U.S. Department of Labor

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



March 24, 2009

Widien 24, 2007						
MEMORANDUM FOR	R MICHAEL A. DAVIS Deputy Assistant Secretary for Operations					
THROUGH:	Mine Safety and Health CHARLES J. THOMAS Charles J. Shomas Director of Accountability for					
	Mine Safety and Health Administration					
FROM:	JERRY J. KISSELL (.). Thomas for Accountability Specialist					
SUBJECT:	MSHA Office of Accountability Audit, Morganfield, Kentucky Field Office, and					
Introduction						
and field office. Audit level of enforcement, F managerial oversight, a audit was conducted d	mmarizes the Office of Accountability audit of the subject mine subjects included the Uniform Mine File, MSHA field activities, field Activity Reviews (FARs), MSHA supervisory and mine plans, and the conditions and practices at the mine. The turing the week of and by Charlie Thomas sitive findings and issues requiring attention are included in this					
Overview						
The field office review Kissell; the prep plant processing/milling fac	audit was conducted on at the main					
Accompanying the aud	ditor were					
also assisted	with the field office audit in Morganfield, Kentucky.					

Areas traveled included: The fifth floor, fourth floor, third floor, and first floor of the processing plant, the haul road to the refuse piles, the refuse pile 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.
- 2. Inspection documentation indicated thorough and complete inspections.
- 3. The and the District Manager have visited numerous mines during the time period covered by this audit.
- 4. The 104(d) tracking system is well maintained and up to date.
- 5. 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.
- 6. High percentages of site time are achieved by inspectors in the Morganfield field office thus providing MSHA presence at the mine sites.
- 7. Inspectors are conducting safety discussions with the miners at the plant during inspection activities.
- 8. Great lockout tags and great safety signs were observed in the plant.

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

- 1. Inspection Event Calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days and signed by the CMI timely. This was corrected during the audit.
- 2. For the Mine operator-This prep plant is aging and will need attention to electrical corrosion/hazards as identified in the audit spot inspection.

S&S Rate Comparison

- 1. The field office S&S rate for this facility during the previous five quarters averaged 18.90% which is below the national average for CY 2008 which was 36%.
- 2. The S&S rate during the audit was 28.5%.
- 3. The District S&S rate currently is **51**% compared to the FY 2008 national average which was 36%.

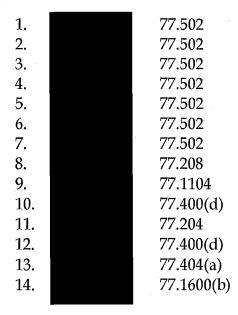
The evaluation of citations reviewed in the previous E01 events and the citations issued during the audit at the facility indicated accurate and consistent determinations for gravity and negligence.

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



C. Pictures: lockout practices.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability District Coal D-10 Field Office Morganfield, KY Mine ID Date Date					
b					
)					
1. Evaluate supervisory review of inspection reports and documentation for completeness.					
Adequate Inadequate X Not Applicable Comments Below					
People time, event sheet, and ITS did not agree. This has been corrected.					
Determine if supervisors address report deficiencies 2. immediately					
Adequate X Inadequate Not Applicable Comments Below					
Determine if supervisors are visiting each assigned mine at least					
3. annually					
Adequate X Inadequate Not Applicable Comments Below					
Evaluate the quality of Field Activity Review reports (FARs)					
Adequate X Inadequate Not Applicable Comments Below					
Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied					
inspections are conducted Adequate X Inadequate Not Applicable Comments Below					
6. Evaluate the quality of Accompanied Inspections					
Adequate X Inadequate Not Applicable Comments Below					

District Coal D-10 Field Office Morganfield, KY Mine ID Date Dat						
7. Determine if supervisors are thoroughly reviewing mine files at least annually						
Adequate X Inadequate Not Applicable Comments Below						
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 ADM's and DM's 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 D-10 Field Office Morganfield, KY Mine ID Date Date						
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.						
Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations						
Adequate X Inadequate Not Applicable Comments Below						
All citations reviewed appear properly evaluated for conditions cited and observed.						
Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine Adequate X Inadequate Not Applicable Comments Below POSITIVE: 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.						
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						
Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.						
Adequate X Inadequate Not Applicable Comments Below						

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date							
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							
Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases							
Adequate Inadequate Not Applicable X Comments Below							
Was not audited.							
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: This District reviews and responds to Key Indicator reports weekly which has a positive impact on which direction the District moves to shore up weakness in enforcement and areas that need additional oversight. The have notes on Key Indicator reports of when and what was discussed and they act upon the DM and their own recommendations. The level of enforcement in this District is very high with very few gaps.							
Determine if complete and thorough inspections are being conducted and adequately documented							
Adequate X Inadequate Not Applicable Comments Below							
Determine if inspection notes, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety							
Adequate X Inadequate Not Applicable Comments Below							
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District Coal D-10 Field Office Morganfield, KY Mine ID Date Date						
Determine that the inspector spent sufficient time on off-shifts and on weekends						
Adequate X Inadequate Not Applicable Comments Below						
Determine if all mine record books, postings, and other required materials are examined during the inspection						
Adequate X Inadequate Not Applicable Comments Below						
Determine if all provisions of the MINER Act are evaluated during the inspection						
Adequate X Inadequate Not Applicable Comments Below						
Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals						
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36. and area of the mine is sufficient to accomplish inspection goals						
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United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal D-10 Field Office Morganfield, KY Mine ID

