November 22, 2009

MEMORANDUM FOR:

MICHAEL A. DAVIS

Deputy Assistant Secretary for Operations Mine Safety and Health Administration

FROM:

PETER J. MONTALI

Acting Director, Office of Accountability for Mine Safety and Health Administration

SUBJECT:

MSHA Office of Accountability Audit



### Introduction

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

### Overview

The accountability specialists traveled to the Peru, Illinois Field Office and to the

to observe and evaluate enforcement activities, supervisory oversight, and mine conditions. Areas of the mine examined during this audit included mine office, record books, required postings, pits, highwalls, highwall drill, front end loaders, excavators, haul trucks, haul roads, company pick-up trucks, berms, explosive storage magazines, substations and electrical installations, fuel storage, and the shop/supply area. Inspection activities also covered the plants, including breakers, sizing screens, crushers, surface conveyor belts and elevated conveyor belts.

# **S&S Rate Comparison**

Overall, the S&S rate for the Peru field office and the North Central District as a whole were considerably lower than the national average.

Fiscal Year	Field Office	North Central District	National Avg.
2008	12.8%	17.1%	22.0%
2009	17.5%	17.3%	23.0%

However, enforcement actions taken at the subject mines during this audit appeared consistent with national policy and were appropriate for the nature of the violations observed.

## Time and Activity Comparison

Time distribution is generally good, although time in the "Other" category needs to be reduced. Consideration should be given to issuing citations and orders while on-site (as discussed later in this report) to increase inspector on-site time and provide a greater degree of protection to the miners.

	Surface Facilities – E01 Inspections					
	Travel Other Total Citations Citations To					Total
	Time	Time	On-Site	Written	Written	Percent
				On-Site	Off-Site	
% in FY 2008	15.48	16.31	64.22	2.94	3.99	100.00
% in FY 2009	15.15	22.77	56.76	1.31	5.33	100.00

	Surface Mines - E01 Inspections					
	Travel	Travel Other Total Citations Citations Total				
	Time	Time	On-Site	Written	Written	Percent
		1		On-Site	Off-Site	
% in FY 2008	23.66	18.19	53.79	1.99	4.36	100.00
% in FY 2009	23.32	20.08	51.40	1.45	5.20	100.00

	Underground Mines - E01 Inspections					
	Travel Other Total Citations Citations Total					
	Time	Time	On-Site	Written	Written	Percent
				On-Site	Off-Site	
% in FY 2008	16.98	18.52	63.59	0.59	0.91	100.00
% in FY 2009	21.01	13.99	62.28	1.07	2.72	100.00

### **Audit Results**

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

- 1. Inspectors conducted inspection activities during the audits in a professional manner at all times.
- 2. Inspection work during the audits was highly commendable regarding on-site activities and determination of gravity, S&S, number of persons affected, and the proper use of enforcement tools.
- 3. Field Office Supervisor is conducting mine visits.
- 4. FAR/AA and Second Level Review documentation well documented.

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

- 1. Conditions observed and citations issued during this audit indicate that previous inspections were neither complete or thorough at the three mines audited. (FO/District) *See Attachments B & D*
- 2. Evaluations of S&S, gravity, negligence, and number of persons affected during past inspections did not appear commensurate with the type of violations cited. (FO)(District) [See attachment C)]
- 3. There was insufficient enforcement focus during past inspections regarding guarding. (FO) [ 20 Citations issued at the three operations for guarding hazards See Attachment B]
- 4b) (There was insufficient enforcement focus during past inspections. (District, FO)

   Previous E01 inspection issuances = 7 citations & 0 S&S citations 
  Issuances during audit = 34 citations @ 41% S&S

   Previous E01

  (b) (Recreation = 0 Cit/orders Audit issuances 20 citations @ 50% S&S], (Example 1)

  Previous E01 inspection issuances = 17 citations & 2 S&S Audit issuances =

  22 citations @ 22% S&S

   owner- stated that never had an inspection like this with so many violations issued and equipment had been in this condition during other inspections in the past. He stated that the quarry had been operating since the 1940's when his grandfather started it.)
- 5. Peer Reviews did not contain means for follow-up and evaluation of the effectiveness of corrective actions. (HQ)(District)
- 6. Inspection site time: On-site observations, coupled with analysis of inspection data, also indicate a chronic problem with inspections and enforcement. With the exception of the E01 inspections conducted during this accountability audit (Event , (Event ), and the E01 inspection conducted during the second half of FY 2008 (Event 1001512), the number of hours spent on-site does not appear sufficient to conduct a complete inspection. A total of 31.5 inspection hours was charged at the during the Accountability Audit with only 3 inspection hours in FY 2007 and 21 inspection hours in FY 2008. [Attachment E]
- 7. Citations issued in error have been deleted from the system rather than issuing subsequent actions [vacates]. [ Citation and Order Writing Handbooks states "When using the IPAL system, a citation or order that is issued in error must be vacated or

modified by using Form 7000-3a."] [Since 2006, the NC District has 209 issuances that have been deleted] the deletions were completed at the district office. Interview with the district manager verified that there were citations deleted at the district level.

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. Audit Checklist
- B. Citations issued during the audit
- C. Citations with questionable evaluations
- D. Selected pictures of citations issued
- E. Regular inspections with inspection hrs & VPIH

(1-) (0)		
1.		56.9300a
2.		56.14103c1
3.		56.20011
4.		56.14101a2
5.		56.9300b
6.		56.20013
7.		46.11b4
8.		46.11b4
9.		56.4101
10		56.11012
11		56.20003a
12		56.14132a
13	*	56.9300b
14		56.20011
15		56.9300b
16		56.12004
17		56.14110
18		56.14107a
19		56.14107a
20		56.1802a
21.		56.4601
22.		47.44b
23.		56.14115b
24.		56.4101
25.		56.12019

26.	FC 10010
20. 27.	56.12018
	56.12032
28.	56.12021
29.	56.12004
30.	56.12004
31.	56.12034
32.(	56.11012
33.	
34.	56.14205
35.	56.141121
	56.14107a
36.	56.12030
37. <sup>4</sup>	56.14107a
38.	47.44b
39. <sup>(t</sup>	56.12018
40	56.14207
41	56.12004
42	56.12004
43.	56.12018
44.	
45.	56.14205
46.	56.14100b
40. 47.	56.12004
_000 M	56.14206b
48.	47.41a
49.	56.11012
50.	56.14112b
51.	56.14107a
52.	56.14205
53	56.14107a
54	56.14108
55	56.14205
56	56.12028
57	56.12004
58	56.14207
59	56.14107a
60	56.14107a
61	
62.	56.12032
	56.12032
63.	56.14107a
64.	56.12030
65.	56.12004
66.	56.12004
67.	56.12018
68.	56.14112b
69.	56.14112b
	00.141120

56.14112b 56.14112b 56.14112b 56.14112b

- Selected citations with apparently inconsistent evaluations Selected Photos taken during this audit F.
- G.

1.	Evaluate supervisory review of inspection reports and documentation for completeness.				
Adequate	e 🗌	Inadequate $X$	Not Applicable		Comments Below

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

District North Central District Field Office Peru, Illinois Mine ID Date 2009					
A thorough review of the inspection reports is questionable regarding the evaluation of gravity					
and negligence. (Attachment C)					
2. Determine if supervisors address report deficiencies immediately					
Adequate X Inadequate Not Applicable Comments Below					
When identified, report deficiencies appeared to be promptly corrected.					
Determine if supervisors are visiting each assigned mine at least annually					
Adequate X Inadequate Not Applicable Comments Below					
Supervisor does visit operations within his field office but not all mines. Peru field office has 431 mining operations under its jurisdiction and would be impossible to visit each mine.					
4. Evaluate the quality of Field Activity Review reports (FARs)					
Adequate X Inadequate Not Applicable Comments Below					
FAR's were completed during the last fiscal year.					
Determine if supervisors/managers are identifying and addressing 5. performance or behavior based issues during and after accompanied inspections are conducted.					
Adequate Inadequate X Not Applicable Comments Below					
Supervisors documented area's of deficiencies in FAR's and AA's, as well as providing positive feedback to inspectors. A concern exists that the supervisor's had not reviewed individual performance factors for enforcement levels prior to the accompanied activity. This would be evidenced by the enforcement levels of the field office as compared to					

ATTACHMENT A 7

conditions observed during the audits. There were no post-accompanied activity evaluation follow-up to determine if individuals had made the anticipated corrections

identified in FARS, AA's and 2nd level reviews.

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

District North Central District Field Office Peru, Illinois Mine ID Date					
Reference: AH-07-III-7 Metal/Nonmetal Mine Safety and Health Supervisors Handbook, Chapter One, Section VI, part A-5, AH-09-III-1(1) Metal/Nonmetal Mine Safety and Health Supervisors Handbook, Chapter two, Part E, Bullet 5					
Recommend Field office Supervisors conduct a follow up Accompanied Activity inspection, when deficiencies are noted to ensure deficiencies are corrected and to observe inspector performance have been implemented					
7. Determine if supervisors are thoroughly reviewing mine files at least annually					
Adequate Not Applicable X Comments Below					
Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities					
Adequate X Inadequate Not Applicable Comments Below					
All FARs and AA's were completed during the last complete fiscal year.					
Determine if ADMs and DMs are visiting mines with poor compliance at least monthly					
Adequate Inadequate X Not Applicable Comments Below					
No visits were conducted in the Peru Field Office during this FY. Supervisor stated that the DM and ADM only visited the field office during job fairs.					
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					
Supervisory oversight of inspection times is generally good, with the exception of time spent in the "Other" category, which is higher than the national average.					
Recommendation – Metal Non Metal districts should consider having inspection personnel issue citations while on-site ("reasonable promptness"). This would reduce "other" time and increase inspector presence on-site. Issuing citations while on-site would also provide the operator with					

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

District North Central District Field Office Peru, Illinois Mine ID Date 2009					
written notification of the nature and seriousness of violations observed by the inspector as well as the termination due date.					
Reference – Federal Mine Safety and Health Act of 1977, Section 104(a)					
Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine					
Adequate Inadequate X Not Applicable Comments Below					
This field office has 431 mining operation and would be impossible to visit each producing mine.					
Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.					
Adequate X Inadequate Not Applicable Comments Below					
Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations					
Adequate X Inadequate Not Applicable Comments Below					
Determine if complete and thorough inspections are being conducted and adequately documented					
Adequate Inadequate X Not Applicable Comments Below					
Observations made during the audits indicated that complete and thorough inspections had not been made in the past. During this audit, violations were observed that appeared to have existed for extended periods of time at each operation. (See photos in Appendix D)					
With the exception of the F01					

District North Central District Field Office Peru, Illinois Mine ID 2009
inspections conducted during this accountability audit (Event ), (Event and the E01 inspection conducted during the second half of FY 2008 (Event a inspection hours was charged at the hours in FY 2007 and 21 inspection hours in FY 2008
In addition, a total of 23 citations have been issued during E01 inspections [ from FY 2007 to FY 2009. Of that number, 20 were issued during this audit at the A total of 47 Citations were issued at the during FY 2007 – 2009 with 34 issued during the Accountability audit.
Some areas traveled during the mine site inspection at the previous inspection notes. Citations and (See attachment C) are examples of citations issued during the audit for conditions that appeared to have existed in previous inspections. The top of the #19 and #20 bins was not documented as an area traveled in the previous inspection when operational conditions were the same as during the audit at this mine site. These issues support that not all areas where persons work or travel are being adequately inspected on previous inspections.  Reference MSHA handbook PH09-IV-1, Chapter 5, regular inspection procedures, section I, page 25.  Recommendation: Supervisors periodically perform follow-up inspections for mines with zero issuances to ensure enforcement levels are inline with policy and the overall safety of the miners is addressed.
Action Required – Management must ensure Inspections must be thorough and complete. All violations must be cited.
Reference – MSHA Handbook, PH09-IV-1, Chapter 5, Regular Inspection Procedures, Section I, Page 25.
Reference – Federal Mine Safety and Health Act of 1977, Section 104(a).
Determine that the inspector spent sufficient time on off-shifts and on weekends
Adequate   Not Applicable   X   Comments Below

District North Central District Field Office Peru, Illinois Mine ID Date 2009
According to information gathered from MSHA's database and verified by the mine operator, works on one shift per day, five days per week.
Determine if all mine record books, postings, and other required materials are examined during the inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals
Adequate Inadequate X Not Applicable Comments Below
On-site observations of conditions and practices at this mine, combined with an analysis of data from previous inspections, indicate a long-term problem with inspections and enforcement. Other than the E01 inspection conducted during this audit (Event and an E01 inspection conducted during the second half of FY 2008 (Event , the number of hours
Action Required – Supervisors and managers must monitor inspection time distribution to assist in determining if sufficient time is being spent on-site during inspection work.
Reference -
Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement
Adequate Inadequate X Not Applicable Comments Below
A review of citations issued during the two most recent E01 inspections at the subject mine did not present sufficient information to make a determination regarding this item. Data from E01 inspections conducted during all of FY 2007 to present revealed

District North Central District Field Office Peru, Illinois Mine ID Date 2009
only 3 enforcement actions.  Data from E01 inspections
conducted during all of FY 2007 to present revealed only 13 enforcement actions
(See Attachment C)
(See Attachment C)
38. Accompany and evaluate inspector's imminent danger run
Adequate
39. Check adequacy of preshift/onshift examinations
Adequate Not Applicable X Comments Below
Evaluate operator's workplace examinations
Adequate Inadequate X Not Applicable Comments Below
The number of citations issued at
and indicate that adequate work place examinations are not being conducted. [34 citations and 20 citations are 19
not being conducted. [34 citations © 20 citations © was cited under
was cited last in 2006 but was also cited 9 times previously since 1997]
was citea tast in 2000 but was also citea 9 times previously since 1997]
Determine if all required record books are adequately completed and in
Determine if all required record books are adequately completed and in compliance with applicable standards
Adequate X Inadequate Not Applicable Comments Below

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

District North Central District Field Office Peru, Illinois Mine ID Date 2009
Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below
Determine if approved plans address and are compatible with mining 64. conditions and equipment
Adequate
Determine if Deer Deviews identify root severe of definionsing competitive
Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.
Adequate Inadequate X Not Applicable Comments Below
District-level reviews do not adequately address follow-up and evaluation of the success or failure of corrective actions.
Recommendation – Follow-up, evaluation, and measurement of corrective actions is an important part of the review process, and should always be a part of the review report.
Reference – Accountability Program Handbook (AH08-III-4), Page 8
Determine if approved plans and the Uniform Mine File books are addressed during each Peer Review
Adequate

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

District North Central District Field Office Peru, Illinois Mine ID Date
75. Evaluate approved training plan after discussion with miners
Adequate X Inadequate Not Applicable Comments Below
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate Inadequate X Not Applicable Comments Below
Inspections did not appear to be thorough or complete, and did not reflect a level of enforcement commensurate with the type and nature of violations cited. (See narrative and references in Items 5, 29, and 37 above.)
Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date
Adequate X Inadequate Not Applicable Comments Below
Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date
Adequate Inadequate X Not Applicable Comments Below
This issue appears to be common to all Metal/Nonmetal districts and should be addressed at the headquarters level.
Metal/Nonmetal does not have a uniform process for accurately tracking supervisory/managerial mine visits. Each district has its own method for tracking these visits, and some districts track more information than others.
Recommendation – Metal/Nonmetal should adopt the same type of spreadsheet used by coal to adequately document supervisory and managerial mine visits.

