MEMORANDUM FOR

MICHAEL A. DAVIS

Deputy Assistant Secretary for

Mine Safety and Health Administration

FROM:

PETER J. MONTALI

Acting Director of Accountability for Mine Safety and Health Administration

ARLIE A. WEBB

**Accountability Specialist** 

SUBJECT:

MSHA Office of Accountability Audit, Norton, Virginia,

Field Office, and

#### Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Uniform Mine File, MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the week of August 17, 2009, by Arlie A. Webb. Positive findings and issues requiring attention are included in this audit report.

## **Overview**

The accountability specialist traveled to the subject field office and mine to observe and evaluate enforcement activities, supervisory and managerial oversight, and mine conditions and practices.

Areas of the mine examined during this audit included the active section, primary and alternate escapeways, belt conveyors, underground seals, lifelines and ERP supplies, communications systems, record books, and surface areas. Selected pieces of equipment underground and on the surface were inspected.

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

- 1. Inspector time distribution for the Norton field office during the previous 12-month period is admirable.
- 2. The and the District Manager have visited numerous mines during the time period covered by this audit.

- 3. With few exceptions, the level of enforcement appears commensurate with the conditions and practices observed.
- 4. Inspection documentation indicated thorough and complete inspections.
- 5. The 104(d) tracking system is well maintained and up to date.
- 6. The Uniform Mine Files have been upgraded and are in compliance with the new UMF handbook.

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

- 1. Repetitive errors that resulted in citations being modified or vacated were not always immediately identified and corrected. During the period from October 01, 2008 through August 18, 2009 at the Norton field office, there were 192 modifications of citations/orders, 30 that were vacated, and 14 that were extended 4 or more times. (See Item No. 79) (District/FO)
- 2. Inspection personnel do not appear to be identifying or promptly addressing potential hazards or issues related to guards where persons cross under/over belt conveyors (allowing the use of additional bottom rollers to serve as a guard). (See Item No. 54) (District/FO)
- 3. Inspection personnel also do not appear to be identifying or promptly addressing potential hazards related to escapeway requirements (allowing a "grace period" between the time caches and/or shelters are moved up and the time the lifeline is connected to them). (See Item No. 35) (District/FO)
- 4. Evaluations of the number of persons affected by violations do not appear consistent. (See Appendix C) (District/FO)
- 5. Observed deficiencies during Field Activity Reviews, Accompanied Activities, and 2<sup>nd</sup> level reviews, were not always identified, documented or corrected. (See Items No. 4 and 6) (FO)

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

Although S&S rates for the field office and district were comparable to the national average for FY 2008, the FY 2009 rate was slightly lower than the District 5 average and considerably lower than the national average.

	S&S	Rate Comparison	
Fiscal	Norton, VA	Coal District 5	National Average
Year	Field Office		
2008	32%	32%	35%
2009	25%	27%	34%

## **Time and Activity Comparison:**

Time distribution for E01 inspections conducted out of this field office during FY 2009 indicates good usage of time by inspection personnel.

	Surface Facilities – E01 Inspections					
	Travel	Other	Total On-Site	Citations Written On-Site	Citations Written Off-Site	Total Percent
% of Total	17.4%	11.7%	70.8%	8.6%	<1%	100.0%

		Sur	face Mines -	E01 Inspecti	ons	
	Travel	Other	On-Site	Citations Written On-Site	Citations Written Off-Site	Total Percent
% of Total	15.8%	12.9%	71.3%	3.8%	<1%	100.0%

3	Underground Mines - E01 Inspections							
	Travel	Other	MMU	Outby	Surface	Citations	Citations	Total
1	,					Written	Written	Percent
					1 6	On-site	Off-site	
% of Total	17.2%	15.6%	22.9%	22.1%	17.3%	4.9%	<1%	100.0%

## **Audit Results**

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

## **Attachments**

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

1.	75.400
2.	75.1722(a)
3.	75.400
4.	75.902
5.	75.902
6.	75.333(e)(1)(i)
7.	75.400
8.	75.400
9.	75.380(d)(7)(i)
10.	75.1403
11.	75.1504(b)(3)(ii)

C. Enforcement actions with questionable evaluation of gravity and negligence

Office of Accountability
District Coal Dist 5 Field Office Norton, VA Mine ID Date
Evaluate supervisory review of inspection reports and documentation for completeness.
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors address report deficiencies immediately
Adequate X Inadequate Not Applicable Comments Below
3. Determine if supervisors are visiting each assigned mine at least annually
Adequate X Inadequate Not Applicable Comments Below
4. Evaluate the quality of Field Activity Review reports (FARs)
Adequate Inadequate X Not Applicable Comments Below

Adequate \_\_\_ Inadequate X Not Applicable \_\_\_ Comments Below

Twelve FARs were reviewed during this audit. Only five contained documentation of observed deficiencies and corrective actions, and only 3 of the twelve contained documentation of positive reinforcement or constructive criticism.

Interviews revealed that numerous issues, although discussed and corrected following the review, were not always documented, such as:

- adequately documenting observed violations
- addressing the "eight questions" regarding evaluation of citations/orders
- completing a tracking map
- proper justification for extending or terminating citations

Action Required – All observed deficiencies, errors, and/or exceptional achievements should be documented during FARs and AAs.

Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews

Reference - Coal Mine Safety & Health Supervisor's Handbook

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

District Coal Dist 5 Field Office Norton, VA Mine ID Date
6. Evaluate the quality of Accompanied Inspections
Adequate Inadequate X Not Applicable Comments Below
Twelve AAs were examined during this audit. Only 5 contained documentation of deficiencies relative to inspection activities.
Interviews with discussed and corrected during or immediately following the accompanied activity, were not always documented, such as:  • wearing hearing protection • wearing kneepads when in low coal • adequate communication with miners and mine management • attention to detail when documenting observed violations
Action Required – All observed deficiencies, errors, and exceptional achievements should be documented during FARs and AAs.
Reference – Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews Reference – Coal Mine Safety & Health Supervisor's Handbook
7. Determine if supervisors are thoroughly reviewing mine files at least annually
Adequate X Inadequate Not Applicable Comments Below
Uniform Mine File Reviews were documented by signature on the appropriate form.
Determine if ADMs and DMs are visiting mines with poor compliance at least 11. monthly
Adequate X Inadequate Not Applicable Comments Below

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District Coal Dist 5 Field Office Norton, VA Mine ID Date
Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district
Adequate X Inadequate Not Applicable Comments Below
Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector
Adequate X Inadequate Not Applicable Comments Below
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
Standard Operating Procedures are in place, and are current. SOPs were also found in pertinent locations (i.e.: the 104(d) tracking SOP in each UMF book) to promote consistency.

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Determine if supervisors are adequately evaluating the level of enforcement by
20. visiting each producing mine
Adequate X Inadequate Not Applicable Comments Below
The number of mine visits being conducted during the day shift is commendable.
Recommendation - Supervisors and managers should consider increasing the number of visits conducted on evening and night shifts.
Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions
Adequate X Inadequate Not Applicable Comments Below
Numerous second-level reviews were conducted, and contained feedback to the field office supervisors.
Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.
Adequate X Inadequate Not Applicable Comments Below
Determine if managers and supervisors are using required "standardized reports" to review critical data relevant to inspections and investigations
Adequate X Inadequate Not Applicable Comments Below
Determine if complete and thorough inspections are being conducted and adequately documented

Adequate

X

Inadequate

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District Coal Dist 5 Field Office Norton, VA Mine ID Date
Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety
Adequate X Inadequate Not Applicable Comments Below
Determine if all provisions of the MINER Act are evaluated during the inspection
Adequate Inadequate X Not Applicable Comments Below
Interviews with the indicated confusion regarding the reconnection of lifelines and communication lines to emergency shelters following advancement of the shelter. Persons interviewed assumed there was a "grace period" between the time the emergency shelter was moved and the time the lifeline and communication lines were required to be reconnected.  Action Required – The district should provide additional training with regard to the movement of emergency shelters. This instruction should emphasize that that lifelines and communication lines must be re-established immediately following the moving of emergency shelters.  Reference – 30 CFR, Sections 75.380, 75.1500, and the MINER Act
Determine if the ansault of time arounded an each investigate attails and are
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
Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement

