



March 24, 2009

MEMORANDUM FOR MICHAEL A. DAVIS

Deputy Assistant Secretary for Operations
Mine Safety and Health

THROUGH:

CHARLES J. THOMAS *Charles J. Thomas*
Director of Accountability for
Mine Safety and Health Administration

FROM:

JERRY J. KISSELL *J. J. Kissell for*
Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, Morganfield, Kentucky
Field Office, and [REDACTED]
[REDACTED]

Introduction

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

Overview

The field office review was conducted on [REDACTED] by Charlie Thomas and Jerry Kissell; the prep plant audit was conducted on [REDACTED] at the main processing/milling facility, by Jerry Kissell.

Accompanying the auditor were [REDACTED]
[REDACTED]

[REDACTED] 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 [REDACTED] 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.

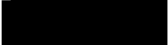
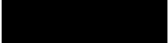
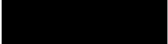
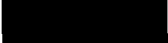
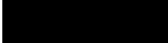
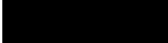
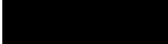
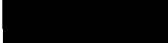
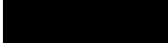
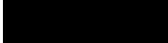
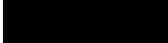
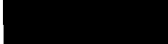
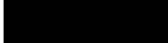

Audit Results

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

1.		77.502
2.		77.502
3.		77.502
4.		77.502
5.		77.502
6.		77.502
7.		77.502
8.		77.208
9.		77.1104
10.		77.400(d)
11.		77.204
12.		77.400(d)
13.		77.404(a)
14.		77.1600(b)

C. Pictures: lockout practices.

District Field Office Mine ID Date

b

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

Adequate Inadequate Not Applicable Comments Below

People time, event sheet, and ITS did not agree. This has been corrected.

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

3. Determine if supervisors are visiting each assigned mine at least annually

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted

Adequate Inadequate Not Applicable Comments Below

6. Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

7. Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

10. Determine if MSHA Administrators are using Performance Management System to hold District Managers accountable for oversight of subordinates

Adequate Inadequate Not Applicable Comments Below

11. Determine if ADM's and DM's are visiting mines with poor compliance at least monthly

Adequate Inadequate Not Applicable Comments Below

12. Evaluate required monthly reports of supervisory and management mine visits

Adequate Inadequate Not Applicable Comments Below

17.	Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Positive comment: Resources are being utilized effectively and efficiently.						

19.	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	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
All citations reviewed appear properly evaluated for conditions cited and observed.						

20.	Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	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.						

22.	Determine if District Manager is using discretion in granting conferences					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

23.	Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

25.	Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

27. Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases

Adequate Inadequate Not Applicable Comments Below

Was not audited.

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

Adequate Inadequate Not Applicable Comments Below

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.

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

Adequate Inadequate Not Applicable Comments Below

30. Determine if inspection notes, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

34. Determine if all mine record books, postings, and other required materials are examined during the inspection

Adequate Inadequate Not Applicable Comments Below

35. Determine if all provisions of the MINER Act are evaluated during the inspection

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate 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.

38. Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

39.	Check adequacy of preshift/onshift examinations					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
<u>Recommendation for the operator:</u> The operator needs to identify the "root cause" of the hazards and violations recorded in the examination books.						

41.	Evaluate operator's workplace examinations					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

42.	Evaluate conditions on working section and observe work cycle					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

57.	Observe and evaluate fire detection methods					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

59.	Evaluate condition of conveyor belt drives, and fire suppression systems					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

60.	Determine if all required record books are adequately completed and in compliance with applicable standards					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

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

Adequate Inadequate Not Applicable Comments Below

63. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes

Adequate Inadequate Not Applicable Comments Below

66. Determine if districts are conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

70. 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 Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

71. Determine if Peer Reviews accurately reflect and evaluate MSHA activities at all types of mining (underground/surface/surface facilities) within the district

Adequate Inadequate Not Applicable Comments Below

72. Determine if approved plans and the Uniform Mine File books are addressed during each Peer Review

Adequate Inadequate Not Applicable Comments Below

75. Evaluate approved training plan after discussion with miners

Adequate Inadequate Not Applicable Comments Below

77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

80. Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date

Adequate Inadequate Not Applicable Comments Below

81. Determine if all plans and documents in the Uniform Mine File are legible, and up to date

Adequate Inadequate Not Applicable Comments Below

86. Determine if Standard Operating Procedures (SOPs) adequately address requirements of MSHA Program Policy Manual

Adequate Inadequate Not Applicable Comments Below

114. Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date

Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

116. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues

Adequate Inadequate Not Applicable Comments Below

117. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?