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

Adequate X Inadequate Not Applicable Comments Below  Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.  Adequate X Inadequate Not Applicable Comments Below  Determine if adequate close-out conferences are being conducted at the end of each inspection.  Adequate X Inadequate Not Applicable Comments Below  Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.  Adequate Not Applicable X Comments Below  Operations visited did not conduct blasting during the audit  Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.	District No	orth Central District Field Office Peru, Illinois Mine ID Date 2009
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Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.	Adequate	
complete inspections, investigations, and other activities.	Operation	s visited did not conduct blasting during the audit
complete inspections, investigations, and other activities.		
Adequate X Inadequate Not Applicable Comments Below	121.	•
	Adequate	X Inadequate Not Applicable Comments Below

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

District	North Central District	Field Office	Peru, Illinois	Mine ID		Date	2009
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Mine Citation/Order		U.S. Department of Mine Safety and He		
Section I-Violation Data				
1. Date	2. Time (24 Hr. Clock)		3. Citation/ Order Number	• • • • • • • • • • • • • • • • • • • •
4, Şeryed To		5 Operator		
		7. Mine ID		(Contractor)
8. Condition or Practice				8a. Written Notice (103g)

There is no berm being provided for a distance of approximately 20 ft with a drop off of approximately 2 ft on the elevated stripper ramp.

A person is exposed to the hazard of a vehicle overturning or endangering persons in equipment.

Loaders, haul, trucks, and small vehicles use this elevated stripper ramp of a morning to travel down to the plant.

						See Cont	tinuation Form (MSH	A 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 o	r Illness (has) (is):	No Likelihood	Unlikely [	Reasonably I	Likely 🗸	Highly Likely	Occur	med []
	or illness could read to be expected to be		ays 🗌 Lost Work	days Or Restric	ted Duty 📋	Permanent	ty Disabling 🗸	Fatal
C. Signific	ant and Substantia	at: Yes 🗸	No 📋			D. Number of	Persons Affected	t: 001
11. Negligen	ce (check one)	A. None	B. Low C. I	Moderate 🗸	D. High	□ <b>e</b>	. Reckless Disreg	ard 🛄 bne
12. Type of A	ection 104a		13. Type of Issuance	ce (check one)	Citation 🗸	Order 🚃	Safeguard 🗍	Written Notice
14. Initial Act A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order Num	nter		F. Dated	Mo Da Yr
16. Terminat	ion Due A. Da	- V-0	B. Time (24 Hr. Clock)					
Section IIITen	mination Action				<u> </u>		, , , , , , , , , , , , , , , , , , ,	
17. Action to		peerm has be	een provided	for the	elevat	ed stri	pper ramp	) <b>.</b>
18. Terminat	A. Date		(24 Hr. Clock					4
Section IV-Aut	omated System Data							
19. Type of li	nspection E01	20. Event Number		21. Pri	mary or Mill P			
22.		 I				23. AR	Number	
Men		- dries	the provisions of the Small	Punings Panulati	ou Enformement	Fairners Act of 1	998 the Small Buers	ass Administration has

MSHA. A little of the Small Business Act of 1998, the Small Business Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Felimess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-388-734-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Whathington, DC 20416. Please note, however, that your right to file a Combudsman 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

rict North Central	District Fiel	ld Office Per	u, Illinois M	line ID	Dat	e [
fine Citation/Order			U.S. Departme Mine Safety and	nt of Labor I Health Administ	ration	
ection I-Violation Data . Date	2. Time (24 Hr. Ck	ock)		3. Citation	V Number	
(a)	:		ator	0.00	10	- 11
			7. Mine ID			(Contractor)
. Condition or Practice						Notice (103g)
The operators contast loose materiother round contact person is expense.	ials on the tainers.	floor. Ther	e is plast:	ic a soda b	ottle, and	i two
the safe operat:	ion of the	equipment.				
It is apparent used in this con		unt and type	of materia	al, that th	is truck h	nas been
D. Gravity:  A. Injury or Illness (has) (is):  B. Injury or illness could rea	<del></del>	Untikely [	Reasonably Likely			40.0
sonably be expected to be C. Significant and Substanti	al:		days Or Restricted D		of Persons Affected	Fatal ✓ i: 001
Negligence (check one)	A. None	B. Low C. A	foderate 🗸	D. High	E. Reckless Disreg	
2. Type of Action 104a		13. Type of Issuance	e (check one) Cit	ntion 🗸 Order 🗌	Safeguard	Written Notice
Initial Action     A. Citation	C. Safeguard [ ]	D. Written Notice	E, Citation/ Order Number		F. Dated	Mo Da Yr
5. Area or Equipment						
	- Marker	B. Time (24 Hr. Clock)				
6. Termination Due A. Da				L		
ection III-Termination Action 7. Action to Terminate The	e loose mate	erial has be				
ection III-Termination Action 7. Action to Terminate The	e loose mate					
ection III-Termination Action 7. Action to Terminate The compartment of 1 8. Terminated A. Date	e loose mate the S1900 In					
8. Terminated A. Date  8. Terminated A. Date  Oction IV-Automated System Date 9. Type of Inspection	e loose mate the S1900 In	nternational	21. Primary	or Mail		
ection III-Termination Action 7. Action to Terminate The compartment of the compartment o	e loose mate the S1900 In	nternational	21. Primary	or Mill		

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date		2009
						300	0

Mine Cita	ation/Order		U.S. Departme Mine Safety ar		
Section I Vi	iolation Cata				Superior and the second
1. Date	Mo Da Yr 07/07/2009	2. Time (24 Hr. Clock) 0900		3. Citation/ Order Number	
4. Served	То				
					(Contractor)
8. Conditio	on or Practice			8a. Written	Notice (103g)

The barricade with warning sign provided for the top of the open dig face next to the stripper ramp is not positioned to warn persons from all approaches. The barricade with warning sign is above the entrance that is above a drop off of approximately 46 ft.

A person is exposed to the hazard of not recognizing this condition.

Only persons aware of this condition are required to be in this area.

o.										See	Continua	tion Form (MSH	A Form 7000-3a)
9. Violation	A. Healti Safet Othe	y	B. Section of Act				Part/Section Fitte 30 CFR		*************************	5	6.2001	L	
Section II-Insp	ector's Evalu	ation											
10. Gravity:													
	r Illness (h		No Likelih	ood	Unlikely	1/2	Reasonab	y Like	y 🔡	Highly LI	kely	Occu	rred
B. Injury o sonably	r illness co be expect		: No Los	t Workda	ys 📋 L	ost Work	lays Or Res	ricted	Duly 📋	Perma	nently D	isabling 🗍	Fatal 🗸
C. Signific	ant and St	ıbstantia	t: Ye	) III	No 🗸					D. Numb	er of Pe	rsons Affected	l: 001
11. Negligeno	e (check o	ne)	A. None	1	B. Low 🗸	C. M	oderate		D. High		E. Re	ckless Disreg	ard 📋
12. Type of A	ction ]	04a			13. Type o	f Issuanc	(check one	) (	itation 🗸	Order	] Sa	afeguard 🗌	Written Notice
14. Initial Act A. Citation		rder 📋	C. Safegua	ard 📋 D	). Written Noti	<b>ce</b> []	E. Citation Order N					F. Dated	Mo Da Yr
16. Terminati	on Due	A. Date	Me De	Yr E	3. Time (24 H	r. Clock)			T				
Section III-Ten	nination Act	on											
17. Action to	Terminate	The	barri	cade	with wa	rnin	a sian	100	cated	next	to t	he stri	pper
ramp ha	s bee						-						
18. Terminate	A. Date		<i>.</i> -	B. Time (	24 Hr. Clock		1,00			······································			
Section IV-Aut	omated Syst	em Data	-										
10 Time of Ir	enection	ראו	20. Event	Number			21,	Primar	y or Mill P			700	
22.				)						23.	AR Nun	nber	·m///:
enforcement ac enforcement ac Street, SW MK	ational Sma tions. The C tions of MSF 2120, Was	Busines Imbudsm IA, you m hington, E	s and Agriculti an annually ev ay call 1-888-1 DC 20416. Pto	ire Regulato elvates enfo REG-FAIR ( lesse note, h	ory Ombudsmar proement activit 1-888-734-3247	and 10 Re ies and rate ), or write t ar right to fi	gional Fairnes es each agenc he Ombudsma le a comment	is Board /s resp in at Sin with the	is to receive onsiveness nail Busines Ombudsma	comments to small busi a Administra in is in addit	from smai ness. If y tion, Offic on to any	I businesses ab ou wish to come e of the Nationa	Administration has but federal agency nent on the Ombudsman, 409 3rd may have, including

District North Central District Field Office	Peru, Illinois Mine ID	2009
Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	<b>\$</b>
Section I-Violation Data  1. Date	3. Citation/ Order Number	
	5 Coomer (O)	
	7. Mine iD	(Contractor)
8. Condition or Practice	Sa. Written No	

The parking brake provided for the WA600 Kamatsa'u front end loader was not capable of holding on the maximum grade it travels when tested.

A person is exposed to the hazard of being traveled over.

This front end loader was being used at the time of this inspection.

						See Conti	inuation Form (MSH	IA Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		Part/Section of Title 30 CFR		56.14	101a2	
Section II-Insp	ector's Evaluation					***************************************		
10. Gravity:				•				
A. Injury o	r Illness (has) (is).	No Likelihood	Unlikely [	Reasonably I	ikely 🗸	Highly Likely	Occu	rred 🦪
	r itiness could rea- be expected to be		days 📋 Lost Work	days Or Restric	ted Outy	Permanent	y Disabling 📋	Fatal 🗸
C. Signific	ant and Substanti	al: Yes 🏏	No 🗀			D. Number of	Persons Affected	± 001
11. Negligeno	ce (check one)	A. None	B. Low C. N	Aoderate 🗸	D. High	□ E.	Reckless Disreg	ard 🗍
12. Type of A	ction 104a		13. Type of Issuanc	e (check one)	Citation 🗸	Order 📋	Safeguard [	Written Notice
14. Initial Acti A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
16. Terminati	on Due A. Date		B. Time (24 Hr. Clock)		<u> </u>			
Section III-Terr	mination Action		<u> </u>					
17. Action to	Terminate					,	0.	)+
18. Terminate	A. Date Mo	Da Yr B. Time	e (24 Hr. Clock					
Section IV-Auto	omated System Data							
19. Type of in	nspection E01	20. Event Number	er .	21. Pri	mary or Mill P			
22. Si	)	,	• • • • • • • • • • • • • • • • • • • •			23. AR I	Number	
	))							

MSHA Furiti (100%), you to previously in accumulate with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 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.

District	North Central District	Field Office	Peru, Illinois	Mine ID	_	Data		2009
District	North Central District	rield Office	reru, minois	Mine ID		Date		2009
							(0)	3 <del> </del>

Mine Citation/Order	U.S. Department of Mine Safety and He		
Section IViolation Data			
1. Date 12 Time (24 Lis Clock)		3. Citation/ Order Number	
	7. Mine ID		(Contractor)
8. Condition or Practice		8a. Writter	Notice (103g)

There is no berm being provided for the elevated roadway located at the south property line over the electrical cables for approximately 29 ft with a drop off to grade below of approximately 3ft.

A person is exposed to the hazard of a vehicle overtuning or endangering persons in equipment.

Loaders, haul trucks, and small vehicles travel this elevated roadway to travel stockpiles and to the plant.