ATTACHMENT A 8

Not Applicable

**Comments Below** 

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District Coal Dist 5 Field Office Norton, VA Mine ID Land Date Land
Accompany and evaluate inspector's imminent danger run
Adequate X Inadequate Not Applicable Comments Below
Check adequacy of preshift/onshift examinations
Adequate X Inadequate Not Applicable Comments Below
Evaluate inspector's observation of roof conditions
Adequate X Inadequate Not Applicable Comments Below
The roof control plan was discussed with individual miners.
Evaluate conditions on working section and observe work cycle
Adequate X Inadequate Not Applicable Comments Below
The inspector's evaluation of conditions and practices on the section was thorough.
Observe air quantity, quality, and gas checks by inspector
Adequate X Inadequate Not Applicable Comments Below

ATTACHMENT A

9

District Coal Dist 5 Field Office Norton, VA Mine ID Date Date
Determine adequacy of Emergency Response Plan training (interview miners)
Adequate X Inadequate Not Applicable Comments Below
Interviews with severa indicate adequate ERP training. All were well acquainted with escape routes, lifelines, and contents, and SCSR locations.
Determine adequacy of training regarding roof, ventilation, and other plans 45. (interview miners)
Adequate X Inadequate Not Applicable Comments Below
Evaluate Self-Contained, Self-Rescuer condition, storage, signage
Adequate X Inadequate Not Applicable Comments Below
SCSR locations and condition of the units was excellent.
Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training
Adequate X Inadequate Not Applicable Comments Below
48. Examine electrical cables on several pieces of equipment
Adequate X Inadequate Not Applicable Comments Below
Trailing cables and other cables were examined and found to be in very good condition.

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District Coal Dist 5 Field Office Norton, VA Mine ID Date
Evaluate several pieces of equipment for permissibility
Adequate X Inadequate Not Applicable Comments Below
50. Examine lifelines, mandoors, and related signage
Adequate X Inadequate Not Applicable Comments Below
Signage was accurately located, and easily understood. One instance of a severed lifeline was cited and immediately corrected.
51. Examine escapeway map for compliance with regulations
Adequate X Inadequate Not Applicable Comments Below
52. Evaluate integrity of primary and alternate escapeways
Adequate Inadequate X Not Applicable Comments Below
Stopping lines were intact, well installed, and plastered (with one exception, which was cited) in accordance with regulations and plans. However, an examination of the airlock doors at the main mine fan indicated that clearances may not be adequate to allow injured persons to be assisted through them.
Recommendation – The district should provide additional instruction to field personnel that all escapeways that pass through doors or other permanent haulage or ventilation controls will permit injured miners to be assisted in escape. The OA recommends the district include "stretcher tests" as outlined in 30 CFR, 75.380 where needed.
Reference - 30 CFR, 75.380(d)(3) and 75.380(d)(4)(iii)

District   Coal Dist 5   Field Office   Norton, VA   Mine ID   Date   Date   District   Coal Dist 5   Field Office   Norton, VA   Mine ID   Date   District   Date   District   Date   District   Dist
Evaluate integrity of return side stopping line
Adequate X Inadequate Not Applicable Comments Below
Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries
Adequate Inadequate X Not Applicable Comments Below
A safeguard was issued for the operator's failure to provide an adequate guard where persons and uncovered personnel carriers pass under an operating belt conveyor. The safeguard was terminated when the operator installed start/stop switches at the inby and outby approaches to the belt conveyor.
Start/Stop switches may not be an effective means to prevent persons from coming into contact with moving belts and rollers. These switches are only effective when behavioral controls are also in place to require their use. Physical guards constructed of materials such as expanded metal screens or rebar would provide a much more effective means of preventing injury.
Recommendation – The OA recommends the inspector consider all factors related to eliminating hazards and should not consider terminating a cited condition or practice until he/she determines that abatement efforts are adequate and termination is justified.
Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)
Adequate X Inadequate Not Applicable Comments Below
Evaluate cleanup of accumulations and application of rock dust
Adequate X Inadequate Not Applicable Comments Below
One citation was issued relative to accumulations of combustible material one the working section. This was at the section feeder and was not widespread. Rock dusting on the mmu

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

District Coal Dist 5 Field Office Norton, VA Mine IC( Date Date
was very good.
59. Evaluate condition of conveyor belt drives, and fire suppression systems
Adequate X Inadequate Not Applicable Comments Below
Determine if all required record books are adequately completed and in compliance with applicable standards
Adequate X Inadequate Not Applicable Comments Below
Examine mine map for accuracy of workings and escapeway locations
Adequate X Inadequate Not Applicable Comments Below
Mine maps on the working sections and on the surface were frequently updated and appeared accurate.
Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below
Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes
Adequate Inadequate X Not Applicable Comments Below
A review of the mine record books revealed the mine operator is not conducting adequate

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District Coal Dist 5 Field Office Norton, VA Mine IC( Date D
evacuation drills on the third (owl) shift. The drills were being conducted, but the operator was not alternating escapeways as required by 30 CFR Section 75.1504(b)(3)(iii). The practice was cited by the inspector after the violation was brought to his attention by the field office supervisor and the OA team member.
Recommendation – The district should provide additional instruction to field personnel in methods used to determine if adequate drills are being conducted and recorded. Inspection personnel should pay close attention to detail when reviewing mine record books.
Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area
Adequate X Inadequate Not Applicable Comments Below
Evaluate approved training plan after discussion with miners
Adequate X Inadequate Not Applicable Comments Below
Miners were well aware of the provisions of the approved training plan.
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate X Inadequate Not Applicable Comments Below
78. Evaluate the ten most current completed E02 (103(i) spot) inspection reports
Adequate X Inadequate Not Applicable Comments Below
Some E02 spot inspection reports only indicated a cursory examination of underground areas of the mine and did not always include attention to conditions or practices commonly associated with the hazards intrinsic to excessive methane liberation, such as permissibility, trailing cables, calibration of methane monitors, etc.

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District Coal Dist 5 Field Office Norton, VA Mine IC Date Date
Recommendation – 103(i) spot inspections should be tailored to the reason the mine was placed in 103(i) status. This includes an examination of at least one area particular to that type of inspection, such as permissibility on one or more pieces of equipment on a section or in a return air course, i.e. check calibration of methane monitors, inspect trailing cables for ignition source, permissibility of face equipment such as the continuous mining machine, roof bolting machine, or a inspect permissible pump in a return.
Reference - CMS&H Memo No. HQ-07-083-A (SEC-103).
79. Citations, orders, and safeguards issued during previous two quarters
Adequate Inadequate X Not Applicable Comments Below
There were at least 10 instances where the evaluation of gravity, negligence, or the level of enforcement did not appear commensurate with the type of violation issued or the narrative of the citation. These citations are included in Attachment B of this report. Questioned evaluations are shaded.
During the period from October 01, 2008 through August 18, 2009, there were 192 modifications of citations/orders, 30 that were vacated, and 14 that were extended 4 or more times.
Recommendation – The district should provide additional instruction to field personnel regarding the proper evaluation of citations and orders for the level of enforcement, gravity, negligence, and the number of persons affected.
Reference – Citation and Order Writing Handbook for Coal Mines and Metal and NonMetal Mines (PH08-I-1), Chapter 4
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

Office of Accountability

District Coal Dist 5 Field Office Norton, VA Mine ID Date
Determine if all plans and documents in the Uniform Mine File are legible, and up to date
Adequate Not Applicable Comments Below
Determine if all applicable plan reviews were performed within six months, or within the timeframes required
Adequate X Inadequate Not Applicable Comments Below
The supplements for the Buchanan mine were reviewed and approved in a timely manner.
Determine if miners are adequately trained in the provisions of any new plan prior to its implementation
Adequate X Inadequate Not Applicable Comments Below
Onsite interviews with miners indicated they were very familiar with the provisions of approved plans.
• •
86. Determine if Standard Operating Procedures (SOPs) adequately address requirements of MSHA Program Policy Manual
Adequate X Inadequate Not Applicable Comments Below
Determine if a copy of the most recent plan is provided for inclusion in the 92. Uniform Mine File
Adequate X Inadequate Not Applicable Comments Below