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date							
39. 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.							
Evaluate operator's workplace examinations							
Adequate X Inadequate Not Applicable Comments Below							
Evaluate conditions on working section and observe work cycle							
Adequate X Inadequate Not Applicable Comments Below							
Observe and evaluate fire detection methods							
Adequate X Inadequate Not Applicable Comments Below							
59. Evaluate condition of conveyor belt drives, and fire suppression systems							
Adequate X Inadequate Not Applicable Comments Below							
Determine if all required record books are adequately completed and in compliance with applicable standards							
Adequate Not Applicable Comments Below							

District Coal D-10 Field Office Morganfield, KY Mine ID Date D					
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 response, evacuation procedures, and fire fighting processes					
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 69. 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					
The dance of the state of the s					

District Coal D-10 Field Office Morganfield, KY Mine ID Date							
Determine if Peer Reviews accurately reflect and evaluate MSHA 71. 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							
Evaluate approved training plan after discussion with miners							
Adequate Not Applicable Comments Below							
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)							
Adequate X Inadequate Not Applicable Comments Below							
Adequate X Inadequate Not Applicable Comments Below							
Adequate X Inadequate Not Applicable Comments Below Citations, orders, and safeguards issued during previous two quarters							
Citations, orders, and safeguards issued during previous two quarters							
79. Citations, orders, and safeguards issued during previous two quarters							
79. Citations, orders, and safeguards issued during previous two quarters							
79. Citations, orders, and safeguards issued during previous two quarters Adequate X Inadequate Not Applicable Comments Below Determine if 104(d) tracking system is in place at the office being audited, and							

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date						
Determine if all plans and documents in the Uniform Mine File are legible, and up to date						
Adequate X Inadequate Not Applicable Comments Below						
Determine if Standard Operating Procedures (SOPs) adequately address requirements of MSHA Program Policy Manual						
Adequate X Inadequate Not Applicable Comments Below						
Determine if spreadsheets and/or databases provided for tracking of min visits by supervisors and managers is kept up to date	e					
Adequate X Inadequate Not Applicable Comments Below						
Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists	on					
Adequate X Inadequate Not Applicable Comments Below						
Review documentation of staff meetings/safety meetings to determine the effectiveness and relevance to the Agency's mission and current issues	eir					
Adequate X Inadequate Not Applicable Comments Below						
Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?						

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

District Coal D-10 Field Office Morganfield, KY Mine ID Date D							
118.	Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.						
Adequate	X Inadequate Not Applicable Comments Below						
119.	Determine if adequate close-out conferences are being conducted at the end of each inspection.						
Adequate	X Inadequate Not Applicable Comments Below						
Recommendation: Close-out conference focus on root cause of hazards and violations.							
121.	Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.						
Adequate	X Inadequate Not Applicable Comments Below						

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District	Coal D-10	Field Office	Morganfield, KY	Mine ID]	Date		
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Condition		ACTA	<u> </u>	· · · · · · · · · · · · · · · · · · ·			8a. Writt	en Notice (103g)
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Malakan	A Haalii		B. Parellan		C. Part/Section of		See Continuation Form (MS	SHA Form 7000-3a)
Violation	A. Health Safety Other	2	B. Section of Act		Title 30 CFR	•	77.502	
tion II-Insp	ector's Evalu		<u></u>		<u> </u>		er vergere gewenne gever vergenge verk gehover gemeente gegen vergen bestere vergen.	
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B. Injury o	r iliness co	uld rea-	No Lost Mode		Workdays Or Restric		Permanently Disabling	
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. Negligeno	<u> </u>	ne)	A. None	B. Low 🗀	C. Moderate. 🔽	D. High		
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I. Initial Act A. Citation	*	der 🗀	C. Safeguard	D. Written Notice	E. Citation/ Order Nur	nber	F. Dated	Mo Da Yr
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2. Type of Ir (activity o	ode)						123 AR NUMBER	
ection IV-Aut 9. Type of Ir (activity o 2. Signature	ode)				<u> </u>		20, 73, 110,01	

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date

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Mine Citation/Order	U.S. Department of L Mine Safety and Health			-
Section IViolation Data	wine Safety and read	Administration		
1. Date 12 The (24 He Clock)		3. Citation/ Order Number		
	5 Operator	<u></u>	· · · · · · · · · · · · · · · · · · ·	
h.MINS	7. Mine ID	j 		
			(Contractor))
8. Condition or Practice The roof vent start/stop metallic encl		1/4	8a. Written Notice (103g)	ـــا
connection to the liquid tight conduit of the Preparation Plant are not being switch has a half inch diameter hole i connection to the 3/4 inch liquid tigh	at the three r properly maint n the enclosure	oof fans o ained. The and the 3	n the West side e start/stop /4 inch conduit	
			•	
	•			
	•			
		See Continuation	n Form (MSHA Form 7000-3a)	
9. Violation A. Health B. Section C. Safety Other of Act	Part/Section of Title 30 CFR	77.502		
Section It-inspector's Evaluation				_
10. Gravity: A. Injury or filness (has) (is): No Likelihood Unlikely	Reasonably Likely	Highly Likely	Occurred	
A injury or illness could rea-	days Or Restricted Duty	Permanently Disa		
C. Significant and Substantial: Yes No 📝		D. Number of Perso	ns Affected: 001	_
	dadareta EZ D Mah	F Book		
	Moderate D. High		less Disregard	
12. Type of Action 104(a) 13. Type of Issuance	·		guard Written Notice	إبر:
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ Order Number		F. Dated Mo Da Yr	
15. Area or Equipment				
16. Termination Due A. Date B. Time (24 Hr. Clock)		· · · · · · · · · · · · · · · · · · ·		
Section IIITermination Action				_
17. Action to Terminate The power conductors are	removed from th	e roof fan	linestarters.	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock		· · · · · · · · · · · · · · · · · · ·		
Section IVAutomated System Data				_
19. Type of Inspection (activity code) E16	21. Primary or Mill			_
22. Signature		23, AR Numb	er	