						See Continuation Form	(MSHA Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		56.9300Ь	
Section II-Insp	ector's Evaluati	on					
10. Gravity: A. Injury o	or Illness (has	) (is): No Likelihood	Unlikely [1]	Reasonably Like	ly 🗸 High	ly Likely	Occurred :
	or illness couk		rkdays Lost Wo	rkdays Or Restricted	Duty [] Pe	ermanently Disabling	Fatal 🗍
C. Signific	cant and Subs	tantial: Yes 🗸	No 📋		D. N	umber of Persons At	facted: 001
11. Negligen	ce (check one	) A. None 🗔	B. Low C.	Moderate 😴	D. High 📋	E. Reckless (	Disregard 🗌
12. Type of A	Action 104	a	13. Type of Issuar	nce (check one)	Citation 🗸 On	der 🗌 Safeguard	Written Notice
14. Initial Act A. Citation		r C. Safeguard	D. Written Notice	E. Citation/ Order Numbe	•	F. Da	ted Mo Da Yr
15. Area or E	ion Dua	Date Officers	B. Time (24 Hr. Clock	)			
Section III-Ten	mination Action	10710712003					···
17. Action to south			een provided the electric		levated r	coadway loc	ated at the
18. Terminat	A Date	B. Tis	me (24 Hr. Clock		***************************************		
Section IV-Aut	iomated System	URG					
19. Type of I	nspection	E01 20. Event Num	ber	21. Prima	y or Mill P		
22.			7			23. AR Number	
MSHA PORTO 70	00-3, Apr 08 (re	: vised) in acodidance w	rith the provisions of the Sma	Il Business Regulatory I	Inforcement Fairnes	is Act of 1996, the Small	Business Administration has

MSHA POTH 7000-3. Apr 08 (revised) In appricance with the provisions of the Small Business Regulatory Enforcement Fairness. Act of 1996, the Small Business Administration has established a hational Small Business and Agficulture Regulatory Ormbudsman and 10 Regional Fairness Boards to receive comments from small business and Agficulture Regulatory Ormbudsman and 10 Regional Fairness Boards to receive comments from 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 Ormbudsman at Small Business Administration, Office of the National Ormbudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to the art Ormbudsman 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

ine Citation/Order				rtment of La	100 Tel 200 MM	ion	
ction I-Violation Data			William Odios	y directions.	7147111110001		
Date Ma Da Ve 13 Time	0 /74 Ur Cha	T)			3. Citation/ Order Num	nbe	
0-1-1-E-			60		J		
			7. Mine ID	MINER .		<del></del>	
Condition or Practice					- · · · · · · · · · · · · · · · · · · ·	8a. Written	(Contractor) Notice (103g)
person is exposed to small amount of format morning.	o the	hazard of u		-		placed th	ere only
					See Contin	ruation Form (MSH	A Form 7000-3a)
Violation A. Health B. Section of Action II-Inspector's Evaluation		C	. Part/Section of Title 30 CFR		See Contr		A Form 7000-3a)
Safety Other of Act Other other of Act Other oth	lihood	Unlikely 🗸		ed Duty 🗸	56.20 Highly Likely Permanently	013	red Fatal
Safety Other Other Ction II-Inspectors Evaluation Gravity: A. Injury or Itlness (has) (is): B. Injury or itlness could reasonably be expected to be: C. Significant and Substantial:	t ilihood	Unlikely 🗸	Title 30 CFR Reasonably L	ed Duty 🗸	56.20 Highly Likely Permanently D. Number of F	Occur  Occur  Disabling	Fatal :: 001
Safety Other of Act Other other of Act Other other other other of Act Other ot	t ilihood	Unlikely 🗸	Reasonably L	ed Duty	56.20 Highly Likely Permanently D. Number of F	Occur Disabling	Fatal :: 001
Safety Other of Act Other other other of Act Other oth	dilihood	Unlikely V	Reasonably L	D. High	56.20 Highly Likely Permanently D. Number of F	Occur r Disabling Persons Affected Reckless Disrega	Fatal :: 001
Safety Other of Action II-Inspectors Evaluation  Gravity: A. Injury or Illness (has) (is): No Like B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Negligence (check one) A. None  Type of Action 104a	ost Workday Yes	Unlikely V /s Lost Worl No V 3. Low V C. I	Reasonably L kdays Or Restrict  Moderate  Ce (check one)  E. Citation/ Order Num	D. High	56.20 Highly Likely Permanently D. Number of F	Occur  Disabling  Persons Affected  Reckless Disregi	Fatal :: 001 and :: Written Notice ::
Safety Other	ost Workday Yes	Unlikely V  As Lost Work  No V  3. Low V C. I  13. Type of Issuand  Written Notice	Reasonably L kdays Or Restrict  Moderate  Ce (check one)  E. Citation/ Order Num	D. High	56.20 Highly Likely Permanently D. Number of F	Occur  Disabling  Persons Affected  Reckless Disregi	Fatal :: 001 and :: Written Notice ::
Safety Other	cost Workday Yes P	Unlikely V  As Lost Work  No V  3. Low V C. I  13. Type of Issuand  Written Notice	Reasonably L kdays Or Restrict  Moderate  ce (check one)  E. Citation/ Order Num	D. High Citation	56.20 Highly Likely Permanently D. Number of I	Occur r Disabling Persons Affected Reckless Disregi Safeguard F. Dated	Fatal :: 001 and :: Written Notice ::
Safety Other	cost Workday Yes P	Unlikely V  Is Lost Work  No V  3. Low V C. I  13. Type of Issuand  Written Notice   Time (24 Hr. Clock)  g was put i	Reasonably L kdays Or Restrict  Moderate  ce (check one)  E. Citation/ Order Num	D. High Citation	56.20 Highly Likely Permanently D. Number of I	Occur r Disabling Persons Affected Reckless Disregi Safeguard F. Dated	Fatal :: 001 and :: Written Notice ::
Safety Other	cost Workday Yes P	Unlikely V  Is Lost Work  No V  3. Low V C. I  13. Type of Issuand  Written Notice   Time (24 Hr. Clock)  g was put i	Reasonably L kdays Or Restrict  Moderate  Ce (check one)  E. Citation/ Order Num	D. High Citation	56.20 Highly Likely Permanently D. Number of I	Occur r Disabling Persons Affected Reckless Disregi Safeguard F. Dated	Fatal :: 001 and :: Written Notice ::
Safety Other	ost Workday Yes B  guard D  stic ba-	Unlikely V  Is Lost Work  No V  3. Low V C. I  13. Type of Issuand  Written Notice   Time (24 Hr. Clock)  g was put i	Reasonably L kdays Or Restrict  Moderate  Ce (check one)  E. Citation/ Order Num	D. High Citation V	56.20 Highly Likely Permanently D. Number of I	Occur Disabling Persons Affected Reckless Disregal F. Dated	Fatal :: 001 and :: Written Notice ::

District	North Central District	Field Office	Peru, Illinois	Mine ID		Date	2009	
			<del></del>		 -			•

Mine Citation/Ord	er	U.S. Department of La Mine Safety and Health		
Section I-Violation Data				<del></del>
1. Date	12 Time (24 Hr. Clock)		3. Citation/ Order Number	***************************************
		7. Mine ID		(Contractor)
8. Condition or Practic	A	***************************************	8a. Written h	lotice (103a)

The over-the-road truck drivers were not being provided with site-specific hazard training. The mine operator was aware of the training requirements. The mine operator must withdraw the over-the-road truck drivers from the mine until they have received the required training.

								See C	Continuation Fo	rm (MSH	IA Form 7000-3	a) []
9. Violation	A. Health Safet Othe	ũ	B. Section of Act		C. Part/Se Title 30			40	6.11b4			
Section II-Inspe	ctor's Evalu	ation										
10. Gravity:												
A. Injury or	iliness (h	as) (is):	No Likelihood	Unlikely	Reas	onably Lil	cety 🗸	Highly Like	ety	Occu	med 📋	
B. Injury or sonably	illness oo be expect		No Lost Work	days 📃 Lost W	orkdays Or	Restricte	d Duty 🗍	Perman	ently Disablin	19 📋	Fatal 🗸	
C. Significa	ant and Su	bstantia	t Yes 🗸	No 📋				D. Numbe	r of Persons	Affected	<sup>‡:</sup> 001	
11. Negligeno	e (check o	ne)	A. None	B. Low 🗍 🤾	. Moderate		D. High	₩.	E. Reckless	Disreg	□ bns	, i
12. Type of A	ction 1	04g1		13. Type of Issu	ance (chec	k one)	Citation [	Order 🗸	Safegua	ard 🗀	Written Not	Се
14. Initial Action  A. Citation	on	der []	C. Safeguard	D. Written Notice	E. Cit	ation/ ter Numb	er		F. 0	Dated	Mo Da	Υr
16. Termination	on Due	A. Date	Mo Da Yr	B. Time (24 Hr. Cloc	<b>*</b> )		T			<del>muu.</del>		
Section III-Terri	nination Act	on		· · · · · · · · · · · · · · · · · · ·								
17. Action to	Terminate	The	over-the	-road truck	drive	rs ha	ve re	ceived	the re	gui	ced sit	9-
specifi	c haz		awareness							•		
18. Terminate	A. Date	(L)46	B. Tim	e (24 Hr. Clock	1							
Section IV-Auto	mated Syst	em Data		-	(0)							
19. Type of In	spection	E01	20. Event Numb	et (Editoria	1 1111	21. Prim	ary or Mill P					
22. 8								23. /	VR Number	(		
enforcement act enforcement act Street, SW MC	ions. The Clions of MSI- 2120, Was	imbudem (A. you m hington, (	s and Agriculture Regi en annually evaluates ay call 1-888-REG-FA DC 20416. Please not	th the provisions of the Smilatory Ombudsman and 1 enforcement activities and IR (1-888-734-3247), or we, however, that your right ain a heating before the F	0 Regional F rates each rite the Omb to file a com	aimess Bo agency's re udsman at ment with t	erds to receive sponsiveness Small Busines he Ombudsm	e comments fro to small busin as Administration on is in addition	om small busin ess. If you wis on, Office of the n to any other r	esses at h to com e Nationa	iout federal ager ment on the al Ombudsman,	ncy 409 3rd

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009

Mine Citation/Ord	der	U.S. Department of Labor Mine Safety and Health Administra	ation 🛞
Section I-Violation Data			
1. Date	2. Time (24 Hr. Clock)	3. Citation/ Order No	ımber
		7. Mine ID	(Contractor)
ract	08		Ba. Written Notice (103g)

The over-the-road truck drivers were not being provided with site-specific hazard awareness training. The mine operator was aware of the training requirements. Superintendent Ron Linder stated that he received signage the day before but did not put them up. Superintendent Linder engaged in aggravated conduct constituting more than ordinary negligence in that he was aware of the signs had arrived the day before but let the over-the-road truck drivers in the mine without Site Specific Hazard awareness training. This violation is an unwarrantable failure to comply with a mandatory standard.

						See Cont	inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act	С	Part/Section of Title 30 CFR		46.1	164	
Section II-Insp	ector's Evaluation							
10. Gravity:								
A. Injury o	or Illness (has) (i	s): No Likelihood 🗍	Unlikely []	Reasonably I	ikely 🗸	Highly Likely	Occur	red 📋
	or illness could not be expected to		days 📋 Lost Worl	kdays Or Restric	ted Duty 📋	Permanent	ty Disabling 📋	Fatal 🗸
C. Signific	ant and Substa	ntial: Yes 🗸	No 📋			D. Number of	Persons Affected	<sup>E</sup> 001
11. Negligen	ce (check one)	A. None 🗍	B. Low 🔲 C.	Moderate 📋	D. High	<b>√</b> E.	Reckless Disreg	ard []
12. Type of A	oction 104d	l	13. Type of issuan	ce (check one)	Citation 🗸	Order	Safeguard []	Written Notice
14. Initial Act A. Citation	The state of the s	C. Safeguard	D. Written Notice	E. Citation/ Order Nun	ber		F. Dated	Mo Da Yr
16. Terminati	ion Due A. D	ate (Ma Pa V	B. Time (24 Hr. Clock)					
Section III-Ten	mination Action		<u> </u>					
17. Action to			4					
18. Terminate	A. Date	Mo Da Yr B. Tin	ne (24 Hr. Clock					
Section IV-Aut	omated System Da	12						
19. Type of I	nspection E	20. Event Numb	er (	21. Pri	mary or Mill P			
2						23. AR	Number (	
-								

MS-sections (2004), Aprilo (revised) in grunders with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Afficulture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman anglustly evaluates enforcement actions are made and a small business. If you wish to comment on the enforcement actions of MSHA, you may cgil 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 20418. Please note, however, that your right to fife a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

Date (1)				
	7 Time 174 Hr Clark		3. Citation/ Order Number	
		7: Mine ID		(Contractor)
xygen and acetyle	ene tanks in a	cabinet located a	ng and open flames t the primary crus	
-		d of a fire or it	allowed to smoke	in this
Violation A. Health B Safety Other	. Section of Act	C. Part/Section of Trite 30 CFR	See Continuation Form (A	ISHA Form 7000-3e)
ction II-Inspector's Evaluation Gravity:				
A. Injury or Illness (has) (is): 18. Injury or illness could rea-	lo Likelihood   Unlik	ely 🧻 Reasonably Likely	Highly Likely 📋 Oc	ocurred []
sonably be expected to be:	No Lost Workdays	Lost Workdays Or Restricted Dut		Fatel 🗸
C. Significant and Substantial:	Yes 🗸 No 🗍		D. Number of Persons Affect	cted: 001
. Negligence (check one) A	. None 📋 B. Low 📋	C. Moderate 🗸 D	. High . E. Reckless Dis	regard 🗍
. Type of Action 104a	13. Тур	ne of Issuance (check one) Citat	ion 🧭 Order 🗍 Safeguard 🗍	Written Notice
	. Saleguard 🗍 D. Written	Notice E. Citation/ Order Number	F. Dated	d Mo Da Yr
. Area or Equipment				
Termination Due A, Da	B. Time (2	4 Hr. Clock)		
ction IIITermination Action			gen and acetylene	A 1 2

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009
						<del>-</del>

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data		
1. Date 2. Time (24 Hr. Clock)	3. Citation/ Order Number	
A. Separad To		
		(Contractor)
8. Condition or Practice	Sa. Written	lotice (103a)

There is a opening at the primary crusher fine chute at the top of the stairs.