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District Coal Dist 5 Field Office Norton, VA Mine ID	Date [
Determine if the overall design of the mine plan was problems	assessed to avoid future
Adequate X Inadequate Not Applicable	Comments Below
*	
Determine if spreadsheets and/or databases provided by supervisors and managers is kept up to date	d for tracking of mine visits
Adequate X Inadequate Not Applicable	Comments Below
Evaluate the effectiveness of management's support of inspectors and specialists	of, and communication with,
Adequate X Inadequate Not Applicable	Comments Below
Highly commendable level of communication between field offic both ADMs, and the District Manager.	e inspectors, supervisors,
Determine if adequate close-out conferences are being each inspection.	g conducted at the end of
Adequate X Inadequate Not Applicable	Comments Below

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

ct Coal	Dist 5 Fie	ld Office	Norton, VA	Mine ID		Date	е Ц	_
Mine Citatio		110 PAP		U.S. Depart Mine Safety			ion	<
1. Date	Mo Da Yr	2. Time (24 Hr. C	Clock)			3. Citation/		-
4 Served To	_			5 Operator		Order Num	ber	
								(Contra
8. Condition o	r Practice						8a. Written	Notice (103g
2.5% ME	THANE, PA	PER, CARD	DNSISTING O BOARD BOXE: MMU SECTION	S, PLASTIC	AND A	10/5 PC	WER CABL	E IS
9. Violation	A. Health Safety V	B. Section of Act		C. Part/Section of Title 30 CFR		See Contin	ouation Form (MSHA	Form 7000-3a
Section II-Inspe	Safety 🗸							Form 7000-3a
Section II-Inspe 10. Gravity: A. Injury or	Safety Other Other Sector's Evaluation Tiliness (has) (is):		Unlikely 🕢		kely []		00	
Section II—Inspe 10. Gravity: A. Injury or B. Injury or	Safety V Other Control Control	of Act  No Likelihood		Title 30 CFR		75.40 Highly Likely	00	
Section II-Inspe 10. Gravity: A. Injury or B. Injury or sonably	Safety Other	of Act  No Likelihood   No Lost Work		Title 30 CFR Reasonably Li	d Duty 🗍	75.44 Highly Likely   Permanently	Occurr	ed []
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MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Feirness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

Office of Accountability

Mine Citation/C						rtment of L y and Healt		ation	
Section IViolation Da	Do Ve	10 = "					To an		
1. Date		2. Time (2	24 Hr. Clock)				3. Citation/ Order Nu	mber	
4 Served To					5. Operator				
8. Condition or Pra	etion							0- 146-44-	(Contr 1 Notice (103
THE 00: PREVENT A UNDERNEAT! LOCATED 0! OUT 2 INC! RESPECTIVE AROUND THE	PERSON H THE T N THE D HES FRO ELY. A E BEARI	FROM OP LID OUMP EN OM THE IN OPEN	BEING CAU WITHIN O D AND ON FRAME WIT ING ( SLOT FRAME WI	JGHT BY 6 INCHES THE TRA IH THE D I) APPR	MOVING E WAS OBS VELWAY S IAMETER OXIMATEI	PARTS AND BERVED AS IDE. THE 6 INCHES	D BEING T THE H E BEARI S AND 4 IZE OF	EAD ROLLING AND SI INCHES THE FING	. AN AR ER SHAF HAFT IS ER IS
	lealth Safety 🗹	B. Section of Act	12-12-12-12-12-12-12-12-12-12-12-12-12-1		Part/Section of Title 30 CFR		See Cont 75.17	tinuation Form (MSI- 22(a)	IA Form 7000-3
Section II—Inspector's	Safety 🗹 Other								A Form 7000-3
Section II—Inspector's 10. Gravity:	Safety 🗹 Other Evaluation		ood 🗍 Ur		Title 30 CFR	ikely   <b>/</b>		22(a)	A Form 7000-3
Section II—Inspector's 10. Gravity: A. Injury or Illne B. Injury or Illne	Other Evaluation  88 (has) (is): 88 could rea-	of Act		nlikely []	Title 30 CFR Reasonably L		75.17 Highly Likely	22(a)	rred 🗍
Section II-Inspectors 10. Gravity: A. Injury or Illne B. Injury or illne sonably be e	Safety  Other Evaluation  88 (has) (is): 88 could rea- spected to be	No Likeliho	t Workdays	nlikely []	Title 30 CFR		75.17 Highly Likely Permanent	22(a)  Occur  Disabling	rred [
Section II—Inspector's 10. Gravity: A. Injury or Illne B. Injury or Illne	Safety  Other Evaluation  88 (has) (is): 88 could rea- spected to be	No Likeliho		nlikely []	Title 30 CFR Reasonably L		75.17 Highly Likely Permanent	22(a)	rred 🗍
Section II-Inspectors 10. Gravity: A. Injury or Illne B. Injury or illne sonably be e	Safety  Other Evaluation  ss (has) (is): ss could rea- quected to be and Substantia	No Likeliho	Workdays No	likely []	Title 30 CFR Reasonably L		75.17 Highly Likely Permanent D. Number of	22(a)  Occur  Disabling	rred [
Section II—Inspector's 10. Gravity: A. Injury or Illne B. Injury or Illne sonably be e: C. Significant at	Safety  Other Evaluation  ss (has) (is): ss could rea- quected to be and Substantia	of Act  No Likeliho  No Losi  Yes	Workdays No B. Low	likely []	Reasonably L	ted Duty 📝	75.17 Highly Likely Permanent D. Number of	Occurry Disabling	rred [
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Section II—Inspector's  10. Gravity: A. Injury or Illne B. Injury or Illne sonably be e: C. Significant at  11. Negligence (ch  12. Type of Action  14. Initial Action	Safety Other Other Sevaluation  se (has) (is): ss could rea- spected to be and Substantia  eck one)  104(a)  B. Order	No Likeliho No Losi No Losi Yes A. None	No D. Writte	Lost Work	Reasonably I days Or Restrict floderate  (check one)  E. Citation/	D. High	75.17 Highly Likely Permanent D. Number of	22(a)  Occu ty Disabling  Persons Affected Reckless Disreg Safeguard	Fatal [] 1: 001 ard [] Written No
Section II—Inspector's 10. Gravity: A. Injury or Illne B. Injury or illne sonably be e: C. Significant at 11. Negligence (ch 12. Type of Action 14. Initial Action A. Citation	Safety Other Other Sevaluation  se (has) (is): se could rea- pected to be and Substantia eck one)  104(a)  B. Order Other ent  A. Date	No Likeliho No Losi No Losi Yes A. None	No D. Writte	Lost Work	Reasonably I days Or Restrict floderate  (check one)  E. Citation/	D. High	75.17 Highly Likely Permanent D. Number of	22(a)  Occu ty Disabling  Persons Affected Reckless Disreg Safeguard	Fatal [] 1: 001 ard [] Written No
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Section II—Inspector's  10. Gravity: A. Injury or Illne B. Injury or Illne B. Injury or Illne sonably be e: C. Significant at  11. Negligence (ch  12. Type of Action 14. Initial Action A. Citation 15. Area or Equipm  16. Termination Du  Section III—Termination 17. Action to Termination	Safety Other Other Sealuation  se (has) (is): se could rea- epected to be and Substantia  eck one)  104(a)  B. Order Other  and A. Date and A. Date Date  Mo	No Likeliho No Losi No Losi Yes A. None	No D. Writte	Lost Works  C. N  Type of Issuance  In Notice   (24 Hr. Clock)	Reasonably I days Or Restrict floderate  (check one)  E. Citation/	D. High	75.17 Highly Likely Permanent D. Number of	22(a)  Occu ty Disabling  Persons Affected Reckless Disreg Safeguard	Fatal [] 1: 001 ard [] Written No
Section II—Inspector's 10. Gravity: A. Injury or Illne B. Injury or Illne sonably be e: C. Significant at 11. Negligence (ch 12. Type of Action 14. Initial Action A. Citation In A. Citation In Termination Du Section III—Termination 17. Action to Termi 18. Terminated A.	Safety Other Other Sealuation  se (has) (is): se could rea- epected to be and Substantia eck one)  104(a)  B. Order Other and A. Date and	No Likeliho No Losi No Losi Yes A. None	No B. Low 13. 1  Printed D. Writte  B. Time  B. Time (24 Hr. 6)	Lost Works  C. N  Type of Issuance  In Notice   (24 Hr. Clock)	Reasonably I days Or Restrict foderate  (check one)  E. Citation/ Order Num	D. High	75.17 Highly Likely Permanent D. Number of	22(a)  Occu ty Disabling  Persons Affected Reckless Disreg Safeguard	Fatal [] 1: 001 ard [] Written No

