U.S. Department of Labor

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



AUG 2 4 2010

MEMORANDUM FOR ROBERT L. PHILLIPS Acting Deputy Assistant Secretary for Operations Mine Safety and Health

THROUGH:

nontali PETER J. MONTALI Acting Director of Accountability Mine Safety and Health

FROM:

JERRY J. KISSELL Accountability Specialist Mine Safety and Health

Leter Montali for **RODNEY D. GUST** Accountability Specialist Mine Safety and Health

SUBJECT:

MSHA Office of Accountability Audit, MNM Southeastern District, Franklin, TN, and

Introduction

This memorandum summarizes the Office of Accountability audit of the subject field office and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FAR's), Accompanied Activities (AA's), MSHA supervisory and managerial oversight and the conditions and practices at the mine. The audit was conducted by Jerry Kissell, accountability specialist and Rodney Gust, accountability specialist, during the week of

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

Overview

The field office audit was conducted on the audit was conducted on Accompanying the audit team were

and the on-site portion of

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On-site areas examined included:

The material storage areas/laydown yards, tool shed (mechanics tools and supplies) spare parts conex trailer, mechanics F-350 service truck, caterpillar 980-G front end loader, Kamatsu WA 600 front end loader, supervisors company truck (F-150), Bobcat skid steer unit, Electrical contractors work vehicles, Quality Control Lab, primary crusher control room and access platforms, haul road and berming into the quarry and areas traveled to the de-watering pumps at the quarry floor, and the quarry highwalls along these travel ways.

S&S Rate Comparison

FY 2009, as well as to-date in FY 2010.

S&S rates for the Franklin, Tennessee FO, are above that district and national levels for

1. 1.	S&S Rate Co	mparison	
Fiscal Year	Franklin, TN Field Office	South Eastern district	National Average
2008	34.84%	26.32%	21.44%
2009	35.62%	34.21%	21.36%
2010	43.22%	39.97%	38.19%

Time and Activity Comparison

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2007 to January 2010 indicated that onsite time for surface facilities increased from 57.24% in FY 2008 to 58.80% in FY 2009 and is currently 63.16% for FY 2010. Time spent in the "other" category decreased from 16.93% to 13.88% during the same time period, and currently is 21.05% for FY 2010.

	Time Distribution (Percent) – E01 Inspections at Surface Facilities					
ir i	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
FY2008	21.84%	16.93%	57.24%	5.59%	3.98%	100.00%
2008 Nat'l Avg	20.39%	10.19%	61.86%	2.96%	7.55%	100.00%
FY2009	24.05%	13.88%	58.80%	3.49%	3.27%	100.00%
2009 Nat'l Avg	20.77%	10.23%	61.91%	3.69%	7.10%	100.00%
FY2010	15.79%	21.05%	63.16%	13.16%	0.00%	100.00%
2010 Nat'l Avg	20.30%	9.83%	61.92%	3.53%	7.94%	100.00%

* Total on-site time includes citations issued on-site.

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2008 to January 2010 indicated that onsite time for surface mines increased from 61.19% in FY 2008 to 62.39 in FY 2009, and is currently 58.60% in FY 2010. In addition, time spent in the "other" category increased from 14.92% in FY 2008 to 15.73% in FY 2009 and is currently 14.81% for FY 2010.

	Time Distribution (Percent) – E01 Inspections at Surface Mines					
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
FY2008	19.95%	14.92%	61.19%	5.96%	3.95%	100.00%
2008 Nat'l Avg	26.33%	11.77%	56.23%	3.13%	5.67%	100.00%
FY2009	19.82%	15.73%	62.39%	7.67%	2.06%	100.00%
2009 Nat'l Avg	25.96%	11.54%	56.38%	3.26%	6.11%	100.00%
FY2010	20.26%	14.81%	58.60%	4.48%	5.74%	100.00%
2010 Nat'l Avg	24.71%	11.51%	56.76%	5.55%	6.33%	100.00%

* Total on-site time includes citations issued on-site.

Time distribution for E01 inspections conducted out of the Franklin, Tennessee field office from October 2008 to January 2010 indicated that onsite time for underground mines decreased from 62.41% in FY 2008 to 57.98% in FY 2009 and is currently 57.08% in FY 2010. In addition, time spent in the "other" category increased from 18.06% in FY 2008 to 20.29% in FY 2009 and is currently 16.89% in FY 2010.

	Time Distribution (Percent) – E01 Inspections at Underground Mines					
1	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
FY2008	15.75%	18.06%	62.41%	5.68%	3.78%	100.00%
2008 Nat'l Avg	23.44%	11.15%	60.23%	1.62%	5.18%	100.00%
FY2009	17.72%	20.29%	57.98%	5.67%	4.01%	100.00%
2009 Nat'l Avg	24.03%	10.98%	60.06%	2.14%	4.94%	100.00%
FY2010	16.53%	16.89%	57.08%	3.87%	9.50%	100.00%
2010 Nat'l Avg	23.88%	11.09%	59.58%	2.47%	5.45%	100.00%

* Total on-site time includes citations issued on-site.

Audit Results

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

- 1. Field office staff demonstrated excellent knowledge of MSHA regulations, law and policy. Inspectors were well prepared with tools/equipment necessary to perform inspection duties.
- 2. Open and positive communications between MSHA personnel and the mine operator, including miners, safety personnel, and management were very commendable.
- 3. The field office was well organized and personnel are consistently informed on inspection completion and GPRA performance information. (use of standardized reports)
- 4. The district and field office staff was professional, courteous and cooperative towards the office of accountability specialists.
- 5. The inspector traveled and observed areas where persons were working and conducting normal mine maintenance and repair to ensure safe work practices and compliance were in place.

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

- 1. Inspections do not appear to be complete and thorough. Several citations were issued during the audit for conditions that appeared to have existed for extended periods of time but were not cited previously. (See item 27 in attachment A and see attachment B, citations issued during the audit)
- 2. Hazardous ground conditions were not being addressed in the quarry above the haul road where persons travel to the pit bottom. Fallen materials from the highwall above the travel way were observed in the road used to access the quarry. There was not appropriate equipment available at the mine to address maintaining and scaling of the highwalls and no safety benches to catch falling or sloughing materials were present. (See Item <u>36</u>)
- 4. A review of previous citations revealed a violation issued (and a second previous citations) for guarding appeared to be for two separate pieces of equipment in one citation.
 - (See item 63, Attachment C)

Attachments

Office of Accountability Checklist with comments, recommendations, and A. 👘 references

		Citations/Orders issued during this audit	cc 12008
_	В.	Citations/Orders issued during the	56.12008
		46.5a	56.4201A1
		56.14207	56.12032
		56.14101a2	56.12008
		56.14100a	47.41a
		56.14101a2	56.4402
		56.12004	56.14107a
		56.11001	56.11002
		56.14100b	56.14107a
		56.11003	56.14101a2
		56.16005	56.14101a2
		56.4101	56.14101a2
		56.12028	56.14101a2
		56.14101a2	56.14100d
		56.16005	56.14101a2 (J981)
		56.11002	56,14107a (J981)
		56.4104b	107a order (J981)
		56.14100b	56,11016 (J981)
		56.14100b	56.18002a (J981)
		47.41a	56.18002(a)
		47.41a	56.3200
		56.12028	104(g)(1)
		56.4101	56.9300(a)
		56.4200b2	
		56.20003a	
		00.20000	

Enforcement actions with questionable evaluations C.

Photos taken during audit (if needed) D.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
1. Evaluate supervisory review of inspection reports and documentation for completeness.
Adequate Inadequate X Not Applicable Comments Below
A review of prior inspection reports indicate questionable determinations of citations -
example and the condition/practice depicted two
separate pieces of equipment in the violation with only one citation issued that addresses
both violations.) (See attachment C) (See Item 61)
[Program Policy Manual Volume I, Interpretation and Guidelines on Enforcement of the
1977 Act]
2. Determine if supervisors address report deficiencies immediately
Adagueta
Adequate Inadequate X Not Applicable Comments Below
See Item 1 and Item 63 of attachment A, and see attachment D
3. Determine if supervisors are visiting mines
Adequate Inadequate Not Applicable Comments Below X
The supervisor stated he makes mine visits as he completes his required Accompanied
Activity inspections with his inspectors.
Evaluate the quality of Field Activity Review reports (FARs)
4.
Adequate X Inadequate Not Applicable Comments Below X
All FAR's requirements were met.
A recommendation to enhance the intent of the FAR's reports as they appear to lack detail
specific to the deficiencies and corrective actions reviewed in the summary of the reports.
(Recommendation- Ensure that all supervisory and management personnel have adequate training in the proper
manner to conduct and document a field activity review for significant accomplishments and deficiencies
identified.(AH09-III-1(1), Metal and Nonmetal Mine Safety and health Supervisors handbook, Chapter two,
section A and section B))

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
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 X
No performance or behavior based issues were identified during the AA's
6. Evaluate the quality of Accompanied Inspections
Adequate X Inadequate Not Applicable Comments Below
See item 4 above.
7. Determine if supervisors are reviewing mine files
Adequate Inadequate Not Applicable Comments Below
The indicated he reviews the field office files through the year.
 Determine if Assistant District Manager is holding supervisor accountable for Field 8. Activity Reviews, and Accompanied Activities
Adequate X Inadequate Not Applicable Comments Below X

The accountable for conducting the required number of FAR's, and AA's. However, the quality of these activities did not appear to achieve the desired goals as per Items No. 1, and 4 above and item 21 below. Recommendation – Training should be provided for supervisors regarding FAR's and AA's and second level reviews. Reference - AH09-III-1(1)

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
11. Determine if ADMs and DMs are visiting mines
Adequate Inadequate Not Applicable Comments Below X
Discussion with DM and ADM indicate mine visits are conducted through out the district
 Determine if supervisors are monitoring inspector time and activity documentation 15. to ensure proper use of time by inspector
Adequate X Inadequate Not Applicable Comments Below
Supervisors are utilizing the Key Indicator reports to monitor time & activity for the inspectors and field office.
Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures
Adequate X Inadequate Not Applicable Comments Below
17. Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations
Adequate Inadequate X Not Applicable Comments Below
See Attachment C, below.
18. Determine if supervisors are adequately evaluating the level of enforcement
Adequate Inadequate X Not Applicable Comments Below
Evaluation of conditions cited, gravity and negligence is questionable following the review of prior inspection reports. See attachment C, below.

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
21. Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions
Adequate Inadequate X Not Applicable Comments Below
See item 4 and 6 above (Recommendation- Ensure that all supervisory and management personnel have adequate training in the proper manner to review and document FAR/AA reports.)
· · · · · · · · · · · · · · · · · · ·
22. Determine if appropriate actions are taken by supervisors and managers with respect to issues of misconduct and/or poor performance
Adequate Inadequate Not Applicable Comments Below X
No misconduct /poor performance issues have been identified in the field office.
26. 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
Field office/district monitors the Key indicators.
27. Determine if complete and thorough inspections are being conducted and adequately documented
Adequate Inadequate X Not Applicable Comments Below
The Galestin (b) (b) (c) inspections conducted in FY 2009. Three of those seven citations were issued as S&S (42%) During the still of the past inspection periods with the still of the still of the past inspection periods with the past inspection periods with the still of the past inspection periods with the past periods

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
28. Determine if inspection notes support the inspector's assertion that the mine was inspected in its entirety, including health sampling
Adequate X Inadequate Not Applicable Comments Below
During the inspection conducted as part of the audit, all areas of the mine traveled were documented by the inspector.
29. Determine that the inspector spent sufficient time on off-shifts and on weekends
Adequate Inadequate Not Applicable X Comments Below
No weekend or night shift production is performed at the mine visited.
30. Determine if all mine records, postings, and other required materials are examined during the inspection
Adequate Inadequate Not Applicable Comments Below
Mine records were not examined during the accompanied audit; previous inspection notes document an examination of required records and postings.
32. Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals
Adequate X Inadequate Not Applicable Comments Below
Although an entire inspection was not completed as part of the audit, previous inspection site times reviewed appear accurate with site time charged during the inspection conducted as part of the audit.
Evaluate each citation/order for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement
Adequate X Inadequate Not Applicable Comments Below

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
35. Check adequacy of work place examinations/pre-operational examinations
Adequate Inadequate X Not Applicable Comments Below
The mine operator was cited based on the number and type of citations issued at the mine for equipment defects, pre-operational exams not completed and inadequate work place examinations. (See attachment B) The inspector properly identified and took the appropriate action to address the conditions observed.
36. Evaluate inspector's observation of back/Ground conditions
Adequate Inadequate X Not Applicable Comments Below
Inspector evaluated the condition of the highwall correctly during the accountability auditabut the highwall conditions have not addressed during previous inspections. Citation was issued under 56.3200 during the audit. (See attachment B)
37. Evaluate conditions of working areas and observe work cycle
Adequate Inadequate X Not Applicable Comments Below
On the inspection conducted as part of the audit upsets conditions were observed in the plant area where persons were working. <i>Example:</i> issued under 56.11016 (See Attachment B, below)
39. Determine adequacy of training plans (interview miners)
Adequate Inadequate Not Applicable Comments Below X
The training plan and records were not reviewed during the audit.
Electrical equipment maintained (includes electrical cables/equipment/power 41. supply stations, etc.)
Adequate Inadequate X Not Applicable Comments Below
During the accountability audit. six (6) citations were issued on electrical standards. See Attachment B, citation #'s

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
45. Evaluate condition and maintenance on conveyor belts, structures, and guarding
Adequate Inadequate X Not Applicable Comments Below X
Cited during inspection conducted as part of audit. (See Attachment B)
49. Evaluate cleanup of accumulations/housekeeping
Adequate Inadequate X Not Applicable Comments Below
The inspector properly cited the operator for lack of good housekeeping such as stumbling hazards. (See Attachment B)
51. Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below
Bulletin boards were posted in the main office with the required documents and information.
54. Determine if districts are conducting sufficient, in-depth Peer Reviews
Adequate Inadequate Not Applicable Comments Below X
Audit team did not review the peer reviews. Documentation is maintained at the District Office. The district conducted one peer review in 2009 at the Bartow, FL field office.
55. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews
Adequate Inadequate Not Applicable Comments Below X
Not reviewed during the audit.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability (b) (c)
District MNM South East Field Office Franklin, TN Mine ID
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate Inadequate X Not Applicable Comments Below
E-01 reports for the Constant of the audit had not been documented in the previous reports. Inspection conducted as part of the audit had not been documented in the previous reports. <i>Reference - Inspection Procedures handbook, PH09-IV-1, Chapter 5, section C,</i>
63. Citations, orders, and safeguards issued during previous two E-01 inspections
Adequate Inadequate X Not Applicable Comments Below
The audit team examined citations issued on those inspections and four unat documentation of conditions or practices were not of sufficient detail to support the evaluations of gravity, negligence and level of enforcement. The audit audit is and the support the subscription of the support to an extended period of time. (See Attachment B, C & D)
A follow up inspection to terminate an outstanding health citation appeared not to follow policy and termination procedures. The second citation # (1) (0) (1) (0) (1) (0) (1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Citation 6596101 issued on two separate pieces of equipment on one citation. Form 7000-3, Separate citations shall be issued for: violations of separate standards on one piece of equipment; violations of separate standards in a distinct area of a mine; <u>identical</u> <u>violations on separate pieces of equipment</u> ; and, identical violations in distinct areas of a mine. (See attachment D, Citation
64. Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date
Adequate X Inadequate Not Applicable Comments Below

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine 1D
65. Determine mine files are legible, and up to date
Adequate X Inadequate Not Applicable Comments Below
Mine files are neat, orderly, legible, up to date, and labeled appropriately.
 Determine if miners are adequately trained in the provisions of any new 66. conditions/changes/equipment at the mine.
Adequate Inadequate Not Applicable Comments Below X
Inspection was not completed during the accountability audit. The training plan was not reviewed prior to the audit teams departure.
71. Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists
Adequate X Inadequate Not Applicable Comments Below
Weekly meeting are conducted with district and field office personnel.
72. 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 X
The supervisor used MSHA handouts as subject matter for the staff meetings which are conducted on Mondays.
74. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.
Adequate X Inadequate Not Applicable Comments Below

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District MNM South East Field Office Franklin, TN Mine ID
75. Determine if adequate close-out conferences are being conducted at the end of each inspection.
Adequate Inadequate Not Applicable Comments Below
Documentation in the files review indicates that close out conferences are being conducted by the inspector at the end of the inspection. The inspector conducted daily close-outs to review violations issued. He discussed details concerning violations and explained he would review all aspects of the inspection at a final close-out when the inspection was completed.
76. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.
Adequate Inadequate Not Applicable Comments Below X
This operation has been idle since late November 2009. No blasting, drilling or explosives use was being done during the inspection conducted as part of the audit.
·
77. 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
100% completion rate was achieved with the current staffing levels in the office.
78. Other issues/procedures/policies reviewed
Adequate Not Applicable Comments Below

U.S. Department of Labor Mine Safety and Health Administration	
3. Citation/ Order Number	
	(Contractor)
8a. Written	Notice (103g)
	Mine Safety and Health Administration

The Contractor was not made aware by the mine operator of the Part 46 training requirements. The Contractor must withdraw from the mine until he receive the required training. The Federal Mine Safety and Health Act of 1977 states that an untrained miner is a hazard to himself and to others.

					300 Con	anuation Form (MSP	M Form 7000-38)
9. Violetion A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	h	46	.5a	
Section II-Inspector's Evaluation		**************************************					
10. Gravity:							
A. Injury or Ulness (has) (is): No Likelihood 🗌	Unlikely	Reasonably	/Likely 📋	Highly Likely	0ccu	med [
B. Injury or illness could re sonably be expected to		iaya 🗌 🛛 Lost W	orkdays Or Restr	icted Duty 📋	Permanent	ly Disabling	Fatal 🗹
C. Significant and Substan	tial: Yes 🗹	No 🗌			D. Number of	Persons Affected	s: 001
11. Negligence (check one)	A. None	B. Low 📋 (C. Moderate 🖌	D. High	<u>с</u> е.	Reckless Disreg	and 🗍
12. Type of Action 104g1		13. Type of Issue	ance (check one)	Citation 🗌	Order 🖌	Safeguard 🗌	Written Notice
14. Initial Action A. Citation B. Order	C. Safeguard	D. Written Notice	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
16. Termination Due A. Da	te Mo Da Yr	B. Time (24 Hr. Cloc	k)				
Section III-Termination Action							
17. Action to Terminate	÷	7549 10			3		
18. Terminated A. Date N	o Da Yr B. Time	(24 Hr. Clock			b = T		
Section IV-Automated System Date	1			-			Ŷ
19. Type of inspection (activity code) E0	20. Event Number		21. P	rimary or Mill P		,	
22. Signature			and the second		23. AR I		
MSHA Form 7000-3, Apr 08 (reviae stablished a National Small Busine inforcement actions. The Ombuda	as and Agriculture Regula	the provisions of the Sm tory Ombudaman and 10 forcement activities and	Regional Faimess	Boards to receive	comments from a	mail businesses abo	ut federal agency

emprocement actions. The Criticizanten annually evaluate emprocement accordes and readers a tegency responsiveness to small occurrent, and were to command on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudeman at Small Susiness Administration, Office of the National Ombudeman, 400 3rd Street, SW M2 120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudeman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

			Mine Safe	States Depar ty and Heal ffice of Acco	th Administ			
District	MNM South Eas	t Field Of	fice Fran	klin, TN	Mine ID	[
	e Citation/Order tinuation	7 8			Department o Safety and He	f Labor alth Administration		
	n I-Subsequent Action/Continu bsequent Action 1a. Contin	nuation 2. Dat	ed iginal Issue)		3. Citation/ Order Num	be,		 ·
4.50	and To			000	rator			
Section	n II-Justification for Action	E ella		/. Mine			(Contractor) Z196	

The contractor was called to the site in order for MSHA to obtain information concerning equipment on the mine site. The contractor was not conducting work at the time on the mine site therefore this withdraw order is vacated.

