-888-734-32 however, that	247), or write your right to	the Ombudsma file a comment v	at Small Busine	ss Administration nan is in addition	is. If you wish to co , Office of the Natio to any other rights y	mment on the nal Ombudsman, 409 3rd ou may have, including

## Mine Safety and Health Administration

Office of Accountability									
District	Coal Dist 10	Field	Morganfield, KY	Mine ID		Date [			
		Office		_		L			

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration				
1. DateMa_Da_Vr 2. Time /24 Hr. Clock)	3. Citation/				
	Order Number				
4 Served To	5. Operator				
6. Mine	7. Mine ID /				
O. Hinto	(Contractor)				
8. Condition or Practice	D 8a. Written Notice (103g)				
The sight line in the No.7 and No.6 ent off of the right rib. Both entries had					
The operator will hold a meeting with a discuss the use and installation of significant states of the states of th					
9. Violation A. Health B. Section C. P	See Continuation Form (MSHA Form 7000-3a)				
Safety of Act ) Ti	tle 30 CFR 75.203(b)				
Section II-Inspector's Evaluation  10. Gravity:					
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely Highly Likely Occurred				
B. Injury or Illness could rea-	lys Or Restricted Duty 🐶 Permanently Disabling [ Fatal [				
C. Charlison and Cubahadial	TD Number of Decrees Afforded				
C. Significant and Substantial. Yes No V	D. Number of Persons Affected: 001				
11. Negligence (check one) A. None B. Low C. Mo	derate 🗹 D. High 🗍 E. Reckless Disregard 🧻				
12. Type of Action 104(a) 13. Type of Issuance	(check one) Citation 📝 Order 🗀 Safeguard 🗀 Written Notice 🗍				
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Da Yr Order Number				
15. Area or Equipment					
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)					
Section III-Termination Action					
17. Action to Terminate					
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock					
Section IVAutomated System Data					
19. Type of Inspection (activity code) 20. Event Number	21. Primary or Mill				
22. Sign	23. AR Number				
	siness Régulatory Enforcement Falmess Act of 1996, the Small Business Administration has				

MSHA Form 7000-3, Apr 08 (revised) In a accordance with the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Combudsman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-388-REG-FAIR (1-888-73247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.