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 Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

SECTION FACE BELT TAIL PIECE/ STAMLES 001-0 SECTION FEEDER. THE COAL MEASURS FROM 1" TO 24" WITH NO HEAT OBSERVED W	U.S. Department of Labor Mine Safety and Health Administration  3. Citation/ Order Number  6. ACCUMULATED OR SPILLED OUT FROM THE OR R FEEDER LOCATED ON THE OFF SIDE OF 'ED FROM 7' IN LENGTH, 3' IN WIDTH AND WHEN CONDITION CITED.  See Continuation Form (MSHA Form 70) Part/Section of
2. Time (24 Hr. Clock)  8. Condition or Practice  LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE/ STAMLER 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WET TO 24" WITH NO 24" WITH	Order Number  (CC  8a. Written Notice (  ACCUMULATED OR SPILLED OUT FROM THE OR  R FEEDER LOCATED ON THE OFF SIDE OF '  ED FROM 7' IN LENGTH, 3' IN WIDTH AND WHEN CONDITION CITED.  See Continuation Form (MSHA Form 70)
B. Condition or Practice  LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE/ STAMLER 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WE WANT WHITH NO HEAT OBSERVED WE WITH NO HEAT OBSERVED WE WANT WE WANT WOUND WOUND WE WANT WOUND WE WANT WOUND WOUND WE WANT WOUND WOUND WOUND WE WANT WOUND	Order Number  (CC  8a. Written Notice (  ACCUMULATED OR SPILLED OUT FROM THE OR  R FEEDER LOCATED ON THE OFF SIDE OF '  ED FROM 7' IN LENGTH, 3' IN WIDTH AND WHEN CONDITION CITED.  See Continuation Form (MSHA Form 70)
B. Condition or Practice  LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE/ STAMLER 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WE WANT NO HEAT OBSE	See Continuation Form (MSHA Form 70
LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE / STAMLES 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WE SERVED WE SE	8a. Written Notice ( ACCUMULATED OR SPILLED OUT FROM THE OR FEEDER LOCATED ON THE OFF SIDE OF OR STATE OF SIDE OF OR STATE OF OR STATE OF SIDE
LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE / STAMLES 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WE SERVED WE SE	8a. Written Notice ( ACCUMULATED OR SPILLED OUT FROM THE OR FEEDER LOCATED ON THE OFF SIDE OF OR STATE OF SIDE OF OR STATE OF OR STATE OF SIDE
LOOSE WET COAL AND COAL FINES HAS A SECTION FACE BELT TAIL PIECE / STAMLES 001-0 SECTION FEEDER. THE COAL MEASURE FROM 1" TO 24" WITH NO HEAT OBSERVED WE SERVED WE SE	8a. Written Notice ( ACCUMULATED OR SPILLED OUT FROM THE OR FEEDER LOCATED ON THE OFF SIDE OF OR STATE OF SIDE OF OR STATE OF OR STATE OF SIDE
SECTION FACE BELT TAIL PIECE/ STAMLES 001-0 SECTION FEEDER. THE COAL MEASURS FROM 1" TO 24" WITH NO HEAT OBSERVED W	R FEEDER LOCATED ON THE OFF SIDE OF 'ED FROM 7' IN LENGTH, 3' IN WIDTH AND WHEN CONDITION CITED.  See Continuation Form (MSHA Form 70)
	Part/Section of
Other	Title 30 CFR 75.400
Section II—Inspector's Evaluation	
10. Gravity:  A. Injury or Illness (has) (is): No Likelihood Unlikely 🐼	Reasonably Likely Highly Likely Occurred
B. Injury or illness could rea-	kdays Or Restricted Duty Permanently Disabling Fatal
C Significant and Substantials	
C. Significant and Substantial. Yes No 💆	D. Number of Persons Affected: 00
11. Negligence (check one) A. None B. Low C.	Moderate D. High E. Reckless Disregard
12. Type of Action [04(a) 13. Type of Issuani	ce (check one) Citation 🗹 Order 🗌 Safeguard 🗍 Written
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Order Number
15. Area or Equipment	
16. Termination Due A. Oald B. Time (24 Hr. Clock)	
Section III-Termination Action  17. Action to Terminate	
10. CANADA TA LEGIMINIO	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IVAutomated System Data	
19. Type of Inspection (activity code) E01	21. Primary or Mill
	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 Small Business as and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, OC 20418. Please note, however, that your right to filt the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

			Office of	i Accountabii	ity			
rict Coal	Dist 5 Fie	eld Office	Norton, VA	Mine II		Date		-
Mine Citati	on/Order			400000	partment of Lifety and Healt	<b>abor</b> h Administration	n	<b>«</b>
Section I-Violat	lion Data						k.	
1. Date	Mo Da Yr	2. Time (24 Hr.	Clock)			3. Citation/ Order Number	er .	
4 Served To				5. Operato	r£.			
		-						
8. Condition of	or Practice						As Written	(Contrac Notice (103g)
THE		MONITOR	SYSTEM WAS	NOT BEING	MAINTAI	NED AS DE		
	ED 480 VC	LT CABLE	COUPLER SU	PPLYING PO	OWER TO I	HE NO. 2	21SC BE	ING USE
			ON WAS NOT					
			TO THE CAT					
			D BE GROUNI				INE FLO	
		SHIFTS DA	ION. MINERS	S AKE KEQU	JIRED TO	TRAVEL AN	D OK WO	KK IN
IIIIO M	ibs for 5	SHILLS DA	101.					
9. Violation	A. Health Safety Other	8. Section of Act		C. Part/Section Title 30 CFR	of	75.902	•	
Section II-Inspe	ector's Evaluation							
10. Gravity:			7-2		1127			14.0%
	r Illness (has) (is): r illness could rea-	No Likelihood			y Likely 🗸	Highly Likely	Occun	
sonably	be expected to be	: No Lost War	kdays Lost V	Workdays Or Rest	ricted Duty 🗸	Permanently D		Fatal []
C. Signific	ant and Substantia	it Yes 🗸	No 🗌			D. Number of Per	sons Affected:	: 001
11. Negligeno	e (check one)	A. None	B. Low	C. Moderate 👱	D. High	E. Re	ckless Disrega	ard []
12. Type of A	ction [04(a)		13. Type of iss	uance (check one)		Order 🗍 Sa	afeguard 🗍	Written Notic
14. Initial Acti A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order No			F. Dated	Mo Da 1
15. Area or E	quipment	. —						
16. Termination	on Due A. Date	Mo Do Yr	B. Time (24 Hr. Cid	ock)				
Section III-Term	nination Action				1	·		
17. Action to	Terminate	THE EXTER	NAL GROUND	WAS CONNE	ECTED TO	THE POWER	CENTER	AND TH
CAT HEA	D.							
18. Terminate	dMo	Da_Yr						
	A. Date	B. Tin	ne (24 Hr. Clock					
-	omated System Data	Ton Europe		102.5	) 1 atli			<del></del>
19. Type of in (activity co		20. Event Numb	let	21.1	Primary or Mill			
22. Signature						23. AR Nurr	nber	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1986, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rettre each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