A person is exposed to the hazard of falling into the opening.

Persons are not required to be in this area during normal mining cycle.

							See Contin	nuation Form (MSI	(A Form 7000-3a)
9. Violation	A. Health Safety Other	1	B. Section of Act		C. Part/Section of Title 30 CFR		56.11	012	
Section H-Insp	ector's Evalua	ation							
10. Gravity:									
A. Injury o	or Iliness (ha	15) (IS):	No Likelihood	Untikely 🗸	Reasonably I	ikely []	Highly Likely	Occu	rred 🗍
	or illness con y be expecte		No Lost W	orkdays 📗 Lost V	Vorkdays Or Restric	ted Duty	Permanently	Disabling 🗸	Fatai 🦳
C. Signific	cant and Su	bstantial	Yes [	No 🗸			D. Number of I	Persons Affecte	<sup>d:</sup> 001
11. Negligen	ce (check o	ne)	A. None 📋	B. Low 📋	C. Moderate 🔀	D. High	<u> </u>	Reckless Disreç	ard []
12. Type of A	Action ] (	)4a		13. Type of Issu	uance (check one)	Citation 🗸	Order []	Safeguard [	Written Notice
14. Initial Act A. Citation	TENTON TO STORE	der 🗀	C. Safeguard	D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
16. Terminat	ion Due	A. Date	-W-5-W-	B. Time (24 Hr. Clo	ock)				
Section III-Ten	mination Actio	xn		=_1			· · · · · · · · · · · · · · · · · · ·		
7. Action to	Terminate	The	opening	located at	the primar	v crush	er fine	chute a	the top
of the	stair		s been c			, 0144.	.01 11110	onaco a	a che cop
18. Terminat	A. Date		8. 7	Time (24 Hr. Clock		- · · · · · · · · · · · · · · · · · · ·			,
Section IVAut		ım Data							
19. Type of it	ospection	E01	20. Event Nur	mber	21. Pri	mary or Mill P			
22. Sic							23. AR N	umber (	
22. G/g									

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

						_	
District	North Central District	Field Office	Peru, Illinois	Mine ID	Date		2009
				•	_		

Mine Citation	n/Order		U.S. Department of Labor Mine Safety and Health Administratio	n 🦃
Section L-Violation	n Data			
1. Date	r	2. Time	3. Citation/ Order Numb	0
		, , , ,		
			7. Mine ID	(Contractor)
10	Practice	· · · · · · · · · · · · · · · · · · ·		8a. Written Notice (103g)

There is a build up of material on the elevated walkway located at the primary crusher. The material is above the toe boards.

A person is exposed to the hazard of falling through the walkway.

Persons are not required to be in this area during normal mining cycle.

								See Co	minuation Form (MSI	IA Form 7000-3a)	
9. Violation	A. Health Safety Other	Ü I	B. Section of Act		C. Part/Se Title 30			56.2	0003a		
Section II-Insp	ector's Evalue	ation									
10. Gravity:									(2.11)		
A. Injury o	r Illness (ha	ıs) (is):	No Likelihood	Unlikely 🗸	Reas	onably Likel	y 🗊	Highty Likely	Occa	irred []	
	r illness cou be expecte		No Lost Work	lays 🗌 Lost W	orkdays Or	Restricted	Duty 🗍	Permaner	tty Disabling 🗸	Fatal [_]	
C. Signific	ant and Su	b <del>stanti</del> al:	Yes 📋	No 🐼				D. Number o	f Persons Affecte	d: 001	
11. Negligeno	ce (check o	ne)	A. None	B. Low 🗌 💢	C. Moderate	¥	D. High		. Reckless Disreg	pard 📋	
12. Type of A	ction ] (	)4a		13. Type of Issu	ance (checi	one) C	itation 🗸	Order []	Safeguard [	Written Notice	U
14. Initial Act A. Citation	ion B. On	der 📋	C. Safeguard	D. Written Notice	E. Cit	ation/ ler Number			F. Dated	Mo Da Yr	1
16. Terminati	on Due	A. Da	Mo Da Yr	B. Time (24 Hr. Clo	ck)		4		·		
Section IIITen	mination Actic	on n		L							
17. Action to	Terminate	The	material	has been r	emoved	from	the w	alkway	at the p	rimary	
crushe	·.							-	•		
18. Terminate	A. Date	(	8. Time	e (24 Hr. Clock							_
Section IVAut	omated Syste	m bass			(-,-						
19. Type of Ir (activity o		E01	20. Event Numbe	(		21. Primar	y or Mill P				
enforcement ac	tions. The Ottons of MSH.	mbudsma A. you ma	and Agriculture Regul n annually evaluates a y call 1-888-REG-FAII	the provisions of the Sr story Ombudsman and throcement activities and (1-888-734-3247), or w	10 Regional F d rates each a rits the Ombu	eimess Board gency's respo dsman at Sm	is to receive onsiveness t all Business	Fairness Act of comments from p small business Administration.	small businesses at s. If you wish to com Office of the Nation	bout federal agency ment on the al Ombudsman, 409	3rd
				, however, that your right in a hearing before the F					o any other ngnts you	z may nave, Indiudiri	9

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date		2009
						(6)	

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administra	ation 🌑
Section IViolation Data			
1. Date	12 Time /24 Hr Clocks	3. Citation/ Order No	
		7. Mime ID	(Contractor)
8. Condition or Practice			. 8a. Written Notice (103g)

The horn provided for the Case 580L back hoe unit # 28541 is not being maintained in a functional condition.

A person is exposed to the hazard of being traveled over by unexpected start up and movement of the back hoe.

The Case back hoe was not being used at the time of inspection.

							See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act			C. Part/Section of Title 30 CFR	ĺ	56.14	1132a	
Section II-Insp	ector's Evaluation								
10. Gravity:									
A. Injury o	or Illness (has) (is	: No Likelih	ood	Unlikely 🗸	Reasonably	Likely	Highly Likely	Occur	rred []
	or illness could re- y be expected to t		t Workda	ys Lost We	orkdays Or Restri	cted Duty	Permanen	tty Disabling 🗸	Fatal
C. Signific	cant and Substan	ial: Ye	s 🗍	No 📝			D. Number o	f Persons Affected	l: 001
11. Negligen	ce (checik one)	A None	1	B. Low 🗍 C	Moderate 🗸	D. High		Reckless Disrega	ard 🔯
12. Type of A	Action 104a			13. Type of issue	ince (check one)	Citation 🗸	Order 🗌	Safeguard 🛄	Written Notice
14. Initial Act A. Citation		C. Safegu	ard 📋 C	. Written Notice	E. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
16. Terminati	ion Due A. Da	te	r e	3. Time (24 Hr. Cloc	k)				
Section #1-Ten	mination Action								
17. Action to		1							**
18. Terminate	A. Date	lo Da Yr	B. Time (	24 Hr. Clock					
Section IV-Aut	omated System Dat	8							
19. Type of In (activity of		20. Even	t Number		21. Pr	imary or Mill P			
22.		<del>'</del>					23. AR	Number (	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same of the	A William Co.	section of the same of	CONTRACTOR TO THE CONTRACTOR	

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

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

-	tral District	Field Office	Peru, Illinois	Mine ID	Date [	20
			la pro- resource of the second			
ine Citation/Order				<b>tment of Labor</b> r and Health Administra	tion	
ction I-Violation Date	T			3. Citation/		
				Order Nur	mber	
Served To			6.0			
· · · · · · · · · · · · · · · · · · ·			7. Mine ID			
Condition or Practice			<u>, "i</u>	OUT - CHARLE	8a. Written Notice	Contractor)
	vided for	the truck	scale are not	at least mid		
argest self-	-propelled	mobile equ	ipment using	this elevated	roadway.	
norgon is s	vroced to	the barard	of a mahidla	overturning o	r endangerin	
person is e		the nazaro	or a venicle	overturning o.	r endangering	3
,						
				ng normal mini	ng operations	s at
low speeds w	which is po	osted at th	e scale.			
				See Conti	inuation Form (MSHA Form )	7000.3a)
Violation A. Health	In Continu			000 00110	modern rount fatores rount	
TIVIBILATE ( A. DESILA	B. Section		C. Part/Section of			
Safety	of Act		C. Part/Section of Title 30 CFR	56.93	300Ь	
Safety Other	of Act			56.93	300Ь	
Safety Other ction II-Inspector's Evalual Gravity:	of Act		Title 30 CFR			
Safety Other ction IIInspector's Evaluat Gravity: A. Injury or Illness (hat	of Act tion s) (is): No Likelihoo	od Unlikel	Title 30 CFR		Occurred	
Safety Other ction II-Inspector's Evalual . Gravity:	of Act tion s) (is): No Likelihor	100	Title 30 CFR	ikely Highly Likely		al []
Safety Other ction II-Inspector's Evalual Gravity: A. Injury or Illness (has B. Injury or Illness coul	of Act tion s) (is): No Likelihoo id rea- d to be: No Lost	Workdays 🗍	Title 30 CFR  Reasonably L	ikely Highly Likely	Occurred D	a) []
Safety Other ction II-Inspector's Evaluat Gravity: A. Injury or illness (hat B. Injury or illness coul sonably be expected C. Significant and Sub	of Act ton s) (is): No Likelihoo ld rea- d to be: No Lost stantial: Yes	Workdays 🗍	Title 30 CFR  Reasonably L	ikely Highly Likely ed Duty Permanenti D. Number of	Occurred D	
Safety Other Coun II-Inspector's Evaluat Gravity: A. Injury or illness coul sonably be expected C. Significant and Sub Negligence (check on	of Act  s) (is): No Likelihor  id rea- d to be: No Lost  stantial: Yes  A. None	Workdays ☐ No ✓ B. Low ✓	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict	ikely Highly Likely ed Duty Permanenti D. Number of	Occurred Fat Persons Affected: 0  Reckless Disregard	
Safety Other colon II-Inspector's Evalual Gravity: A. Injury or illness coul sonably be expected. C. Significant and Sub. Negligence (check on Type of Action 10. Initial Action	of Act tion s) (is): No Likelihor lid rea- d to be: No Lost stantial: Yes le) A. None	Workdays  No   ■  B. Low   13. Type	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate   of Issuance (check one)  E. Citation/	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01
Safety Other Color II-Inspector's Evaluat I. Gravity: A. Injury or Illness (hat Sonably be expected C. Significant and Sub I. Negligence (check on I. Type of Action I. Initial Action I. Citation II. B. Ord	of Act tion s) (is): No Likelihor lid rea- d to be: No Lost stantial: Yes le) A. None	Workdays  No   ■  B. Low   13. Type	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate   of Issuance (check one)  E. Citation/	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Colon II-Inspector's Evaluat Gravity: A. Injury or Illness (hat B. Injury or illness coul sonably be expected C. Significant and Sub Negligence (check on Type of Action 10 Initial Action B. Ord	of Act tion s) (is): No Likelihor lid rea- d to be: No Lost stantial: Yes le) A. None	Workdays  No   ■  B. Low   13. Type	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate   of Issuance (check one)  E. Citation/	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Colon II-Inspector's Evaluat Gravity: A. Injury or Illness (hat B. Injury or illness coul sonably be expected C. Significant and Sub Negligence (check on Type of Action 10 Initial Action B. Ord	of Act tion s) (is): No Likelihor lid rea- d to be: No Lost stantial: Yes le) A. None	Workdays  No   ■  B. Low   13. Type	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate   of Issuance (check one)  E. Citation/	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
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Safety Other ction II-Inspector's Evalual Gravity: A. Injury or Illness (hat B. Injury or illness cou sonably be expected C. Significant and Sub Negligence (check on Type of Action 10 Initial Action A. Citation B. Ord Area or Equipment	of Act  s) (is): No Likelihou  ld rea- d to be: No Lost  stantial: Yes  e) A None  4a	Workdays  No   ■  B. Low   13. Type	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  Of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Countries of the Countries of Action II-Inspector's Evaluat Gravity: A. Injury or Illness (has B. Injury or Illness couns onably be expected C. Significant and Sub Negligence (check on Type of Action 10 Initial Action A. Citation B. Ord Area or Equipment	of Act  s) (is): No Likelihou  id rea- d to be: No Lost  stantial: Yes  e) A. None  der C. Safeguar  A. Date	No ✓ B. Low ✓ 13. Type D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  Of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other County Cou	of Act  s) (is): No Likelihou  id rea- d to be: No Lost  stantial: Yes  e) A. None  der C. Safeguar  A. Date	No ✓ B. Low ✓ 13. Type D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  Of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control III-Inspector's Evaluat D. Gravity: A. Injury or illness (hat B. Injury or illness coul sonably be expected. C. Significant and Sub D. Negligence (check on D. Type of Action 10 D. Initial Action A. Citation B. Ord D. Area or Equipment	of Act  s) (is): No Likelihou  id rea- d to be: No Lost  stantial: Yes  e) A. None  der C. Safeguar  A. Date	No ✓ B. Low ✓ 13. Type D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  Of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control III - Inspector's Evaluat D. Gravity: A. Injury or illness (hat B. Injury or illness coul sonably be expected. C. Significant and Sub D. Negligence (check on D. Type of Action 10 Initial Action A. Citation B. Ord D. Initial Action B. Ord D. Area or Equipment Due Cotion III - Termination Due Cotion III - Termination Action T. Action to Terminate	of Act tion s) (is): No Likelihor id rea- d to be: No Lost stantial: Yes e) A. None 4a der C. Safeguar	No ✓ B. Low ✓ 13. Type D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  Of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control III-Inspector's Evaluat D. Gravity: A. Injury or Illness (hat B. Injury or illness coul sonably be expected. C. Significant and Sub D. Negligence (check on D. Type of Action 10 D. Initial Action D. Citation B. Ord D. Action III-Termination Due Coton III-Termination Action T. Action to Terminate	of Act tion  s) (is): No Likeliho lid rea- d to be: No Lost stantial: Yes le) A None  4a  C. Safeguar  A. Date	No ✓ B. Low ✓ 13. Type D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control of the Control	of Act  so (is): No Likelihou  ld rea- d to be: No Lost  stantial: Yes  e) A. None  der C. Safeguar  A. Date	No V  B. Low V  13. Type  D. Written No	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  of Issuance (check one)  E. Citation/ Order Numl	Highly Likely ed Duty Permanent  D. Number of  D. High E.  Citation Porder	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control of the Control	of Act  tion  s) (is): No Likelihou  id rea- d to be: No Lost  stantial: Yes  e) A. None  4a  A. Date  Mo Da Yr  m Date  20. Event I	No V  B. Low V  13. Type  D. Written No  8. Time (24 B	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  of Issuance (check one)  E. Citation/ Order Numl	ikely Highly Likely ed Duty Permanent D. Number of D. High E. Citation Order	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Safeguard  Writte	01 on Notice
Safety Other Control IIII Inspection III Inspector's Evaluation III Inspector's Evaluation III Inspector's Evaluation III Inspector Inspecto	of Act  s) (is): No Likelihou  ld rea- d to be: No Lost  stantial: Yes  e) A None  der C. Safeguar  A Date	No V  B. Low V  13. Type  D. Written No  8. Time (24 B	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  of Issuance (check one)  E. Citation/ Order Numl	ikely Highly Likely ed Duty Permanent D. Number of D. High E. Citation P. Order	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Writte F. Dated M	01 on Notice
Safety Other control is a safety Other control is inspector's Evaluat D. Gravity:  A. Injury or illness (has B. Injury or illness cours sonably be expected C. Significant and Sub D. Negligence (check on D. Type of Action 10 D. Initial Action A. Citation B. Ord D. Initial Action B. Ord D. Initial Action C. Action to Terminate D. Terminated A. Date control III—Terminated IIII—Terminated IIIIII—Terminated IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	of Act  tion  s) (is): No Likelihou  id rea- d to be: No Lost  stantial: Yes  e) A. None  4a  A. Date  Mo Da Yr  m Date  20. Event I	No V  B. Low V  13. Type  D. Written No  8. Time (24 B	Title 30 CFR  Reasonably L  Lost Workdays Or Restrict  C. Moderate  of Issuance (check one)  E. Citation/ Order Numl	ikely Highly Likely ed Duty Permanent D. Number of D. High E. Citation Order	Occurred  y Disabling  Fat Persons Affected: 0 Reckless Disregard  Writte F. Dated M	01 on Notice