Adequate Inadequate Not Applicable Comments Below

District Field Office Mine ID Date

118.	Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

119.	Determine if adequate close-out conferences are being conducted at the end of each inspection.					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

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

District Field Office Mine ID Date

Mine Citation/Order

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



Section I--Violation Data

1. Date	<input type="text" value=""/>	3. Citation/Order Number	<input type="text" value=""/>
4. Served To	<input type="text" value=""/>	5. Operator	<input type="text" value=""/>
6. Mine	<input type="text" value=""/>	7. Mine ID	<input type="text" value=""/>
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The 3/4 inch rigid conduit and the metallic start/stop switch enclosure located at the Head of #8 belt are not being properly maintained. The 3/4 inch conduit is not secured for a distance of approximately 30 feet and the start/stop enclosure is broken and not secured.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	77.502
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E16	20. Event Number	<input type="text" value=""/>	21. Primary or Mill	<input type="text" value=""/>
22. Signature	<input type="text" value=""/>	23. AR Number		<input type="text" value=""/>	

MSHA Form 7000-3, Sections 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 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.

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

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

Mine Citation/Order

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



Section I--Violation Data	
1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Mine <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>
6. Mine ID <u>[REDACTED]</u>	7. Mine ID <u>[REDACTED]</u> (Contractor)
8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>

The roof vent start/stop metallic enclosure and the 3/4 inch rigid conduit connection to the liquid tight conduit at the three roof fans on the West side of the Preparation Plant are not being properly maintained. The start/stop switch has a half inch diameter hole in the enclosure and the 3/4 inch conduit connection to the 3/4 inch liquid tight conduit is not supported.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>77.502</u>
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Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: <u>001</u>	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <u>104(a)</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
15. Area or Equipment		F. Dated <u>Mo Da Yr</u>		

16. Termination Due	A. Date <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III--Termination Action
17. Action to Terminate <u>The power conductors are removed from the roof fan linestarters.</u>

18. Terminated	A. Date <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section IV--Automated System Data		
19. Type of Inspection (activity code) <u>E16</u>	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill <input type="checkbox"/>
22. Signature <u>[REDACTED]</u>		23. AR Number <u>[REDACTED]</u>

MSHA Form 7000-3, April 1997. Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

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

Mine Citation/Order

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



Section I-Violation Data

1. Date Mo Da Yr <u>[REDACTED]</u> 2. Time (24 Hr. Clock) <u>[REDACTED]</u>	3. Citation/ Order Number <u>[REDACTED]</u>
4. Served To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>
6. Mine <u>[REDACTED]</u>	7. Mine ID <u>[REDACTED]</u> (Contractor) <input type="checkbox"/>
8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>

The 4E NEMA enclosure located on the fourth floor is not being properly maintained. The enclosure is deteriorated with a four inch by four inch opening in the bottom.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>77.502</u>
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Section II-Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III-Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>

Section IV-Automated System Data

19. Type of Inspection (activity code) <u>E16</u>	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill <input type="checkbox"/>
22. Signature <u>[REDACTED]</u>		23. AR Number <u>[REDACTED]</u>

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, 408 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

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

Mine Citation/Order

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



Section I—Violation Data		
1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	

8. Condition or Practice 8a. Written Notice (103g)

The 3/4 inch rigid conduit for a light near the polisher and a length of 3/4 inch rigid conduit near the polisher are not being properly maintained. The light 3/4 inch conduit is deteriorated to the point that the conduit is rusted into with insulated power conductors exposed. The 3/4 inch rigid conduit approximately 30 feet in length is not secured.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.502

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 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/Order Number F. Dated Mo Da Yr

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E16	[REDACTED]	[REDACTED]
22. Signature	23. AR Number	
[REDACTED]	[REDACTED]	

MSHA Form 7000-3, Apr 04 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration

Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	

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)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	77.502
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Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action: 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/Order Number F. Dated Mo Da Yr

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E16 20. Event Number 4 21. Primary or Mill

22. Signature 23. AR Number

MSHA Form 7000-5, April 2010 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Field Office Mine ID Date

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)

8. Condition of Practice

8a. Written Notice (103g)

The center EBR 48 oil pressure switch enclosure located on the 3rd floor is not being properly maintained. The metallic enclosure is not secure.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	77.502
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Section II--Inspector's Evaluation

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

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

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E16	20. Event Number	21. Primary or Mill
22. Signature			23. AR Number

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

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

District Field Office Mine ID Date

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	
8. Condition or Practice		8a. Written Notice (103g)

The unit 154 6R A1 cyclone CC centrifuge 3/4 inch T-fitting is deformed and the cover is not secure with a small opening.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
	<input checked="" type="checkbox"/>		77.502

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
R16		
22. Signature	23. AR Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20410. 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 [REDACTED] Date [REDACTED]