Section III-Subsequent Action Taken					See Continuation Form
8. Extended To A. Date Mo	Da Yr	B. Time (24 Hr. Clock)	🗹 C. Vecated	D. Terminated	E. Modified
Section IV-Inspection Data					
9. Type of Inspection E01	10. E	vent Number			9
11. Signature		AR Number	12. Date Mo Da Yr	13. Time (24 Hr, C	lock)
MSHA Form 7000-3a, Mar 85 (revised)				

							(b) (6	
ict MNM Sou	th East	Field Off	ice Frankli	n, TN M	ine ID			
					с. — Г			
								1.
Mine Citation/Orde	er.				rtment of L	.abor h Administra	ation	
Section I-Violation Data				Wine Odie	ly and moun		<u>(b)</u> (6)	
1. Date	12	Time (24 Hr C	lock)	1		3. Citation/		······································
						Order Nu	mber	
						1	0- 14/-	(Contractor)
8. Condition or Practic The 988G lo	the same in such that the same in same in such that the same in such that the same in such that the same in same in such that the same in same	rked in	front of t	be office	00.3.0	rada and		n Notice (103g)
had the par							ponents (
braking sys								
strike a mi	ner fata	al crush	ing injuri	es would	occur.	The min	e operato	or was
aware the 1								
loader was	parked o	on a gra	de but fai	led to en	sure the	e tires	were choo	cked.
			÷					
			2 ×					
								2002
						See Con	invation Form (MSI	A Form 7000-3a)
9. Violation A. Heal	th 🗌 🛛 B. S	Section	1	C. Part/Section of		See Con	inuation Form (MSH	IA Form 7000-3a)
Safe	ty 0	Section If Act		C. Part/Section of Title 30 CFR		See Con 56.14		lA Form 7000-3a)
Safe Oth	er 🗌 🕴 o							14 Form 7000-3a)
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Safe Oth Section II-Inspector's Eva 10. Gravity: A. Injury or Illness (ty 0 er 0 luation has) (is): No		Unlikely 🖌				4207	IA Form 7000-3a)
Safe Oth Section II-Inspector's Eva 10. Gravity: A. Injury or Illness (B. Injury or Illness c	ty o er ination has) (is): No could rea-	f Act		Title 30 CFR	ikely 🗌	56.14 Highly Likely	4207	
Safe Oth Section II-Inspector's Eva 10. Gravity: A. Injury or Illness (ty 0 er 0 luation has) (is): No puld rea- ted to be:	fAct Likelihood [] No Lost Workd	lays 🗌 Lost W	Title 30 CFR Reasonably	ikely 🗌	56.14 Highly Likely Permanent	4207	rred [] Fatal 📝
Safe Oth Section II-Inspector's Eva 10. Gravity: A. Injury or Iilness (Sonably be exper C. Significant and S	ty 0 er 0 has) (is): No ould rea- zed to be: iubstantial:	fAct Likelihood [] No Lost Workd Yes []	lays 🔲 Lost W	Title 30 CFR Reasonably	ikely [] ted Duty []	56.1 Highly Likely Permanent D. Number of	4207 Coccu by Disabiling Persons Affected	rred [] Fatal 🕑
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United States Department of Labor Mine Safety and Health Administration Office of Accountability District MNM South East Field Office Franklin, TN Mine ID Mine Citation/Order **U.S. Department of Labor** Mine Safety and Health Administration Section I-Violation Date 1. Date 3. Citation/ Order Numb 7. Mine (Contractor) 8a. Written Notice (103g) The park brake for the 350L Super Duty Utility truck used for maintenance on the mine site would not hold when tested with the typical load on a typical grade traveled in the mine. Should the truck jump gear and strike a miner serious injuries would occur. See Continuation Form (MSHA Form 7000-3a) 9. Violation Health B. Section C. Part/Section of of Act Safety [Title 30 CFR 56.14101a2 Other Section II-Ins 's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely 🖌 Highly Likely Occurred 🗌 B. Injury or illness could rea-sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal C. Significant and Substantial: D. Number of Persons Affected: Yes 🗹 No 🗌 001 11. Negligence (check one) A. None B. Low C. Moderate 🖌 D. High E. Reckless Disregard 13. Type of issuance (check one) 12. Type of Action Citation 🖌 Order Safeguard |] Written Notice 104a F. Dated 14. Initial Action E. Citation/ Mo Da Yr Order Number A. Citation 🗍 B. Order 📋 C. Safeguard 📋 D. Written Notice 15. Area or Equipment 16. Termination Due A. Date 3. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The park brake held when tes 18. Terminated B. Time (24 Hr. Clock A. Oal Section IV-Automated Sys 19. Type of Inspection 20. Event Numb 21. Primary or Mill E01 (activity code) P 23. AR Number 22. Signature

MSHA Form 7000-3, Apr 09 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business and Agriculture Regulatory Cinbudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement actions. The Ombudsman annually evaluates enforcement actions. The Cinbudsman annually evaluates 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 lie 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.

(-) (0)

Section L-Violation Data				/1	1 (0)	
Mine Citation/Order			Department of Safety and Hea	Labor alth Administration		
District MNM South East	Field Office	Franklin, TN	Mine ID			

1. Date (2. Time (24 Hr. Clock)	3. Citation/ Order Number
		(Contractor)
8. Condition or Practi	C0	8a. Written Notice (103g)

A pre-operational inspection was not conducted on the 350L Super Utility truck before being put into use during the shift. The truck had a defect in that the park brake would not hold but was not discovered before being used for normal maintenance operations on the mine site because a normal preoperational inspection was not conducted or recorded. Should a miner not be aware of the defective park brake and attempt to rely on it serious injuries would occur.

		See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section Safety of Act Other	C. Part/Section of Title 30 CFR	56.14100a
Section II-Inspector's Evaluation		
10. Gravity:		
A. Injury or Illness (has) (is): No Likelihood 🗍 Uni	likely 🔲 Reasonably Likely 🖌	Highly Likely Occurred
B. Injury or illness could raa- sonably be expected to be: No Lost Workdays	Lost Workdays Or Restricted Duty	Permanently Disabiling 🗌 🛛 Fatal 🗹
C. Significant and Substantial: Yes 🗹 No 🗌		D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Law	C. Moderate 🗹 D. High	E. Reckless Disregard
12. Type of Action 104a 13. T	ype of Issuance (check one) Citation 🗹	Order Safeguard Written Notice
14. Initial Action A. Citation B. Order (C. Sefeguard D. Writter	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment		
16. Termination Due A. Date Ma Do Vr B. Time (24 Hr. Clock)	
Section III-Termination Action		
17. Action to Terminate A pre-operational deficiencies recorded.	inspection of the truc	k was conducted and the

18. Terminated A. Date		B. Time (24 Hr. Clock			
Section IV-Automated Syste	em Data				
19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill P		(h) (C)
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 1998, the Small Business Administration has established a National Smaß 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 anforcement activities and rates and agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annually evaluates anforcement activities and rates each agency a responsiveness to smell 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 20118. 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.

			Mine Safety a	tes Department of La and Health Administ e of Accountability			
rict []	MNM South Ea	ast Field Off	fice Franklin	n, TN Mine ID		(b) (C)	
Mine C	Citation/Order			U.S. Department of			
Section I-	-Violation Data			Mine Safety and He	ealth Administration	and the second se	
1. Date	He Do Yr	2. Time (24.Hc C	lock)		3. Citation/ Order Numbe		
				5 Operator			
1.0	ition or Practice						(Contractor)
		Ttility tru	lok was non	ked unattended	an' a guada		Notice (103g)
curr	ently on.	Should the	vehicle ope	n a grade simil erator rely on brake fail seri	the faulty	brakes	on a
	*						
					See Continued	ion Form (MSH/	N Form 7000-3a)
9. Violat	Safety C	B. Section of Act		C. Part/Section of Title 30 CFR	56.14101	a2	
Section #-	-Inspector's Evaluation						
	jury or Illness (has) (is	s): No Likelihood 🗌	Unlikely 📋	Reasonably Likely 🖌	Highly Likely 📋	Occun	ber
-				orkdays Or Restricted Duty	Permanently Di	sabling 🗌	Fatal 🗹
B. Inji sor	jury or illness could re nably be expected to i	be: No Lost Workd					
B. Inji sor		be: No Lost Workd			D. Number of Pen	sons Affected:	001
B. İnji sor C. Sk	nably be expected to I	be: No Lost Workd				sons Affected: :kless Disrega	001
B. Inj sor C. Sk 11. Negli	nably be expected to I gnificant and Substan	be: No Lost Workd Itial: Yes 🖌	No [] B. Low [] C		gh [] E. Red		001
B. Inji sor C. Sk 11. Negli 12. Type 14. Initia A. Cita	nably be expected to gnificant and Substan ligence (check one) of Action 04a nl Action ation B. Order [be: No Lost Workd httal: Yes 🗹 A. None 📑	No [] B. Low [] C	. Moderate D. Hi ance (check one) Citation E. Citation/	gh [] E. Red	kless Disrega	
B. Inji sor C. Sk 11. Negli 12. Type 14. Initia A. Cita	nably be expected to 1 gnificant and Substan ligence (check one) a of Action 104a al Action	be: No Lost Workd httal: Yes 🗹 A. None 📑	No B. Low C 13. Type of issue	. Moderate D. Hi ance (check one) Citation E. Citation/	gh [] E. Red	kless Disrega feguard 🗌	Written Notice
B. Inj son C. Sk 11. Negli 12. Type 14. Initia A. Cita 15. Area 16. Term	nably be expected to gnificant and Substan ligence (check one) e of Action 1 (04a at Action ation] B. Order] e or Equipment nination Due A. Da	ttial: Yes 2 A. None] C. Safeguard]	No B. Low C 13. Type of issue	. Moderate D. Hi ance (check one) Citation E. Citation/ Order Number	gh [] E. Red	kless Disrega feguard 🗌	Written Notice
B. Inj son C. Sk 11. Negli 12. Type 14. Initia A. Cita 15. Area 16. Term	nably be expected to gnificant and Substan ligence (check one) a of Action 1 ()4a at Action ation] B. Order] a or Equipment nination Due A. Da I-Termination Action	ttial: Yes 2 A. None] C. Safeguard]	No B. Low C. Color Col	. Moderate D. Hi ance (check one) Citation E. Citation/ Order Number	gh [] E. Red	kless Disrega feguard 🗌	Written Notice
B. Inj sor C. Sk 11. Negli 12. Type 14. Initia A. Cita 15. Area 16. Term 17. Actio	nably be expected to 1 gnificant and Substan ligence (check one) a of Action 104a at Action ation 1 B. Order 1 a or Equipment nination Due A. Da I-Termination Action on to Terminate The ninated A. Date	be: No Lost Workd A. None [A. None [C. Safeguard [] ate Ma Do Yr ate truck was to Da Yr B. Time	No B. Low C. Color Col	. Moderate D. Hi ance (check one) Citation E. Citation/ Order Number	gh [] E. Red	kless Disrega feguard 🗌	Written Notice
B. Inj sor C. Sk 11. Negli 12. Type 14. Initia A. Cita 15. Area 16. Term Section III 17. Actio 18. Term Section V 19. Type	nably be expected to 1 gnificant and Substan ligence (check one) a of Action 104a at Action B. Order [a or Equipment nination Due A. Da I-Termination Action on to Terminate Th planted 4	be: No Lost Workd trial: Yes 2 A. None] C. Safeguard] ats Ma Do Yr ats Ma Do Yr ats Ma Do Yr B. Time J 20. Event Numb	No B. Low C. Constant of Issue D. Written Notice B. Time (24 Hr. Clock Chocked	. Moderate D. Hi ance (check one) Citation E. Citation/ Order Number	gh E. Rev 2/2 Order Sa	kless Disrega feguard [] F. Dated	Written Notice

established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmese Boards to receive comments from small businesse about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesse. If you wish to comment on the enforcement actions of MSHA, you may call 1-688-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.

	Mine Sa	ed States Department o afety and Health Admi Office of Accountabilit	inistration		
District MNM South East	Field Office Fr	anklin, TN Mine I	(D [
Mine Citation/Order Continuation		U.S. Departme Mine Safety an	e nt of Labor d Health Administrati	ion	
Section I-Subsequent Action/Continuation Da 1. Subsequent Action 1a. Continuation	the second division of	40 Da Yr 13, Citatio Drder	on/ Numbe		
				(Contractor)	
Western and the second second	ويعرف المتحك والمحاول المحاوم المحاول المحاول المحا				
Change	From	То			

		_	_				See Continuation Form
Section III-Subsec	uent Action Take	n					
8. Extended To	A. Date Mo	Da	Yr	B. Time (24 Hr. Clock)	C. Vacated	D. Terminated	 E. Modified
Section IV-Inspec	tion Data						
9. Type of Inspe	ction E01		10. Ev	rent Number		8	
		1				10 7	
11				AR Number 12. Date	In Day Vr	13. Time (24 Hr, G	OCK)
MSHA Form 7000-	3a, Mar 85 (revis	edy					12

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Nine Olitetian (Order				
Mine Citation/Order		U.S. Department Mine Safety and I	t of Labor Health Administration	
Section I-Violation Data				
1. Date	2 Time (24 Hr. Clock)		3. Citation/ Order Numb	
				(Contractor)
The fifty foot	power cable locat	ted on the back of e it had been cut a	the maintenance	Written Notice (103g)
The fifty foot damage to the co of the inner co further damage	outer jacket where onductors. Should	ted on the back of e it had been cut a d the inner conduct ner while energized	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
damage to the c of the inner co	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
The fifty foot damage to the c of the inner co further damage	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
The fifty foot damage to the c of the inner co further damage	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
The fifty foot damage to the c of the inner co further damage	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
The fifty foot damage to the co of the inner co further damage	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos	Written Notice (1039) [] truck had insulation sed due to
The fifty foot damage to the co of the inner co further damage	outer jacket where onductors. Should	e it had been cut a d the inner conduct	the maintenance way exposing the ors become expos l serious injurie	Written Notice (1039) [] truck had insulation sed due to

A. Injury or Illness (has) (is): No Likelihood	Unlikely 🗹	Reasonably Likely 📋	Highly Likely	0000	Dem
B. Injury or illness could rea- sonably be expected to be: No Lost Work	iays 🗌 Lost Work	days Or Restricted Duty	Permanent	ly Disabling 📋	Fatal 🖌
C. Significant and Substantial: Yes	No 🗹		D. Number of	Persons Affected	[#] 001
11. Negligence (check one) A. None	B. Low [] C. N	ioderate 🗹 D. High	· 🗋 🗧	Reckless Disreg	and 🗌
12. Type of Action 104a	13. Type of Issuance	e (check one) Citation 🖌	Order	Safeguard	Written Notice
14. Initial Action A. Citation B. Order [] C. Safeguard []	D. Written Notice	E. Citation/ Order Number	0	F. Dated	Mo Da Yr
15. Area or Equipment					

16. Termination Due	A. Dat	B. Time (24 Hr. Clock)	
Section III-Termination Act	ion		

17. Action to Terminate The cable was destroyed

18. Terminated A. Date	Mol	a Yr (24 Hr. Clock		a ser ·
Section IV-Automated Syste	m Date			
19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill P	(h) (0)
22. Signature				23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accontance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration may established a National Small Business and Agriculture Regulatory Ombudeman and 10 Regional Fairness Boards to receive comments from email businesses about federal agency enforcement actions. The Ombudeman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to commant on the enforcement actions of MSNA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudeman 459 3rd Street, SW MC 2120, Washington, DC 20415. Please note, however, that your right to file a commant with the Ombudeman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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ict MNM So	uth East	Field	Office	Franklin,	IN Mi	ne ID				
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Mine Citation/Ord	lor				ILC Deep	rtment of L	ahar			10.
							h Administra	ation		
Section I-Violation Data										10
I. Date		ima (94	4r Clock)				3. Citation/ Order Nu			
Served To					5 Operator					
									(0)	
8. Condition or Practi	Ca							8a, Writh	n Notice (103	ractor)
Safe access	Statement of the local division of the local	ot prov	rided to	o the to	ol box "	ounted	in the			
n the met	, was 11				OT DOX I	Junced		Center C	i che l	Jeu
on the main	icenanc	e truck	. Num	erous la	rge tool	s and p	parts fr	om recen	t repai	rs
had been al	llowed	to be s	stored :	in the o	nly acce	ss way	to the	tool box	where	
vrenches an	nd othe	r tools	used a	during m	aintenar	ce were	stored	. Manao	ement v	as
aware of th	he cond	ition a	nd con	hered	climbing	over	the mate	rial in	the acc	1000
way a viabl		a + a		bha taal	ben if	- over i	mba b	, r r a r r u	che act	.633
way a viab.				rue roor	DOX 11	needed	ine c	Tocked a	ccess v	ay
	te oper									
was approxi	imately	two fe	et wide	e and th	e materi	al in t	he acce	ess way b	locked	the
was approxi complete wi	dth an	two fe d was a	et wide	e and th mately a	e materi foot hi	al in t gh and	two fee	t in dep	th from	n
was approxi complete wi	dth an	two fe d was a	et wide	e and th mately a	e materi foot hi	al in t gh and	two fee	t in dep	th from	n
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18. Terminated A. Date		B. Time (24 Hr. Clock			
Section N-Automated Syste	am Data				
19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or M P	ARI .	
22. Signature				23. AR Number	

MSMA 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 Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal againcy enforcement actions. The Ombudisman 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 (1-888-734-5247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudisman 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.

×.	Mine Safety	tates Department v and Health Adm ice of Accountabil	inistration		
District MNM South East	Field Office Frank	lin, TN Mine	ID		<u>F</u>
Mine Citation/Order		U.S. Departm		6	
Section I-Violation Data		Mine Safety a	nd Health Administration		
	2. Time (24. Un Clash)		3. Citation/ Order Number	· · · · · · · ·	
		6.00000			
				(Contractor)	
8. Condition or Practice				8a. Written Notice (103g)	
The pressure valve	on the acetylene	cylinder loc	ated on the main	itenance truck	

was defective in that the site glass was discolored and extremely difficult to read. The needle in the gage also repeatedly hung at approximately ten pounds of pressure and once the pressure was released would not return to zero. Should the defective gage fail at zero and a miner apply too much acetylene serious injuries would occur.

									See Co	ntinuation Form (MSI	HA Form 7000-3a)
9. Violation	A. Health Safety Other	ŭ l	B. Section of Act				at/Section of a 30 CFR		56.1	4100b	
Section II-Inspe	ectors Evalu	ation									
t0. Gravity:											
A. Injury of	r iliness (hi	IS) (is):	No Likeliho	od 🗌	Unlikely 🗹	1	Reasonably	Likely 📋	Highly Likely	/ 🗌 🛛 Осса	benu
B. Injury of sonably	r lilness co be axpect		No Lost	Workday	ns 🗍 Lost	Norkday	ys Or Restric	ted Duty	Permaner	ntly Disabling 🔲	Fatal 🖌
C. Signific	ant and Su	bstantial:	Yes		No 🔽				D. Number o	Persons Affecte	d: 001
11. Negligenc	æ (check o	ne)	A. None 🔲	1	3. Low 🗌	C. Mod	lerate 🖌	D. High		E. Reckless Disreg	gard [
12. Type of A	ction 1)4a			13. Type of Iss	uance (check one)	Citation 🖌	Order 🗌	Safeguard 🗌	Written Notice 🔲
t4. Initial Action A. Citation		der []	C. Safeguar		Written Notice		E. Citation/ Order Num	nber		F. Dated	Mo Da Yr
15. Area or Ed	quipment				рг Ist ^{III}				21		
16. Terminatio	on Due	A. Date	Mo Da Y	в	. Time (24 Hr. Cl	ock)					
Section IIITerr	nination Actic	in 👘		_							
17. Action to T	Terminate	The	gage w	vas r	emoved ar	nd di	iscarde	ed		_	
18. Terminater	A. Date		Yr E	3. Tīme (2	24 Hr. Clock				- -		
			20. Event N	humber			21 04	mary or Mill			
19. Type of Int (activity co		E01	So. Event r				21. Fa	P			

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 Ombudaman and 10 Regional Falmess Boards to receive comments from small businesse 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 1-688-REG-FAR (1-688-734-7347), 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 you right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest cisilons and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

22. Signature

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

	11. m		(1) (0)	
t MNM South East Field Office Fran	nklin, TN Min	e ID		
				÷
line Olletion IOnder				
fine Citation/Order		nent of Labor and Health Administra	ation	
ection I-Violation Data	Mine Galety (
. Date Mo Da Yr 12. Time (24 Hr Clock)		3. Citation/ Order Nu		
	E Constan			
	7. Mine ID		(Co	
Condition or Practice			8a. Written Notice (1	
The ten foot A-frame ladder locate multiple cracked seams along the s miner attempt to use the ladder an cracks fail miners would fall caus cagged out and was available for u	supports weake ad the support sing serious i	ning the stru s already wea	nce conex had cture. Should kened by the 1	d a large
		•		
			-	

						See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation A. Heal Safe Oth		B. Section of Act	,	C. Part/Section of Title 30 CFR		56.1	1003	*
Section II-Inspector's Eva	luation							
10. Gravity:								
A. Injury or Illness (has) (is):	No Liketihood 📋	Unlikely 📋	Reasonably	Likety 🖌	Highly Likely	C Occu	med 🔲
B. Injury or illness of sonably be expect		No Lost Workda	ys 📋 🛛 Lost V	Vorkdays Or Restric	ted Duty	Permanent	ty Disabling 📋	Fatal 🖌
C. Significant and S	ubstantial:	Yes 🗹	No 🗌			D. Number of	Persons Affected	t: 001
11. Negligence (check	one) A	None	B. Łow 📋	C. Moderate 🖌	D. High	- E	Reckless Disreg	erd 🗌
12. Type of Action	104 a		13. Type of Issu	ance (check one)	Citation 🖌	Order	Safeguard [Written Notice
14. initial Action A. Citation B. C	order 🔲 C). Safeguard 📋 D	. Written Notice	E. Citation/ Order Nurr	iber		F. Dated	Mo Da Yr
15. Area or Equipment		8					2	
16. Termination Due	A. Date		. Time (24 Hr. Clo	ck)				
Section III-Termination Ac	tion							
17. Action to Terminate	The	ladder was	destroye	d and disc	arded	*7		
18. Terminated A. Dat	e Mo Da	Yr B. Time (24 Hr. Clock				2	
Section IV-Automated Sys	tem Oate							
19. Type of Inspection (activity code)	EOI	20. Event Number		21. Pri	nary or Mill P			(la)
22. Signature						23. AR 1	Number	

MSHA Form 7000-3, Apr 08 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1998, the Small Business administration has established a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudisman 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 (1-888-734-7347), or write the Ombudisman is for administration. Office of the National Ombudisman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudisman 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.