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

					_		
District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009	l
					_		

Mine Citation/C	Order	U.S. Department of Labor Mine Safety and Health Administration	
Section IViolation Da	3ta		
1. Date	2. Time (24 ) (24 )	3. Citation/ Order Number	
ĺ	<b>11. 11. 11.</b> 11. 11. 11. 11. 11. 11. 11.	7. Mine ID	(Contractor)
76	ctice		Ca. Written Notice (103g)

There is no barricade or warning sign provided at the top of an open dig face, located at North Top Bench.

A person is exposed to the hazard of not recognizing this condition.

Only persons aware of this condition are required to be in this area.

						See Conf	tinuation Form (MSH	A Form 7000-3a)
9, Violation	A Health Safety Other	B. Section of Act	C.	Part/Section of Title 30 CFR	1	56.2	0011	
Section II-Insp	ector's Evaluation							
10. Gravity:								
A. Injury o	r Iliness (has) (is):	No Likelihood	Unlikely 🛂	Reasonably	Likely	Highly Likely	Occur	rred 🗀
	or illness could rea- y be expected to be		ays 🗌 Lost Worl	days Or Restric	cted Duty	Permanent	dy Disabling 📋	Fatal 🗸
C. Signific	ant and Substanti	al: Yes	No 🗸			D. Number of	Persons Affected	t 001
11. Negligen	ce (check one)	A. None	B. Low C. I	Moderate 🗸	D. High	D E	. Reckless Disreg	ard 🗍
12. Type of A	action 104a		13. Type of Issuand	ce (check one)	Citation 🗸	Order	Safeguard	Written Notice
14. Initial Act A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
16. Terminat	ion Due A. Dati		B. Time (24 Hr. Clock)					
Section III-Ten	minstion Action							
17. Action to open di			en provided orth Top Ber		the entr	ance at	the top	of the
18. Terminat	A. Date Mk	Da Yr B. Time	(24 Hr. Clock				**************************************	
io. reminad	1							
	1							
	omated System Data	20. Event Number		21. Pr	imary or Mill P			

MSNA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess. Act of 1998, the Small Business and Agriculture Regulatory Ornbudsman and 10 Regionals to receive comments from small business and Agriculture Regulatory Ornbudsman and 10 Regionals to receive comments from small business and Agriculture Regulatory Ornbudsman and 10 Regionals to receive comments from small business. If you wish to comment on the enforcement actions of MSNA, you may cold 1-988-REG-FAIR (1-988-724-2247), or write the Ornbudsman at Small Business Administration, Office of the National Ornbudsman at Small Business Administration, Office of the National Ornbudsman at Small Business Administration, Office of the National Ornbudsman is made the Ornbudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009
						i.

Mine Citation/Order		tment of Labor and Health Administratio	ın 🛞
Section IViolation Data			
1. Date Mo Da. Vr. [2. Time (24 Hr. Clock)		3. Citation/ Order Numb	er
	7. Mine ID		(Contractor)
8. Condition or Practice	1		3a. Written Notice (103g)
not at least mid-axle of the usually travels the roadway foff to grade below of approxi.  A person is exposed to the hapersons in equipment.  Loaders, haul trucks, and smanormal mining cycle. The road	or a distance of a mately 3 ft.  zard of a vehicle  ll vehicles use the	approximately 26  overturning or  his elevated roa	oft and a drop
. Violation A. Health B. Section of Act	C. Part/Section of Title 30 CFR	See Continue	ation Form (MSHA Form 7000-3a)
B. Injury or illness could reasonably be expected to be:  No Lost Workdays	Unlikely Reasonably Lin	ed Duty Permanently D	Disabling Fatal V
C. Significant and Substantial: Yes No		D. Number of Pe	(1/1)
	C. Moderate		eckless Disregard 🗍
	3. Type of Issuance (check one)	Citation V Order S	afeguard Written Notice
14. Initial Action A. Citation B. Order C. Safeguard D. Wr	itten Notice E Citation/ Order Numb	er	F. Dated Mo Da Yr
15. Aros or Equipment  16. Termination Due	Of the Clean		
A. Date	ne (24 Hr. Clock)		
Section III-Termination Action			
7. Action to Terminate The berm has bee largest self-propelled mobile			
18. Terminated A. Date I. Time (24 H	ir. Clock		
19. Type of lease the EO I 20. Event Number	21. Prim	nary or Mill	
And the second s			

MSHA Form round, run outpressed, in accordance was one 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 glabulates enforcement actions are responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-898-REG-FAIR (1-898-734-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 2rd Street, SW MC 2120, Washington, OC 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.

istrict North Central District	Field Office	Peru, Illinois Mine		Date	2009
Mine Citation/Order		U.S. Department of Mine Safety and Hea			
1. Date			3. Citation/ Order Number		
		7. Mine ID			(Contractor)
8. Condition or Practice				a. Written N	otice (103g)

The energized 480 volt electrical cable provided for the C34 Belt conveyor located at the wash plant has exposed inner conductors. The exposed inner conductors are approximately 5 ft 8 in above grade.

A person is exposed to the hazard of contacting energized inner conductors.

There is access to this area and the ground conditions are wet.

). Violation	A. Health Safet Otho	y	B. Section of Act			C. Part/Sect Title 30 C		56.	12004	
ection II-Inspe	ector's Evalu	ation								
0. Gravity:										
A. Injury o	r liiness (h	as) (is):	No Likelih	ood	Unlikely	Reason	nably Likely 🗸	Highly Like	ty T	ccurred
B. Injury o sonably	r illness co be expect		No Los	t Workd	lays Los	st Workdays Or F	Restricted Duty	Permane	ntly Disabling	Fatal 🗸
C. Signific	ant and Su	ibstantia	: Ye	s 🗸	No 🍱			D. Number	of Persons Affe	cted: 001
1. Negligeno	e (check o	ne)	A. None		B. Low	C. Moderate	D. High	[]	E. Reckless Dis	sregard 🛄
2. Type of A	ction	04a			13. Type of f	ssuance (check	one) Citation 🗸	Order 🗀	Safeguard	Written Notice
4. Initial Acti	on					E. Citat	ion/		F. Date	d Mo Da Y
A. Citation  5. Area or E	B. O	rder 📋	C. Safegu	ard [	D. Written Notice		r Number			
	quipment	A Date		ard []	D. Written Notice  B. Time (24 Hr. )	Orde				
5. Area or E	quipment on Due	A Date		ard []		Orde				
5. Area or E	quipment on Due	A Date			B. Time (24 Hr. )	Orde	r Number	for the		
5. Aroa or E 6. Termination Section III—Term 7. Action to	quipment on Due nination Act	A Date	480 v	olt	B. Time (24 Hr. )	Ciock)	provided	for the		t conveyo
5. Aroa or E 6. Termination Section III—Term 7. Action to	on Due ninston Act Terminate	A Date	480 v	olt ant	B. Time (24 Hr. electrica	Ciock)	provided	for the		
6. Terminations of the section IR—Termination IR—Termination to the section to th	quipmont on Due mination Act Terminate d at t	A Date on The he w	480 v	olt ant	B. Time (24 Hr. electrica has been	Ciock)	provided	for the		
5. Area or E  6. Termination  6. Termination  7. Action to 10 Cated  8. Terminate	on Due  minston Act  Terminate  at t  ad A Date	A Date on The he w	480 v	olt ant	B. Time (24 Hr. delectrical has been as (24 Hr. Clock	Clock)  al cable repaired	provided	for the		
6. Termination 6. Termination 7. Action to 1. Ocatect 8. Terminate 9. Type of Jr.	on Due  minston Act  Terminate  at t  ad A Date	A. Date on The he w	480 vash pl	olt ant	B. Time (24 Hr. delectrical has been as (24 Hr. Clock	Clock)  al cable repaired	provided i.			

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 are comments from small businesses. If you wish to comment on the anforcement actions of MSHA, you may call 1-255-REG-FAIR (1-258-734-2247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 2rd Street, SW MC 2120, Washington, OC 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.

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

				7-			
District	North Central District	Field Office	Peru, Illinois	Mine ID	Dat	e 🔚	2009
			***************************************			(6)	

Mine Citation/Order	U.S. Department	nt of Labor I Health Administration	
Section IViolation Data			
1. Date		3. Citation/ Order Numb	·
4. Served To			
	7. Mine	Mart 1	(Contractor)
8. Condition or Practice			tten Notice (103g)

There is nothing being provided to protect the miner from falling material that has build up on the cross braces of the C10 belt conveyor. This belt conveyor is approximately 20 ft above grade.

A person is exposed to the hazard of falling material.

Footprints were observed in the area at the time of the inspection.

							See Con	tinuation Form (MSF	(A Form 7000-3a)
9. Violation	A. Healt Safe Oth	ty	B. Section of Act		C. Part/Section of Title 30 CFR		56.1	4110	
Section II-Insp	ector's Eval	uation							
10. Gravity:						06-0			
A. Injury o	r Iliness (†	nas) (is):	No Likelihood	Unlikely	Reasonably	Likely 🗸	Highly Likely	[] Occu	rred 📑
B. Injury of sonably	r illness o be expec		No Lost Work	days 🗍 Lost V	Vorkdays Or Restric	ted Duly 📋	Permanen	tly Disabling	Fatal 🖍
C. Signific	ant and S	ubstantia	l: Yes 🗸	No 🗔			D. Number o	f Persons Affected	#: 001
11. Negligeno	ce (check	one)	A. None	B. Low 🛄	C. Moderate	D. High	□ E	. Reckless Disreg	ard 🔯
12. Type of A	Action ]	04a		13. Type of Issu	uance (check one)	Citation 🕢	Order	Safeguard []	Written Notice
14. Initial Act A. Citation		order []	C. Safeguard	D. Written Notice	E. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
16. Terminati	ion Due	A. Date	,	B. Time (24 Hr. Clo	and A		··········		· · · · · · · · · · · · · · · · · · ·
Section III-Ten				O. 1408 (247). O.	~~,				
17. Action to									
17. Action to	I BILLIKTARE	•10							
18. Terminate	ed A. Dat	e Mo	Da Yr B. Time	e (24 Hr. Clock					
Section IV-Aut	omated Sys	tem Oata							
19. Type of in	nspection (pde)	E01	20. Event Number	r	21. Pr	mary or Mill P			
22. Siç	)				7		23. AR	Number (	

MSHA Form 7000-3, Apr 08 (revised) Infecordance 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 argularly 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.