istrict Coal Dist 5	ield Office Norte	on, VA M	line ID	Date	
Mine Citation/Order			S. Department ne Safety and H	of Labor lealth Administration	
Section I-Violation Data  1. Date	2. Time (24 Hr. Clock)			3. Citation/	
1. Date	2. 14/18 (24 Hr. Clock)			Order Number	
4. Served To		15.	Operator		
					(Contractor)
8. Condition or Practice	MONITOR SYSTEM				8a. Written Notice (103g)
MINER BEING US EXTERNAL FRAME VERY LOOSE. THI	OLT CABLE COUPL SED ON THE 001-0 GROUND WAS NOT WIRELESS MONIT IN SERVICE. THE	ACTIVE SEC PROPERLY SI ORING SYSTI	CTION WAS ECURED TO EM REQUIRE	NOT PROPERLY THE CAT HEAD S THAT THE CA	GROUNDED. THE , THE GROUND WAS AT HEAD BE
9. Violation A. Health Safety Other Section II—Inspector's Evaluation	B. Section of Act		Section of 30 CFR	See Continuat	ion Form (MSHA Form 7000-3a)
10. Gravity:					
A. Injury or Illness (has) (in     B. Injury or illness could re	A-		asonably Likely	Highly Likely	Occurred
sonably be expected to		Lost Workdays	Or Restricted Duty	Permanently Di	sabling
C. Significant and Substar	tiat: Yes 🗌 No 🗹	j		D. Number of Pen	sons Affected: 001
11. Negligence (check one)	A. None B. Low	C. Mode	ate 🔽 D. i	tigh E. Red	kless Disregard []
12. Type of Action 104(a	) 13.	Type of Issuance (ch	eck one) Citation	Order Sa	feguard Written Notice
14. Initial Action A. Citation B. Order			Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment					
16. Termination Due  A. D  Section III-Termination Action	ste Mo Da Yr 8. Time	e (24 Hr. Clock)			
17. Action to Terminate	THE EXTERNAL G	ROUND WAS	SECURD TO	THE CAT HEAD	•
18. Terminated A. Date	Ao Da Yr B. Time (24 Hr.	Clock			
Section IV-Automated System Da			12		
19. Type of Inspection (activity code) E(	20. Event Number		21. Primary or N	910	
22. Signature	•			23. AR Num	ber Table 1

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ict Coal	Dist 5 Fie	eld Office	Norton, VA	Mine ID		Date	· [	_
Mine Citatio			- 1 L		rtment of Lai ty and Health		on	
1. Date	Mo Da Yr	2. Time (24	- Ole-th			3. Citation/		
			***************************************			Order Numb	e	
								(Contra
8. Condition o			MANENT STOPP					Notice (103g
STOPPIN THE TRA	GS (2) A VELWAY SI		ED ONE X-CUT NOT BEEN COA					WOOD ON
						See Continu	ation Form (MSH/	A Form 7000-3a
9. Violation	A. Health	B. Section		C. Part/Section of				
	Safety 🗸 Other	of Act		Title 30 CFR		75.333(e)	(1)(i)	
***************************************		of Act				75.333(e)	(1)(i)	
10. Gravity:	Other []		Unlikely 🔽			75.333(e)		red []
10. Gravity: A. Injury or B. Injury or	Other (1) sctor's Evaluation r Illness (has) (is): r Illness could rea-	No Likelihood		Title 30 CFR Reasonably	Likely []	lighly Likely	Occur	
10. Gravity: A. Injury or B. Injury or sonably	Other	No Likelihood	orkdays 🗹 Lost V	Title 30 CFR	Likely [] I	lighly Likely	Occur	Fatal []
10. Gravity: A. Injury or B. Injury or sonably C. Significa	Other [] rtliness (has) (is): r Iliness could rea- be expected to be ant and Substantia	No Likelihood  No Lost Wo	orkdays 🗹 Lost W	Title 30 CFR Reasonably Vorkdays Or Restric	Likely [] I	Permanently D. Number of Pe	Occur Disabling	Fatal []
A. Injury or B. Injury or sonably     C. Significa     Negligence	Other [] ctor's Evaluation r Illness (has) (is): r Illness could rea- be expected to be ant and Substantia e (check one)	No Likelihood	No 🛂  B. Low 🗍	Title 30 CFR  Reasonably  Vorkdays Or Restric	Likely	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega	Fatel []
10. Gravity: A. Injury or B. Injury or sonably C. Significa  11. Negligenc	Other [] ctor's Evaluation r Illness (has) (is): r Illness could reabe expected to be ant and Substantia e (check one) ction 104(a)	No Likelihood  No Lost Wo	No 🛂  B. Low 🗍	Reasonably Vorkdays Or Restric  C. Moderate  ience (check one)	Likely [] I	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti
A. Injury or B. Injury or sonably     C. Significa     Negligence	Other [] ctor's Evaluation r Illness (has) (is): r Illness could reabe expected to be ant and Substantia e (check one) ction 104(a)	No Likelihood  No Lost Wo	No S  B. Low 13. Type of Issu	Title 30 CFR  Reasonably  Vorkdays Or Restric	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega	Fatal [] O01 written Not
10. Gravity: A. Injury or B. Injury or sonably C. Significa  11. Negligenc  12. Type of Ad  14. Initial Activ	Other       Inctor's Evaluation     Illness (has) (is):   Illness could reabe expected to be ant and Substantia   Inctor         Inctor         Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor	No Likelihood  No Lost Wo al: Yes   A. None   C. Safeguard   Mo Da Yr	No S  B. Low 13. Type of Issu	Reasonably Vorkdays Or Restric  C. Moderate  innce (check one)  E. Citation/ Order Nur	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal []
10. Gravity: A. Injury or B. Injury or sonably C. Significa 11. Negligenc 12. Type of Ac 14. Initial Actic A. Citation 15. Aree or Ec	Other	No Likelihood  No Lost Wo al: Yes   A. None   C. Safeguard   Mo Da Yr	No D. Written Notice	Reasonably Vorkdays Or Restric  C. Moderate  innce (check one)  E. Citation/ Order Nur	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti
10. Gravity: A. Injury or B. Injury or sonably C. Significa  11. Negligence 12. Type of Ad 14. Initial Actic A. Citation 15. Area or Ed  16. Terminatic	Other	No Likelihood  No Lost Wo al: Yes   A. None   C. Safeguard   Mo Da Yr	No D. Written Notice	Reasonably Vorkdays Or Restric  C. Moderate  innce (check one)  E. Citation/ Order Nur	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti
10. Gravity: A. Injury or B. Injury or sonably C. Significa 11. Negligenc 12. Type of Ad 14. Initial Actic A. Citation 15. Area or Ed 16. Terminatic	Other       Inctor's Evaluation     Illness (has) (is):   Illness could reable expected to be ant and Substantia   Inctor           Inctor       Inctor         Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor     Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor       Inctor	No Likelihood  No Lost Wo  al: Yes   A. None   C. Safeguard   B. Mo Da Yr	No D. Written Notice	Reasonably Vorkdays Or Restric  C. Moderate  innce (check one)  E. Citation/ Order Nur	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti
10. Gravity: A. Injury or B. Injury or sonably C. Significa 11. Negligeno 12. Type of Ad 14. Initial Action 15. Area or Ed 16. Terminatio Section III—Term 17. Action to 1	Other	No Likelihood  No Lost Wo  Is: Yes   A. None   C. Safeguard    Mo Da Yr  A. Da Yr  B. T	No South Lost Williams Lost Williams Low	Reasonably Vorkdays Or Restric  C. Moderate  iance (check one)  E. Citation/ Order Nun	Likely Ditted Duty D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti
10. Gravity: A. Injury or B. Injury or sonably C. Significa 11. Negligenc 12. Type of Ac 14. Initial Actic A. Citation 15. Area or Ec  16. Terminatic Section III-Term 17. Action to 1	Other	No Likelihood  No Lost Wo  al: Yes   A. None   C. Safeguard   Da Yr  B. T	No South Lost Williams Lost Williams Low	Reasonably Vorkdays Or Restric  C. Moderate  iance (check one)  E. Citation/ Order Nun	Likely Dity D. High Citation	Permanently D. Number of Po	Occur Disabling ersons Affected eckless Disrega Safeguard	Fatal  O01  Written Noti