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

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section 1-Violation Data	
1. Date Mo Da Yr 12 Time (24 Hr Clock)	3. Citation/ Order Number
4 Served To	5. Operator
6. Mine	7. Mine ID
8. Condition or Practice	(Contracto 8a. Written Notice (103g)
The 4E NEMA enclosure located on the maintained. The enclosure is deterio opening in the bottom.	fourth floor is not being properly rated with a four inch by four inch
y in the second of the second	
	On the Warren of the Market Commence of the Co
9. Violation A. Health B. Section	See Continuation Form (MSHA Form 7000-3a) . C. Part/Section of
Safety of Act	Title 30 CFR 77.502
Other Section II-Inspector's Evaluation	the commence of the control of the c
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 [1] Lost Wo	rkdays Or Restricted Duty 📝 Permanently Disabiling 📜 Fatal 📋
C. Significant and Substantial: Yes . No .	D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Low C.	. Moderate. ☑ D. High ☐ E. Reckless Disregard ☐
12. Type of Action 104(a) 13. Type of Issual	nce (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
15. Area or Equipment	
16. Termination Due A. Date M. Do. V. B. Time (24 Hr. Clock	
	7
Section IIITermination Action 17. Action to Terminate	
The state of the s	
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8. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IV—Automated System Data	
19. Type of Inspection (activity code) E16 20. Event Number	21. Primary or Mill
22, Signature	23. AR Number

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

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

Coal D-10 Field Office Morganfield, KY Mine ID District Date

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Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Admi	nistration
Section I-Violation Data		
1. Date Mo Da Yr 2. Time (24 Hr. Clock)		ation/ der Number
4. Served To	5. Operator	
& Mino	7 Miss ID	
	7, Mine ID	(Contractor)
8. Condition or Practice The 3/4 inch rigid conduit for a ligh	41 - 1 - 1 - 1 - 1 - 1	8a. Written Notice (103g)
inch rigid conduit near the polisher light 3/4 inch conduit is deteriorate into with insulated power conductors approximately 30 feet in length is no	are not being proper d to the point that exposed. The 3/4 in	ly maintained. The
•		A
	s	ee Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section Safety 6 of Act Other	C. Part/Section of Title 30 CFR	77.502
Section IIInspector's Evaluation		
10. Gravity: A. Injury or illness (has) (is): No Likelihood Unlikely.	Reasonably Likely Highly	Likely [1] Occurred [1]
R Injury or illness could res.		
Charles and Cubatarial		nanently Disabling Fatal noer of Persons Affected:
192 140 [6]		001
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12. Type of Action 104(a) 13. Type of Issua 14. Initial Action	nce (check one) Gitation 🕢 Orde	r Safeguard Written Notice
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16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock	()	
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Section IV—Automated System Data	 	and a special state of the sp
19. Type of Inspection (activity code) E16 20. Event Number	21. Primary or Mill	
22. Signature		3. AR Number
MCUA Form 2000 2. Apr Of Verrilland	oll Business Deciderary Estavasment Education	Art of 1008, the Small Business Administration
MSHA Form 7000-3, Apr 0& revised) in accordance with the provisions of the Sm established a National Small Business and Agriculture Regulatory Ombudeman and it enforcement actions. The Ombudeman annually evaluates enforcement actions of MSHA. visu thay ball 1.889.REG-FAIR (1.988.734.3287) or write the stable of the stable	Regional Faimess Boards to receive commen rates each agency's responsiveness to small b	usiness. If you wish to comment on the

entorcement accounts of MSHA, you may can 1-898-1464-1411 (1-898-149-4247), or write the Ombudsman at Small Business Administration, Unice of the National Umbudsman, 409 3 Street, SW MC 2120, Washington, DC 2014. Please-note, however, that your right to file norment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