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Section IV-Automated System Data 19. Type of Inspection

22.

20. Event Numbe

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

District [	North Central District	Field Office	Peru, Illinois	Mine ID	Da	ate	2009

Contraction Date   12. Time (24 Hr. Clock)   3. Citation   Conder Number   12. Time (24 Hr. Clock)   3. Citation   Conder Number   Conder Nu	Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MASHA Form 7000-3a)  2. Violation   A Health   B. Section of Act   C. Part/Section of Tale 30 CFR   S6.14107a  Section B-Inspector Evaluation  In Gravity: A injury or lineas could rise sonably be expected to be:  O. Significant and Substantial: Yes   No V   D. Number of Persons Affected: 0.01  11. Negligence (check one)   A. None   B. Low V   C. Moderate   D. High   E. Rectless Disregard   Viritten Notice   C. Tarmination Dus   A. Date   D. Written Notice   D. Time (24 Hr. Clock)  18. Termination Dus   A. Date   D. Time (24 Hr. Clock)  19. Terminated   Mo Da Yr.   Mo Da Yr.   Mo Da Yr.   D. Terminated   Mo Da Yr.   D. Terminated   Mo Da Yr.   D. Terminated   D. Time (24 Hr. Clock)	Section IViolation Data	
Contract  Sat Written Notice (123g)  There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MSHA Form 7000-3a)  9. Violetion   A Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14107a  Section 13-Inspector's Evaluation  10. Gravity:  A Injury or literase (has) (is): No Likelihood   Unlikely   Reasonably Likely   Highly Likely   Occurred    B. Injury or literase (has) (is): No Lot Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Fatal    C. Significant and Substantials: 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   104s   13. Type of Issuance (check one)   Citation   Order   Safeguard   Written Notice    14. Initial Action   A. Date   A. Date   A. Date   B. Time (24 Hr. Clock)    15. Area or Equipment   A. Date   A. D	1. Date 24 Hr. Clock)	
Contract  Sat Written Notice (123g)  There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MSHA Form 7000-3a)  9. Violetion   A Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14107a  Section 13-Inspector's Evaluation  10. Gravity:  A Injury or literase (has) (is): No Likelihood   Unlikely   Reasonably Likely   Highly Likely   Occurred    B. Injury or literase (has) (is): No Lot Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Fatal    C. Significant and Substantials: 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   104s   13. Type of Issuance (check one)   Citation   Order   Safeguard   Written Notice    14. Initial Action   A. Date   A. Date   A. Date   B. Time (24 Hr. Clock)    15. Area or Equipment   A. Date   A. D		
Contract  Sat Written Notice (123g)  There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MSHA Form 7000-3a)  3. Violetion   A Health   B. Section of Act   C. Part/Section of Talle 30 CFR   56.14107a  Section 13-Inspector's Evaluation  10. Gravity.  B. Injury or litness (has) (is): No Likelihood   Unlikely   Reasonably Likely   Highly Likely   Occurred    B. Injury or litness (has) (is): No Lost Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Fatal    C. Significant and Substantials: 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   0.4g   13. Type of Issuance (check one)   Citation   Order   Safeguard   Written Notice    14. Initial Action   A. Classon   B. Order   C. Safeguard   D. Written Notice   E. Citation   Order   Safeguard   Written Notice    15. Area or Equipment   A. Date   A. Date   A. Date   A. Date   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. High   D. Number of Persons Affected   D. Written Notice   D. Number of Persons Affected   D. Written	•	
There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MSHA Form 7000-3a)  A Health Safety Other Other Title 30 CFR 56.14107a  Section II-Inspector's Evaluation  IO Gravity:  A injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred  B. Injury or Illness (has) (is): No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal C. Significant and Substantiat: Yes No C. Moderate D. High E. Reckless Disregard Written Notice  11. Negligence (check one) A None B. Low C. Moderate D. High E. Reckless Disregard Written Notice 15. Arco or Equipmont  16. Termination Due A Date  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)		
There is no guard provided for the spring base and the pinch point next to the spring base located on the elevated walkway of the Deister screen on both sides.  A person is exposed to the hazard of contacting moving machine parts.  Persons are not required to be in this area when plant is operating.  See Continuation Form (MSHA Form 7000-3a)  A Violation A Health Safety Other of Act Other of		
Section 1-Investigence (check one) A None B Low C Moderate D High E Reckless Disregard Written Notice 15. Area or Equipment 15. Order C Safeguard D Written Notice 16. Termination Due A Date Manager 17. Action to Terminate		
See Continuation Form (MSHA Form 7000-3a)  9. Violation   A. Health   B. Section Other   Other	spring base located on the elevat	
See Continuation Form (MSHA Form 7000-3a)  A Health Safety Ottor O	A person is exposed to the hazard	d of contacting moving machine parts.
See Continuation Form (MSHA Form 7000-3a)  3. Violation   A Health   B. Section   Other   Othe	Danasaa ana mat magninad ta ba ir	n this area when plant is encusting
A. Health Safety Other of Act C. Part/Section of Title 30 CFR 56.14107a  C. Part/Section of Title 30 CFR 56.141	ersons are not required to be in	n this area when plant is operating.
ection III—Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  No Lost Workdays	Safety of Act	C. Part/Section of
10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely ✓ Reasonably Likely Highly Likely Occurred B. Injury or Illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling ✓ Fatal D. Number of Persons Affected: 001  11. Negligence (check one) A. None B. Low ✓ C. Moderate D. High E. Reckless Disregard D. Little C. Safeguard Written Notice C. Safeguard Written Notice E. Citation ✓ Order Safeguard Written Notice S. Aroa or Equipment  18. Termination Due A. Date B. Time (24 Hr. Clock)  19. Terminated Mo Da Yr. Safeguard D. Written Notice C. Safeguard D. Written Notice Section III—Termination Addion		
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Permanently Disabling Fatal  B. Injury or illness could reasonably be expected to be:  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 1048  13. Type of Issuance (check one) Citation Order Safeguard Written Notice  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice  E. Citation Crew Number  F. Dated Mo Da Yr  Order Number  B. Time (24 Hr. Clock)		
Sonably be expected to be:  No Lost Workdays Cr Restricted Duty Permanently Disabling Fatal  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   13. Type of Issuance (check one) Citation Order Safeguard Written Notice  14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/Order Number  15. Area or Equipment  16. Termination Due A. Date  17. Action to Terminate  18. Terminated D. Mo Da Yr	· · · · · · · · · · · · · · · · · · ·	ty 🗸 Reasonably Likety 🦳 Highly Likety 🧮 Occurred
11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard  12. Type of Action   (),4g   13. Type of Issuance (check one) Citation Order Safeguard Written Notice  14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation Order Number  15. Area or Equipment  16. Termination Due A Date B. Time (24 Hr. Clock)  17. Action to Terminate  18. Terminated Mo Da Yr.		Lost Workdays Or Restricted Duty Permanently Disabling 🗹 Fatal
12. Type of Action   1048   13. Type of Issuance (check one)   Citation   Order   Safeguard   Written Notice   14. Initial Action   B. Order   C. Safeguard   D. Written Notice   E. Citation   F. Dated   Mo Da Yr Order Number   15. Area or Equipment   B. Time (24 Hr. Clock)   B. Time (24 Hr. Clock)   16. Termination Due   A. Date   B. Time (24 Hr. Clock)   B. Time (24 Hr. Clock)   Citation   F. Dated   Mo Da Yr.   16. Termination Action   Mo Da Yr.   Cook   Citation   F. Dated   Mo Da Yr.   16. Termination Due   A. Date   C. Safeguard   B. Time (24 Hr. Clock)   Citation   F. Dated   Mo Da Yr.   17. Action to Terminate   Mo Da Yr.   Cook   Citation   Cit	C. Significant and Substantial: Yes No 🗸	D. Number of Persons Affected: 001
A. Citation B. Order C. Safeguard D. Written Notice F. Dated Mo Da Yr  15. Area or Equipment  16. Termination Due A Date  16. Termination Action  17. Action to Terminate  18. Terminated Mo Da Yr	1. Negligence (check one) A. None B. Low V	C. Moderate D. High E. Reckless Disregard
A. Citation B. Order C. Safeguard D. Written Notice Order Number  5. Area or Equipment  6. Termination Due A. Date B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)	2. Type of Action 104g 13. Type	of Issuance (check one) Citation V Order Safeguard Written Notice
16. Termination Due A Date B. Time (24 Hr. Clock)		
B. Time (24 Hr. Clock)  Section III—Termination Action  17. Action to Terminate  Mo Da Yr	15. Arca or Equipment	
B. Time (24 Hr. Clock)		
B. Time (24 Hr. Clock)		
7. Action to Terminate  8. Terminated Mo Da Yr		Hr. Clock)
8 Terminated MoDa Yr	Section III-Termination Action	
IR Terminated MoDa Yr	7. Action to Terminate	
R Terminated MoDa Yr		
8 Terminated Ma Da Yr		
A. Date B. Time (24 Hr. Clock	18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	*

MSHA Form 7000-3, Apr 08 (revised) In agfordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-RG-FAR (1-88-R74-3-247), 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 Hearth Review Commission.

21. Primary or Mill P

23. AR Number

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009	

Mine Citation/Order		of Labor ealth Administration
Section I-Violation Data		
1. Date 2. Time (24 Hr. Ch		3. Citation/ Order Number
4 (Second Yo		· · · · · · · · · · · · · · · · · · ·
	(Contractor)	
de la constant de la	la. Written Notice (103g)	8a.
There is no quard provided	g base on the	to the spring

There is no guard provided for the pinch point next to the spring base on the elevated walkway of the wash plant.

A person is exposed to the hazard of contacting moving machine parts.

Persons are not required to be on the elevated walkway when the plant is operating.

						See Contin	nuation Form (MSF	IA Form 7000-3a)
9. Violation	A. Health Safety Other	8. Section of Act		C. Part/Section of Title 30 CFR		56.14	107a	
Section II-Insp	ector's Evaluation							
10. Gravity:					-			
A. Injury o	or Iliness (has)	(is): No Likelih	ood Unlikely	Reasonably	ikely 📑	Highly Likely	Occu	med []
	or illness could y be expected t		t Workdays 🗍 Lost W	Vorkdays Or Restric	ted Duty []	Permanently	Disabling 🗸	Fatal 📉
C. Signific	ant and Substi	antial: Yes	s □ No ☑			D. Number of I	Persons Affected	<sup>d:</sup> 001
11. Negligen	ce (check one)	A. None	B. Low 🗸	C. Moderate	D. High	□ * E.	Reckless Disreg	ard 📋
12. Type of A	lction 104a	ı	13. Type of issu	iance (check one)	Citation 🗸	Order	Safeguard []	Written Notice
14. Initial Act A. Citation	The state of the s	C. Safegua	ard D. Written Notice	E. Citation/ Order Nun	ber		F. Dated	Mo Da Yr
16. Terminat	ion Due A.	Date Mo Da	Yr B. Time (24 Hr. Clo	ck) (iiii				
Section III-Ten	mination Action							
17. Action to	Terminate							
18. Terminate	A. Date	Mo Da Yr	B. Time (24 Hr. Clock	Ĭ				
Section IVAut	omated System (	Date						
19. Type of it		20. Event	Number	21. Pri	mary or Mill P			
22. Sign			· · · · · · · · · · · · · · · · · · ·			23. AR N	lumber (	

MSHA Form 7000-3, Apr 08 (revised) In according 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 actions actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009

Mine Citation/Order		U.S. Departmen	nt of Labor Health Administration	
Section IViolation Date				_
1. Date	2. Time		3. Citation/ Order Number	
. 4 Sepred To	-1	5 Operator		
_				
				(Contractor)
8. Condition or Practice			8a. Writte	n Notice (103g)

A competent person designated by the mine operator was not doing a proper workplace exam for conditions which could adversely affect safety or health. This is evidenced by the citations issued this inspection.