Dis	trict MNM South East Field Office	Franklin, TN	Mine ID]
	Mine Citation/Order		Department of Labo Safety and Health Ad			
ſ	Section I-Violetion Data					
			3	Citation/ Order Numb		
	A Second To					
	8. Condition or Practice			Ra Write	(Contractor)	

The cylinder of propane being transported in the back of the lead-man's utility truck was not secured but was loose and allowed to move and roll around in the bed of the truck. Should the valve get broken off or the tank get ruptured while rolling around in the back of the truck serious injuries would occur to miners exposed. The operator of the truck was less than five feet from the cylinder while it was in the back of the truck.

							See Con	linuation Form (MSI	🗛 Form 7000-3a) 📋
9. Violation A. Health Safet Othe		B. Section of Act		C. Parl/Sec Title 30 (56 .1	6005	
Section II-Inspector's Evel	noiten								
10. Gravity:							2 DATE:		
A. Injury or Illness (h	as) (ls):	No Likelihood	Unlikely 🗹	Reaso	nably Likely		Highly Likely	C Occu	rred []
B. Injury or illness co sonably be expect		No Lost Workda	iys 🗌 🛛 Lost Wa	orkdays Or I	Restricted (Duty 📋	Permanent	ly Disabling 🔲	Fatal 🖌
C. Significant and Su	ibstantial	Yes 🗌	No 📝				D. Number of	Persons Affected	^{t:} 001
11. Negligence (check o	ine)	A. None 📋	8. Low 🗌 🛛 C	. Moderate	2	D. High	C . E	Reckless Disreg	ard 🗌
12. Type of Action 1	04a		13. Type of Issua	ince (check	one) Ci	tation 🖌	Order 🗌	Safeguard 🗌	Written Notice
14. Initial Action A. Citation 📋 B. Or	der 🗌	C. Safeguard 🔲 C). Written Notice 📋	E. Cita Orde	ion/ Ir Number			F. Dated	Mo Da Yr
15. Area or Equipment		Mo De Vie).				
16. Termination Due	A. Dat		3. Time (24 Hr. Clock	k)					
Section III-Termination Acti	on						1		
17. Action to Terminate	The	compressed	l gas cylin	der wa	s sec	ured			
16. Terminated A. Date	6	B. Time (24 Hr. Clock	ĩ	e)				
Section IV-Automated Syste	m Dire								
19. Type of Inspection (activity code)	E01	20. Event Number			1. Primary	or Mill P		1)
22 Signature							23 AR	Number	

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United States Department of Labor

		Mine Safety and Office o	of Accountabi		1		
ct MNM South Eas	t Field Offic	e Franklin,	TN Mine	т [_(
Mine Citation/Order	<i>3</i> .		U.S. Departm Mine Safety a			on	
Section I-Violation Data	12. Time (24 Hr. Clo	ck)	-		3. Citation/		
			2		Order Numb		
							(Contractor)
5. Condition of Practice The Diesel tank	located in	the back of	the lead	man's	utility		Notice (103g)
labeled with a s	ign that pr	ohibited sm	oking or a	pen f	lame	Should	a miner
smoke or have an				the con	mbustible	e liquid	and a
fire commence se	erious injur	les would c	ccur.				
		·····			See Continu	ation Form (MSHA	Form 7000-3s)
Violation A Health	B. Section of Act		Part/Section of Tille 30 CFR		See Continu 56.410	24	Form 7000-3s)
Safety						24	NForm 7000-3a)
Safety Other Other Section II-Inspector's Evaluation	of Act		Tille 30 CFR		56.410)1	NForm 7000-39)
Safety Other Other action II-Inspector's Evaluation 0. Gravity: A. Injury or Illness (has) (is):				y 🗆)1	-
Safety	of Act	Unlikely 🖌	Tille 30 CFR	Duty 🗌	56.410 Highly Likely [Permanently C)]) Occurr Disabling 🗹	ed [] Fatal []
Safety Other : Other :	of Act No Likelihood 🗌	Unlikely 🖌	Tille 30 CFR Reasonably Likel	Duty 🗌	56.410 Highly Likely)]) Occurr Disabling 🗹	ed [] Fatal []
Safety Other D. Gravity: A. Injury or Illness (has) (Is): B. Injury or Illness could rea- sonably be expected to be C. Significant and Substantia	of Act No Likelihood No Lost Workday	Unlikely 🖌 ys 🗋 Lost Work	Tille 30 CFR Reasonably Likel	Duty 🗌	56.410 Highly Likely [Permanently D. Number of Pe)]) Occurr Disabling 🗹	ed [] Fatal [] 001
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Safety Other i Other i Charlen i Sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104a 4. Initial Action A. Ctation B. Order [] 5. Area or Equipment 6. Termination Due A. Data ection III-Termination Action 7. Action to Terminate 8. Terminated A. Data Mo ection IV-Automated System Data 9. Type of Inspection (activity code) E01	of Act No Läkelihood No Lost Workday No Lost Workday I: Yes A. None II C. Safeguard D Mo Da Yr B. Time (2)	Unlikely ys Lost Work No 3. Low C. N 13. Type of Issuenc Written Notice . Time (24 Hr. Clock)	Tille 30 CFR Reasonably Like days Or Restricted I toderate e (check one) C E. Citation/ Order Number	Duty [] D. High [Itation 12]	S6.410 Highly Likely [Permanently [D. Number of Pe E. Re Order [S) Occurr Disabiling 🖌 Insons Affected: ackless Disrega aleguard [] F. Dated	ed [] Fatal [] 001 rd [] Written Notice []
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United States Department of Labor

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ct MNM Sout	th East	Field Offi	ice Frank	lin, TN	Mine ID	L				
Mine Citation/Orde	P C)epartment	oflabor				
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Section I-Molation Data 1. Date							ation/ der Numbe	(1) (0)		
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									racto	r)
8. Condition or Practice The hand-he								8a. Writte	n Notice (103g)	Ì٦
а 14		•								
		* [*]							×	
а 		** 				s	ee Continuati	on Form (MSH	A Form 7000-3a)	S
9. Violation A. Heat Safe	ty 🗌 🕴	Section of Act		C. Part/Sect Title 30 C		S	se Continuati 56.1202		A Form 7000-3a)	X
Safe Oth Section II-Inspector's Eval	ty 🗌 🕴					S			A Form 7000-3a)	S
Safe Oth Section II-Inspector's Eval 10. Gravity:	ty		Unlikely	Title 30 C	FR		56.1202	8		
Safe Oth Section II-Inspector's Eval 10. Gravity: A. Injury or Iffness (I B. Injury or Iffness c	ty er ustion has) (is): No ould rea-	of Act	Unikely 🛃 aya 🗍 Lost	Title 30 C	FR nably Likely	j Highly		B	A Form 7000-3a) rred [] Fatat 🗹	R I
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ion to Terminate The drill was removed from the mine site without abating the 17. Act violative condition. Should the drill be brought back on any mine site without first correcting the violative condition it would constitute an 18. Terminated MoDa Yr

A. Date B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection 20. Event Number 21. Primary or Mill E01 (activity code) P 23. AR Number 22. Signature

MSHA Form 7000-3, Apr 08 (mixised) 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 Ombudisman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudisman annusky evaluates enforcement activities and rates each agency's responsivenees 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 Ombudisman all Business. Administration, Office of the National Ombudisman (1993 Street, SVV MC 2120, Washington, OC 20416. Please note, however, that your right to file a comment with the Ombudisman 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.

rict MNM South East Field Office Fra	nklin, TN Mine ID	
	*	
Mine Citation/Order Continuation	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Subsequent Action/Continuation Data 1. Subsequent Action 1a. Continuation 2. Dated	to Da Yr 3. Citation/ Order Numbe	
		(Contractor)
Section II-Justification for Action Continuation of 17. Action to Terminate		

junwarrantable failure to comply with a mandatory standard.

									See Continuation Form	
Section III-Subse	quent Action Take	n								
8. Extended To	A. Date Mo	Da	Yr	B, Time (2	4 Hr. Clock)		C. Vacated	D. Terminated	E. Modified	
Section N-Inspec	tion Data					· · · ·				_
9. Type of Inspe	ection E01		10. E	event Numbe	er					
11. Signature			<u> </u>		AR Number	12. Date		13. Time (24. Hr. C	lock)	
MSHA Form 7000	-3a, Mar 85 (revia	ed)								

			N	Mine Safety							
ct MN	M South East	Fie	ld Offic	e Frankl	in, TN	Mine ID	C		Dat	e [
Mine Citat			*	0		Department of Safety and He		stration		11	
Section I-Viola 1. Date	ation Data	2 Time	124 Hr. Cipe	*)			3. Citati	00/	· (0)	-	
_				_	_			Number	-		
8. Condition	or Practice					7		82.	Written N		(a)
conex y parking	OF Utility with the p g brake fa e would su	ark bi il whi	rake s ile on	et but th a grade	he wheel and not	s were n	ot choc	ked. Sl	hould	the	ance
		+									
. Violation	A. Health	B. Section of Act	,		C. Part/Sect Title 30 C			Continuation For	n (MSHA F	Form 7000	-3a) 🗌
	Safety Other)	2				Continuation For 1410182	n (MSHA F	Form 7000	38)
Section IIInsp	Safety	of Act	-						n (MSHA F	Form 7000	-3a) []
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	Mine Safe	States Department of ty and Health Admin ffice of Accountability	istration	р.	
District MNM South East	Field Office Fran	uklin, TN Mine II		Date	
Mine Citation/Order Continuation		U.S. Departmen Mine Safety and	t of Labor Health Administration		
Section I-Subsequent Action/Continuation	a set of the set of th				
1. Subsequent Action 1a. Continuatio	on 2. Dated Mo (Original Issue)	Da Yr 3. Citation Order N			
				(Contractor)	
Section II-Justification for Action					
Change	From	То			
9. C. Part/Section	56.14101a2	56.1420	7		
Reason The wrong standard wa	as entered				
10. A. Injury or Illness	Reasonably Likely	Unlikel	y ·		
Reason due to grade heading in reason to be in front of		oot traffic and roadway the	exposure is lessened but	t still plenty of room and	
10. C. Significant and Substanlial	Yes	No			
Reason unlikely to occur					

The truck was on a grade facing a bank with traffic behind the truck minimizing exposure.

										See Continuation Form
Section III-Subsec	quent Action Take	en.								
8. Extended To	A. Date Mo	Da	Yr	B. Time (24 Hr. Clock)			C. Va	acated	D. Terminated	✓ E. Modified
Section IV-Inspec	tion Data			· · ·						
. Type of inspe	ction E01		10. E	vent Number						
			1	7						
11.					117 02	te Mo	Da	Yr	13. Time (24 Hr. Ci	ack)
4									-	
MSHA Form 7000-	Ja, Mar 85 (revid	(09)								

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			Mine Safety					
t MNM Sou	ith East	Field Off	ice Frankl	lin, TN	Mine ID			
line Citation/Orde	er	·			Department of			
ction I-Violation Data				Mine	Safety and He	alth Administr	ation	
Date Mo Da	a Yr 2	. Time (24 Hr. C	lock)	T		3. Citation		(0)
Secret T				5. Ope	- 44.5	Order N	umb	
				D. Uos	r:1(0)r			
Condition or Practice	0						8a. Writte	(Contractor) n Notice (103g)
he cylinde:	r of co	mpressed	gas locat	ted in t	he tool	shed up o	on a shel:	f
pproximate.	ly five	feet hi	gh was not	t secure	d. Shou	ld the ta	ank get ki	nocked off
f the shel: njuries wor	i and a uld occ	ur to mi	et broken	off or	the tank	get rupt	ured ser:	ious
	414 000		ners expo	seu.				
		с.						
								÷ 1
					81	See Con	tinuation Form (MSI	iA Form 7000-3a)
Violation A. Healt		Section of Act		C. Part/Secti Title 30 C		56.1	6005	
Oth	er 🗋							
ction II-Inspector's Eval . Gravity:								<u></u>
A Johnson Manager M		1						
A. injury or linesa (I		Likelihood	Unlikely 🗹	Reason	ably Likely 📋	Highly Likely	Occu	ben
A. Injury or liness (I B. Injury or liness co sonably be expect	ould rea-	No Lost Workd			ably Likely		Uy Disabling 🖌	Fatal 🗍
B. Injury or illness c	could rea-					Permanen		Fatal 🗌
B. Injury or liness of sonably be expec C. Significant and S	could rea- cted to be: Substantial:	No Lost Workd Yes 🗋	lays 🗌 Lost V No 🗹	Workdays Or R	estricted Duty	Permanen D. Number o	lly Disabling 🖌 I Persons Affected	Fatal [] 5: 001
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trict MNM South East	Field Office Fran	nklin, TN Mine ID	
Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section IViolation Data			
1. Date Ma Do Yr 12	Time (24 Hr. Clork)	3. Citation/ Order Number	

8. Condition or Practice The stairs located in the tool shed did not have handrails. The stairs were two feet wide and were used to access a storage area that was two feet high. The storage area is used to store filters and other supplies that are used on a reoccurring basis. The elevated storage area which had shelves along both sides was 7 ft 10 inches wide. There were no handrails on the approach to the stairway as well as the stairway itself. Should a miner trip coming down the stairs due to no handrails to hold onto while descending the stairs serious injuries would occur.

9. Violation	A. Health Safet Othe		B. Section of Act	1		C. Part/Se Title 30			56	.11002		÷	
Section II-Insp	ctor's Evalu	ation											
10. Gravity:													
A. Injury c	r lüness (h	as) (is):	No Likelih	ood 🗌	Unlikely	Reas	onably L	kely 🖌	Highly Like	hy 🗋	Occu	med 📋	
	r illness co be expect		No Los	t Workd	lays 🗌 🛛 Lost V	Vorkdays Or	Restrict	d Duty 🖌	Perman	ently Disabli	ng 🗌	Fatal []	
C. Signific	ent and Su	bstantial	Yes		No 🗌				D. Number	of Persons	Affected	^L 001	
11. Negligen	e (check o	ine)	A. None []	B. Low	C. Moderate		D. High		E. Reckless	Disreg	end []	
12. Type of A	ction 1	04a			13. Type of issu	uance (check	k one)	Citation 2	Order	Safegua	erd 🗌	Written Notic	• 🗆
14. Initial Act						E. Cit	ation/ ter Numt	er		F. (Dated	Mo Da	fr
A. Citation 15. Area or E	<u> </u>		C. Sefegue		D. Written Notice								
15. Area or E	Inemqiup	A. Date		<u> </u>	B. Time (24 Hr. Clo		- t.	1					
	quipment	A. Date		<u> </u>			.,						
15. Area or E 16. Terminati	quipment on Due	A. Date		<u> </u>				<u> </u>				5.	
15. Area or E 16. Terminati Section III-Ter 17. Action to	quipment on Due mination Acti Terminate	A. Date						<u> </u>				5	
15. Area or E 16. Terminati Section III-Terr	d A. Date	A. Date			B. Time (24 Hr. Clo		,	<u> </u>					
15. Area or E 16. Terminati Section III-Terr 17. Action to 18. Terminate	d A. Date	A. Date		B. Time	B. Time (24 Hr. Clo (24 Hr. Clock	ick)	- P	ary or Mill P					

Astronometry for the second se

ctor

	office of Accountability		
ict MNM South East Field Office Fra	nklin, TN Mine ID		
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Mine Citation/Order	U.S. Department of L Mine Safety and Healt		
Section I-Violation Data			
1. Date		3. Citation/ Order Number	
4. Served To			
	_		
	1		(Contractor)
8. Condition or Practice The combustible waste in the form	of wood woothe of 1		tice (103g)
Section II-Inspector's Evaluation	C. Part/Section of Title 30 CFR	See Continuation Form (MSHA Fo	m 7000-3a)
Safety of Act Other Section U-Inspector's Evaluation 10. Gravity:	Title 30 CFR	56.4104b	
Safety Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is); No Likelihood Unlikely B. Injury or illness could rea-	Title 30 CFR	56.4104b Highly Likely () Occurred	
Safety of Act Other of Act Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (hs): No Likelihood Unlikely B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays 1	Title 30 CFR	56.4104b Highly Likely () Occurred	L) Fatal []
Safety of Act Other Other 10. Gravity: A Injury or Illness (has) (is): No Likelihood B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays C. Significant and Substantial: Yes No	Title 30 CFR	56.4104b Highly Likely 🗍 Occurred Permanently Disabiling 🖉 D. Number of Persons Affected:	G001
Safety of Act Other Other 30. Gravity: A. Injury or Illness (has) (is): No Likelihood [] Unlikely B. Injury or Illness could rea- sonably be expected to be: No Lost Workdays [] I C. Significant and Substantial: Yes [] No 🗹 11. Negligence (check one) A. None [] B. Low []	Title 30 CFR Reasonably Likely cost Workdays Or Restricted Duty	56.4104b Highly Likely [7] Occurred Permanently Disabiling 2 D. Number of Persons Affected: E. Reckless Disregard	G001
Safety of Act Other Other Other Other Section II-Inspector's Evaluation IO. Gravity: A. Injury or Illness (has) (ls): No Likelihood [Title 30 CFR Title 30 CFR Reasonably Likely Cost Workdays Or Restricted Duty C. Moderate D. High f Issuance (check one) Citation E. Citation/	56.4104b Highly Likely [7] Occurred Permanently Disabiling 2 D. Number of Persons Affected: E. Reckless Disregard	
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Safety of Act Other Other Other Other Other Other Section II-Inspector's Evaluation I. 10. Gravity: A. Injury or Illness (has) (ls): No Likelihood [Unlikely B. Injury or Illness could reasonably be expected to be: No Lost Workdays [Title 30 CFR	56.4104b Highly Likely [] Occurred Permanently Disabiling 🔗 D. Number of Persons Affected: D. E. Reckless Disregard Order [] Safeguard [] Wr	Fatal [] 001 Titten Notice []
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established a National Small Business and Agriculture Regulatory Ombudisman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudisman 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-REGULAR (Res.734-0247), or write the Ombudisman at Small Business. Office of the National Ombudisman (A99 3d Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section IViolation Data	
1. Date Ma Da Vr 12 Time 124 Hr Chat)	3. Citation/ Order Number
4. Served 10	
G. CUMIRIUI O FISCOS	Contractor) 82. Written Notice (103g)
Defective shovels with broken h	andles were stored behind the trucker's break
area. The shovels were not tag	ged out and were available for use. No other truckers to use. The truckers had used other
defective equipment in the same	vicinity. Should the truckers continue to use
the defective shovels serious i	njuries would occur.
	a anti-anti-anti-anti-anti-anti-anti-anti-
	See Continuation Form (MSNA Form 7000-3a)
9. Violation A. Health B. Section Safety of Act	C. Part/Section of
	Title 30 CFR 56.14100b
Other	The 30 CFR 56.14100b
Section II-Inspector's Evaluation 10. Gravity:	
Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [] Unli B. Injury or Illness could man	ikely 📝 Reasonably Likely [] Highly Likely [] Occurred []
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Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [Unli B. Injury or illness could rea- sonably be expected to be: No Lost Workdays [C. Significant and Substantial: Yes [No 9 11. Negligence (check one) A. None [B. Low [12. Type of Action 104a 13. Ty	Itely Reasonably Likely Highly Likely Occurred Lost Workdays Or Restricted Duty Permanently Disabiling Fatal D. Number of Persons Affected: 001 C. Moderate D. High E. Reckless Disregard pe of Issuance (check one) Citation Order Safeguard
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established a national small business and registrative enforcement activities and rates ach agency's responsiveness to small business. If you wish to comment on the enforcement actions. The Ombudisman annuelty evaluates enforcement activities and rates ach agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-889-REG-FAR (1-889-734-3247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudisman 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.

			1	Mine Safety	ates Departn and Health ce of Accourt	Administra			
t MNM So	uth East	: Fie	ld Offic	Frankli	in, TN	Mine ID			
line Citation/Or	rder					partment of 1 fety and Heal		ration	
ection I-Violation Dat	la .			········	Mille Od	lety and rieal			
Date							3. Citation Order N		
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Condition or Prac	tice						1	Ba, Writter	(Contractor)
he 1 inch	steel	cable	a loca	ted behir	nd the tr	ucker's h	oreak a	rea was da agged out	maged in
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Si	ealth afety Other	B. Section of Act			C. Part/Section Title 30 CFR	of		ntinuation Form (MSH) 4100b	(Form /000-33)
ction 8-Inspector's E . Gravity:	valuation			·····					
A. injury or lines	s (has) (is):	No Likelih	boot 📋	Unlikely 📋	Reasonabl	y Likely 🗹	Highly Likely	Cccur	red 📋
B. Injury or liness sonably be exp		. No Lor	st Workday	/s 🗌 Lost V	Norkdays Or Rest	ricted Duty C-	Permanen	ntly Disabling	Fatal
C. Significant and		-	¤[2] I	No			D. Number o	of Persons Affected	
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. Negligence (cher . Type of Action . Initial Action A. Citation B	104a 1. Order 🗌			13. Type of Issu	Lance (check one) E. Citation/	Citation 🗹		Saleguard []	Written Notice
. Negligence (cher . Type of Action . Initial Action A. Citation B	104a 1. Order 🗌			13. Type of Issu	Lance (check one) E. Citation/	Citation 🗹		Saleguard []	Written Notice
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Negligence (cher Type of Action Initial Action A. Citation B Area or Equipme Termination Due ction III-Termination.	104a 3. Order ant A. Dat Action			13. Type of Issu	Lance (check one) E. Citation/	Citation 🗹		Saleguard []	Written Notice
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Negligence (cher Type of Action Initial Action A. Citation A. Citation B. Area or Equipme Area or Equipme Commission Due Citon III-Termination Action to Termination	104a 3. Order ant A. Dat Action ate Date System Data	C. Safegu Da Yr		13. Type of Issu Written Notice [Luance (check one)	Citation 🗹	Order []	Saleguard []	Written Notice

District	MNM South East	Field Office	Franklin, TN	Mine ID		

Mine Citation/Order	U.S. Department of Lak Mine Safety and Health	
Section IViolation Data		
1. Date Mo Da Yr 12. Time (24 Hr. Clock)		3. Citation/ Order Number
4. Served To		
	17	3. m
		(Contractor)
8. Condition or Practice		Ba. Written Notice (103g)
A two gallon enraver of diesel	was being stored behind	the trucker/a break

A two gallon sprayer of diesel was being stored behind the trucker's break area but had not been labeled. Miners in the area communicated the fact that they did not know what was in the sprayer. Should a miner miss-identify the chemical and us it inappropriately serious injuries would occur.