Coal D-10 | Field Office | Morganfield, KY | Mine ID District Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I-Violation Data 1. Date 2. Time (24 Hr. Clock) Citation Order Numbe 4. Served To 7. Mine ID (Contractor) 8. Condition or Practice 8a. Written Notice (103g) Four 120 VAC female plugs on the 3rd floor are not being properly maintained. The plugs are not weather resistant. The Preparation Plant is classified as a Wet Location. See Continuation Form (MSHA Form 7000-3a) C. Part/Section of 9. Violation A. Health B. Section Title 30 CFR Safety 🗸 of Act 77.502 Other Section II-Inspector's Evaluation 10. Gravity: Highly Likely 🔲 A. Injury or Illness (has) (is): No Likelihood Unlikely 📝 Occurred [Reasonably Likely B. Injury or illness could rea-No Lost Workdays: Permanently Disabling Lost Workdays Or Restricted Duty 💆 Fatal sonably be expected to be D. Number of Persons Affected: C. Significant and Substantial: 001 Yes 🔲 No 🗸 11. Negligence (check one) A. None B. Low C. Moderate 📝 D. High E. Reckless Disregard 12. Type of Action Citation 🗸 Written Notice 13. Type of Issuance (check one) Order Safeguard [104(a) F. Dated Mo Da Yr 14. Initial Action E. Citation/ Order Number B. Order C. Safeguard D. Written Notice A. Citation 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 E16, (activity code) 22. Signature 23. AR Number

MSHA Form 7000-3, Apr to views of the Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmess Boards to receive comments from small business administration has established a National Small Business and Agriculture Regulatory Ombudsman 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 peal 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 confest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability Coal D-10 Field Office Morganfield, KY Mine ID District Date

line Citation/Order			U.S. Depar	lenant at l	shou		11:
inte Citation/Order					Administrati	ion	
ection (Violation Data							
Date Mo Da Yr 2, Time	(24 Hr. Clock)	* * · · · · · · · · · · · · · · · · · ·		-	3. Citation/ Order Num	iber	
Served To			5 Operator				
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Mine	•		7. Mine ID				(Contractor
Condition of Practice	·,· · · · · · · · · · · · · · · · · · ·		<u> </u>			8a, Writter	Notice (103g)
he center EBR 48 oil	pressure	switch	enclosur	e locat	ed on th	e 3rd fl	oor is
ot being properly ma	intained.	The me	etallic e	nclosur	e is not	secure.	
	* .						
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	•						
					See Contin	uation Form (MSH	A Form 7000-3e)
					000 0011111	oddori i omi (more	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	n		Part/Section of Title 30 CFR				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Safety 🗹 of Act Other	n				77.50		
Safety Of Act Other ection II-Inspector's Evaluation	n						
Safety of Act				kely []		02	red [
Safety of Act Other Othe		nlikely 🗸	Title 30 CFR		77.50 Highly Likely [02	
Safety of Act Other of Act Other No. Gravity: A. Injury or Illness (has) (is): No. Likeli B. Injury or Illness could reasonably be expected to be: C. Sitelifects and Substantial	hood [] U	inlikely 🛂	Title 30 CFR Reasonably Li		77.50 Highly Likely [Permanently	02 Occur	red [
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Safety of Act Other of Act No Likeli No Lc C. Significant and Substantial: Y. 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action	hood [Löst Work C. N. Type of Issuance	Reasonably Literature (Anderste: Anderste: (Check one) E. Citation/	D. High	77.50 Highly Likely { Permanently D. Number of F	Occur Disabling Persons Affected Reckless Disregs	red [
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Safety of Act Other of Act Othe	hood [Lost Work C. N Type of Issuance en Notice	Reasonably Literature (Anderste: Anderste: (Check one) E. Citation/	D. High	77.50 Highly Likely { Permanently D. Number of F	Occur Disabling Persons Affected Reckless Disregs	red [
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Safety of Act Other of Act Othe	hood [Lost Work C. N Type of Issuance en Notice	Reasonably Li days Or Restrict Moderate: (check one) E. Citation/ Order Numb	D. High Citation 🗹	77.50 Highly Likely { Permanently D. Number of F	Occur Disabling Persons Affected Reckless Disregs	red [
Safety of Act Other of Act Othe	hood	Lost Work C. N Type of Issuance en Notice	Reasonably Li days Or Restrict Moderate: (check one) E. Citation/ Order Numb	D. High	77.50 Highly Likely { Permanently D. Number of F	Occur Disabling Persons Affected Reckless Disregs	red [

enforcement actions of MSHA, you may call 1-88-REG-FAIR (1-888-73-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman; 409 37 Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a norment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

			Offi	ce of Acc	ountabili	tv	:			
rict	Coal D-10	Field Office	Morganfie		Mine ID		I	Date		
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Mine	Citation/Order	. '	a .		U.S. Departi Mine Safety			stration	· !	
	IViolation Data									
1. Date	Mo Da Y	r 2, Time (24)	ir, Clock)	:			3. Citati Orde	on/ r Numbe		
4. Serv	red To				5. Operator					
6. Mine	3		· · · · · · · · · · · · · · · · · · ·		7. Mine ID					(Contractor
	dition or Practice								8a. Written Noti	
		6R A1 cyclo not secure				nch T-f	ittin	g is	deformed	and
	•									
	•									r
					•				-	