						See Con	tinuation Form (MSH	(A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act	C	Part/Section of Title 30 CFR		56.13	8002a	
Section II-Insp	ector's Evaluation							
10. Gravity:							7900	
	r liiness (has) (is):		Unlikely [ ]	Reasonably I	ikely 🗸	Highly Likely	Occu	rred 📑
	r illness could rea be expected to be		days 📋 Lost Worl	days Or Restric	ted Duty	Permanen	tly Disabling 🗸	Fatal 🗍
C. Signific	ant and Substanti	al: Yes 🗸	No 📋			D. Number o	f Persons Affected	t: 001
11. Negligen	ce (check one)	A. None	B. Low C.	Moderate 🗸	D. High	<u> </u>	. Reckless Disreg	ard 🗀
12. Type of A	ction 104a		13. Type of Issuan	ce (check one)	Citation 🗸	Order 💮	Safeguard []	Written Notice
14. Initial Act A. Citation	ion B. Order	C. Safeguard	D. Written Notice	E. Citation/ Order Num	iber		F. Dated	Mo Da Yr
16. Terminati	on Due A. Dat	, Мо Da Yr	B. Time (24 Hr. Clock)				·····	
Section III-Ten	mination Action		1					
17. Action to								
18. Terminate	A. Date Mc	Da Yr B. Tirr	ne (24 Hr. Clock					
Section N-Aut	omated System Data							
19. Type of It		20. Event Numb	er (	21. Pri	mary or Mill P			
22. Sigi(						23. AR	Number	

MSHA Form 7000-3, Apr 08 (revised) in aggindance 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 anylusity evaluates enforcement activities and rates each agency responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may cáll 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, Westington, 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

trict No	orth Central	District	Field Office	Peru, I	llinois	Mine ID		] Da	ite	20
Mine Citatio	on/Order					nent of Lab nd Health A		tion_		<b>&gt;</b>
Section IViolati	tion Data					· · · · · · · · · · · · · · · · · · ·				
1. Date		Ima 124	Hr Clock)		111		3. Citation/ Order Nun	nbet		
						~ · ·	,			
				7.	Ol enily				(Contractor)	)
s. Condition o		h 1 6	cleaning	L - 233	7	Ab - 04	-70 0		Notice (103g)	
conveyo type gu at the from gr hazards	or were no lards on h bottom. T cound. Thi . The cor	ot secure both side he both is condi- nveyor w	ely in places of the guard westion exposes not in ere like	ace to pr tail pul re 8 inch ses miner operation	event of ley were less wide lost of lost of less than the	contact re attace 24 ind work day ne time	. The riched at ches loggery/restrated of the	tubber be the top ong and 2 cicted du inspect	elting but not 4 inches ity type	
). Violation	A. Heatth Safety Other	B. Section of Act			Section of 0 CFR		56.141	12b	A Form 7000-3a) [	_
Section II-Inspe	ector's Evaluation	<u></u>								
10. Gravity:										
-	r Iliness (has) (is):		i 🗍 Unlike	y 🕢 Re	sonably Like	y [] H	ighty Likely	∐ Occu	red []	_
	r iliness could rea- be expected to be		Vorkdays 📋	Lost Workdays	Or Restricted	Duty 🕢	Permanently	Disabling	Fatal []	
C. Significa	ant and Substantia	il: Yes [	] No [√]			D.	. Number of I	Persons Affected	: 001	
11. Negligeno	e (check one)	A. None	B. Low	C. Moder	ste 🔽 etc	D. High	<b>E</b> . 1	Reckless Disreg	ard 🗍	
12. Type of A	ction 104a		13. Type	of Issuance (che	ck one) C	itation 🗹	Order []	Safeguard []	Written Notice	]
4. Initial Action A. Citation	on B. Order	C. Safeguard	D. Written No		Citation/ Order Number	*		F. Dated	Mo Da Yr	
5. Area or Ed		• (Ma Bassia	B. Time (24	Hr. Clock)				· · · · · · · · · · · · · · · · · · ·		_
Section IIITerm	ninstion Action						<u> </u>			
17. Action to 1								5		
18. Terminate	A. Date Mc	Da Yr B.	Time (24 Hr. Cloc	k						-
Section IV-Auto	omated System Data							***************************************		
19. Type of in (activity co		20. Event N	umber		21. Primar	y or Mill P				
22. S	A CONTRACTOR OF THE PARTY OF TH						23. AR N	umber (		_
established a Na	uu-s, Apr 08 (revised) ational Small Busines tiona. The Ombudan	s and Agriculture	e with the provisions Regulatory Ombudan stea enforcement acti	an and 10 Regiona	Faimess Board	ts to receive con	nments from sr	nall businesses abo	out federal agency	4

strict North Central	District Fie	ld Office P	Peru, Illinois	Mine 1	ID [	Da	te
Citation/Order			U.S. Depart Mine Safety		<b>abor</b> n Administration	n	
Date Ma Do Yo	2 Time MA He Clas			<u></u>	3. Citation/ Order Number	er e	
4 Served To			.,,,,,				
· · · · · · · · · · · · · · · · · ·			7. Mine ID				(Contractor)
8. Condition or Practice There were 2 one							Votice (103g)
and contained ar was full and one the possibility correct informat measures to be t restricted duty	e was 1/2 fu of injury o tion about t taken. This	ll of liquir illness he chemical condition	id. The puby ensuring the hazard of the haza	irpose ng that and app	of the la each min ropriate	bel is t er is pr protecti	o reduce rovided ve
							Form 7000 20\
9. Violation A. Health Safety Other Section II—Inspector's Evaluation	B. Section of Act	C	Part/Section of Title 30 CFR		See Continua 47.41a		rum rucosa)
Safety Other	of Act  No Likelihood   No Lost Workday	Unlikely 🗸				Occurre	
Safety Other Other Other Other I Other	No Likelihood  No Lost Workday at Yes	Unlikely 📝	Title 30 CFR Reasonably Lil		47.41a Highly Likely  Permanently D D. Number of Per	Occurre	ed [] Fatal [] 001
Safety Other	No Likelihood  No Lost Workday at Yes	Unlikely 📝	Reasonably LII kdays Or Restricte  Moderate [7] oe (check one)	d Duty 🕢	47.41a Highly Likely  Permanently Di D. Number of Per	Occurre isabiling	Fatal []  001 d [] Written Notice []
Safety Other Other Other Section II-Inspector's Evaluation  10. Gravity: A. Injury or liness (has) (is): B. Injury or liness could reasonably be expected to be C. Significant and Substantia  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action A. Cilation B. Order	No Likelihood   No Lost Workday  No Lost Workday  A. None   E	Unlikely 📝 rs 🗍 Lost Wor	Title 30 CFR  Reasonably Lil  kdays Or Restricte  Moderate 7	D. High	47.41a Highly Likely  Permanently Di D. Number of Per	Occurre leabling   sons Affected;	Fatat []  001
Safety Other Other Other Section II-Inspector's Evaluation  10. Gravity: A. Injury or liness (has) (is): B. Injury or iliness could reasonably be expected to be C. Significant and Substantion  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action	No Likelihood   No Lost Workday  No Lost Workday  A. None   E	Unlikely 📝 rs 🗍 Lost Work No 🐼 3. Low 📋 C. 13. Type of Issuan	Reasonably Lilkdays Or Restricte  Moderate  Check one)  E. Citation/	D. High	47.41a Highly Likely  Permanently Di D. Number of Per	Occurre isabiling	Fatal []  001 d [] Written Notice []
Safety Other Other Other Section II-Inspector's Evaluation  10. Gravity: A. Injury or Illness (has) (is): B. Injury or illness could reasonably be expected to be C. Significant and Substantia  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action A. Citation B. Order 15. Area or Equipment	No Likelihood  No Lost Workday at Yes  A None  C. Safeguard  D.	Unlikely 📝 rs 🗍 Lost Work No 🐼 3. Low 📋 C. 13. Type of Issuan	Reasonably Lil  Reasonably Lil  Rodays Or Restricts  Moderate   Coc (check one)  E. Citation/ Order Numb	D. High	47.41a Highly Likely  Permanently Di D. Number of Per	Occurre isabiling	Fatal []  001 d [] Written Notice []
Safety Other Other Section II-Inspector's Evaluation  10. Gravity: A. Injury or liness (has) (is): B. Injury or liness could reasonably be expected to be C. Significant and Substantia  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action A. Citation B. Order 1  15. Area or Equipment  16. Termination Due A. Dat  Section III-Termination Action	of Act  No Likelihood   No Lost Workday  St Yes   A. None   C. Safeguard   D.	Unlikely	Reasonably Lil  Reasonably Lil  Redays Or Restricte  Moderate   Moderate   Colection  E. Citation  Order Numb	D. High Citation 7	47.41a Highly Likely  Permanently D D. Number of Per E. Rec Order  Sa	Occurre isabiling  sons Affected:  ckless Disregar  feguard  F. Dated	Fetal [] 001 d [] Written Notice [] Mo Da Yr
Safety Chec Other Compartment of the Compartment of	No Likelihood  No Lost Workday at yes  A None  C. Safeguard  D.  8	Unlikely  Lost Work No   Lost Work No   C. 13. Type of Issuan Written Notice  Time (24 Hr. Clock) On plastic bed on the	Reasonably LII kdays Or Restricte  Moderate (7) ce (check one)  E. Citation/ Order Numb  containe: Dodge 350	D. High Citation or	47.41a Highly Likely  Permanently D D. Number of Per	Occurre isabiling  sons Affected: ckless Disregard feguard  F. Dated	Fetal []  001 d []  Written Notice []  Mo Da Yr
Safety Chec Other Compartment of t 80798b are now 1	No Likelihood  No Lost Workday at Yes  A None  C. Safeguard  D.  2 One gall the utility abeled with	Unlikely  Lost Work No   Lost Work No   C. 13. Type of Issuan Written Notice  Time (24 Hr. Clock) On plastic bed on the	Reasonably LII kdays Or Restricte  Moderate (7) ce (check one)  E. Citation/ Order Numb  containe: Dodge 350	D. High Citation or	47.41a Highly Likely  Permanently D D. Number of Per	Occurre isabiling  sons Affected: ckless Disregard feguard  F. Dated	Fetal []  001 d []  Written Notice []  Mo Da Yr
Safety Other Other Other Other Other Other Other Other Other National Programme Compartment Of the Section III-Termination Action 17. Action to Terminated A. Date Section IV-Automated System	No Likelihood  No Lost Workday at Yes  A None  C. Safeguard  D.  C. Safeguard  D.  B. Time (2)	Unlikely	Reasonably Lill Reasonably Lil	D. High Citation @	47.41a Highly Likely  Permanently D D. Number of Per	Occurre isabiling  sons Affected: ckless Disregard feguard  F. Dated	Fetal []  001 d []  Written Notice []  Mo Da Yr
Safety Chec Other Content Section II-Inspector's Evaluation  10. Gravity: A. Injury or Iliness (has) (is): B. Injury or Iliness could reasonably be expected to be C. Significant and Substantia  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action A. Citation B. Order 15. Area or Equipment  16. Termination Due A. Dat  Section III-Termination Action  17. Action to Terminate The Compartment of the 80798b are now 1  18. Terminated A. Date	No Likelihood  No Lost Workday  No Lost Workday  A None  C. Safeguard  D.  C. Safeguard  D.  B.  B.  B.  C. Da Yr  B. Time (2)	Unlikely	Reasonably Lill Reasonably Lil	D. High Citation or	47.41a Highly Likely  Permanently D D. Number of Per	Occurre isabiling  sons Affected: ckless Disregard fleguard  F. Dated  e storag IL. LIC	Fetal   001  d   Written Notice   Mo Da Yr

MSHA Form 7000-3, Apr 08 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ormbudsman and 10 Regional Fairness 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 business. If you wish to comment on the enforcement actions of MSHA, you may call 1-989-REG-FAIR (1-988-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Westingston, 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 penaties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

and the same of							
line Citation/Order		U.	S. Depa	rtment of L	.abor h Administrat	ion	
action i-Violation Data	-	1911	ne oaret	y and mean	i rummouat		
Date Mo Da Yr 2. Time (24)	Hr. Clock)				3. Citation/ Order Nurr	nber	
Served To		7			<b></b>		
· · · · · · · · · · · · · · · · · · ·		17.	Mine ID				
	····				,		(Contractor)
Condition or Practice The splice found in an e	novaised A	60 2014	2001	r oable	for the		n Notice (103g)
egree at least equal to oisture, not provided what of the original, in nner conductors were not his condition exposing lectrocution hazard asshe ground inside the material statement of Act   B. Section of Act	with damage ncluding go ot mechanic miners wor sociated wi	protected bond bond ally standard bond bond ally standard bright	ction ding t crong c trav volt	as near to the d with el reling i systems	as possouter jac lectrical in the ar s. The ca	sible or ket, and conducted to fi ble was	equal to d the tivity. atal
Other[]   ction II-Inspector's Evaluation							
A. Injury or Illness (has) (is): No Likelihood  B. Injury or Illness could rea-			asonably t		Highly Likely [		irred []
sociatify the expected to be.	Vorkdays . Lo	st Workdays	Or Restric	ed Duty		Disabiling [	Fatel 🕢
C. Significant and Substantial: Yes	] No ☑				D. Number of F	ersons Ameca	a: 001
. Negligence (check one) A. None	B. Low 📋	C. Moden	ate 📝	D. High		Reckless Disrec	jard []
2. Type of Action 104a	13. Type of	Issuance (che	eck one)	Citation 🗸	Order []	Safeguard [	Written Notice
I. Initial Action A. Citation B. Order C. Safeguard	D. Written Notic		Citation/ Order Num	ber		F. Dated	Mo Da Yr
5. Area or Equipment		<u> </u>			· ''		
	180						
. Termination Due Mo Da Yr		· · · · · · · · · · · · · · · · · · ·		<del>- 1</del>			
A. Date	B. Time (24 Hr.	Clock)					
ction III-Termination Action 7. Action to Terminate							
. ACOM to reministra			A				
). Terminated A. Date Mo Da Yr B.	Time (24 Hr. Clock						
ction IVAutomated System Data							
7. Type of Inspection 20. Event Nu	imber T		21. Pri	nary or Mill P			
(activity code) E01							
(activity code) E01					23. AR N	umber	