MSHA Form 76000, reproductive minuture provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates 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 (1-889-734-3247), 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 Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section I–Violation Data  1. Date Mo Da Yr 2. Time (24 Hr. Clock)	
1. Date Mo Da Yr   12. Time (24 Hr. Clock)	3. Citation/ Order Numbe
4. Served To	5 Coorator
	4F
	(Control
8. Condition or Practice	8a. Written Notice (103 INES HAS EITHER ACCUMULATED, OR SPILLED ON THE
HAS BEEN PUSHED OUT IN THE NO OUTBY THE NO.4 BELT DRIVE.	O. 29 X.CUT ON THE TRAVELWAY SIDE, LOCATED 1 X-
9. Violation A. Health B. Section	See Continuation Form (MSHA Form 7000-
Safety of Act Other Section II-Inspector's Evaluation	Title 30 CFR 75.400
10. Gravity:	
A. Injury or Illness (has) (is): No Likelihood	Unlikely   Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or illness could rea-	
B. Injury or illness could reasonably be expected to be:  On Significant and Substration	
B. Injury or illness could reasonably be expected to be:     C. Significant and Substantial:     Yes \(\begin{array}{c}\) No	Lost Workdays Or Restricted Duty Permanently Disabling Fatal
B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes No  11. Negligence (check one) A. None B. L	Lost Workdays Or Restricted Duty Permanentty Disabling Fatal  D. Number of Persons Affected: 001
8. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  No Lost Workdays  Yes No  No  11. Negligence (check one)  A. None B. L  12. Type of Action  104(a)	Lost Workdays Or Restricted Duty Permanently Disabling Fatal  D. Number of Persons Affected: 001  Order Safeguard Written No  E. Citation/ F. Dated Mo Da
8. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  No Lost Workdays  Yes No  No  11. Negligence (check one)  A. None B. L  12. Type of Action  104(a)	Lost Workdays Or Restricted Duty Permanently Disabling Fatal  D. Number of Persons Affected: 001  Order Safeguard Written No
B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes No  11. Negligence (check one) A. None B. L  12. Type of Action 104(a)  14. Initial Action A. Citation B. Order C. Safeguard D. W  15. Area or Equipment	Lost Workdays Or Restricted Duty Permanently Disabling Fatal  D. Number of Persons Affected: 001  Order Safeguard Written No  E. Citation/ F. Dated Mo Da
B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes No  11. Negligence (check one) A. None B. L  12. Type of Action 104(a)  14. Initial Action A. Citation B. Order C. Safeguard D. W  15. Area or Equipment	Lost Workdays Or Restricted Duty Permanentty Disabling Fatal D. Number of Persons Affected: 001  Ow C. Moderate D. High E. Reckless Disregard 13. Type of Issuance (check one) Citation Order Safeguard Written Notice E. Citation/Order Number  E. Citation/Order Number
8. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  11. Negligence (check one)  A. None B. L  12. Type of Action 104(a)  14. Initial Action  A. Citation B. Order C. Safeguard D. W  15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  8. T  Section III—Termination Action	Lost Workdays Or Restricted Duty Permanentty Disabling Fatal D. Number of Persons Affected: 001  One C. Moderate D. High E. Reckless Disregard 13. Type of Issuance (check one) Citation Order Safeguard Written Notice Citation/Order Number  E. Citation/Order Number  F. Dated Mo Da
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No  11. Negligence (check one)  A. None B. L.  12. Type of Action 104(a)  14. Initial Action  A. Citation B. Order C. Safeguard D. W.  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr  Section III-Termination Action  17. Action to Terminate  Mo Da Yr	Lost Workdays Or Restricted Duty Permanentty Disabling Fatal D. Number of Persons Affected: 001  One C. Moderate D. High E. Reckless Disregard 13. Type of Issuance (check one) Citation Order Safeguard Written Notice Citation/Order Number  E. Citation/Order Number  F. Dated Mo Da

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

	eld Office	Norton, VA				4	_
Mine Citation/Order				rtment of Labo y and Health Ad			•
1. Date Mo Da Yr	2. Time (24 Hr	Clock		19	Citation/		
	2. /MIO (2.11				Order Numbe		
A Sanad To	_		5. Operator				
			_				(Contra
8. Condition or Practice		AS ACCUMULATE					Notice (103g
MEASUREMENTS TAL CONVEYOR BELT I							200 2
					See Continuation	n Form (MSHA	A Form 7000-3a
9. Violation A. Health Safety Other	B. Section of Act	[C.	Part/Section of Title 30 CFR		75.400		
Section II-Inspector's Evaluation						•	
					~ ~		
10. Gravity; A. Injury or Illness (has) (is)	: No Likelihood	Unlikely 🐼	Reasonably I	ikely 🗍 Hio	hiv Likeiv	Occur	red 🗀
A. Injury or Illness (has) (is)  B. Injury or Illness could rea	h No. 1 and 10/ad	Unlikely 😿	Reasonably I		hly Likely	Occurr	
A. Injury or Illness (has) (is)     B. Injury or Illness could reasonably be expected to b	e: No Lost Worl	kdays 🗹 Lost Work	Reasonably t	ted Duty 🗌 🔝 F	ermanently Dis	abling 🗍	Fatal []
A. Injury or Illness (has) (is)  B. Injury or Illness could rea	i- e: No Lost Worl			ted Duty 🗌 🔝 F		abling 🗍	Fatal [
A. Injury or Illness (has) (is)     B. Injury or Illness could reasonably be expected to b	e: No Lost Worl	kdays 🗹 Lost Work		ted Duty 🗌 🔝 F	ermanently Dis	abling 🗍	Fatal 001
A. Injury or Illness (has) (is)     B. Injury or Illness could reasonably be expected to b     C. Significant and Substant	No Lost Worlial: Yes A. None	kdays 🗹 Lost Work	days Or Restric	led Duty F	ermanently Dis	abling []	Fatal
A. Injury or Illness (has) (is)     B. Injury or Illness could reasonably be expected to b     C. Significant and Substant     11. Negligence (check one)	No Lost Work ial: Yes  A. None	No 🗹 C. N	days Or Restric	D. High Citation O	ermanently Dis	abling ons Affected: (less Disrega	Fatal 001 und 0 Written Noti
A. Injury or Illness (has) (is) B. Injury or Illness could rea sonably be expected to b C. Significant and Substant  11. Negligence (check one)  12. Type of Action 104(a)  14. Initial Action	No Lost Work ial: Yes  A. None	No  B. Low C. No. 2. 13. Type of Issuance	days Or Restric	D. High Citation O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal 001 und 0 Written Noti
A. Injury or illness (has) (is) B. Injury or illness could rea sonably be expected to b C. Significant and Substant  11. Negligence (check one)  12. Type of Action	No Lost Work ial: Yes  A. None  C. Safeguard  Mo Da Yr	No  B. Low C. No. 2. 13. Type of Issuance	days Or Restric	D. High Citation O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal 001
A. Injury or Illness (has) (is) B. Injury or Illness could rea sonably be expected to b C. Significant and Substanti  11. Negligence (check one)  12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 5  15. Area or Equipment	No Lost Work ial: Yes  A. None  C. Safeguard  Mo Da Yr	No  B. Low C. No 13. Type of Issuand D. Written Notice	days Or Restric	D. High Citation O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal 001  O01  Written Noti
A. Injury or illness (has) (is) B. Injury or illness could rea sonably be expected to b C. Significant and Substant  11. Negligence (check one)  12. Type of Action	No Lost Worlial: Yes A. None C. Safeguard C.	No  B. Low C. No 13. Type of Issuand D. Written Notice	days Or Restric	D. High Citation O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal  001  Written Not
A. Injury or Illness (has) (is) B. Injury or Illness could rea sonably be expected to b C. Significant and Substanti  11. Negligence (check one)  12. Type of Action	No Lost Work ial: Yes  A. None  C. Safeguard  Mo Da Yr  The Mo Da Yr  B. Tin	No P  B. Low C. No 13. Type of Issuand D. Written Notice  B. Time (24 Hr. Clock)	Moderate  Control Control  Con	D. High Citation 🗹 O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal 001 und 0 Written Noti
A. Injury or illness (has) (is) B. Injury or illness could rea sonably be expected to b C. Significant and Substant  11. Negligence (check one)  12. Type of Action	No Lost World ial: Yes A. None C. Safeguard	No P  B. Low C. No 13. Type of Issuand D. Written Notice  B. Time (24 Hr. Clock)	Moderate  Control Control  Con	D. High Citation 2 O	ermanently Dis	abling  ons Affected:  kless Disrega	Fatal 001  O01  Written Noti