								See Co	intinuation Form (MSF	A Form 7000-3a)
9. Violation	A. Health Safety Other		B. Section of Act	1		C, Part/Section Title 30 CF		7	7.502	
Section II-Inspect	tors Evalua	ation								
10. Gravity:										
A. Injury or I	liness (ha	18) (is);	No Likeli	nood 🗍	Unlikely 🗹	Reason	ably Likely	Highly Like	у 🗌 Осси	rred 📋
B. Injury or I sonably b			No Lo	st Work	days 🗍 Lost V	Norkdays Or R	stricted Duty	Permane	ntly Disabling	Fatel [
C. Significar	nt and Su	bstantial:	Ϋ́	es 🗌	No 😧			D. Number	of Persons Affected	^{l:} 001
11. Negligence	(check o	ne)	A. None	J	B. Low 🗍	C. Moderate	Z) D.	High [E. Reckless Disreg	ard 🗌
12. Type of Act	ion](04(a)			13. Type of iss	uárice (check o	ne) Citatio	n 🗸 Order 门	Safeguard [Written Notice
14. Initial Action A. Citation		der 🗌	C, Safegi	ard [D. Written Notice [E. Citati Order	on/ Number		F. Dated	Mo Da Yr
15. Area or Equ	uipment					,				
6. Termination	Due	A. Date	Mo Da	Υr	B. Time (24 Hr. Clo	ock)				
Section III-Termin	nation Actio	in-							······································	
17. Action to Te	erminate									
18. Terminated	A. Date		Da Yr	B. Time	a (24 Hr. Clock			····		
Section IV-Autom	nated Syste	m Data								
19. Type of Insi (activity cod		R16	20. Ever	nt Numbe	rr ,	2	I. Primary or I	Viil		
22. Signature								23. Al	R Number	

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman 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 Ombudaman at Small Business Administration, Office of the National Ombudaman, 409.3rd Sireet, SW. MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the 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.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date

ct Coal D-10 Field Office Morganfield, KY	Mine ID [
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 Prectice	(Contractor)
Metal sheets, boards, parts, and water plant starting from the 6th floor down a slipping/tripping hazard from any pe	n to and including the 3rd floor causing
	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section C Safety Other Act	Part/Section of Title 30 CFR 77,208(a)
Section II-Inspector's Evaluation	
10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely Highly Likely Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays	kdays Or Restricted Duty 📝 Permanently Disabling 🔲 Fatal 🗌
C. Significant and Substantial: Yes 🗹 No 📋	D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Low C.	Moderate 🗹 D. High [] E. Reckless Disregard []
12. Type of Action 104(a) 13. Type of Issuan	ce (check one) Citation 🕢 Order 🗀 Safeguard 🗋 Written Notice 🗍
14. Initial Action A. Citation 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)	
Section III—Termination Action 17. Action to Terminate	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IV-Automated System Data 19. Type of Inspection 20, Event Number	21. Primary of Mili
(activity code) E16	
22. Signature	23. AR Number
MSHA Form 7000-3, Apr 0	Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has

MSHA Form 7000-3, Apr of a stability of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman 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 1-888-REG-FAIR (1-888-73-3247), 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 Chinudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability District Coal D-10 Field Office Morganfield, KY Mine ID Date

Mine Citation/Order	U.S. Department Mine Safety and	t of Labor Health Administration	<u> </u>
Section I-Violation Data			
1. Date Ma Da Va 10 Time (24 He Clock)		3. Citation/ Order Number	
4. Served To	5. Operator		
Mine	7. Mine ID		(Contractor)
8. Condition or Practice		8a. W	ritten Notice (103g)
Accumulations of oil, grease, and floor and the structure of the be		on the head drive	motor,

run last night.

							See Cont	Inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety 🗸 Other	B. Section of Act			C. Part/Section Title 30 CFR	of	77.1	104	
Section II-Inspe	ctor's Evaluation				····				
10. Gravity:			. , ,						
A. Injury o	r Illness (has) (is): No Likelih	ood [Unlikely 🙀	Reasonably	y Likely	Highly Likely	Occur	red []
	r filness could rea be expected to t		t Workdays	Lost Wo	nkdays Or Rest	ricted Duty 🛂	Permanent	ly Disabiling 📋	Fatal 📋
C. Signific	ant and Substant	ial: Ye	s 🔲 No	Ø			D. Number of	Persons Affected	: 001
11. Negligeno	e (check one)	A. None] B.	Low C	Moderate 🕢	D. High	<u>□</u> E.	Reckless Disreg	ard 🗌
12. Type of A	ction 104(a)			13. Type of Issue	nce (check one)	Citation 📝	Order 🗍	Safeguard 🗍	Written Notice
14. Initial Acti A. Citation		C. Safegu	ard [D, V	Written Notice	E. Citation/ Order Nu	ımber		F. Dated	Mo Da Yr
15. Area or E	quipment				·				
16. Terminati	on Due A. Da	Mo Da	B.	Time (24 Hr. Cloc	k)				
Section IIITerr	nination Action						-		
17. Action to	Terminate								
18. Terminate	A. Date	lo Da Yr	B. Time (24	Hr. Clock					
Section IV-Auto	omated System Dat		, ,						
19. Type of In (activity c		6 20. Even	t Number		21. F	Primary or Mill			
22. Signature							23. AR	Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmess Boards to receive comments from small businesses about (ederal agency enforcement actions. The Ombudsman annually evaluates enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Actionistration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, towerer, 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 Miner Safety and Health Review Commission.