Mine Citation/Order

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

Section I--Violation Data	
1. Date <u>Mo Da Yr</u> <u>[REDACTED]</u>	2. Time (24 Hr. Clock) <u>[REDACTED]</u>
3. Citation/Order Number <u>[REDACTED]</u>	
4. Served To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>
6. Mine <u>[REDACTED]</u>	7. Mine ID <u>[REDACTED]</u>
8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>

Metal sheets, boards, parts, and water hoses were found in the preparation plant starting from the 6th floor down to and including the 3rd floor causing a slipping/tripping hazard from any person having to work in the areas.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E16	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill
22. Signature <u>[REDACTED]</u>	23. AR Number <u>[REDACTED]</u>		

MSHA Form 7000-3, Apr 01 provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Field Office Mine ID Date

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	5. Operator	
6. Mine	7. Mine ID	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Accumulations of oil, grease, and coal was found on the head drive motor, floor and the structure of the belt line. The belt was not running and had not run last night.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	77.1104
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Section II--Inspector's Evaluation

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

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

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E16	20. Event Number	21. Primary or Mill
22. Signatures			23. AR Number

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

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

District Field Office Mine ID Date

Mine Citation/Order

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



Section I--Violation Data	
1. Date <input type="text" value="Mo Da Yr"/>	2. Time (24 Hr. Clock) <input type="text" value=""/>
3. Citation/Order Number <input type="text" value=""/>	
4. Served To <input type="text" value=""/>	5. Operator <input type="text" value=""/>
6. Mine <input type="text" value=""/>	7. Mine ID <input type="text" value=""/> (Contractor)
8. Condition or Practice <input type="text" value=""/>	
8a. Written Notice (103g) <input type="text" value=""/>	

The guard for the B side wash down pump on the 5th floor was not secured over the shaft. The wash down motor was not running at the time.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <input type="text" value="77.400(d)"/>
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Section II--Inspector's Evaluation

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

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input checked="" type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action <input type="text" value="104(a)"/>	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
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14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/Order Number	F. Dated <input type="text" value="Mo Da Yr"/>
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15. Area or Equipment

16. Termination Due	A. Date <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV--Automated System Data

19. Type of Inspection (activity code) <input type="text" value="E16"/>	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
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22. Signature <input type="text" value=""/>	23. AR Number <input type="text" value=""/>
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MSHA Form 7000-3, April 1998. In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration

Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The guarding to prevent a person from falling through openings were not protected adequately. At the A5HM cyclone the bar was removed, an area of approximately 23 inches wide, at another location approximately 6 feet wide where the guarding material had come loose and side down not providing protection from falling through located on the 5th floor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.204
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Section II--Inspector's Evaluation

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

15. Area or Equipment

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

17. Action to Terminate The opening areas have been guarded properly.

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) B16	20. Event Number	21. Primary or MII
22. Signature	23. AR Number	

MSHA Form 7000-3, Apr 03 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Field Office Mine ID Date

Mine Citation/Order

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

Section I--Violation Data	
1. Date <input type="text" value="Mo Da Yr"/> 12 Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/Order Number <input type="text" value=""/>
4. Served To <input type="text" value=""/>	5. Operator <input type="text" value=""/>
6. Mine <input type="text" value=""/>	7. Mine ID <input type="text" value=""/> (Contractor)
8. Condition or Practice <input type="text" value=""/>	
8a. Written Notice (103g) <input type="checkbox"/>	

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 Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <input type="text" value="77.400(d)"/>
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Section II--Inspector's Evaluation

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

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action <input type="text" value="104(a)"/>	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
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14. Initial Action		E. Citation/Order Number	F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>

15. Area or Equipment

16. Termination Due	A. Date <input type="text" value="Mo Da Yr"/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date <input type="text" value="Mo Da Yr"/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV--Automated System Data

19. Type of Inspection (activity code) <input type="text" value="E16"/>	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
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22. Signature <input type="text" value=""/>	23. AR Number <input type="text" value=""/>
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MSHA Form 7000-9, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC-2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Field Office Mine ID Date

Mine Citation/Order

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

Section I—Violation Data		
1. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	2. Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/ Order Number <input type="text" value=""/>
4. Served To <input type="text" value=""/>		5. Operator <input type="text" value=""/>
6. Mine <input type="text" value=""/>		7. Mine ID <input type="text" value=""/>

8. Condition or Practice Ba. Written Notice (103g)

The chain hoist supporting the A side #1 clean coal vibrator was found with the safety latch had been moved/pushed to the out side of the hook. Also a 1 ton chain hoist has the safety latch on the out side of hook on the top end of the hoist and the spring broken on the bottom end. The chain hoist has been removed from service immediately until repaired.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.404(a)
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Section II—Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section III—Termination Action