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

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

Office of Accountability

Mine Citation/Order  Section I-Violation Date  1. Date  Mar Da Y  2. Time (24 Mr. Clock)  Section I-Violation Date  1. Date  Mar Da Y  4. Served To  S. Condation or Practice  S. Condation or Practice  THE LIFE LINE INSTALLED IN THE SECONDARY ESCAPEWAY FOR THE 001-0 WORKIN SECTION WAS NOT BEING MAINTAINED THROUGHOUT THE MINE. THE LIFE WAS APPROXIMATELY 270 FEET OUTBY THE 001-0 MMU LOADING POINT.  Section II-Repeted For Section Safety (2)  A. Health Section of Act Title 30 CFR 75.380(d)(7)(i)  Section II-Repeted For Section Safety (2)  A. Injury or litees could research solution in No Likelihood Unlikely We Reasonably Likely Highly Likely Occurred 11. Negligence (check one)  Solution Substantial: Yes No F  11. Negligence (check one) A None Section Section (check one) Citation W Order Safeguard 11. A Intel Action A Citation Occurred Section (Check one) D. Wirtten Notice E Cristian V Order Safeguard Written Notice For Section III-Reministon Due A Date Mo Da Yr B. Time (24 Hr. Clock)  Section II-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section II-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section II-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Yr B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da Vir B. Time (24 Hr. Clock)  Section III-Terminated A Date Mo Da	rict Coal Dist 5 Field Office No	orton, VA Mine ID Date Date	
1. Date Mo.Da. Y	Mine Citation/Order		
Section III-mepeticis Evaluation  Section III-mepeticis Evaluation  10. Gravity:  A. Injury or ilineas (has) (a):  No Lost Workdays Or Restricted Duty Persona Affected:  S. Significant and Substantial:  Yes No S  11. Negligence (check one)  12. Type of Action 104(a)  13. Type of Issuance (check one)  A. Clastion 104(a)  15. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminate  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminate  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminate  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminate  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminate  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated System Date  18. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated System Date  19. Type of Inspection pages  10. Primary or Mill  12. Primary or Mill  13. Type Cleaver Date  14. Initial Action A. Classion Date  15. Action to Terminated  16. Terminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)  Section III-meminated A. Date  Mo Da Yr B. Time (24 Hr. Clock)			
Sec Continuation or Practice  THE LIFE LINE INSTALLED IN THE SECONDARY ESCAPEWAY FOR THE 001-0 WORKIN SECTION WAS NOT BEING MAINTAINED THROUGHOUT THE MINE. THE LIFE WAS APPROXIMATELY 270 FEET OUTBY THE 001-0 MMU LOADING POINT.  Sec Continuation Form (MSHA Form 700)  9. Violation   A. Health   S. Section   C. Part/Section of Title 30 CFR   75.380(d)(7)(i)  Section   III - Inspector's Evaluation   C. Part/Section of Title 30 CFR   75.380(d)(7)(i)  Section   III - Inspector's Evaluation   C. Section   C. Part/Section of Title 30 CFR   Permanently Disabling   Fatal   C. Significant and Substantiat: Yes   No   Permanently Disabling   Fatal   C. Significant and Substantiat: Yes   No   Permanently Disabling   Fatal   C. Significant and Substantiat: Yes   No   D. Number of Persona Mericatic   O. Number of Persona Mericati	1. Date 2. Time (2. Hr. Clock)		
8. Written Molice (if THE LIFE LINE INSTALLED IN THE SECONDARY ESCAPEWAY FOR THE 001-0 WORKIN SECTION WAS NOT BEING MAINTAINED THROUGHOUT THE MINE. THE LIFE WAS APPROXIMATELY 270 FEET OUTBY THE 001-0 MMU LOADING POINT.  Section II—A Health   B. Section of Act	4. Served To	5. Operator	
8. Written Molice (if THE LIFE LINE INSTALLED IN THE SECONDARY ESCAPEWAY FOR THE 001-0 WORKIN SECTION WAS NOT BEING MAINTAINED THROUGHOUT THE MINE. THE LIFE WAS APPROXIMATELY 270 FEET OUTBY THE 001-0 MMU LOADING POINT.  Section II—A Health   B. Section of Act	· · · · · · · · · · · · · · · · · · ·	Andrew Constitution of the	
THE LIFE LINE INSTALLED IN THE SECONDARY ESCAPEWAY FOR THE 001-0 WORKIN SECTION WAS NOT BEING MAINTAINED THROUGHOUT THE MINE. THE LIFE WAS APPROXIMATELY 270 FEET OUTBY THE 001-0 MMU LOADING POINT.  See Continuation Form (MSHA Form 700 Of Act Other District Of Title 30 CFR 75.380(d)(7)(i)  Section I Inspector's Evaluation  10. Gravity: A. Injury or Iliness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred A. Injury or Iliness (has) (is): No Lost Workdays Or Restricted Duty Permanently Disabiling Fatal Significant and Substantial:  Yes No O  11. Negligence (check one) A. None B. Low C. Moderate D. Highly E. Recklass Disregard 11. Negligence (check one) A. None B. Low C. Moderate D. Highly C. Restricted Duty Permanently Disabiling Fatal D. Highly C. Safeguard D. Written Notice E. Citation Order Safeguard Written Notice E. Citation B. Order C. Safeguard D. Written Notice E. Citation D. R. Order C. Safeguard D. Written Notice E. Citation D. R. Order C. Safeguard D. Written Notice E. Citation D. A. Citation D. A. Citation D. A. Citation D. B. Order C. Safeguard D. Written Notice D. Primary or Mill D. Primary or Mill D. Primary or Mill D. Primary or Mill D. Primary or Mil			(Cor
9. Violation   A. Health   Safety   Safety   Other   Other   Other   Other   Safety   Other	THE LIFE LINE INSTALLED I SECTION WAS NOT BEING MAINTA	N THE SECONDARY ESCAPEWAY FOR THE 001-0 WOR INED THROUGHOUT THE MINE. THE LIFE WAS	_
9. Violation   A. Health   Safety   Safety   Other   Other   Other   Other   Safety   Other			
Safety Other   Other   Other   Other   Section IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Q Violation   A Health		n 700
10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred Injury or illness could reasonably be expected to be: No Lost Workdays V Lost Workdays Or Restricted Duty Permanently Disabling Fatal D. Number of Persons Affected: O01  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard United Notice D. High E. Reckless Disregard Written Notice E. Citation D. Order Safeguard Written Notice E. Citation B. Order C. Safeguard D. Written Notice E. Citation D. Written Notice D	Safety 2 of Act Other		
11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice E. Citation/Order Number F. Dated Mo D. A. Citation Due A. Date Mo Da Yr B. Time (24 Hr. Clock)  Section III-Termination Action 17. Action to Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock)  Section IV-Automated System Data 19. Type of Inspection 20. Event Number 21. Primary or Mill			
12. Type of Action 1 ()4(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Mode    14. Initial Action	A. Injury or Illness (has) (is): No Likelihood  B. Injury or illness could reasonably be expected to be: No Lost Workdays  C. Sirelifect and Substantial	✓ Lost Workdays Or Restricted Duty Permanently Disabling F	atai
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  F. Dated Mo D  Torder Number  Torder Number  F. Dated Mo D  Torder Number  Torder Number  Torder Number  F. Dated Mo D  Torder Number  F. Dated Mo D  Torder Number  F. Dated Mo D  Torder Number  Torder Number  F. Dated Mo D  Torder Number  Torder Nu	A. Injury or Illness (has) (is): No Likelihood  B. Injury or illness could reasonably be expected to be: No Lost Workdays  C. Significant and Substantial: Yes No	Lost Workdays Or Restricted Duty Permanently Disabling F  D. Number of Persons Affected:	atat (
16. Termination Due  A. Date  Mo Da  Yr  B. Time (24 Hr. Clock)  Section III-Termination Action  17. Action to Terminate  18. Terminated  A. Date  Mo Da  Yr  B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection  20. Event Number  21. Primary or Mill	A. Injury or Illness (has) (is): No Likelihood  B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes No  11. Negligence (check one) A. None B.	Lost Workdays Or Restricted Duty Permanently Disabling F  D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard	atai   001
A. Date  B. Time (24 Hr. Clock)  Section III-Termination Action  17. Action to Terminate  18. Terminated A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  Section IV-Automated System Data  19. Type of Inspection 20. Event Number 21. Primary or Mill	A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  11. Negligence (check one)  12. Type of Action  104(a)  No Lost Workdeys  Yes  No  No  14. Initial Action	Lost Workdays Or Restricted Duty Permanently Disabling F  D. Number of Persons Affected:  Low C. Moderate D. High E. Reckless Disregard   13. Type of Issuance (check one) Citation Order Safeguard Write  E. Citation/ F. Dated	atai   001
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Section IV-Automated System Data  19. Type of Inspection 20. Event Number 21. Primary or Mill	A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  11. Negligence (check one)  A. None  B. 12. Type of Action  104(a)  14. Initial Action  A. Citation  B. Order  C. Safeguard  D. V	Lost Workdays Or Restricted Duty Permanently Disabling F  D. Number of Persons Affected:  Low C. Moderate D. High E. Reckless Disregard   13. Type of Issuance (check one) Citation Order Safeguard Write  E. Citation/ F. Dated	atai   001
A. Date B. Time (24 Hr. Clock  Section IV-Automated System Data  19. Type of Inspection 20. Event Number 21. Primary or Mill	A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  11. Negligence (check one)  A. None  B. 12. Type of Action  1 ()4(a)  14. Initial Action  A. Citation  B. Order  C. Safeguard  D. V.  15. Area or Equipment  A. Date  Mo Da Yr  B. 1	Lost Workdays Or Restricted Duty Permanently Disabling F  D. Number of Persons Affected:  Low C. Moderate D. High E. Reckless Disregard   13. Type of Issuance (check one) Citation Order Safeguard Written Notice  E. Citation/ Order Number  F. Dated	atai   001
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ict Coal Dist 5 Fig	eld Office	Norton, VA	Mine ID		Date		_
Mine Citation/Order				rtment of Lat	oor Administration		•
Section I-Violation Data			Willia Gardi	y and mounty	turning coor		
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3							(Contra
8. Condition or Practice			<del></del>			8a. Written	Notice (103g)
WORKING SECTION (5) (J) WHERE OPECONVEYORS.							
9. Violation A. Health Safety 7 Other Section II—Inspector's Evaluation	B. Section of Act		C. Part/Section of Title 30 CFR		75.1403	n Form (MSH/	Form 7000-3a
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Mine Citati	ion/Order				rtment of La			1
Section I-Viola	tion Data			Mine Safe	ty and Health	Administratio	<u>n</u>	
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								(Contract
8. Condition o	or Practice						8a. Written	Notice (103g)
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						See Continua	stion Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		See Continue 75.1504(b)	N. C.	A Form 7000-3a)
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District	Coal Dist 5	Field Office	Norton, VA	Mine ID	Date	