22. Signature

United States Department of Labor Mine Safety and Health Administration

rict Coa	al D-10 Fie	eld Office N	Morganfield, K	Y Mine ID		Dat	te	
Mine Citation	on/Order	•			tment of La		ation	
Section I-Violat	ion Dáta		 			.14		
1. Date	Mo Da Yr	2. Time (24 Hr. 0	Clock)	į.		3. Citation/ Order No		
4. Served To				5. Operator				
6. Mine				7. Mine ID				
8. Condition of							<u> </u>	(Cont Notice (103
The gua				oump on the not runnin			not secu	
				•				
								•
						See Cor	tinuetion Form (MSH	À Form 7000-
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		77.4	00(d)	
	ector's Evaluation				***************************************			
10. Gravity: A. Injury o	r Illness (has) (is):	No Likelihood	Untikely 🗸	Reasonably L	ikely []	Highly Likely	Occur	red [
B. Injury o	r iliness could rea-			Norkdays Or Restrict	······		tly Disabling:	Fatal
	ant and Substantia	-	No ₩			***	f Persons Affected	
11. Negligeno	se (check one)	A. None	B. Low 🗹	C. Moderate	D. High	7 E	Reckless Disregi	
12. Type of A	iction 104(a)			vance (check one)	Citation <table-cell></table-cell>	Order [_]	Safeguard _	Written No
14. Initial Acti A. Citation	ion	C. Safeguard	D. Written Notice [E. Citation/ Order Numl	oer		F. Dated	Mo Da
15. Area or E								
					 			
16. Terminati	on Due A. Date	3:	B. Time (24 Hr. Cl	ock)				
16. Terminati	A. Date	e:	B, Time (24 Hr. Ck	ock)		·		
	A. Date		J	over the sh	aft of	the was	sh down pu	mp.
Section IIITerr	A. Date mination Action Terminate Th∈	guard was	J		aft of	the was	sh down pu	mp.

MSHA Form 7000-3; Ap with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1998, the Small Business Administration has astablished a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman 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 Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a heating before the Federal Mine Safety and Health Review Commission.

23. AR Number

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date

vine Citatio	on/Order				tment of La	abor Administra	tion	
ection IViolat	ion Data							·····
. Date	Mo Da Yr	2. Time (24 Hr. (Clock)			3. Citation/ Order Nur	nber edr	
. Served To			***********	5. Operator	~~~~~~~			
								· <u>·····</u>
Mino				7. Mine ID				(Contract
. Condition o	or Practice						Ba. Writter	n Notice (103g)
approxi	mately 2 he guard	3 inches w: ing materia	ide, at a al had co	cyclone the nother locat me loose and cated on the	ion app	roximat	ely 6 fee	et wide
			N.					
). Violation	A. Health	B. Section		C. Part/Section of		See Cont	inuation Form (MSF	(A Form 7000-3a)
	Lyr (166min)	D. GEORGIE						
	Safety 🗸	of Act		Title 30 CFR		77.2	204	
	Safety V Other ector's Evaluation	of Act	- 11-, 11-11-11,			77.2	204	<u></u>
Section II-Insp 0. Gravity:	Other		Untikely	Title 30 CFR	ikély √	77.2		rréd [
Section II-Inso O. Gravity: A. Injury o B. Injury o	Other Sector's Evaluation of Illness (has) (is) of Illness could res	: No Likelihood		Title 30 CFR		Highly Likely		mad [
Section II- Insp 10. Gravity: A. Injury o B. Injury o sonably	Other Sector's Evaluation of the Control of the Con	: No Likelihood [i- i- ie; No Lost Work	days 🗌 Lo	Title 30 CFR Reasonably L		Highly Likely Permanenti	[] Occu	Fatal []
O. Gravity: A. Injury o B. Injury o sonably C. Signific	Other Control Sector's Eyeluetion or Illness (has) (legate the sector of the sec	: No Likelihood [_ i- ie; No Lost Work		Title 30 CFR Reasonably L		Highly Likely Permanent	Occu	Fetel []
Section II-Insp O. Gravity: A. Injury o B. Injury o sonably C. Signific	Other ector's Evaluation ir Illness (has) (ie, ir illness could rec y be expected to b eant and Substant ce (check one)	: No Likelihood [He: No Lost Work ial: Yes [7]	No []	Title 30 CFR Reasonably L st Workdays Or Restrict	ted Duty 🔀	Highly Likely Permanent	Occu y Disabiling Persons Affected	Fetel []
Section II-[nsp 10. Gravity: A. Injury o B. Injury o sonably C. Signific 11. Negligeno 12. Type of A	Other Sector's Evaluation or Illness (has) (ie, ir illness could rear be expected to be and and Substantice (check one) cution 104(a)	: No Likelihood [le: No Lost Work ial: Yes [7]	No []	Reasonably L St Workdays Or Restrict C. Moderate Issuance (check one) E. Citation/	D. High	Highly Likely Permanenti D. Number of	Occu y Disabiling Persons Affected Reckless Disreg	Fatal []
Section II-Inspo 10. Gravity: A. Injury o B. Injury o sonably C. Signific 11. Negligeno 12. Type of A 14. Initial Act	Other Sector's Evaluation or Illness (has) (la) or Illness could rear be expected to be expected to be eath and Substant oe (check one) oction 104(a) lon 8. Order	: No Likelihood [le: No Lost Work ial: Yes [7]	No [] B. Low [] 13: Type of	Reasonably L St Workdays Or Restrict C. Moderate Issuance (check one) E. Citation/	D. High	Highly Likely Permanenti D. Number of	Occu y Disabling Persons Affected Reckless Disreg	Fatal d: 001 pard Written Notice
ection II-Insp O. Gravity: A. Injury of B. Injury of Sonably C. Signific 1. Negligeno 2. Type of A 4. Initial Act A. Citation 5. Area or E	Other Sector's Evaluation or Illness (has) (le) or illness could read be expected to be expected to be anti-and Substant oe (check one) cotion 104(a) lon B. Order Quipment	: No Likelihood [1] ie: No Lost Work ial: Yes 7 A. None [] C. Safeguard []	No [] B. Low [] 13: Type of	Reasonably L St Workdays Or Restrict C. Moderate Issuance (check one) E. Citation/ Order Num	D. High	Highly Likely Permanenti D. Number of	Occu y Disabling Persons Affected Reckless Disreg	Fatal d: 001 and Written Notice
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MSHA Form 7000-3, Apr 09 (revised) In accordance with the provisions of the Small Business Radional States and Advantage and Agriculture Regulatory Orthodustman and 10 Regional Fairness Boards to receive comments from Small businesses about Redeat agency enforcement actions. The Ombodsman 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 Ombodsman at Small Business Administration, Office of the National Ombodsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a Cribudsman als In addition to any other rights you may have, including: the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date