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9. Violation A. Healt Safe Othe		B. Section of Act				Part/Section o Fitle 30 CFR	f	47	7.41a			
Section II-Inspector's Eval	uation											
10. Gravity:												
A. Injury or Illness (I	nas) (is):	No Likelihoo	d 🗌	Unlikely		Reasonably	Likely 📋	Highly Like	y 🖸	Occu	rred 📋	
B. Injury or liness or sonably be expec		No Lost	Workday	rs []	Lost Workd	lays Or Restri	cted Duty	Permane	ntly Disal	bling 📝	Fatal 📋	
C. Significant and S	ubstantial;	Yes		10 12				D. Number	of Persor	a Affected	^{1:} 001	
11. Negligence (check	ons)	A. None	В	Low	C. M	oderate 🗹	D. High		E. Reckle	ess Disreg	erd 🗋	
12. Type of Action	104a			13. Type (of Issuance	(check one)	Citation 🖌	Order	Safeg	juard []	Written Notic	• 🗋
14. Initial Action A. Citation B. O	order 📋	C. Safeguard	і П D.	Written No	lice 🗍	E. Citation/ Order Num	nber		F	. Dated	Mo Da	ſr
15. Area or Equipment												
	A. Date	Mo Da Yr	B.	Time (24 H	Ir. Clock)							
16. Termination Due	A. Date	Mo Da Yr	8.	Time (24 H	Ir. Clock)							
16. Termination Due Section III-Termination Act	A. Date	Mo Da Yr	8.	Time (24 H	ir. Cłock)							1 (1)
16. Termination Due Section III-Termination Act 17. Action to Terminate	A. Date	a Yr I	B. 	Time (24 H 4 Hr. Clock						-		- 1921
16. Termination Due Section III-Termination Act 17. Action to Terminate 18. Terminated A. Date	A. Date lion Mo D	a Yr I	B. 							-		
15. Area or Equipment 16. Termination Due Section III-Termination Act 17. Action to Terminate 18. Terminated A. Date Section IV-Automated Syst 19. Type of Inspection (activity code)	A. Date lion Mo D	a Yr I	B.			21. Pri	mary or Mill P					

established a halional Small Business and Agriculture Regulatory Ombudamen and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudamen annually evaluates enforcement activities and rates each agency's responsiveness to small businesses. If you with to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAR (1-888-734-3247), or write the Ombudamen at Small Business Administration, Office of the National Ombudamen, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudamen 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 MNM South East Field Office | Franklin, TN Mine ID Mine Cltation/Order **U.S. Department of Labor** Mine Safety and Health Administration Section I-Violation Date 1. Date 3 Citation Order Number (Contractor) 8. Condition or Practice 8a. Written Notice (103g) The two gallon safety can located behind the trucker's break area was not labeled so as to indicate the contents. Should a miner miss-identify the chemical and us it inappropriately serious injuries would occur. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health **B.** Section C. Part/Section of Safety of Act Title 30 CFR 47.41a Other Section II-in or's Evolution 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely 🗹 Reasonably Likely Highly Likely Occurred B. injury or illness could rea-sonably be expected to be: Permanently Disabiling No Lost Workdays Lost Workdays Or Restricted Duty Fatal 📋 C. Significant and Substantial: D. Number of Persons Affected: 001 Yes 🗌 No V 11. Negligence (check one) C. Moderate 🖌 A. None B. Low D. High E. Reckless Disregard Safeguard 12. Type of Action 13. Type of Issuance (check one) Citation 2 Order Written Notice 104a 14. Initial Action F. Dated Mo Da Yr E Citation/ A. Citation [] B. Order [] C. Safeguard [] D. Written Notice [] Order Number 15. Area or Equipment 16. Termination Due A. Date B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate Mo Da Yr 18. Terminated A. Date B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection (activity code) 20. Event Number 21. Primary or Mill E01 P 23. AR Number 22. Signature MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Outgance entertaine has established a National Small Business and Agriculture Regulatory Ombudeman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudeman annually evaluates enforcement activities and rates acch agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-688–F36–F38 (1-588–734-3247), or write the Ombudeman at Business. Administration, Office of the National Ombudeman Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudeman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order		U.S. Demoderant of L	-h	14
		U.S. Department of La Mine Safety and Health		
Section I-Violation Data				
1. Date Mo Da Yr 2. Time (2	4 Hr. Clock)		3. Citation/ Order Number	
				(Contractor)
8. Condition of Practice There were multiple cal	alaa laashad d			Notice (103g)
not had the required gr within the last twelve needed miners would red	round continui months. Shou	ty and resistance ld a ground fail	test conducted	on them
		<i>щ</i>		
			See Continuation Form (MSH	A Form 7000-Sa)
9. Violation A. Health D B. Section		C. Part/Section of		
Safety cf Act Other		Title 30 CFR	56.12028	
Section II-Inspector's Evaluation				
10. Gravity: A. Injury or Illness (has) (is): No Likelihoo	od 🗍 Unlikely 🔽	Reasonably Likely	Highly Likely	med (
A. Injury or Illness (has) (is): No Likelihoo B. Injury or Illness could rea-				Fatal M
A. Injury or Illness (has) (is): No Likelihoo	Workdays 🗋 Lost W	lorkdays Or Restricted Duty	Highly Likely Occur Permanently Disabling D. Number of Persons Affected	Fatal 🗹
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A. Injury or Illneas (has) (is): No Likelihoo B. Injury or Illness could rea- sonably be expected to be: No Lost C. Significant and Substantial: Yes 11. Negligence (check one) A. None [] 12. Type of Action 104a 14. Initial Action A. Citation B. Order C. Safeguan 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 17. Action to Terminate	Workdays Lost W No 9 B. Low B. Low 1 13. Type of issu d D. Written Notice B. Time (24 Hr. Clock	Vorkdays Or Restricted Duty []	Permanently Disabling [] D. Number of Persons Affected E. Reckless Disrege Order Sefeguard []	Fatal 2 : 001 ard [] Written Notice []

enforcement actions. The Ombudsman annuelty 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.

			Mine Safety	ates Departm and Health A ce of Account	dministra				
ict MN	M South Eas	t Field Of	ffice Frankl	in, TN M	line ID			_	
	*								
Mine Citati					artment of I	abor th Administration	n		
Section I-Violat 1. Date	Mo Da Vr	2 Time (24 Hr.)	Clock)			3. Citation/			
A Desired To				_		Order Numbe			_
									-
8. Condition o	r Prectice						8a. Written	(Contractor) Notice (103g)	Г
that pr cigaret also no heaters Should	cohibited te butts, strategi plugged this buil	smoking of and combu- cally place in and run ding ignit	being stor r open flam ustible tra ced fire ex nning unat te with the mity seriou	ne. The b ash over f tinguishe ended sit flammabl	reak are illing f rs with: ting on e liquio	ea was lit the trashc in this bu the carpe ds and fla	tered war an. The ilding, ted floo	ith ere were and two or.	
		<i>k</i> .							
9. Violation	A. Health	B. Section		C. Part/Section of Title 30 CFR	1		lian Form (MSHA	Form 7000-3a)	L
U.	Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		See Continual		Form 7000-3a)	L -
Section II-Inspe	Safety							Form 7000-3a)	
Section II-Insp 10. Gravity: A. Injury o	Safety Other [ector's Evaluations r illness (has) (is):] Unijkely 🗌						-
Section II-Inspe 10. Gravity: A. Injury o B. Injury o	Safety Other	of Act		Title 30 CFR	Likely 🖉	56.410	Occum		-
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Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a commant with the Ombudaman is in addition the right to contest citations and proposed penalties and obtain a hearing before the Federal Nine Safety and Health Review Commission.

		•					
District MN	M South East	Field Office	Franklin, TN] Mine ID			
Mine Citati				.S. Department of line Safety and Hea			
Section I-Viola	tion Date						
1. Date	Mo Do Ye	Time (24 Hr Clock)			3. Citation/ Order Numbe		
A Second To		4	L.	Operator			
						а <u>,</u>	
	<i>k</i> .					(Contractor)	9
8. Condition	or Practice				Se 18/e	then Matten (402-)	

The trucker's break area had multiple stored flammable liquids and flammable gas being stored within. The break area was littered with cigarette butts, and combustible trash over filling the trashcan. There were also two heaters plugged in and running unattended sitting on the carpeted floor. Should this building ignite with the flammable liquids and flammable gas while miners are in close proximity with no fire ready fire extinguishers located in this building serious injuries would occur.

		-		See Continuation Form (MS	SHA Form 7000-3a)
9. Violation A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	56.420062	
Section II-Inspector's Evaluation					
10. Gravity:			·		
A. Injury or Illness (has) (is):	No Likelihood 📋	Unlikely []	Reasonably Likely 🖌	Highly Likely	berruc
B. Injury or illness could rea- sonably be expected to be		ays 🗌 🛛 Lost W	/orkdays Or Restricted Duty	Permanently Disabling	Fatal 🖌
C. Significant and Substantia	l: Yes 🖌	No 🗌		D. Number of Persons Affects	ed: 001
11. Negligence (check one)	A. None 🔲	B. Low 🗋	C. Moderate 🗹 D. High	E. Reckless Disre	igard 🗌
12. Type of Action 104a		13. Type of Issu	ance (check one) Citation 🗹	Order 🗌 Safeguard 🗌	Written Notice
14. Initial Action A. Citation] B. Order	C. Safeguard 📋 I	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 III-Termination Ac	tion		

17. Action to Terminate A charged fire extinguisher was put in the building

18. Terminated A. Date	Mo	3. Time (24 Hr. Clock			
Section IV-Automated Syste 19. Type of Inspection (activity code)	E01	20. Event Nur	21. Primary or Mill P		
22. Signature				23. AR Number	

MSHA Form 7080-3, 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 Ombudaman and 10 Regional Fairness Boards to receive comments from anal business about federal agency enforcement actions. The Ombudaman annually evaluates on the entry of National Ombudaman and 10 Regional Fairness Boards to nearive comments from anal business about federal agency enforcement actions of NSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration. Office of the National Ombudaman Strate, SW MC 2120, Washington, DC 20418. Pieses note, however, that your right to file a comment with the Ombudaman is in addition to any other righta you may have, including the right to contest citations and proposed penalties and oblain a heating before the Federal Mine Safety and Health Review Commission.

rict MNI	M South East Field Office	Franklin, TN	Aine ID [
Mine Citati	on/Order		partment of Labor fety and Health Administration	6
Section I-Violat	ion Data			(1) (0)
1. Date	Mo Da Yr 12. Time (24 Hr. Clock)		3. Citation/ Order Number	
		5 Operate		
				(Contractor)
8. Condition of	r Practice		8a. V	ritten Notice (103g)

trash and debris. Should there be a fire within the building the housekeeping would contribute to the seriousness of the fire by supplying fuel.

	12					See Con	inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act	. 1	C. Part/Section of Title 30 CFR		56.20	1003a	π.
Section II-Insp	ector's Evaluation							
10. Gravity:					F			
	r Hiness (has) (ls)		Unlikely 🗹	Reasonably	Likely 🗋	Highly Likely	Occui	red [] .
	r illness could rea be expected to b		lays 🗌 🛛 Lost We	orkdays Or Restric	ted Duty 🗌	Permanent	ly Disabling 📋	Fatat 🖌
C. Signific	ant and Substanti	al: Yes 🗌	No 🖌			D. Number of	Persons Affected	^t 001
11. Negligen	ce (check one)	А. Моле	B. Low C	Moderate 🖌	D. High	E.	Reckless Disreg	erd 🗌
12. Type of A	ction 104a		13. Type of Issua	ince (check one)	Citation 🖌	Order	Safeguard	Written Notice
4. Initial Act A. Citation		C. Safeguard 📋	D. Written Notice	E. Citation/ Order Num	nber		F. Dated	Mo Da Yr
6. Terminati	on Due A. Dat	e	B. Time (24 Hr. Cloc	k)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
ection III-Terr	runation Action						······	
7. Action to	Terminate							
18. Terminate	A. Date Mo	Da Yr B. Time	(24 Hr. Clock	<i></i>				
ection IV-Auto	mated System Data							
9. Type of In (activity o		20. Event Number	r	21. Pri	mary or Mill P			
22. Signature						23. AR I	lumber	

MSHA Form 7000-3, Apr 08 (nevised) 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 ectivities 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 3d Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a commant with the Ombudsman is in addition to any other rights you may have, including the right to contast citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

(h) (6)

U.S. Department of Labor Mine Safety and Health Administration	
	1 (6)
3. Citation/ Order Numbe	
5 Operator (L) (O)	
	(Contractor)
	Notice (103g)
	Mine Safety and Health Administration

a bushing. Should the insulation on the wiring become damaged and the wires short against the equipment serious injuries would occur to miners in contact with the metal case on the light.

a Or Restricted Duty Permanently Disphing C Fatal 2
D. Number of Persons Affected: 001
arate 🗹 D. High 🗋 E. Reckless Disregard 🗍
heck one) Citation 🗹 Order 🗋 Safeguard 🛄 Written Notice 🗌
Citation/ F. Dated Mo Da Yr Order Number
a '
B. Injury or Illness could reassonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal 9 C. Significant and Substantial: Yes No 9 D. Number of Persons Affected: 001 Negligence (check one) A. None B. Low C. Moderate 9 D. High E. Reckless Disregard Type of Action 10. Type of Issuance (check one) Citation 9 Order Safeguard Written Notice Initial Action. E. Citation/ F. Dated Mo Da Yr

enforcement actions of MSNA, you may call 1-688-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3m 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, includingthe right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

4 · · · · · · · · · · · · · · · · · · ·	
/ine Citation/Order	U.S. Department of Labor
	Mine Safety and Health Administration
Date Mo Da Yr 12 Time (24 Hr. Clock)	
Data Mo Da Yr 12. Time (24 Hr. Clock)	3. Citation/ Order Number
Served To	5 Onarolar
Condition or Practice	(Contractor) 8a. Written Notice (103g)
The fire extinguisher located in the	e Quality Control lab had not been
inspected within the last thirty day	vs. Should an emergency require the use of
the fire extinguisher and the exting injuries would occur.	guisher not perform Gas designed serious
infaires would occur.)
2	See Continuation Form (MSHA Form 7000-3a)
Violation A. Health : B. Section	C. Part/Section of Title 30 CFR 56 4201 A1
Safety of Act Other	Title 30 CFR 56.4201A1
ection II-Inspector's Evaluation	
0. Gravity: A. Injury or Illness (has) (is): No Likelihood 🔲 Unlikely 🖌	Reasonably Likely 📋 Highly Likely 🚺 Occurred
B. Injury or illness could rea- sonably be expected to be: No Lost Workdays Lost W	Norkdays Or Restricted Duty 📋 Permanently Disabling 🗹 Fatal 🗌
C. Significant and Substantial: Yes No 🗹	D. Number of Persons Affected: 001
1. Negligence (check one) A. None B. Low []	C. Moderate 🖉 D. High 📋 E. Reckless Disregard 🗍
2. Type of Action 104a 13. Type of Issu	uance (check one) Citation 🖉 Order 🗌 Safeguard 🗌 Written Notice 📋
4. Initial Action A. Citation 3. Order 7 C. Safeguard 7 D. Written Notice 7	E. Citation/ Order Number
5. Area or Equipment	
	*
3. Termination Due A. Date A. Date B. Time (24 Hr. Clo	xck)
action III-Termination Action	
	spected and a record was prepared
	The second
B. Terminated A. Date MoDe Yr B. Time (24 Hr. Clock	
A. Date B. Time (24 Hr. Clock	
scion M-Automated System Data	21. Primary or Mill P
A. Date B. Time (24 Hr. Clock ection IV-Automated System Data 9. Type of Inspection 20. Event Number	

entorcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Onbudsmain at Small Business Administration, Office of the National Ombudsmain, 409 3 Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsmain at an addition to envy other rights you may have, including the right to contest clusions and proposed penalties and obtain a hearing before the Federal Mine Salety and Health Review Commission.

ct MNM South East Field Office Fran	nklin, TN Mine ID		
The office of th			
Mine Citation/Order	U.S. Department of		
Section I-Violation Data	Mine Safety and He	ealth Administration	
1. Date Ma Do Ye 12 Time (24 bit Clock)		3. Citation/	
	E Anamias	Order Numbe	
			(Contractor)
8. Condition or Practice The 110 volt energized outlet loca		8a. Writt	en Notice (103g)
9. Violation A. Health A. B. Section Safety B. Section of Act Other D. Section II-Inspector's Evaluation 10. Gravity:	C. Part/Section of Title 30 CFR	See Continuation Form (AlS	
A. Injury or Illness (has) (is): No Likelihood Unlikely B. Injury or illness could rea- conship be evented to be: No Lost Workdays U			
C Significant and Substantiat	ost Workdays Or Restricted Duty	D. Number of Persons Affecte	Fatal 🗹
C. Significant and Substantial. Yes No 🔽		C. Humber of Persons Arreve	id: 001
11. Negligence (check one) A. None B. Low C		gh [] E. Reckless Disre	
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of	issuance (check one) Citation	Order Safeguard	Written Notice
11. Negligence (check one) A. None B. Low C	E. Citation		
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action 104a 13. Type of	E. Citation	Order Safeguard	Written Notice
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment B. Time (24 Hr. 16. Termination Due A. Date Mo. Da. Ye B. Time (24 Hr.	Issuance (check one) Citation E. Citation/ Order Number	Order Safeguard	Written Notice
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action A. Order C. Safeguard D. Written Notion 15. Area or Equipment	Issuance (check one) Citation E. Citation/ Order Number	Order Safeguard F. Dated	Written Notice
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action B. Order C. Safeguard D. Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Clock 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock 8. Terminated A. Date B. Time (24 Hr. Clock	Issuance (check one) Citation E. Citation/ Order Number	Order Safeguard F. Dated	Written Notice
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment A. Date Mo Da Yr B. Time (24 Hr. Section III-Termination Action 7. Action to Terminate The cover was install 8. Terminated A. Date B. Time (24 Hr. Clock section IV-Automated System Over 9. Type of Inspection D. 20. Event Number	Issuance (check one) Citation E. Citation/ Order Number Clock) ed on the open out [21. Primary or Mill	Order Safeguard F. Dated	Written Notice
11. Negligence (check one) A. None B. Low 12. Type of Action 104a 13. Type of 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notion 15. Area or Equipment B. Order C. Safeguard D. Written Notion 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. cion) 16. Termination Action The cover was install 8. Terminated A. Date B. Time (24 Hr. Clock ection IV-Automated System were B. Time (24 Hr. Clock	issuance (check one) Citation E. Citation/ Order Number	Order Safeguard F. Dated	Written Notice

enforcement actions. The Ombudsman annually evaluates enforcement activities and raise acti agency's responsiveness to sinal outress. If you was to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-5247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District	MNM South East	Field Office	Franklin, TN	Mine ID	C		
						4	

ILR Department of Labor

Pa.

		Mine Safety and Health Administration	
Section I-Violation Data			
1 Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Numbe	
4. Server			
		-	
			(Contractor)
8. Condition or Practice		8a. Written	Notice (103g)

The hot water heater located in the Quality Control lab heater closet had energized romex cable entering into the electrical compartment of the hot water heater without going through a proper fitting. Should the romex cable become damaged due to heavy vibration and contact the outer metal water heater shell serious injuries would occur to miners in contact with the energized outer shell of the hot water heater.