## Selected Enforcement Actions with Questionable Evaluations

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected N	leg
		104(a) Cit	75.1100-2(a)(1)	N	UL	DL 10		Mod

The 001-0 MMU active working section was not equipped with enough fire hose to reach each working face. When checked there was no fire fighting hose at all on the section.

	Date						No.	
Citation	Issued	Type Issue	30 CFR	S&S	Likely	Injury	Affected N	eg
		104(a) Cit	75.1107-3(d)	N	UL DE		1	Low

The fire suppression system installed on the Highland Machinery Shuttle Car, Co. # 1 (s/n 1021-08-1001), used on the active 001-0 MMU section of this mine, is inoperative, due to the shaft on the actuation bottle being broken. The knob was completely missing.

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected Ne	g
107		104(a) Cit	75.515	N.	ŲL	DL	1 Mod	

The 4/0 cable supplying 480 volt power to the Stamler Feeder (S.N.136537) did not enter an electric compartment through proper fittings. When checked the cable has been pulled out of the fitting where it enters the main control panel. The cable has been pulled out 2 and 1/2 inches exposing the insulated leads. The feeder is located on the active 001-0 MMU.

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected	Neg
(0)		104(a) Cit	75.208	N	UL	DL	1 Mod	

There is not a visible warning device to show the end of permanent roof support in #6 heading on the active 001-0 MMU. The bolter is in this entry but is not being operated.

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected N	eg
		104(a) Cit	75.4	N	UL DE		1	Mod

There were accumulations of combustible material in the form of oil soaked coal and coal dust present on the Co. #3 S&R Scoop (S.N. 486-1035). The accumulations were located by the main control panel and the pump motor compartment. The accumulations measured from 3 to 10 inches deep, 36 inches wide, and 39 inches long (all measurements were taken with a standard rule). The accumulations are black in color.

	Date						No.	
Citation	Issued	Type Issue	30 CFR	S&S	Likely	Injury	Affected N	eg
		104(a) Cit	75.4	N.	ULDL		. 1	Mod

There were accumulations of combustible material present on the Highland Machinery 10SC Co.#3 ( S.N. 1021-08-1003 ) Shuttle Car. The accumulations were in the form of oil soaked loose coal and coal dust. The accumulations were located in the pump motor compartment. The accumulations measured 30 inches long, 5 inches deep, and 18 inches wide ( all measurements taken with a standard rule ). The accumulations were black in color.

						_	
District	Coal Dist 5	Field Office	Norton, VA	Mine ID		Date	
					_	_	

#### Selected Enforcement Actions with Questionable Evaluations

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected N	eg
		104(a) Cit	75.211(d)	N	UL DL		1	Mod

A BAR FOR TAKING DOWN LOOSE MATERIAL WAS NOT PRESENT IN THE WORKING PLACE OR PROVIDED FOR THE NO.2 FLETCHER DRILL S/N 2004039 BEING USED ON THE 001-0 ACTIVE SECTION.

	Date						No.
Citationls	ssued	Type Issue	30 CFR	S&S	Likely	Injury	Affected Neg
		104(a) Cit	75.606	N	UL	DL	1 Mod

THE ENERGIZED 480 VOLT TRAILING CABLE SUPPLYING POWER TO THE 001-0 SECTION FEEDER WAS NOT PROTECTED TO PREVENT DAMAGE BY MOBILE EQUIPMENT. EVIDENCE OF RUBBER TIRE MARKS AND DEPRESSION IN THE MINE FLOOR INDICATED THE CABLE HAD BEEN RUN OVER FOR A DISTANCE OF 83 INCHES LOCATED ON THE RIGHT INBY RIB ADJACENT TO THE NO. 5 BELT CONVEYOR AND ONE X-CUT OUTBY THE FEEDER. THE TIRE MARKS APPEARS TO BE FROM A BATTER POWER 3-WHEELER.

Date						No.	
Citation Issued	Type Issue	30 CFR	S&S	Likely	Injury	Affected	Neg
	104(a) Cit	75.902	N	UL	DL1		Mod

THE APPROVED MONITOR SYSTEM WAS NOT BEING MAINTAINED AS DESIGNED. THE ENERGIZED 995 VOLT CABLE COUPLER SUPPLYING POWER TO THE NO. 1 CONTINUOUS MINER BEING USED ON THE 001-0 ACTIVE SECTION WAS NOT PROPERLY GROUNDED. THE EXTERNAL FRAME GROUND WAS NOT PROPERLY SECURED TO THE CAT HEAD, THE GROUND WAS VERY LOOSE. THE WIRELESS MONITORING SYSTEM REQUIRES THAT THE CAT HEAD BE GROUNDED WHILE IN SERVICE. THE MINE FLOOR IS DAMP TO WET AT THIS LOCATION.

Citation	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	No. Affected N	eg
		104(a) Cit	75.1504(b)(3)(ii)	N	UŁ	NDL 14		Mod

THE MINE EMERGENCY EVACUATION TRAINING AND DRILLS WERE NOT BEING FOLLOWED AS REQUIRED. RECORDS INDICATE THE OWL SHIFT CREW WHILE PARTICIPATE IN THE TRAINING/DRILL ARE NOT ALTERNATING THE ESCAPEWAYS. THE CREW HAS TRAVELED THE ALTERNATE ESCAPEWAY FOR THE LAST TWO QUARTERS 3/6/09 AND 4/10/09.