17. Action to Terminate The safety latches and been either replaced or repaired.

18. Terminated	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number <input type="text" value=""/>	21. Primary or Mill <input type="text" value=""/>
22. Signature <input type="text" value=""/>		23. AR Number <input type="text" value=""/>

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

United States Department of Labor
Mine Safety and Health Administration

Office of Accountability

District Field Office Mine ID Date

Mine Citation/Order

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

Section I-Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	
8. Condition or Practice		Ba. Written Notice (103g) <input type="checkbox"/>

Traffic rules, signals shall be standardized at each mine and posted. The signs along the haul road had been knocked over or missing. Haul road is also used by contractors hauling gravel.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.1600(b)

Section II-Inspector's Evaluation

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

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

Section III-Termination Action

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

Section IV-Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number	21. 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 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.

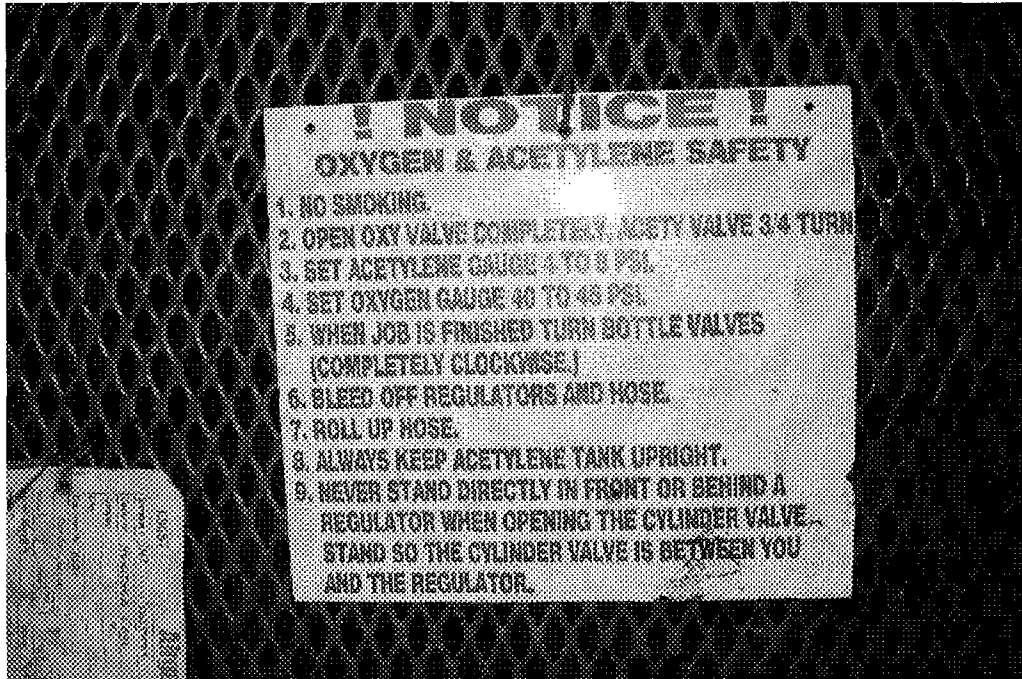


Photo 1 Directions for proper safety procedures involving Oxygen and Acetylene posted at all storage locations in plant.

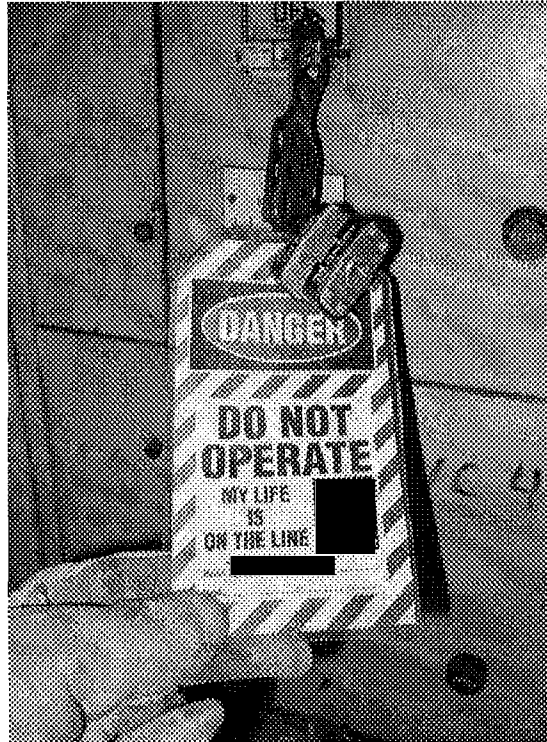


Photo 2 Lockout tags include the name and photo of person performing tasks on circuits/equipment locked out.