								369 .00	Internation Louis for	Shor Forth (Consel)
9. Violation A. Heat Safe Oth	۷Ü	B. Section of Act			C. Part/S Title 30			56.)	2008	
Section Il-Inspector's Eve	Lustion						•			
10. Gravity:		Ma A Realth		4 ha 174 an A . (T-7)						
A. Injury or Illness (No Likelih		Unlikely 🖌	Ket	sonably Lik	ery []	Highly Likely		curred []
B. Injury or illness c sonably be expect		No Los	t Workda	iys 🗌 🛛 Lost V	Vorkdays C	r Restricte	Duty 🗌	Permaner	itly Disabling	Fatal 🖌
C. Significant and S	ubstantial:	Ye		No 🕅				D. Number o	f Persons Affec	ted: 001
11. Negligance (check	one) /	A. None	<u>ר</u>	B. Low	C. Modera	• V	D. High	[] E	. Reckless Disc	egard [_]
12. Type of Action	104 a	1		13. Type of Issu	uance (che	k one)	Citation 🖌	Order 🗌	Safeguard [Written Notice
14. Initial Action A. Citation 3. C	order 🔲 (C. Safegu	urdi 🗌 🛛 🖸). Written Notice		tation/ der Numbe	r		F. Dated	Mo Da Yr
15. Area or Equipment	····-	14 De	<u>v. </u>							
	A. Date		E	3. Time (24 Hr. Clo	ck)					
Section III-Termination Ac	tion									·····
17. Action to Terminate		6			2					
18. Terminated A. Dat	Mo Di B	a Yr	B. Time (24 Hr. Clock				1		×.
Section IV-Automated Sys	lem Data									
19. Type of inspection (activity code)	E01	20. Event	Number			21. Prima	ry or Milli P			-(1.) (0)
22. Signature								23. AR	Number	
MSHA Form 7000-3, Apr 04 established a National Sma	I Business a	Ind Agricultu	re Regulato	bry Ombudaman and 1	10 Regional 1	almess Bos	evision of ebr	comments from	small businesses a	

enforcement actions. The Ombudaman annually evaluates enforcement activities and relise 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 Ombudsmen at Small Business Administration, Office of the National Ombudsmen, 409 3rd Street, SW MC 2120, Weshington, DC 2016. Please note, however, that your right to file a comment with the Ombudsmen is addition to any other rights you may have, including the right to contast citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

ict MNM So	uth East	Field C	Office Fran	nklin, TN	Mine I	D			
			,						
Mine Citation/O	rder				. Departme le Safety ani		Labor th Administra	tion	
Section I-Violation Date	2	1. 5	la Olasti)				3. Citation/		
							Order Nu	mbe	
				-					
8. Condition or Prac									(Contractor) In Notice (103g)
A five gal	lon co	ntainer	of solven	t locate	d in the	e Qu	ality Con	ntrol la	b was not
properly 1 the chemic	abeled	us it i	o indicat nappropri	e the com atelv sem	ntents. rious ir	Sho	ies would	ner miss d occur.	-identify The
solvent ha	d a fl	ammabili	ty of 2 a	nd an ap	proved 1	cesp.	irator m	ust be u	sed if
ventilatio	n is n	ot suffi	cient and	if mist:	s are ge	ener	ated.		·
							See Conti	nuation Form (MSI	HA Form 7000-3a)
		the second s							
	afety (B. Section of Act		C. Part/Se Title 30			47.4	la	
S	afety 🗍 Xther 🗌						47.4	1a	4
Section II-Inspector's E	afety 🗍 Xther 🗌			Title 30	CFR		47.4	la	
Saction II-Inspector's E 10. Gravity: A. Injury or Itines	afety Diher Diher Sther Sther Sther Sther Sther Sthere States (has) (is):		Unlikely	Title 30			47.4 Highly Likely		imed []
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Section II-Inspectors E 10. Gravity: A. Injury or Itines B. Injury or Itines	afety Diher Diher Diher Diher Diher Diher Difference States (is): s (has) (is): s could rea- pected to be:	of Act No Likelihood No Lost We	orkdays [] L	Title 30) CFR sonably Likely		Highly Likely Perma ne ntiy	Occa.	Fatal []
Saction II-Inspector's E Saction II-Inspector's E 10. Gravity: A. Injury or illness sonably be exp C. Significant and	afety Diher	of Act No Likelihood No Lost We	orkdays [] L	Title 30) CFR sonably Likely r Restricted Du		Highly Likely Permanently D. Number of I	Occu Disabling []	Fatal [] d: 001
Saction II-inspectora 8 Saction II-inspectora 8 10. Gravity: A. Injury or illnes sonably be exp C. Significant and 11. Negligence (che	afety Diher	of Act No LikeSihood No Lost Wa	No 🖌	Title 30	o CFR sonably Likely r Restricted Du	ity 🗹	Highly Likely Permanently D. Number of I	Occu Disabling Persons Affecte	Fatal [] d: 001
Saction II-Inspectora 10. Gravity: A. Injury or Illnes sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action	afety Dener valuation s (has) (is): s could rea- sected to be: d Substantial ck one) 1048	of Act No Likelihood No Lost Wo L'Yes [] A. None []	No 🗹 B. Low 🗌 13. Type o	C. Moderat	o CFR sonably Likely r Restricted Du e 20 1 traine) Cita tation/	ity 🔽 D. High	Highly Likely Permanenth D. Number of I	Occu Disabling Persons Affecte Reckless Disreg	Fatal [] d: 001 jard []
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Saction II- inspectora B Saction II- inspectora B 10. Gravity: A. Injury or illnes sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme	afety	of Act No Likelihood No Lost We ' Yes [] A. None [] C. Safeguard [No 🗹 B. Low 🗌 13. Type o	C. Moderat	o CFR sonably Likely r Restricted Du e 20 1 traine) Cita tation/	ity 🔽 D. High	Highly Likely Permanenth D. Number of I	Occu Disabiling Persons Affecte Reckless Disreg Safeguard	Fatal [] d: 001 Jard [] Written Notice []
Saction II-inspectora B Saction II-inspectora B A. Injury or Illnes B. Injury or Illnes sonably be ex C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme	afety	of Act No Likelihood No Lost Wo L'Yes [] A. None []	No 🗹 B. Low 🗌 13. Type o	C. Moderat f Issuance (chec ce C C. Chec	o CFR sonably Likely r Restricted Du e 20 1 traine) Cita tation/	ity 🔽 D. High	Highly Likely Permanenth D. Number of I	Occu Disabiling Persons Affecte Reckless Disreg Safeguard	Fatal [] d: 001 Jard [] Written Notice []
Saction II-inspectoral 10. Gravity: A. Injury or Illnes sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme 16. Termination Due Section III-Termination	Atety distance of the second reacted to be: a (has) (is): a could reacted to be: a Substantial ck one) 104a . Order [] int A. Date Action	of Act No Likelihood No Lost Wa ' Yes [] A. None [] C. Safeguard [Mo Da Yr	orkdays L No Ø B. Low 1 13. Type o 1 D. Written Noti 1	Title 30 Reason C. Moderato C. Moderato f Issuance (chection ce E. Cinon ce E. Cinon ce E. Cinon ce Clock)	o CFR sonably Likely r Restricted Du e 20 1 traine) Cita tation/	ity 🔽 D. High	Highly Likely Permanenth D. Number of I	Occu Disabiling Persons Affecte Reckless Disreg Safeguard	Fatal [] d: 001 Jard [] Written Notice []
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Saction II-inspectoral Saction II-inspectoral A. Injury or Illnes B. Injury or Illnes Sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme 16. Termination Due Section III-Termination 17. Action to Termin 18. Terminated A. I Section V-Automated 3 9. Type of Inspectio	Action Action A. Date Action A. Date Action Acti	of Act No Likelihood No Lost Wo 'Yes [] A. None [] C. Safeguard [Mo Da Yr Containe	orkdays [] L No 🗹 B. Low []] 13. Type o] D. Written Noti B. Time (24 Hr er was lat	Title 30 Reason C. Moderato C. Moderato f Issuance (chection ce E. Cinon ce E. Cinon ce E. Cinon ce Clock)	o CFR sonably Likely r Restricted Du e 2 10 k one) Cita tation/ der Number	ity 🗹 D. High titon 🗹	Highly Likely Permanenth D. Number of I	Occu Disabiling Persons Affecte Reckless Disreg Safeguard	Fatal [] d: 001 Jard [] Written Notice []
Saction II-Inspectoral A Injury or Illnes B. Injury or Illnes Sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme 16. Termination Due Section III-Termination 17. Action to Termin 18. Terminated A. I Section IV-Automated 3 19. Type of Inspectio (activity code)	afety	of Act No Likelihood No Lost Wo : Yes [] A. None [] C. Safeguard [Mo Da Yr Containe Da Yr B. T	orkdays [] L No 🗹 B. Low []] 13. Type o] D. Written Noti B. Time (24 Hr er was lat	Title 30 Reason C. Moderato C. Moderato f Issuance (chection ce E. Cinon ce E. Cinon ce E. Cinon ce Clock)	o CFR sonably Likely r Restricted Du e 2 1 k one) Cita tation/ der Number	ity 🗹 D. High titon 🗹	Highly Likely Permanenth D. Number of I	Cocc Disabling Persons Affecte Reckless Disreg Safeguard F. Dated	Fatal [] d: 001 Jard [] Written Notice []
Saction II-inspectoral Saction II-inspectoral B. Injury or illness Sonably be exp C. Significant and 11. Negligence (che 12. Type of Action 14. Initial Action A. Citation B 15. Area or Equipme 16. Termination Due Section III-Termination 17. Action to Termin 18. Terminated A. E Section IV-Automated 3 9. Type of Inspectio	afety Dther valuation s (has) (is): s could rea- bected to be: d Substantial ck one) 104a . Order ant A. Date Action ate The Date Mo (system Data In E01 (08 (revised)	of Act No Likelihood No Lost We ' Yes [] A. None C. Safeguard [Mo Da Yr Containe Da Yr 20. Event Num in accordance v	orkdays [] L No <table-cell> [] B. Low []] 13. Type o] D. Written Noti B. Time (24 Hr B. Time (24 Hr B. Time (24 Hr Clock iber</table-cell>	Title 30 Rea: ost Workdays O C. Moderat (Issuance (chec ce E. Ci Or c. Clock) Deled C. Moderat C. Mod	CFR sonably Likely r Restricted Du e 2 10 k one) Cita tation/ der Number	nty 🗹	Highly Likely Permanently D. Number of I E. Order	Cocc Disabiling Persons Affecte Reckless Disreg Safeguard Persons Affecte Reckless Disreg Safeguard Persons Affecte F. Dated	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr

Mine Sa	d States Department of Labor lifety and Health Administration Office of Accountability anklin, TN Mine ID	n (L) (Q)
Mine Citation/Order	U.S. Department of Lab Mine Safety and Health /	Administration
1. Data Mo Da Yr 12. Time (24.Hr. Clock) 4. Served To		3. Citation/ Order Number
8. Condition or Practice		(Contractor) 8a. Written Notice (1039)
The solvent known as Bioact ae- can. The storage container it w	o was being stored in did	

can. The storage container it was being stored in did not have a spring loaded lid to allow built up vapor release. The chemical in question has a flammability rating of 2 and according to the MSDS published by the manufacturer one must avoid sparks, and open flames with this product. Ventilation required should be mechanical ventilation to control vapors according to the MSDS.

	_					See Cor	ntinuation Form (MS)	lA Form 7000-3a)
9. Violation	A. Heaith Safety Other	B. Section of Act	4	C. Parl/Section of Title 30 CFR		56.	4402	
Section II-Insp	ector's Evaluation		*					
10. Gravity:								
A. Injury o	or tilness (has) (is): No Likelihood [Unlikely 🖌	Reasonably I	Likely 🔲	Highly Likely		rred []
	r illness could a		kdays 📋 🛛 Lost W	/orkdays Or Restric	ted Duty 🗹	Permanen	tly Disabling	Fatal 🗌
C. Signific	ant and Substa	intial: Yes 🗌	No 🔽			D. Number o	f Persons Affected	± 001
11. Negligend	ce (check one)	A. None	B. Low	C. Moderate 🔽	D. High		. Reckless Disreg	and 🗌
12. Type of A	ction 104a		13. Type of Issu	ance (check one)	Citation 🔽	Order 🛄	Saleguard 🗌	Written Notice
14. Initial Act A. Citation		C. Safeguard []	D. Written Notice	E. Citation/ Order Num	iber		F. Dated	Mo Da Yr
15. Area or E	quipment					28		
16. Terminati	on Due A. (Date Mo Da Yr	B. Time (24 Hr. Clo	ck)				
Section III-Terr	mination Action							
17. Action to	Terminate							

18. Terminated A. Date	Mol	Da Yr	8. Time (24 Hr. Clo	ock			
Section IV-Automated Syste	em Data						
19. Type of Inspection (activity code)	E01	20. Event	Number	21. F	rimary or Mill P		(1) (0)
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 Ombudisman and 10 Regional Falmess Boards to receive comments from small businesse about federal agency enforcement actions. The Ombudisman annually evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-886-734-3247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order	U.S. Department of Mine Safety and Hea		_
Section IViolation Data		3. Citation/	
		Order Number	
		(Contractor)	
Condition or Practice The 14 inch exhaust fan loc	ated in the Quality Contr	8a. Written Notice (103g)	
the outside of the building	within nine inches of th	e doorway had four inch	
louvers which opens during	operation exposing unguar	ded fan blades to miners	
using the stairs to enter o feet from the top step to t	r exit the lab. The fan	was approximately four	
round. The stairway enter	ing into the lab was also	not equipped with	
nandrails increasing the li	kelihood of occurrence.	Should a miner contact the	
exposed rotating fan blades	serious injuries would o	occur.	
Violation A. Health B. Section	C. Part/Section of	See Continuation Form (MSHA Form 7090-3a)	
Safety of Act Otheri	Title 30 CFR	56.14107a	
ection II-Inspector's Evaluation			
0. Gravity: A. Injury or Illness (has) (is): No Likelihood 🗍	Unikely 🗍 Reasonably Likely Ӯ		
B. Injury or illness could rea- sonably be expected to be: No Lost Workday		Permanently Disabiling 🗹 Fatal	
O. Signiferent and Substantials	io 🗌	D. Number of Persons Affected: 001	
1. Negligence (check one) A. None 🗍 B	. Low 📋 C. Moderate 🖉 D. High	E. Reckless Disregard	
2. Type of Action 104a	13. Type of Issuance (check one) Citation	Order 🗌 Safeguard 🗋 Written Notice 🗌	
4. Initial Action A. Citation 🗍 B. Order 🗍 C. Safeguard 🗍 D.	E. Citation/ Written Notice	F. Dated Mo Da Yr	
5. Area or Equipment			
1	×.		
	Time (24 Hr. Clock)	······································	
A. Date Mo Da Yr B.			
A. Date B.			
A. Date B.	·····		
A. Date B.			
A. Date B. Inction III-Termination Action 7. Action to Terminate			
A. Date B. ction III-Termination Action 7. Action to Terminate	4 Hr. Clock		
A. Date B. Inction IIITermination Action 7. Action to Terminate 1. Terminated A. Date Mo Da Yr B. Time (2)	4 Hr. Clock		
A. Date B. ection III-Termination Action 7. Action to Terminate 8. Terminated Mo Da Yr	4 Hr. Clock		

District	MNM South East	Field Office	Franklin, TN	Mine ID		

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration		
Section IViolation Data			
Date Mar De Vr 2. Time (24.Hr. Clock)	3. Citation/ Order Number		
A Served to			
		Contractor)	
8. Condition or Practice	ça. vv/mm	NOICe (103g)	

The stairways entering into the Quality Control lab were not equipped with handrails. Each of three separate stairways entering into the Quality Control lab consisted of three steps rising to a height of approximately 2 ½ feet. The lab is frequented multiple times daily. The steps are subjected to ice, snow, as well as rain. Should a miner slip or trip coming down the stairs due to no handrails to hold onto while descending the stairs serious injuries would occur.

						See Cont	inuation Form (MSH	A Form 7000-3a) 🗌
	Health [_] Safety [_] Other [_]	B. Section of Act	c	Parl/Section of Title 30 CFR		56.1	1002	
Section II-Inspector's	Evaluation							
10. Gravity:								
A. Injury or Illine		No Likelihood	Unlikely	Reasonably	Likely 🔀	Highly Likely		red 🗌
B. Injury or illne sonably be e	ess could rea- expected to be:	No Lost Workda	iys 📋 🛛 Lost Wor	kdays Or Restric	ted Duty 🖌	Permanent	ly Disabling 📋	Fatal 🔲
C. Significant a	nd Substantial:	Yes 🖌	No [.]			D. Number of	Persons Affected	: 001
11. Negligence (ch	eck one)	A. None 🔲	B. Low 📋 C.	Moderate	D. High	🗹 E.	Reckless Disrega	ard 🗌
12. Type of Action	104a		13. Type of Issuan	ce (check one)	Citation 🖌	Order 🗌	Safeguard 🗌	Written Notice
14. Initial Action A. Citation	B. Order 📋	C. Safeguard []). Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
15. Area or Equipro	nent							×.
		×			in.			(e
16. Termination Di	A. Date	Ma Da Vr	ne (24 Hr. Clock)					
Section III-Terminatio	n Action							
17. Action to Term	inate	. 1					÷	
18. Terminated A	Date Mo D	Da Yr 8. Time (24 Hr. Clock					
Section IV-Automate	d System Data							<u>.</u>
19. Type of inspect (activity code)	E01	20. Event Number		21. Pri	nary or Mill P		/1	
22. Signature						23. AR N		
A COLUMN TWO IS NOT THE OWNER.			and the second					

MSHA Form 7000-3, Apr 05 (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 roceive comments from small business about federal agency enforcement actions. The Ornbudsman ennually 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-FAR (1-888-734-5247), 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 you right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District MNM South East	Field Office	Franklin, TN	Mine ID		b
			-		
Mine Citation/Order	L		Department of Labor Safety and Health Administrati	on Kr	
Section IViolation Data	2 Time (24 Hr. Clock)		3. Citation/		1
			Order Nun		
				(Contractor)	•
8. Condition or Practice	4			82. Written Notice (103g)	

The shaker screen had exposed unguarded six inch pulley wheel and motor drive belt within two inches of a grease point. The shaker screen was plugged into an energized circuit, was not tagged out. The exposed moving machine parts were within four feet from the ground and easily contacted while attempting to grease the fittings. Should a miner contact the moving machine parts serious injuries would occur.

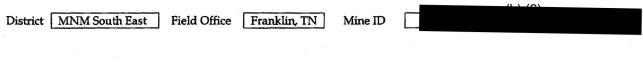
	2 10 2 10 200		~		See Continual	tion Form (MSHA Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR	56.14107	7a
Section II-Insp	ector's Evaluation					
to. Gravity:			e.			
A. Injury o	r tliness (has) (is):	No Likelihood	Unlikely 🗍	Reasonably Likely	Highly Likely	Occurred
	r illness could rea-		ays 🗌 🛛 Lost V	Vorkdays Or Restricted Dut	y 🔲 Permanentiy Di	sabling 🖓 Fatal 📋
C. Signific	ant and Substantia	i: Yes 🖌	No [_]		D. Number of Pen	sons Affected: 001
11. Negligend	ca (check one)	A. None	8. Low 📋	C. Moderate 🗌 D	. High 🗹 🛛 E. Rec	kless Disregard 📋
12. Type of A	ction 104a	1	13. Type of Issu	Iance (check one) Citat	on 🗹 Order 🗌 Sa	feguard 🔲 Written Notice 🗌
14. Initial Acti A. Citation		C. Safeguard 🗌	D. Written Notice	E. Citation/ Order Number		F. Dated Mo Da Yr
15. Ares or E	quipment		2			

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

17. Action to Terminate The power cable was removed permanently removing the machine from service

18. Terminated A. Date	AAn I	Time (24 Hr. Clock		
Section IV-Automated Syst 19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill P	
22. Signature			······	23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Faimess Act of 1998, the Small Business Administration has established a National Small Eusiness and Agriculture Regulatory Ombudemen and 10 Regional Faimess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudemen annually evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudemen at Small Business Administration, Office of the National Ombudemen, A09 3rd Street, SW MC 2120, Washington, DC 20148. Please note, however, that your right to file a comment with the Ombudemen is a addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



Mine Citation/Order
U.S. Department of Labor
Mine Safety and Health Administration

Section I-Violation Data

Section I-Violation

Section I-Viol

The #1 Contracted hauler dump truck parked on the mine site in front of the office was parked unattended on a grade with the park brake set but the wheels were not chocked. Should the parking brake fail while on a grade and not chocked miners struck by the vehicle would suffer serious injuries.