Mine Safety and Health Administration A Checkler 1. Date 4. Seperd 1 6. Allign 6. Condition or Practice 6. Condition or Practice 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Written Notice (1639) 7. Mine ID (Contractor) 6. Condition or Practice 6. Mritten Notice (1639) 6. Condition or Practice 6. Mritten N	red Office Morganileid, K	Mille ID Late
Mine Safety and Health Administration Section In Vicinition Date 1. Date 4. Second T. 6. Denotifier or Precision 6. Condition or Precision 7. Mine ID (Contractory) 8a. Writine Notice (193g) The guard for the Panel IF Unit 415 ventilation fan was not secured and was allowing the guard to be forced open approximately 5 inches while the fan was on. The fan was located on the 5th floor in the electrical room. 9. Violation Settly Onter Inspectors Evaluation 8a. Continuation Form MSHA Form 7/000-3a) 9. Violation Settly Onter Inspectors Evaluation 8a. Continuation Form MSHA Form 7/000-3a) 19. Violation Settly Onter Inspectors Evaluation 8a. Continuation Form MSHA Form 7/000-3a) 19. Violation Settly Onter Inspectors Evaluation 10. Gravity: A. Injury or Illness (bulls) (No. Likelihood Unikely Permanently Disabiling Fetal Onter Inspectors Evaluation 10. Settly Onter Inspectors Evaluation 11. Negligenose (check one) A. None B. Low C. Moderate P. D. High E. Reackess Disregard 1. 12. Type of Action 104(a) 13. Type of Issuance (check one) 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation Order Number 15. Action to Termination Action 16. Terminated A. Date Mo. Da. Yr 16. Terminated A. Date Mo. Da. Yr 17. Action to Termination Action 17. Action to Termination The guard was secured with wire ties.		
Second-Variety Date 1. Mine ID 1. Condition or Practice 1. Date date 1. Mine ID 1. Condition or Practice 1. Date date 1. Date dat	Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
A Mine Contractor Second Number Contractor Contract	Section I-Violation Data	
6. Minn 6. Condition of Practice The guard for the Panel 1F Unit 415 ventilation fan was not secured and was allowing the guard to be forced open approximately 5 inches while the fan was on. The fan was located on the 5th floor in the electrical room. See Centinuation Form 6MSHA Form 7000-3a) D. Violation A. Health G. Section Of Act This 30 OFR T7.400(d) Section II-loopetors Evaluation 10. Gravity: A. Injury or filmess (has) (is) No Likelihood Unlikely Ressonably Likely Filiphy Likely Cocurred Section II-loopetors Evaluation 11. Negligence (check one) A. None B. Low C. Significant and Substantial: Ves. (v) No C. Moderate Filiphy C. Moderate Filiphy C. Safeguard Moderate No C. Safeguard Minital Action A. Citation B. Order C. Safeguard D. Winiten Notice E. Citation C. C. Safeguard Moderate Section III-Termination A. Citation C. A. Date Moderate B. Time (24 Hr. Clock) Section III-Termination Transition Due A. Date Moderate B. Time (24 Hr. Clock) Section III-Termination Transition Due A. Date Moderate D. Winiten Notice C. Signature 23. AR Number 23. AR Number	1. Date Mo De Vr. 22 Time (26 Hr Clock)	
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8. Section A. Health Safety Section Of Act Other O	allowing the guard to be forced open	approximately 5 inches while the fan was
8. Section A. Health Safety Section Of Act Other O		
Safety Other Oth		See Continuation Form (MSHA Form 7000-3a)
Section II—Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [Unlikely Reasonably Likely Highly Likely Docurred B. Injury or Illness could reasonably be expected to be; No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate D. Highl E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice E. Citation A. Citation B. Order C. Safeguard D. Written Notice E. Citation Order Number 15. Area or Equipment 16. Termination Due A. Dat	Safety of Act	
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	(activity code) E16	

MSHA Form 7000-3, Apr 08 (revised)
In addprdance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates are aprecy's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REC-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 clations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor Mine Safety and Health Administration