								0000		HA Form 7000-3a)
9. Violation	A. Healt Safet Othe	νĒ	B. Section of Act	L L		C. Part/Sectio Title 30 CF		56.1	14101a2	
Section I-Insp	octor's Evan	noite							21. 21	
10. Gravity:										
A. Injury o	ar lliness (h	as) (Is):	No Likelih	lood [] Unlikely [Reasona	bly Likely 📋	Highly Like	hy 🗋 Occ	urred 🔲
	r liness co be expect		No Los	st Worl	idays 🗌 🛛 Los	t Workdays Or Re	stricted Duty 🗌	Permane	ently Disabling 📋	Fatal 🖌
C. Signific	ant and Si	ubstantial:	Ye	s 🗌	No 🗹			D. Number	of Persons Affecte	^{id:} 001
11. Negligen	ce (check d	one)	A. None [B. Low	C. Moderate	D. High		E. Reckless Disre	gard [
12. Type of A	ction]	04a			13. Type of Is	ssuance (check on	e) Citation 🖌	Order 🗌	Safeguard 🗌	Written Notice
14. Initial Act A. Citation		rder 🗍	C. Safegu	ard [_]	D. Written Notice	E. Citatio Order	n/ Number		F. Dated	Mo Da Yr
	Inninemant		12							
		15			3				*	6
		A. Date	·	,	B. Time (24 Hr. (Clock)			×	с.
16. Terminati	on Dua			>	B. Time (24 Hr. (Clock)				6 5
16. Terminati Section III-Terr	on Due mination Acti	on	truck) was	B. Time (24 Hr. (s chocked	Clock)			*	
15. Terminati Section III-Tern 17. Action to	on Due nination Acti Terminate	on The	truck			Clock)			*	4
16. Terminati Section III-Terr 17. Action to 18. Terminate	on Dua mination Acti Terminata ed A. Date	on The	truck		s chocked	Clock)				
15. Area or E 16. Terminati Section III-Ten 17. Action to 18. Terminate Section IV-Auto 19. Type of In (activity c	on Due mination Acti Terminate and A. Data parated Syste uspection	on The	truck	8. Tim	s chocked e (24 Hr. Clock		Primary or Mili			

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-FAR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, at Street, SW MC 2120, Weshington, DC 20116. Please note, however, that your right to file a comment with the Ombudaman is addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District MNM South East	Mine Sa		artment of Labor Ith Administration ountability Mine ID	3 	
Mine Citation/Order Continuation			Department of Lab Safety and Health A		
Section I-Subsequent Action/Continua					
 Subsequent Action 1a. Continu V 	ation 2. Dated (Original Issue)	• • • · ·	3. Citation/ Order Number		
1 Cound To			<u></u>		
				(Contractor)	
Section II-Justification for Action			×		
Change	From		To		
9. C. Part/Section	56.14101a2		56.14207		
Desens The urony standard	was entered				

D. Terminated	E. Modified
20	
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		United States L	long the ant of I	ahow			
		United States D Mine Safety and I					
•			Accountability				
		Once of	Accountability		(1.)	(\mathbf{c})	
ict MNM South Ea	st Field Off	ico Franklin Th	J Mine ID	Г			
ict MINM South Ea	st Field Off	ice Franklin, Th	Mine ID			<u> </u>	
		4					
Mine Citation/Order			U.S. Department	of Labor			
			Mine Safety and He	ealth Administratic	n		
Section I-Violation Data	10			In an at	(1) (0)		
1. Date Mo Da Yr	2. Time (24 Hr. Cl	lock)		3. Citation/ Order Numb	e		-
A Corpertie							
						-	
8. Condition or Practica					Ba. Written Notice	Contractor)	*
The #2 Contract	ed hauler d	ump truck par	ked on the r	nine site in			
office was park	ed unattend	ed on a grade	with the pa	ark brake se	t but the	heels	
were not chocke	d. Should	the parking ba	rake fail wh	nile on a gr	ade and not		
chocked miners	struck by t	he vehicle wor	uld suffer a	serious inju	ries.		
				See Continua	tion Form (MSHA Form)	100-3a)	
9. Violation A. Heatth	B. Section	10.0-			and the own fragment of the second		
			rt/Section of				
Safety Other	of Act		nt/Section of e 30 CFR	56.1410			
Safety Other Other Section II-Inspector's Evaluation							
Safety Other Other Section #-Inspector's Evaluation 10. Gravity:	of Act	Tu	e 30 CFR	56.1410	ia2 .		
Safety Other Other Section #-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is)	of Act	Unlikely 🖌 F	e 30 CFR Reasonably Likely	56.1410 Highly Likely	la2 Occurred		
Safety Other Other Section #-Inspector's Evaluation 10. Gravity:	of Act	Unlikely 🖌 F	e 30 CFR	56.1410 Highly Likely	la2 Occurred		
Safety	of Act	Unlikely 🖌 F	e 30 CFR Reasonably Likely	56.1410 Highly Likely	a2 Occurred [] Hisabling [] Fat		
Safety	of Act No Likelihood [] No Lost Workd: ial: Yes []	Unlikely 🖉 F ays 🗌 Lost Workday No 🛃	e 30 CFR Reasonably Likely 📋 rs Or Restricted Duty [56.1410 Highly Likely [] Permanently D D. Number of Pe	a2 Occurred [] isabling [] Fatt recons Affected: 0		
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Safety Cither Cither Cither Cither Cither Cither Cither Cither Cither Cither Cither Cither Cither A Injury or Illness (has) (ia) B. Injury or Illness could rea sonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 104a 14. Initial Action A Citation B. Order [15. Area or Equipment 16. Termination Due A. Data Section III-Termination Action 17. Action to Terminate The Section IV-Automated System Data 19. Type of Inspection (activity code) E01 22. Signature MSHA Form 7000-3, Apr 08 (revised	of Act No Likelihood [] No Lost Workd: A. None [] C. Safeguard [] C. Safeguard [] C. Safeguard [] C. Safeguard [] D. Lost Workd: D. C. Safeguard [] D. C. Sa	Unlikely 9 F aysLost Workday No 9 B. Low [] C. Mod 13. Type of issuance (c D. Written Notice] E B. Time (24 Hr. Clock) Chocked (24 Hr. Clock	e 30 CFR Reasonably Likely rs Or Restricted Duty' [erate 2 D. H theck one) Citation Citation/ Order Number 21. Primary or Mill P ness Regulatory Enforcem	56.1410 Highly Likely [Permanently C D. Number of Pe igh E. Re Ø Order Si Value Si 23. AR Num ent Fairness Act of 1995, 1	a2 Coccurred [] isabling [] Fat isabling [] Fa	n Notice	
Safety Cherry Cherry Cherry Cherry Cherry Section 8-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (ia) B. Injury or Illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 104a 14. Initial Action A. Citation B. Order [] 15. Area or Equipment 16. Termination Due A. Data Section III-Termination Action 17. Action to Terminate Th (18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection (activity code) E01 22. Signature	of Act No Likelihood [] No Lost Workd: A. None [] C. Sefeguard [] C.	Unlikely 2 F ays Lost Workday No 2 B. Low C. Mod 13. Type of tssuance (c D. Written Notice E B. Time (24 Hr. Clock) Chocked (24 Hr. Clock	e 30 CFR Reasonably Likely rs Or Restricted Duty [erate 2 D. H sheck one) Citation Citation/ Order Number 21. Primary or Mil P mass Regulatory Enforcem nal Fairness Boards to rec	56.1410 Highly Likely [Permanently D D. Number of Pe igh E. Re Ø Order St Variable Statements from and B 23. AR Num ent Fairness Act of 1996, sive comments from and	a2 Occurred [] isabling [] Fat reons Affected: 0 ckless Disregard [] afeguard [] Writte F. Dated Mc F. Dated Mc ber [] ther [] ther [] ther [] ther [] there is a bout federal the small sugmess Atoms	n Notice	

		uited States Depar Safety and Healt Office of Accou	h Administra			
District MNM South East	Field Office [Franklin, TN	Mine ID			
Mine Citation/Order Continuation			epartment of afety and Hea	Labor Ith Administration		
Section I-Subsequent Action/Continuation Dat				1		
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue	Mo Da Yr	3. Citation/ Order Numbe	er		
		5. Opera	tor		3	
					(Contractor)	
Change F	rom		То	V.		
9. C. Part/Section 5	6.14101a2		56.14207			
Reason The wrong standard was e	entered					

								6	See Continuation Form
Section III-Subset	quent Action Taken								
8. Extended To	A. Date Mo	Da Yr	B. Time (24	Hr. Clock)		C. V	acated	D. Terminated	V: E. Modified
Section IV-Inspec	tion Data								
9. Type of Inspe	CON FOI	10. 6	vent Number						
			·						
11. 5			-	AR Number	12 Date	111 . 201	v.	13. Time (24 Hr. Cl	ock)
1									
MSNA FOTT									

	ine Safety and H	epartment of La Iealth Administ Accountability			
District MNM South East Field Office	Franklin, TN	J Mine ID			
Mine Citation/Order		U.S. Department Mine Safety and H		tion 🗸	
Section I-Violation Data		vinie Galety and I	Caldi Administra		
1. Date			3. Citation/ Order Nur	nber	
				Contra	
8. Condition or Practice		1		Ba. Written Notice (103g)	
The personal vehicle of the p and 5 percent and had the par The production operator was a personnel concerning abating the parking brake fail while vehicle would suffer serious	k brake set t the vehic citations k on a grade	t but did n cle in a di out was not	ot have the scussion w: behind the	e wheels chocked ith other e wheel. Should	1. 1
	*)				
		10	See Contin	nuation Form (MSHA Form 7000-3a)	t t
9. Violation A. Health B. Section Safety of Act Other		n/Section of e 30 CFR	56.141	01a2	
Section II-Inspector's Evaluation			. 40		
10. Gravity: A. Injury or Illness (has) (is): No Likelihood	Unlikely 🖌 🛛 F	Reasonably Likely	Highty Likely	Occurred	
B lointy or illiness could rea-					
sonably be expected to be: No Lost Workdays	Lost Workday	s Or Restricted Duty	Permanently	y Disabling Fatal 🗸	
C. Significant and Substantial: Yes No	X		D. Number of t	Persons Affected: 001	
11. Negligence (check one) A. None B. Lo				Reckless Disregard	
12. Type of Action 104a 13	3. Type of Issuance (c	check one) Citation	✓ Order	Safeguard Written Notic	æ
14. Initial Action A. Citation B. Order C. Safeguard D. Wr	itten Notice	. Citation/ Order Number		F. Dated Mo Da	fr
15. Area or Equipment	*		2		
16. Termination Due A. Dat Mo Da Yr B. Tir	ne (24 Hr. Clock)				
Section III-Termination Action					
17. Action to Terminate The operator of and parked the vehicle in the			ne vehicle	from the grade	
18. Terminated A, Date B. Time (24 H	ir. Clock				
Section IV-Automated System Uata		1			
19. Type of Inspection (active for the section		21. Primary or M P	105	(b) (6)	
22. Signs			23. AR N	lumber	
MSHA Foffn 7000-3, Apr 08 (revised) #1 dutautine mut uns pro	visions of the Small Busi	ness Regulatory Enforcer	nent Fairness Act of 199	96, the Small Business Administratio	in has
established a National Small Business and Agriculture Regulatory Ou enforcement actions. The Ombudsman annually evaluates enforcem	mbudsman and 10 Region	nal Fairness Boards to re	ceive comments from sr	mail businesses about federal agency	
enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888	-734-3247), or write the (Ombudsman at Small Bus	iness Administration, O	flice of the National Ombudsman, 40	
Street, SW_MC 2120, Washington, DC 20418 Please note, however the right to contest citations and proposed penalties and obtain a heat	er, that your right to file a inng before the Federal N	comment with the Ombur fine Safety and Health Re	isman is in addition to a wiew Commission	ny other rights you may have, include	ng
and and a second sec					

		Mine Safety ar	es Depart ad Health of Accou	ment of Labo Administrat ntability	r ion		
District MNM South	East Field Off	ice Franklin,	TN	Mine ID			
Mine Citation/Order Continuation			U .\$. D Mine S	epartment of Safety and Hea	Labor alth Administration	<	
Section 1-Subsequent Action/Co 1. Subsequent Action 1a. Co V	intinuation 2. Dated	Mo Mo	Da Yr	3. Citation/ Order Numb	er		
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Change	From			То			
9. C. Part/Section	56.14101a2			56.14207			
Reason The wrong stan	dard was entered		1				
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			1		7	See Continuation Form	1
Section III-Subsequent Action Ta 8. Extended To Mo	On Yel						_
A. Date	B. Time (24 Hr. Clock)		C. Vacal	ed i D. Terminated	✓ E. Modified	-
Section IV-Inspection Data 9. Type of Inspection E01	10. Event Numb	e					
			12. Date		143 Time 124 Hr 1	~h~h)	
1			L. Date				
MSRA FUILI JUUU-Ja, mai uu juu							
	/		1				

District	MNM South East	Field Office	Franklin, TN	Mine ID		
					5	
2						
	Mine Citation/Order			U.S. Department Mine Safety and H	of Labor lealth Administration	
	Section I-Violation Data					(1) (0)
	1. Date Mo Da Yr	2. Time (24 Hr, Clo	ck)		3. Citation/ Order Number	
	4 Secred To					
						tractor)
	8. Condition or Practice					Initten Natice (103g)
	The rubber tire the park brake s in the same loca	et. The ba	ckhoe also w	as not chock		e had been

received five citations for the very same standard just one day prior. The lead-man is tasked trained on the backhoe and is aware of the requirement to set the park brake and chock the tires when on a grade and left unattended.

							See Continu	ation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safely Other	σΙ	B. Section of Act		C. Part/Section of Title 30 CFR		56.1410	1a2	
Section II-Insp	ector's Evalua	tion							<u>×</u>
10. Gravity: A. Injury o	r iliness (ha	s) (is):	No Likelihood [Unlikely 🖌	Reasonably	Likely	Highly Likely] Occu	med 🔲
	r illness cou be expecte		No Lost Wo	rkdøys 🗌 🛛 Lost	Workdays Or Restric	ted Duty 📋	Permanently (Disabling 🔲	Fatal 🖌
C. Signific	ant and Sut	stantial	Yes 🗌	No 🖌			D. Number of Pe	ersons Affected	t 001
t1. Negligend	check or	18)	A. None	8. Low 📋	C. Moderate	D. High	2 E. R	eckless Disreg	end 🗌
12. Type of A	ction 10	4a		13. Type of Is	suance (check one)	Citation 🖌	Order 🗍 S	afeguard 🗌	Written Notice
14. Initial Act		ler 🗌	C. Safeguard] D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
15. Area or E	quipment								
16. Terminati	on Due	A. Date		B. Time (24 Hr. C	lock)				···
Section III-Terr	nination Actio	n							
17. Action to	Terminate	The	park bra	ike was set	and the ba	ckhoe v	as chocke	ed	
18. Terminate	A. Date		В. Тіл	me (24 Hr. Clock					

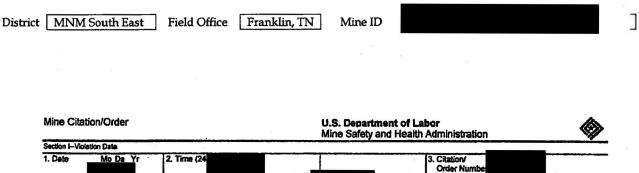
18. Terminated A. Date	B. Time (24 Hr. Clock			
Section IV-Automated System Da	ia •			
19. Type of loggestion (ad	20. Event Number	21. Primary or Mill P	•	(1) (0)
22. Sig			23. AR Number	
			internet and added the Sanat The	

MSHA Fr The Ombudaman and Ion Small Business Regulatory Emission of the Small business administration in mbudaman and Ion Regional Fairness Boards to receive comments from small business about faderal agency ins. The Ombudaman annusity evaluates emonorment activities and rates each agency's responsiveness to small business. If you wish to comment on the na of MSHA, you may call 1-88-REG-FAR (1-88-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3 120, Weshington, DC 20418. Plesse net, however, they your first file of combudaman is in addition to any other rights you may have, including at citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission. 409 3rd vent actio Street, SW MC 2120, Washin the right to contest citations an

		e Safety and Hea	artment of Labor Ith Administration	1		
		Office of Acc			+	
District MNM South East	Field Office	Franklin, TN	Mine ID			<u></u>
			4	3		
Mine Citation/Order Continuation			Department of Lab Safety and Health A			
Section I-Subsequent Action/Continuation	Data	· · · · · · · · · · · · · · · · · · ·				
1. Subsequent Action 1a. Continuation	n 2. Dated (Original Issue)	Mo Do Yr	3. Citation/ Order Number			
4. Served To	······································	5,00	erator			
					(Contractor)	
Section II-Justification for Action						
Change	From		To			
9. C. Part/Section	56.14101a2		56.14207			

Reason The wrong standard was entered

Section III-Subse	went Action Take		_					See Continuation Form
8. Extended To	A. Date Mo	Da	Yr	B. Time (24 Hr. Clock)	T	C. Vacated	D. Terminated	✓ E. Modiñed
Section IV-Inspec	tion Data	-						
S Type of Incor	E01		10. E	vent Number				
			-	A Dalimber	12. Da		13. Time	
4								
MSHA Form 7000	-3a. Mar BS Kawa	ed)			1			



(Contractor) 8. Condition of Fractice 8. Written Notice (103g)]] The defects identified on the S185 Bobcat #869901 during the pre-operational inspection were not recorded. The operator conducted a pre-operational

inspection and discovered the backup alarm would not sound. He also discovered the headlight on the right side of the machine was not working. The practice followed for this piece of equipment is to conduct the inspection but should defects be found no record is prepared until the end of the day. Should miners not be informed of the defects affecting safety and operate the equipment serious injuries would occur depending on the safety defect.

					See Continuati	on Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act	2	C. Part/Section of Title 30 CFR	56.14100	d	
Section II-insp	ector's Eveluation	-					
10. Gravity:							
A. Injury o	r lliness (has) (is):	No Likelihood	Unlikely 🖌	Reasonably Likely	Highly Likely 📋	Occur	red 🔲
	r illness could rea-	No Lost Workd	ays 🗌 🛛 Lost Wo	arkdays Or Restricted Duty	Permanently Dis	sabling 🗌	Fatal 🗹
C. Signific	ant and Substantia	il: Yes []	No 😥		D. Number of Pers	ions Affected	[:] 001
11. Negligen	ce (check one)	A. None	B. Low 🗌 🛛 C	. Moderate 🗹 D. High	E. Rec	kless Disrega	ard []
12. Type of A	ction 104a		13. Type of Issua	nce (check one) Citation 🖌	Order 🗋 Saf	eguard 🗌	Written Notice
14. Initial Act A. Citation		C. Safeguard 🗌	D. Written Notice	E. Citation/ Order Number	8	F. Dated	Mo Da Yr
15. Area or E	quipment						

16. Termination Due	A. D	ate Mo Da Yr	I. Time	e (24 Hr. Clock)					
Section III-Termination Act	ion								
17. Action to Terminate	A	pre-operati	onal	inspection	was	recorded	and	deficiencies	were

notea.				
18. Terminated A. Date	Mo Da Yr	Time (24 Hr. Clock	a.	

19. Type c (activit	21. Primary or Mill P		
22. Signat	 	23. AR Number	
MSHA Form		aimess Act of 1998, the Small Busine	

mbudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency programment activities and rates each agency's responsiveness to small business. If you wish to comment on the

enforcement actions. The Ombudisman annually evaluates enforcement activities and raise each agency's responsiveness to amali business. If you wish to comment on the enforcement actions of MSHA, you may call 1-688-REG-FAIR (1-688-734-5247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3n Street, SW MC 2120, Washington, DC 20113. Please note, however, that your right to file a comment with the Ombudisma in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

District M	NM South East	Field Office	Franklin, TN	Mine ID	

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Adminis	tration
Section I-Violation Data		1	
1. Date	12. Time (24 Hr. Clock)	3. Citatio Order	n/ Numbe
			(Contractor)
			8a. Written Notice (103g)

The electrical utility truck operated by a contractor was left unattended without the park brake set. Should the truck get knocked out of gear while on a grade and strike a miner, serious injuries would occur. The lead-man stated that he was aware of the requirement to apply the park brake but was in a hurry to get the work done and forgot.

2		See Continuation Form (MSH/	A Form 7000-3a)
9. Violation A. Health B. Section Safety of Act Other	C. Part/Section of Tille 30 CFR	56.14101a2	
Section II-Inspector's Evaluation			
10. Gravity:			
A. Injury or Illness (has) (is): No Likelihood 🔲 Unlikely 💟	Reasonably Likely 📋	Highly Likely 📋 Occuri	red 🔲
B. Injury or illness could rea- sonably be expected to be: No Lost Workdays [] Lost	Norkdays 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 D	C. Moderate 🗹 D. High	E. Reckless Disrega	ird 🗋
12. Type of Action 104a 13. Type of Isa	uance (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	3. Time (24 Hr. Clock)	
Section III-Termination A	ction		······································

17. Action to Terminate The park brake was set

18. Terminated A. Dat	MoDa Yr	B. Time (24 Hr. Clock				
Section IV-Automated Sys			÷.			
19. Time of leanertion	120 Fve	nt Number	21. Priz	nary or Mill P		
20			5		23. AR Number	
MSH		rovisions of the	Small Business Regulato	y Enforcement Fa	inness Act of 1996, the Sm	all Business Administratio

enforcement ections. The Ombudsmen annuelty evaluates enforcement activities and rates each egency's response reality evaluates and rates each egency's response reality to a straid businesses about read-#4 agency's response reality and the comment of the enforcement activities of NSHA, you may call 1-885-REG-FAR (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 Ut right to file a comment with the Combudsman is in addition to any other rights you may have, including Ut right to file a comment with the Combudsman is in addition to any other rights you may have, including Ut right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Salety and Health Review Commission.

	Mine Safety	tates Department of Labor 7 and Health Administration ice of Accountability	
District MNM South East	Field Office Frank	lin, TN Mine ID	
Mine Citation/Order Continuation		ation	
Section I-Subsequent Action/Continuation D	sta		
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Order Numbe	
4. Second To			
		:	(Contractor) J981
Section II-Justification for Action			
Change	From	To	
9. C. Part/Section	C. Part/Section 56.1410 la2		
Reason The wrong standard was	entered		

		See Continuation Form
Section III-Subsequent Action Taken		
B. Extended To A. Date Mo	a Yr B. Time (24 Hr. Clock) C. Vacated D. Termin	nated 🖌 E. Modified
Section IV-Inspection Data		
. Type c	Super Number	
	1	
11. Sign	Sumber 12. Date Mo Da Yr 13. Time (24	Hr. Clock)
MSHA For		

United States Department of Labor Mine Safety and Health Administration

		Office of	Accountability		
t MNM South E	ast Field Offi	ce Franklin, T	N Mine ID		
					<
Mine Citation/Order	,		U.S. Department	of Lober	la.
	1. 			lealth Administration	n 🚱
Section I-Violation Data 1. Date Mo Da	Yr 12. Time (24 Hr	Clock)	<u> </u>	3. Citation/	
			5 Operator	Order Numbe	
8. Condition or Practice					(Contractor) 8a. Written Notice (103g)
The electric	al contractor		inch side grin ck compartment		perates at 18400
or have a pi	ece of disc h ries would of	break off and	strike the m	iner or anot	ed grinding disc her miner
з.					
9. Violation A. Health Safety Other	of Act	c	. Part/Section of Title 30 CFR	56.14107	ion Form (MSHA Form 7000-3a) 😿
Section II-Inspector's Evalue	ation				
10. Gravity:				· · · · · · · · · · · · · · · ·	
A. Injury or liness (ha	uld rea.		Reasonably Likely 🖌	Highly Likely	
A. Injury or liness (ha B. Injury or illness con sonably be expected	uld rea- ed to be: No Lost Wor		Reasonably Likely 🖌	Permanently Dia	sabling 🗹 Fatai 🗌
A. Injury or liness (ha B. Injury or illness co sonably be supecto C. Significant and Sul	uld rea- ed to be: No Lost Wor bstantial: Yes 🖉	rkdays Lost Wor No	kdays Or Restricted Duty [D. Number of Pers	sebling 🗹 Fatai 🗌 ions Affected: 001
A. Injury or lilness (ha B. Injury or illness con sonably be expecte C. Significant and Sui 11. Negligence (check or	uld rea- ed to be: No Lost Wor bstantial: Yes of ne) A. None	rikdays Cost Wor No C. B. Low C.	kdays Or Restricted Duty (Moderate 😿 D. H	Permanently Dia	sebling 🖌 Fatal 🗌 sons Affacted: 001 kless Disregard 🗌
A. Injury or lilness (ha B. Injury or illness con somebly be expecte C. Significant and Sub 11. Negligence (check or	uld rea- ed to be: No Lost Wor bstantial: Yes 🖉	rkdays Lost Wor No	kdays Or Restricted Duty (Moderate 😿 D. H	Permanently Dia	sebling 🗹 Fatai 🗌 kons Affected: 001
A. Injury or lilness (ha B. Injury or illness con somebly be expects C. Significant and Suit 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On	uld rea- ed to be: No Lost Wor bstantial: Yes ne) A. None 04a	rkdays Cost Wor No C B. Low C. 13. Type of Issuan	kdays Or Restricted Duty (Moderate 🗹 D. H ce (check one) Citation	Permanently Dia	sebling 🧭 Fatal [] sons Affacted: 001 kless Disregard [] ieguard [] Written Notice []
A. Injury or lilness (ha B. Injury or illness con somebly be expecte C. Significant and Suit 11. Negligence (check or 12. Type of Action 1 (14. Initial Action	uld rea- ed to be: No Lost Wor bstantial: Yes ne) A. None 04a	rkdays Cost Wor No C B. Low C. 13. Type of Issuan	kdays Or Restricted Duty [Moderate 2 D. H ce (check one) Citation E. Citation/	Permanently Dia	sebling 🧭 Fatal [] sons Affacted: 001 kless Disregard [] ieguard [] Written Notice []
A. Injury or Illness (ha B. Injury or illness con sonably be expects C. Significant and Sul 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment	uld rea- ed to be: No Lost Wor bstantial: Yes ne) A. None 04a	rkdays Cost Wor No C B. Low C. 13. Type of Issuan	kdays Or Restricted Duty [Moderate 2 D. H ce (check one) Citation E. Citation/	Permanently Dia	sebling 🧭 Fatal [] sons Affacted: 001 kless Disregard [] ieguard [] Written Notice []
A. Injury or lilness (his B. Injury or illness con sonably be expecte C. Significant and Sui 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment	uld rea- ed to be: No Lost Wor bstantial: Yes ne) A. None 04a	rkdays Cost Wor No C B. Low C. 13. Type of Issuan	kdays Or Restricted Duty [Moderate 2 D. H ce (check one) Citation E. Citation/ Order Number	Permanently Dia	sebling 🧭 Fatal [] sons Affacted: 001 kless Disregard [] ieguard [] Written Notice []
A. Injury or Illness (ha B. Injury or Illness con somebly be expecte C. Significant and Suit 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment 16. Termination Due Section Bi-Termination Action	uld rea- ed to be: No Lost Wor bstantial: Yes ne) A. None 04a der C. Safeguard A. Date	rkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice Firme (24 Hr. Clock)	kdays Or Restricted Duty (Moderate 2 D. H ce (check one) Citation E. Citation/ Order Number	Permanently Dis D. Number of Pens ligh D. E. Rec Order Saf	sabling 🖌 Fatal [] sons Affected: 001 kless Disregard [] reguard [] Written Notice [] F. Dated Mo Da Yr
A. Injury or Illness (ha B. Injury or Illness (ha B. Injury or illness con sonably be expects C. Significant and Sui 11. Negligence (check or 12. Type of Action 1(14. Initial Action A. Citation B. Om 15. Area or Equipment 16. Termination Due Section BI-Termination Actio 17. Action to Terminate abating the	uid rea- ed to be: No Lost Wor bstantial: Yes Ø ne) A. None 04a der C. Safeguard der The grinder violative con	rkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice Fime (24 Hr. Clock) was removed 1 dition. Shou	kdays Or Restricted Duty [Moderate D. H ce (check one) Citation E. Citation/ Order Number from the mine Id the grinder	Permanently Di D. Number of Pers D. Number of Pers Order Saf Order Saf	ently without to any mine
A. Injury or Illness (ha B. Injury or Illness (ha B. Injury or Illness con sonably be expects C. Significant and Suit 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment 16. Termination Due Section BI-Termination Action 17. Action to Terminate abating the site without	uid rea- ed to be: No Lost Wor bstantial: Yes Ø ne) A. None 04a der C. Safeguard der The grinder violative con	rkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice Fime (24 Hr. Clock) was removed 1 dition. Shou	kdays Or Restricted Duty [Moderate 2 D. H ce (check one) Citation E. Citation/ Order Number Erom the mine	Permanently Di D. Number of Pers D. Number of Pers Order Saf Order Saf	ently without to any mine
A. Injury or Illness (ha B. Injury or Illness (ha B. Injury or illness con sonably be expects C. Significant and Sul 11. Negligence (check or 12. Type of Action 1(14. Initial Action A. Citation B. On 15. Area or Equipment 16. Termination Due Section UI-Termination Actio 17. Action to Terminate abating the site without 18. Terminated A. Date	uld rea- ed to be: No Lost Wor bstantial: Yes A. None O4a der C. Safeguard A Date The grinder violative con first abatin	rkdays Lost Wor No B. Low C. 13. Type of Issuan D. Written Notice Fime (24 Hr. Clock) was removed 1 dition. Shou	kdays Or Restricted Duty [Moderate D. H ce (check one) Citation E. Citation/ Order Number from the mine Id the grinder	Permanently Di D. Number of Pers D. Number of Pers Order Saf Order Saf	ently without to any mine
A. Injury or Illness (ha B. Injury or Illness (ha B. Injury or illness con sonably be expects C. Significant and Sui 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment 16. Termination Due Section III-Termination Action 17. Action to Terminate abating the site without	uld rea- ed to be: No Lost Wor bstantial: Yes A. None O4a der C. Safeguard A Date The grinder violative con first abatin	rkdays Lost Wor No	kdays Or Restricted Duty [Moderate D. H ce (check one) Citation E. Citation/ Order Number from the mine Id the grinder	Permanently Di D. Number of Pera lgh D. E. Rec Order Saf Order Saf site permane be brought it would be	ently without to any mine
A. Injury or Illness (ha B. Injury or Illness (ha B. Injury or illness con- sonably be expects C. Significant and Sul 11. Negligence (check or 12. Type of Action 1 (14. Initial Action A. Citation B. On 15. Area or Equipment 16. Termination Due Section Bi-Termination Actio 17. Action to Terminate abating the site without 18. Terminated A. Date Section M-Automated System	uid rea- ed to be: No Lost Woo bstantial: Yes Ø ne) A. None 04a der C. Safeguard an The grinder violative con first abatin Non Date	rkdays Lost Wor No	kdays Or Restricted Duty [Moderate D. H ce (check one) Citation E. Citation/ Order Number from the mine Id the grinder ive condition	Permanently Di D. Number of Pera lgh D. E. Rec Order Saf Order Saf site permane be brought it would be	ently without to any mine

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	United States Department of Labor Mine Safety and Health Administration Office of Accountability							
District	MNM South East	Field Office	Franklin, TN	Mine ID	_			

Mine Citation/Order Continuation		U.S. Department of Labor Mine Safety and Health Administration	
Section I-Subsequent Action/Continuation Data			
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue	er Numt	
, <u> </u>			iontractor) J981

Continuation of 17. Action to Terminate

unwarrantable failure to comply with a mandatory standard.

Section III-Subse	quent Actio	n Take	n							See Continuation Form
8. Extended To	A. Date	Мо	Da	Yr	B. Time (2	4 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IV-Inspe	ction Data									······································
9 Type of Insp	ection P	01		10. E	vent Numbe	er				
						AD Alumber	12. Date		13. Time (24 Hr. C	lock)
										· · · · · · · · · · · · · · · · · · ·

District	MNM South East	Field Office	Franklin, TN	Mine ID	(b) (6)	

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data	(b)	(6)
1. Date 22 Time (24 Hr. Clock)	3. Citation/ Order Number	
4. Served To		
1. ^{(†}		(Contractor)
8. Condition or Practice	8a. Writter	Notice (103a)

A contractor was observed walking on an icy landing at the top of a set of stairs at the primary crusher complex located in the plant. The ice was approximately ½ an inch thick and covered the 21 foot square walkway of the floor leading to the stairway accessing the crusher control room. The miner was on the icy landing and attempting to cross the ice to the stairway. An oral 107 (a) imminent danger order was issued to Norvall Russell, lead-man at 1550 on this date. Citation No. 8545214 is being issued in conjunction with this order.

			1		See	Continuation Form (MSI	HA Form 7000-3a)
9. Violation A. Hea Safe Oth	ty of Act	1	C. Part/Se Title 30		14		
Section II-Inspector's Eva	tuation						
10. Gravity:							
A. Injury or lilness (has) (is): No Likeli	nood () Unlike	ly 📃 🛛 Reas	onably Likely [Highly Llk	ely 📋 Occu	irred 🗌
B. Injury or illness of sonably be expension		st Workdays 🗌	Lost Workdays Or	Restricted Duty	Perman	ently Disabilng 🔲	Fatal 🗌
C. Significant and S	ubstantial: Ye	s [] No _]	9 M.S.	_	D. Numbe	r of Persons Affecte	d:
11. Negligence (check	one) A. None	B. Low	C. Moderate	D.	High 📋	E. Reckless Disreg	pard [
12. Type of Action	107a	13. Type	of Issuance (check	cone) Citatio	on 📋 Order 🖌	Safeguard	Written Notice
14. Initial Action A. Citation B. C	eder 🕞 C. Safegu	and [] D. Written N	ctice C	ation/ ler Number	6	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 Ac	tion						
17. Action to Terminate	Mo Da Yr	I			<u>.</u>		
A. Da	6	B. Time (24 Hr. Cloc	k		- 7		
Section IV-Automated Sys							
19. Type of Inspection	20. Even	t Number		21. Primary or I P	Mill		(b) (6)
22. S					23. A	RNumber	, , ,
MSHA established a National Sm:	Business and Agncul	Ince with the provisions ure Regulatory Ombudan					

enforcement actions. The Ombudisman 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-REGFAIR (1-889-784-3247), or write the Ombudisman at Small Business Administration, Office of the National Ombudisman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudisman is in addition to any other rights you may have, including the right to contest citations and proposed panelties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

strict [MNM South East	Field Office Franklin, TN	Mine ID		
		1 . · · ·			
N	Mine Citation/Order		U.S. Department of La Mine Safety and Health		
S	Section I-Violation Data				
1	. Date Ma Do Xr	2 Time /24 Hr. Clock)		3. Citation/ Order Numbe	
				-	(Contractor)
8	. Condition or Practice			8a. Written Notic	
s a f w P	stairs at the pr approximately ½ floor leading to was on the icy l Another miner ha	observed walking on imary crusher complex i an inch thick and cover the stairway accessing anding and attempting t d been directed to cross the lead man had cross	located in the red the 21 foot g the crusher c to cross the ic ss the ice by t	plant. The ice was square walkway of ontrol room. The m e to the stairway. he lead-man on more	the niner than
		man slip on the ice and			

the ice serious injuries would occur. The lead-man engaged in an aggravated conduct constituting more than ordinary negligence. This violation is an unwarrantable failure to comply with a mandatory standard. See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Heal Safe Oth	ty of Act		C. Part/Section Title 30 CFR	of	56.1	1016	
Section II-Inspector's Eval	vation						
10. Gravity:		14					
A. Injury or lilness (xod 📋 Unlikely	Reasonably	/Likely	Highly Likely	Occur	red 📋
B. Injury or illness c sonably be expect		Workdays [] Lo	st Workdays Or Restr	icted Duty [Permanent	ty Disabling 🗹	Fatel 🛄
C. Significant and S	ubstantiai: Yes	Mo []			D. Number of	Persons Affected	• 001
11. Negligence (check	one) A. None [] 8. Low []	C. Moderate	D. High	<u>۲</u>	. Reckless Disrega	ard 😥
12. Type of Action	04d1	13. Type of	Issuance (check one)	Citation 🗸	Order []	Safeguard 📋	Written Notice
14. Initial Action A. Citation B. C	nder 门 C. Safegua	rd 📋 D. Written Notic	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
15. Area or Equipment	Mo Da		4			5	
16. Termination Due	A. Date	B. Time (24 Hr.	Clock)				
Section III-Termination Ac							
17. Action to Terminate							
18. Terminated A. Dat		B. Time (24 Hr. Clock					· · · · · · · · · · · · · · · · · · ·
Section N-Automated Sys							
19. Ty (a	199 Ci wat	Mumber .	21. P	rimary or Mill P			
22. SK		0			23. AR	Number	

MSKA I a with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has restablish. The Ombudisman annually evaluates enforcement activities and rates an

			United States Depa ne Safety and Hea Office of Acc	lth Administra		(I) (O)	
District	MNM South East	Field Office	Franklin, TN	Mine ID			
					ē.		
	Mine Citation/Order Continuation	1 - M 2		U.S. Department Mine Safety and H	of Labor leaith Administration	a.	
	Section I-Subsequent Action/Continu 1. Subsequent Action 1s. Contin	nuation 2. Dated		V 12 Citation/			
		(Origi	nal Issue)		nber		
		(Origin					

violation is issued in conjunction with imminent danger order number therefore no abatement time was set.

									See Continuation Form	
Section III-Subse 8. Extended To		Mo Da	a Yr	B. Time (2	24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified	-
Section IV-Inspect		1	10. E	vent Numb						
11					AD Number	12. Date	· · · · · · · · · · · · · · · · · · ·	13. Time (24.Hr. C	ock)	
MSHA Form 7000	3a, Mar 85	(revised)			· · · · ·		-			

			United States Depa ine Safety and Heal Office of Acco	th Adminis		
District	MNM South East	Field Office	Franklin, TN	Mine ID	Е	

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data		
1. Date	3. Citation/ Order Num	
		(Contractor)
1	8a. Wri	tten Notice (103g)

The contractor failed to conduct a proper workplace examination before conducting work in the vicinity of the primary crusher located in the plant area of the mine. The area travel way was coated with 5 inch of ice and was repeatedly crossed by the miners while performing work. No workplace examination was conducted or recorded. The contractor did not initiate any action to correct the hazardous conditions in the workplace before commencing work in the area.

		· · · ·		See Con	tinuation Form (MSI-	A Form 7000-3a)
9. Violation A Health B. Section Safety G of Act Other		C. Part/Section of Title 30 CFR		56.1	8002a	
Section II-Inspector's Evaluation						
10. Gravity:						
A. Injury or Illness (has) (is): No Likel	thood Unlikely	Reasonably L	ikely 🗍	Highly Likely	Occu	med 🔲
 Injury or illness could rea- sonably be expected to be: No Lo 	ost Workdays 🗌 🛛 Lost V	Workdays Or Restrict	ed Duty 🗌	Permanen	tly Disabling 🖌	Fatal 📋
C. Significant and Substantial: Y	es 🗹 No 🗌	<u>ě</u> .		D. Number of	f Persons Affected	^t 001
11. Negligence (check one) A. None	[] B. Low []	C. Moderate	D. High	C E	. Reckless Disreg	ard []
12. Type of Action 104a	13. Type of Iss	wance (check one)	Citation 🗹	Order []	Safeguard 🗌	Written Notice
14. Initial Action A. Citation 3. Order 3. C. Saleg	uard [] D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
15. Area or Equipment						
16. Termination Due A. Date	B. Time (24 Hr. Cl	ock)		×.		· · · · · ·
Section III-Termination Action						
17. Action to Terminate						
18. Terminated A. Date Mo Da Yr	B. Time (24 Hr. Clock				2,	
Section IV-Automated System Data						
19. Type of Issession 20. Eve	nt Number	21. Prin	nary or Mill			

22. Signa 23. AR Number

District MNM South East	Mine			r	
vistrict MNM South East		Safety and He	alth Administrat	tion	
vistrict MNM South East		Office of Ac			
District MNM South East			······		1
Minin Could Dubt	Field Office	Franklin, TN	Mine ID		
		That will y The	Mille ID		
					41
Mine Citation/Order		110	Department of L	abor	11.
			Safety and Healt		
Section IViolation Data					
1. Date				3. Citation/	
				Order Number	
6 Second					
					<u></u>
		and the second second			(Contractor)
8. Condition or Practice					8a. Written Nolice (103g)
The mine operator fai					
allowing work to be o					
in the plant area of					
ice and was repeated]					
operator did not init	iate any ac	ction to co	rrect the h	azardous (conditions in
the workplace before					nould a miner
slip on the ice and f					
injuries would occur.					
constituting more that					
which would adversely					
corrective action. 1	fhis violati	ion is an u	nwarrantabl	e failure	to comply with
a mandatory standard.	,				
				See Continuati	on Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section Safety of Act	Contract of the second s	C. Part/Se Title 30		56 10000	
Safety of Act Other	-	1 1149 30	CFR	56.18002	a
Section IIInspector's Evaluation			1		
10. Gravity:					
A. Injury or Illness (has) (is): No Like	lihood Unlik	ely Reas	onably Likely	Highly Likely	Occurred
B. Injury or illness could rea-	ost Workdays	Lost Workdays Or	Restricted Duty	Permanently Dis	abling 🖌 Fatal
Soliably de expected to be			,		
C. Significant and Substantial:	Yes 🖌 No			D. Number of Pers	ions Affected: 001
11. Negligence (check one) A. None	B. Low	C. Moderate	D. High	- FRer	kless Disregard
12. Type of Action 104d1	13. Typ	e of Issuance (check	cone) Citation 🗸	Order Sat	Buard Written Notice
14. Initial Action		E. Cit	ation/		F Dated Mo Da Yr
A. Citation B Order C. Safe	guard D. Written		ter Number		
			·····		
15 Area or Equipment					
15. Area or Equipment					
15. Area or Equipment					
16 Termination Due	B. Time (2	4 Hr. Clock)			
16. Termination Due A. Date	B. Time (2	4 Hr. Clock)			
16. Termination Due A. Date Section III-Termination Action	B. Time (2				
16. Termination Due A. Date Mo. Da Section III-Termination Action 17. Action to Terminate The ice	B. Time (2) was removed	i and the a			e to continued
16. Termination Due A. Date Section III-Termination Action	B. Time (2) was removed	i and the a			e to continued
16. Termination Due A. Date Mo. Da Section III-Termination Action 17. Action to Terminate The ice	B. Time (2) was removed	i and the a			e to continued
16. Termination Due A. Date Mo. Oa Section III-Termination Action 17. Action to Terminate The ice water collecting on t	B. Time (2) was removed the solid wa	i and the a ilkway and			e to continued
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16. Termination Due A. Date Mo. Oa Section III-Termination Action 17. Action to Terminate The ice water collecting on t	B. Time (2) was removed the solid wa	i and the a ilkway and			e to continued
16. Termination Due A. Date Mo. Oa Section III-Termination Action 17. Action to Terminate The ice 17. Action to Terminate The ice Water collecting on t 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection 20. Eve	B. Time (2) was removed the solid wa	i and the a ilkway and			e to continued
16. Termination Due A. Date Mo. Date Section III-Termination Action 17. Action to Terminate The ice 17. Action to Terminate The ice water collecting on the 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection (activity code)	B. Time (2 was removed the solid wa B. Time (24 Hr. Clo	i and the a ilkway and	re-freezing		e to continued
16. Termination Due A. Date Mo. Oa Section III-Termination Action 17. Action to Terminate The ice 17. Action to Terminate The ice Water collecting on t 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection 20. Eve	B. Time (2 was removed the solid wa B. Time (24 Hr. Clo	i and the a ilkway and	re-freezing I 21. Primary or Mill		
16. Termination Due A. Date Mo. Date Section III-Termination Action 17. Action to Terminate The ice 17. Action to Terminate The ice water collecting on the 18. Terminated A. Date Section IV-Automated System Data 19. Type of Inspection (activity code)	B. Time (24 Hr. Clo ent Number	i and the a ilkway and ock	re-freezing	23. AR Numt	