Office of Accountability

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
A-M-I be-(-K A-K-	mino carety and recall relationships about
Section I–Violation Data	lo spray
t. Date Mo Da Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Numbe
4. Served To	5. Operator
6 Mine	7. Mine ID (Contract
8. Condition or Practice	8si. Written Notice (103g)
safety latch had been moved/pushed to	
	See Continuation Form (MSHA Form 7000-3s)
9. Violation A. Health B. Section C. Safety Other Other	C. Part/Section of Title 30 CFR 77.404(a)
Section II—inspector's Evaluation	
10. Gravity: A. Injury or Illness (has) (is): No Likelihood	Reasonably Likely Highly Likely Occurred
B Injury or illness could rea-	orkdays Or Restricted Duty 📝 Permanently Disabiling 🗍 🛮 Fatal 📗
C. Significant and Substantial: Yes 🕢 No 🗍	D. Number of Persons Affected: 001
11, Negligence (check one) A. None B. Low C.	. Moderate ☑ D. High ☐ E. Reckless Disregard ☐
12. Type of Action 104(a) 13. Type of Issuand	nce (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 Y
15. Area or Equipment	,
16. Termination Due A. Date Mo. Da. Yr B. Time (24 Hr. Clock)	0
Section III-Termination Action	
17. Action to Terminate The safety latches and be	een either replaced or repaired.
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IV-Automated System Data	
19. Type of Inspection (activity code) E16	21, Primary or Mill
(activity code) E16	

MSHA Form 7000-3, Apr to revisely in a quotience win the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Authinistration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency inforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the 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 20415. Please note, however, that your right to file a Ombudsman is in addition to any other rights you may have, including the right to contest distinct and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal D-10 Field Office Morganfield, KY Mine ID Date Date

		U.S. Department of Labor Mine Safety and Health Administration					
Section I-Violation Data	· · · · · · · · · · · · · · · · · · ·		Mine Safety	y and Healtr	Administrat	ion	
1. Date Mo Da Yr	2. Time (24 Hr. Clo	ck)		· · · · · · · · · · · · · · · · · · ·	3. Citation/		
4. Served To			5 Operator		Order Nun	nder	
6 Mine			7, Mine ID				(Contractor)
8. Condition of Practice		·,		·		Ba. Writter	Notice (103g)
Traffic rules, s signs along the used by contract	haul road b	ad been k					. The ad is also
•							
							·_
9. Violation A. Health	B. Section		C. Part/Section of		See Conti	nuation Form (MSH	IA Form 7000-3a)
9. Violation A. Health Safety Other	of Act		Title 30 CFR		77.160	00(b)	
Section II-Inspector's Evaluation				 			· · · · · · · · · · · · · · · · · · ·
10. Gravity: A, Injury or Illness (has) (is):	No Likelihood	Unlikely 📝	Reasonably L	ikely 🗍	Highly Likely	Occur	rred []
B. Injury or Illness could rea-	No Lock Worker		/orkdays Or Restrict			Disabling [Fatal []
sonably be expected to be: C. Significant and Substantial	<u> </u>	Nø ☑				Persons Affected	
11, Negligence (check one)			C. Moderate	D. High		Reckless Disreg	
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		1 43 Turks of loss	ianaa lakaab ana)				Melton Notice
12. Type of Action 104(a)	·	13. Type of issu	ance (check one)	Citation <table-cell></table-cell>	Order [Safeguard	Written Notice
12. Type of Action 104(a)	C. Safeguard []	13. Type of issue). Written Notice	E. Citation/		Order	F. Dated	Written Notice [
12. Type of Action 104(a) 14. Initial Action	C. Safeguard []		E. Citation/		Order [_]		
12. Type of Action 104(a) 14. Initial Action A. Citation B. Order	C. Safeguard []		E. Citation/		Order []		
12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date	Mo Da Vr		E. Citation/ Order Num		Order [_]		
12. Type of Action 104(a) 14. Initial Action B. Order 15. Area or Equipment 16. Termination Due A. Date Section III—Termination Action	Mo Da Vr). Written Notice	E. Citation/ Order Num		Order []		
12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date	Mo Da Vr). Written Notice	E. Citation/ Order Num		Order []		
12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date Section III—Termination Action 17. Action to Terminate 18. Terminated A. Date Mo	Mo Da Yr). Written Notice	E. Citation/ Order Num		Order []		
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12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date Section III—Termination Action 17. Action to Terminate	Mo Da Yr B. Time). Written Notice [E. Citation/ Order Num		Order [_]		

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

Office of Accountability

Strict | Coal D-10 | Field Office | Morganfield, KY | Mine ID |

Date

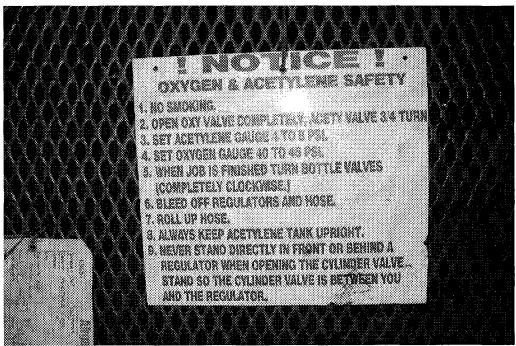


Photo 1 Directions for proper safety procedures involving Oxygen and Acetylene posted at all storage locations in plant.



Photo 2 Lockout tags include the name and photo of person performing tasks on circuits/equipment locked out.