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 catators 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 | MNM South East Field Office Franklin, TN Mine ID Mine Citation/Order **U.S. Department of Labor** Mine Safety and Health Administration Section I-Violation Data 3 Citation/ Order Number (Contractor) 8a. Written Notice (103g) The quarry walls along the entry road into the mid-level area of the quarry and the ramp from the mid-level area of the quarry down to the bottom of the pit had fractured loose material on the face of the high wall that created a hazard to persons traveling past the area multiple times a day to check water levels at the lower pump location in the pit. The walls in these areas ranged in height from approximately 85 feet on the mid-level down to approximately 20 feet along the ramp into the pit. Rock had begun falling due to seasonal freeze and thaw weathering and was seen beyond the barricade which had been erected along the entire highwall. Due to the freeze and thaw weathering on the fractured wall the likelihood of rocks continuing to fall is very likely. The barricade as it is situated is not effective in controlling the falling rock evidenced by numerous rocks some See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health B. Section C. Part/Section of Safety of Act Title 30 CFR 56.3200 Other 's Evaluation Section II-Insp 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Untikety Reasonably Likely **Highly Likely** Occurred B. Injury or iliness could rea-No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal 🖌 sonably be expected to be D. Number of Persons Affected: C. Significant and Substantial: 001 Yes V No 11. Negligence (check one) A None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 13. Type of Issuance (check one) Citation V Order Safeguard Written Notice 104a Mo Da Yr F Dated 14. Initial Action E Citation/ Order Number A. Citation B Order C. Safequard D. Written Notice 15. Area or Equipment 16. Termination Due A. Date Time (24 Hr. Clock) Section III--Termination Action 17. Action to Terminate 18. Terminated Mo Da Yr A. Date 8. Time (24 Hr Clock Section IV--Automated System Data 21. Primary or Mill Р 23. AR Number MSHA Form /000-3, Apr 08 (revised) accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Strain Business and Agroculture Regulation for the Strain Business Action February Enhancement actions. The Ombudsman and Agroculture Regulationy Consolitions of MSHA, you may call tasks about federal agency enforcement actions of MSHA, you may call tasks 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 tasks 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 tasks 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 tasks 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 tasks enforcement activities and rates each agency the Aminiatration. Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington. De 20418. Please note, however, that your rapit to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

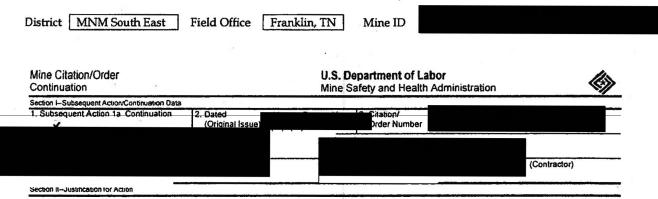
District MNM South East	Field Office	Franklin, TN	Mine ID	ate [
Mine Citation/Order Continuation			epartment of Lab Safety and Health A		
Section 1-Subsequent Action/Continuation Data	کری ہوتی کے میں پر ان کر اور اور اور اور اور اور اور اور اور او	1			
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Yr)	3. Citation/ Order Number	an a	
4. Served To					
				 (Contractor)	5
Section II Justification for Action	*****				
Continuation of 8. Condition or Practice					

measuring 4 inches across being found in the center of the approximate 30 foot wide roadway. Should the rock strike the windshield of the utility truck as it travels past these areas with loose falling rock and hit the miner inside serious injuries would occur.

section III-Subsequent Action Taken						.,		See Continuation Form
8. Extended To A. Date Mo Da	Yr	B. Time (24	Hr. Clock)			Vacated	D. Terminated	E. Modified
Section N-Inspection Data								
9. Type of Inspection F()	10. E	vent Number					6	•
		·····						
1			AR Number	12. Date	Mo C)a Yr	13. Time (24 Hr. Clo	ck)
4								
7								

MSHA Form 7000-3a, Mar 85(revised)

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The extension was given to allow the operator time to obtain the required equipment and conduct the needed scaling. The walls with the loose has been barricaded and will remain barricaded in such a manner so as to keep miners from being exposed to the loose material until it is removed.

						See Continuation Form
8. Extended To A. Date	B. Time	(24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IV-Inspection Data						
9. Type of Inspection E()]	10. Event Num	ber 0946446				
1		AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clo	ck)
						1
MSFIR POTH / DOU-SE, THEN DO 19000000		(

District MINM South East Field Office Franklin, TN Mine ID Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section - Molece Das I. Date Date Date Date Date Date Date Date	Mine Safety as	tes Department of Lab and Health Administr e of Accountability		
Mine Safety and Health Administration Section I-Violosion Data L. Date 3. Citation/ Order Number J. Date 3. Citation/ Order Number Michael Lawrence an employee of Portland Collision Center had not received the required Site specific training before conducting work on the mine site. The service worker was not accompanied by a trained miner. The operator is hereby ordered to withdraw Michael Lawrence from the mine until he has received the required training. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. Section of Act Other Section of Title 30 CFR 46.11a Section Induction Form (MSHA Form 7000-3a) 4. Nijuy or tilness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred i 8. Injuy or tilness cutarias No tost Workdays Lost Workdays Or Restricted Duty Permanenty Disabing Fatal 0. Saveting No Lost Workdays Lost Workdays	District MNM South East Field Office Franklin	n, TN Mine ID	[
1. Date Mo Da Y 2 Time (24 Hr, Clock) 3. Classion/ Order Number 1. Date 5. Operator 9. Operator 1. Name ID (Contractor) 8a. Written Notice (1059) Michael Lawrence an employee of Portland Collision Center had not received the required Site specific training before conducting work on the mine site. The service worker was not accompanied by a trained miner. The operator is hereby ordered to withdraw Michael Lawrence from the mine until he has received the required training. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. 9. Violation A. Heath Safety or Act o				
1. Minis ID (Contractor) Ba. Written Notice (103g) Ba. Written Notice (103g) Michael Lawrence an employee of Portland Collision Center had not received the service worker was not accompanied by a trained miner. The operator is hereby ordered to withdraw Michael Lawrence from the mine until he has received the required training. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. 9. Violation A. Health Safety B. Section of Act Other S. Secton H-inspector's Evaluation of Act Other S. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health Safety B. Section of Act Other S. C. Part/Section of Title 30 CFR 46.11a Section H-inspector's Evaluation Of Act Other S. C. Part/Section of Title 30 CFR 46.11a 0. Gravity A. Injury or illness (has) (is: No Likelihood Unlikely Reasonably Likely V Highly Likely Occurred is a snably to expected to be: No Lost Workdays Or Restincted Duty Permanently Disabling Fatal V C. Significant and Substantiat: Yes V No D. Number of Persons Affected 001 11. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard 12. Type of Action 10. Gravity F. Dated Mo Da Yr Order Number F. Dated Mo Da Yr 14. Initial Action B. Order <	and the second			
(Contractor) Ba. Written Notice (103g) Michael Lawrence an employee of Portland Collision Center had not received the required Site specific training before conducting work on the mine site. The service worker was not accompanied by a trained miner. The operator is hereby ordered to withdraw Michael Lawrence from the mine until he has received the required training. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. 9. Violation A. Health Safety of Act Other Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health Safety of Act Other Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself and to others. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health Safety Other Section of Tite 30 CFR 46.11a See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health Safety Other Section of Tite 30 CFR 46.11a Sector III-Inspective Evolution Form (MSHA Form 7000-3a) 10. Gravity A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred 8. Injury or illness could to be: No Lost Workdays Lost Workdays Or Restricted Duly Permanently Disabling Fatal C. Significant and Substantiat Yes v No D				
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9. Violation A. Health Safety Other B. Section of Act C. Part/Section of Title 30 CFR 46.11a Section II-Inspector's Evaluation 10. Gravity A. Injury or tiliness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Llkety Occurred B. Injury or tiliness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal ✓ C. Significant and Substantiat: 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 [04g] 13. Type of Issuance (check one) Citation Order ✓ Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment Image: Safeguard D. Written Notice Image: Safeguard Mo Da Yr	service worker was not accompanied by ordered to withdraw Michael Lawrence f required training. The Federal Mine S	a trained mine from the mine un afety and Heal	r. The operator i ntil he has receiv th Act of 1977 dec	s hereby ed the
9. Violation A. Health Safety Other B. Section of Act C. Part/Section of Title 30 CFR 46.11a Section II-Inspector's Evaluation 10. Gravity A. Injury or tilness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Llkety Occurred B. Injury or tilness could rea- sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal ✓ C. Significant and Substantiat: 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 104g 1 13. Type of Issuance (check one) Citation Order ✓ Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment Image: Safeguard D. Written Notice Image: Safeguard Mo Da Yr				
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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 Workdaya 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 104g1 13. Type of Issuance (check one) Order ✓ Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ F. Dated Mo Da Yr 15. Area or Equipment Image: Content of the second of th	Other	Title 30 CFR	46.11a	
sonably 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 104g1 13. Type of tssuance (check one) Citation Order ✓ Safeguard Written Notice 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/ F. Dated Mo Da Yr 15. Area or Equipment Image: Content of the substance		Reasonably Likely 🖌	Highly Likely Occurred	d : ·
11. Negligence (check one) A. None B. Low C. Moderate ✓ D. High E. Reckless Disregard 12. Type of Action 104g1 13. Type of Issuance (check one) Citation Order ✓ Safeguard 14. Initial Action A. Citation B Order C. Safeguard D. Written Notice 15. Area or Equipment Image: Context on the second of the second o		days Or Restricted Duty	Permanently Disabling	Fatal 🗸
12. Type of Action ()4g 13. Type of tssuance (check one) Citation Order V 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 Image: Comparison of the second	C. Significant and Substantial: Yes 🖌 No		D. Number of Persons Affected:	001
14. Initial Action B Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment Image: Comparison of Equipment Image: Comparison of Equipment Image: Comparison of Equipment Image: Comparison of Equipment	11. Negligence (check one) A. None B. Low C. M			
A. Citation B Order C. Safeguard D. Written Notice Order Number				
			F. Dated	
	15. Area or Equipment			
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)	16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)			ð.
Section III-Termination Action 17. Action to Terminate received the required Site Specific training		the required 9	Site Specific trai	ning
		the required .		
18. Terminated A. Date Mo Da Vr B. Time (24 Hr. Clock	B. Time (24 Hr. Clock			
Section IVAutomated System Data 19. Type of Inspection 20. Event Number 21. Primary or Mill	19. Type of inspection 20. Event Number	21. Primary or Mill		
FOIL P	E01		23 AR Number	
22. Con Relined				

enforcement actions of MSHA, your may cell 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 3r Street, SW MC 2120, Washington, DC 20416. Please note, however, that your nght to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission

	Mine Safety and H	partment of Labor ealth Administration ccountability	
District MNM South East	Field Office Franklin, TN	Mine ID	
Mine Citation/Order		S. Department of Labor ne Safety and Health Administration	
Section IViolation Data		, 3. Citation/	
4 Served To			
			(Contractor)
8. Condition or Practice	ce to the mining proper	ty maintained by the m	Ba. Written Notice (103g)
had areas along the vehicles using the There are multiple	e sides of the roadway roadway should they ov trucks and vehicles us y of snow and freezing	with drop-offs suffici ver-travel the roadway sing the roadway daily	ent to cause to overturn. and there have

roadway to become more hazardous. Should a vehicle over-travel the roadway in one of the areas where the drop-offs are located and overturn serious injuries would occur.

						See Cont	inuation Form (MSH	IA Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		56.9	300a	
Section II-Insp	ector's Evaluation							
10. Gravity:								
A. Injury c	or Illness (has) (is)	No Likelihood	Unlikely	Reasonably	Likely 🗸	Highly Likely	Occu	rred
	or illness could rea be expected to b		kdays Lost W	/orkdays Or Restric	ted Duty	Permanent	ly Disabling	Fatal 🖌
C. Signific	ant and Substant	ial: Yes 🗸	No			D. Number of	Persons Affected	^{s:} 001
11. Negligen	ce (check one)	A. None	B Low	C. Moderate 🖌	D. High	E.	Reckless Disreg	bie
12. Type of A	Action 104a		13. Type of Issu	ance (check one)	Citation 🗸	Order	Saleguard	Written Notice
14. Initial Act A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order Nun	iber		F. Dated	Mo Da Yr
15. Area or E	Inemqiup							
16. Terminal	ion Due A. Da	Mo Da Yr	B. Time (24 Hr. Clo	ck)				
Section III-Ter	mination Action							
17. Action to	Terminate							
18. Terminat	ed A. Date M	lo Da Yr B. Tir	ne (24 Hr. Clock					2
Section IVAut	omated System Data	2						
t9. Type of (i (activity c				21. Pr	mary or Mill P			
22 Signature	7					100 400	lumber	

22. Signature 23. AR Number 24. Ar Number 24

	United States Depar Mine Safety and Healt Office of Acco	th Administration	
District MNM South East	Field Office Franklin, TN	Mine ID	L

District South East

Field Office F

Franklin, TN Mine ID

Citations with questionable evaluations

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
			104(a) Citation	56.20003(a)	N	UL	LD	1	Mod
The area	was about 4	feet wide an	nd 6 feet lo	was littered wing. This area v	vould b	e used to clea	n or serv		

Information should include exposure and managements mitigation to support the evaluations selected.

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
			104(a) Citation	56.12008	N	ŲL	Fatal	1	Mod

The 220 volt energized power cable at the 5 and 1/2 inch cone had about 6 inches of inner conductor exposed as it entered the junction box. The cable was powering the lights and heater at the cone crusher. This condition created a shock/ burn hazard to employees.

Comment -- The narrative does not appear to provide enough detail to support the Non S&S evaluation. The citation/documentation notes for this violation indicate this condition was covered in mud which may have made it difficult to determine the actual condition of the power cable.

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg	
			104(a) Citation	56.9300(a)	Y	R	PD	1	Mod	
THE UPPER PORTION OF THE ROADWAY DOWN TO THE PIT HAD AN AREA ABOUT 120 YARDS IN LENGTH WHICH HAD NO BERM TO PREVENT THE TRUCKS OR FRONT END LOADER FROM RUNNING OFF THE ROADWAY AND OVERTURNING OR STRIKING THE HIGH WALL. THIS AREA EXISTED JUST AFTER A CURVE IN THE ROADWAY WHICH INCREASED THE HAZARD. THE EUCLID R-50 HAUL TRUCKS SEVERAL TRIPS EACH DAY ON THIS ROADWAY. THIS CONDITION CREATED A OVERTURN OR COLLISION INTO THE HIGHWALL HAZARD TO EMPLOYEES. Comments The narrative does not provide enough detail to determine what the actual hazard was in										
relation to road way violation. obvious al	the violation between the The evaluation nd extensive	n issued. The road and hig on on neglige nature of th	citation/d ghwall. Thi ence appe is condition	ocumentation is information ars that it cou n. The last sta	notes could L Id have atemen	termine what t do describe a be used on the been marked t (highlighted) ful to determin	three foo citation higher o appears	ot ditch alon to support t due to the to be	g the this	

District	South East	Field Office	Franklin, TN	Mine ID	79	
				10	· · · · · ·	

Citations with questionable evaluations (Cont.)

Number	issued	Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
		104(a) Citation	56.14107(a)	Y	R	Fatal	1	Мос
as not guar ely guarde for genera	rded. Adjac d. All this v al maintena	cent to this was with se ince and to	the self cleaning even feet of an grease. There	ng tail p area g e is a gr	bulley on the c uard that was rease line abo	rusher ru easily re ut two fo	in conveyor moved. The ot inside the	was area area
	as not gua ely guarde for genera	as not guarded. Adjac rely guarded. All this v for general maintena	104(a) Citation All Citation C	104(a) Citation 56.14107(a) as not guarded. Adjacent to this the self cleani rely guarded. All this was with seven feet of an for general maintenance and to grease. There	104(a) Citation 56.14107(a) Y as not guarded. Adjacent to this the self cleaning tail p rely guarded. All this was with seven feet of an area gu for general maintenance and to grease. There is a gr	104(a) Citation 56.14107(a) Y R as not guarded. Adjacent to this the self cleaning tail pulley on the speed rely guarded. All this was with seven feet of an area guard that was for general maintenance and to grease. There is a grease line abo	104(a) Citation 56.14107(a) Y R Fatal All citation 56.14107(a) Y R Fatal Line,	104(a)

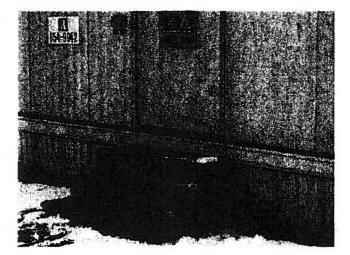
Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
			104(a) Citation	56.5001(a) /.5005	Y	R	PD	1	Mod
L LON DIALO	LIGBLY IDALL W	AS REQUISED	to a shift y	veighted aver	age of	1.419 ma/m3	quartz si	lica hearing	dust

on 09/03/2009. This exceeded the Threshold Limit Value (TLV) of 0.97mg/m3 times the air factor of (1.20 for respirable free silica dust sampling analysis) Respiratory protection was not being used and a respiratory protection program meeting the requirements of ANSI-Z88.2-1969 was not in place. The original abatement date is for the institution of a Respiratory Protection Program. When a respiratory Protection Plan that meets the minimum requirements of ANSIZ88.2-1969 is in place the abatement date will be extended to allow the mine operator to install additional and repair existing engineering control.

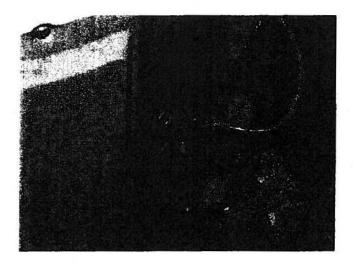
Comments – The narrative appears to need more detail concerning mine management mitigation to support the evaluation selected for negligence. This violation also had a termination time that was the same as the original issue time. This citation was not extended or terminated according to policy.



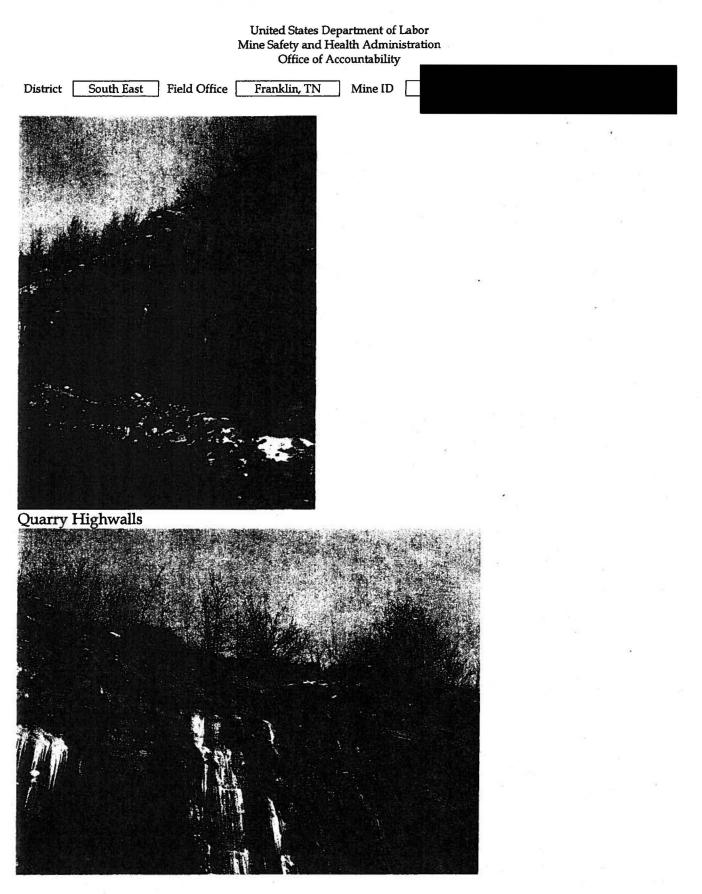
Photos



Hand rails not provided on stair entrances, two additional entrance's to this trailer were the same – Citation

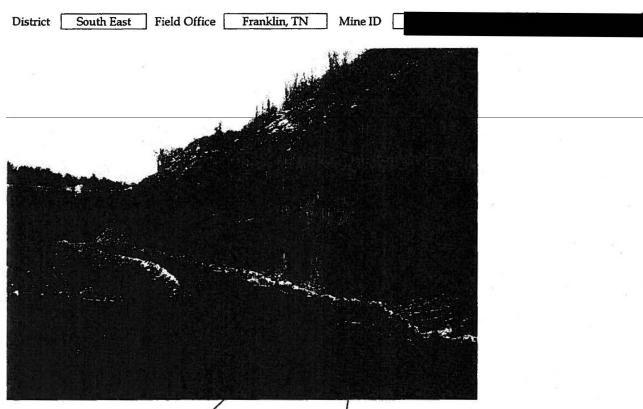


Electrical cable not properly bushed, exposed inner conductors - Citation

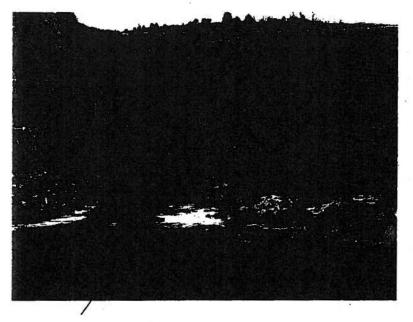


Additional views of quarry highwalls

Attachment D



Rocks observed on travel way which had fallen from the highwall, view includes observations of access to lower pit area and a bench area that is bermed off.

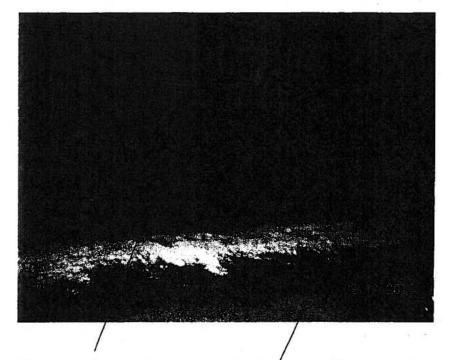


Pit dewatering pump and access.



Ice covered decking (1/2 inch depth) were 107(a) imminent danger order issued. (Picture taken from lower stair access)

was



Shoulder along main road entering the mine with no berming or guard rails.