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009

Mine Citation/Order		rtment of Labor y and Health Administration	n 🔷
Section IViolation Data			
1. Date 2. Time (24 Hr. Clock)		3. Citation/ Order Numbe	
atio and more and a fine and a fi			
	7. Mine ID		***************************************
	7. 18110 10		(Contractor)
3. Condition or Practice			8s. Written Notice (103g)
Four Haul trucks (two semi-tr grade unattended with out whe parked on the ready line sout inspection. The parking and s properly. Should the truck su traveling in its path it coul were miners working and doing equipment was observed in the operator acknowledge knowing the condition cited.	els chocks or tur h of the maintena ervice brakes wer ddenly move and s d result in fatal equipment check area at the time	in into a bank. The nees shop at the set tested and were trike a miner wo bone crushing in the area and sof the inspecti	The trucks were time of the e working or njuries. There other mobile on. The mine
9. Violation A. Health B. Section Safety of Act	C. Part/Section of Title 30 CFR	56.1420	ition Form (MSHA Form 7000-3a)
Section II-Inspector's Evaluation			
10. Gravity: A. Injury or Illness (has) (is): No Likelihood	Unlikely 📝 Reasonably L	ikely   Highly Likely	Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays	Lost Workdays Or Restrict	ed Duty [ Permanently D	isabling 🔲 Fatal <table-cell></table-cell>
C. Significant and Substantial: Yes No	<b>A</b>	D. Number of Per	rsons Affected: 001
11. Negligence (check one) A. None  8. Lo	w C. Moderate	D. High 🗹 E. Re	ckless Disregard []
12. Type of Action 104a 13	3. Type of Issuance (check one)	Citation 🗹 Order [] Sa	afeguard Written Notice
14. Initial Action   A. Citation   B. Order   C. Safeguard   D. Wr	itten Notice [1] E. Citation/ Order Numb	ber	F. Dated Mo Da Yr
15. Area or Equipment		т.	
A. Dat	ne (24 Hr. Clock)		
Section IIITermination Action			
17. Action to Terminate Wheel chocks wer south of the shop.	e provided on all	four of the tru	cks parked
-			
8. Terminated A. Date Mo Da Yr B. Time (24 H	r. Clock		
Section IVAutomated System Date			
9. Type of Inspection (cotivity code) E01 20. Event Number	21. Prin	nary or Mili P	
2,8		23. AR Num	ber
ASHA Form /uuu-s, Aprus (revised) in accordance with the pro- stablished a National Small Business and Agriculture Regulatory Or	visions of the Small Business Regulator moudsman and 10 Regional Falmess Bo	y Enforcement Fairness Act of 1996, loands to receive comments from small	the Small submitted redered agency

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

strict North Central District Field Office P	eru, Illinois Mine	ID Date
Mine Citation/Order	U.S. Department of L Mine Safety and Healt	
Section IViolation Data		
1. Date 12. Time (24 Hr. Clock)		3. Citation/ Order Number
		(Contractor)
8. Condition or Practice	*	8a. Written Notice (193g)
The energized 110 volt power cable bei		
a place in the cable where the inner i		
mechanical damage and contact. This co traveling in the area to shock and/or	ondition exposes	miners working or
systems. The cut in the cable was appr		
female plug of the cable and was put i		
for defects.		
		See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section of Act Other Section II-Inspector's Evaluation	Part/Section of Title 30 CFR	56.12004
10. Gravity:		
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely 😾	Highly Likely Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays [] Lost Work	days Or Restricted Duty	Permanently Disabling
C. Significant and Substantial: Yes M No		D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Low C. I	Moderate D. High	E. Reckless Disregard
12. Type of Action 104a 13. Type of Issuance	ce (check one) Citation 🗹	Order Safeguard Written Notice
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment		
16. Termination Due		
A. Date B. Time (24 Hr. Clock)		
Section III-Termination Action		
		conlace another 110 welt
17. Action to Terminate The cable was taken out o	of service and r	epiace another 110 voit
17. Action to Terminate The cable was taken out opower cable in good condition.	of service and r	epiace another 110 voit
17. Action to Terminate The cable was taken out o	of service and r	epiace another 110 voit
17. Action to Terminate The cable was taken out of power cable in good condition.	of service and r	epiace another 110 voit
17. Action to Terminate The cable was taken out of power cable in good condition.  18. Terminated A. Date (MoDa Yr B. Time (24 Hr. Clock	of service and r	eplace another 110 voit
17. Action to Terminate The cable was taken out of power cable in good condition.  18. Terminated A. Date B. Time (24 Hr. Clock Section IV-Automated System Beau  19. Type of Inspection Total 20. Event Number	21. Primary or Mill	23. AR Number

MSNN-rom 7000-3, Apr or (levised) In accordance with the provisions of the Small Business Regulatory Enforcement Fainness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fainness Boards to receive comments from ament businesses about todered 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 MSNA, 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 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 North Centra					_	ID [		
/line Citation/Order					tment of L and Healt	<b>abor</b> h Administra	tion	
ection IViolation Data	13 Time /24	No Cloabi				3. Citation/		
. Date	2. Time (24	Hr. Clock)		**	*	Order Nu	nber	
Served To				Operator				
****					)			
					<i>'</i>		0 - 141/94 -	(Contractor)
Condition or Practice The 230 volt pov	ver cabl	e for the	sump pu			e in the		where the
nner conductor the cable was fix wenty-seven inc exposes miners w associated with where miners are management acknow	ive incher ches from working of 230 volume daily	es long a m a walkw or travel t systems for use a	and was to way on both ing in the . The cal and check	wenty- th sid he are ble is ing th	Four in e of th a to fa locate e mine	nches from the cable stal electric description of the cabile of the cabillo of	om ground This controcution to the recognition	d, and ondition on hazards eady line t. Mine
	B. Section of Act	·		Section of			nuation Form (MS)	HA Form 7000-3a)
Safety [] Other []	B. Section of Act			Section of 30 CFR		See Contr. 56.12		HA Form 7000-3a)
Safety Other Control of the Control								HA Form 7000-3a)
Safety Other Other Other American II—Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is):	of Act  No Likelihood	d ☐ Unlik	Title		kely Ø		004	HA Form 7000-3a)
Safety Other	No Likelihood	t [] Unlik Vorkdays []	Title	30 CFR		56.12 Highly Likely	004	
Safety Other	No Likelihood	Vorkdays 🗌	Title	30 CFR		56.12 Highly Likely Permanenti	.004	ırred [_] Fatal ☑
Safety Other Control of the Control of Contr	No Likelihood	Vorkdays 🗌	Title ety [] Re Lost Workdays	30 CFR easonably Li		56.12 Highly Likely Permanenth D. Number of	Occu	Fatal 2
Safety Other	No Likelihood No Lost V	Norkdays No B. Low	Title ety [] Re Lost Workdays	30 CFR easonably Li Or Restricts	od Outy []	56.12 Highly Likely Permanenth D. Number of	Occu y Disabling  Persons Affected	Fatal 2
Safety Other	No Likelihood	No No B. Low 13. Typ	ety [] Re Lost Workdays  C. Moder e of Issuance (ch	asonably Li Or Restricte rate [] eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OO4  Occur Oisabling Persons Affecter Reckless Disrege	Fatal 🐼
Safety Other Section II-Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  B. Injury or Illness could reasonably be expected to be  C. Significant and Substantia  1. Negligence (check one)  12. Type of Action 104a  14. Initial Action  A. Citation B. Order 1	No Likelihood  No Lost V  al: Yes (  A. None []  C. Safeguard	No No B. Low 13. Typ	ety [] Re Lost Workdays  C. Moder e of Issuance (ch	30 CFR easonably Li Or Restricts rate  eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Other	No Likelihood No Lost V Sit: Yes ( A. None [] C. Safeguard	Norkdays	ety [] Re Lost Workdays  C. Moder e of Issuance (ch	asonably Li Or Restricte rate [] eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Other	No Likelihood No Lost V Sit: Yes ( A. None [] C. Safeguard	Norkdays	ety [] Re Lost Workdays  C. Model e of Issuance (ch	asonably Li Or Restricte rate [] eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Cheer	No Likelihood No Lost V Sit: Yes ( A. None [] C. Safeguard	Norkdays	ety [] Re Lost Workdays  C. Model e of Issuance (ch	asonably Li Or Restricte rate [] eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Other Other Content Section II-Inspector's Evaluation  10. Gravity:  A. Injury or Illness (has) (is):  B. Injury or Illness could reasonably be expected to be  C. Significant and Substanti  11. Negligence (check one)  12. Type of Action 104a  14. Initial Action B. Order 15. Area or Equipment  15. Area or Equipment  16. Termination Due A. Date  Section III-Termination Action  17. Action to Terminate	No Likelihood  No Lost V  No Lost V  A. None   C. Safeguard	Norkdays	ety [] Re Lost Workdays  C. Model e of Issuance (ch Notice [] E.	asonably Li Or Restricte rate [] eck one)	D. High	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Other Souther Section II—Inspector's Evaluation  O. Gravity:  A. Injury or Illness (has) (is):  B. Injury or Illness could reasonably be expected to be completed by the expected to be completed.  C. Significant and Substantin  I. Negligence (check one)  I. Type of Action 104a  I. Initial Action A. Citation B. Order 1  I. Area or Equipment  I. Termination Due A. Date  Section III—Termination Action  T. Action to Terminate  II. Terminated A. Date  M. Date  M. Date  M. Date  M. Date	No Likelihood  No Lost V  al: Yes §  A. None []  C. Safeguard	No No B. Low D. Mritten P. D. Written P. B. Time (24	ety [] Re Lost Workdays  C. Model e of Issuance (ch Notice [] E.	30 CFR seasonably Li Or Restricts rate  rate  Citation/ Order Numb	D. High Citation 🔀	56.12 Highly Likely Permanenti D. Number of	OOQ4  Occur Obsetting  Persons Affected Reckless Disreg	Fatal M d: 001 pard  Written Notice
Safety Other	No Likelihood No Likelihood No Lost V No Lost V A. None  C. Safaguard Da Yr B. 20. Event No	No No B. Low D. Mritten P. D. Written P. B. Time (24	ety [] Re Lost Workdays  C. Model e of Issuance (ch Notice [] E.	30 CFR seasonably Li Or Restricts rate  rate  Citation/ Order Numb	D. High	56.12 Highly Likely Permanenth D. Number of  COrder	O04  Cocu y Disabling  Persons Affecte Reckless Disreg Safeguard  F. Dated	Fatal M d: 001 pard  Written Notice
Safety Other	No Likelihood No Likelihood No Lost V SI: Yes ( A. None [] C. Safaguard Da Yr B.	No No B. Low D. Mritten P. D. Written P. B. Time (24	ety [] Re Lost Workdays  C. Model e of Issuance (ch Notice [] E.	30 CFR seasonably Li Or Restricts rate  rate  Citation/ Order Numb	D. High Citation   Ber	56.12 Highly Likely Permanenti D. Number of	O04  Cocu y Disabling  Persons Affecte Reckless Disreg Safeguard  F. Dated	Fatal M d: 001 pard  Written Notice

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

istrict North Central Distric	ct Field Office	Peru, Illino	is Mine ID		Date [		009
Mine Citation/Order Continuation			artment of Labor ety and Health Admin	stration			
Section 1Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation	2. Dated Mo (Original issue)	Da Yr	i. Citation/ Order Number				
		5. Operato			<u></u>	, and the second	
	<u></u>	-0.00			Contractor)		
hiftostion for Action		<u> </u>					

The sump pumps 230 volt system was locked and tagged out of service until repairs could be made.

Section III-Subsequent Action To	iken				4	See Continuation Form
8. Extended To A. Date	r	B. Time (24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IVInspection Data	-					
9. Type of Inspection E01	10. E	vent Number				,
	L	AR Number	12. Date	Yr	13. Time (24 Hr. C	ock)

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

Mine Citation/Order  Mine Safety and Health Administration  A control box with ten 110 volt breakers, and three 230 volt control box were not labeled to indicate what unit they control. The control boxes were located at the ready line south of the shop. Identification could not be determined by location. During maintenance procedures or an emergency, the proper switch may not be turned off and locked but to prevent shock and/or untimely movement of the controlled device. Miners are in this area daily to the check and operate the mobile equipment of the mine.  See Continuation Form (MISSM Form 7000-3a)  A Volation A Health B. Section of Tile 30 GFR S6.12018  See Continuation Form (MISSM Form 7000-3a)  A Volation A Health B. Section of Tile 30 GFR S6.12018  See Continuation Form (MISSM Form 7000-3a)  A Volation A Health B. Section of Tile 30 GFR S6.12018  See Continuation Form (MISSM Form 7000-3a)  A Volation Correly:  A Injury or (finess (miss) (is): No Likelihood Unlikely P Reasonably Likely Highly Likely Cocurred Bis liquip or (misses could reasonably be expected to be: No Lost Worldeys C Restricted Day (is) Permanently Disabiling Falat Continuation Form (MISSM Form 7000-3a)  1. Negligence (check one) A None B. Low C. Moderate (is) D. High P. E. Recibess Disregard World Indicated World Control (is) A Date Mine Day Yr B. Time (24 Hr. Clock)  1. A Termination Due A. Date Mine Day Yr B. Time (24 Hr. Clock)  1. Termination Town Control Day (in the mineral A Date Mo Day Yr B. Time (24 Hr. Clock)  1. Termination Town Control Day (in the mineral A Date Mo Day Yr B. Time (24 Hr. Clock)  2. Type of Imperior Check one) Day (in the mineral Day Spiren Chapter) Day (in	strict Nor	th Centr	al Distric	Fi	eld Office	Peru	, Illinois	Min	e ID		] I	Date	
Mine Safety and Health Administration    Condition or Precision   Control box with ten 110 volt breakers, and three 230 volt control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to indicate what unit they control. The control box were not labeled to the shop.    Control box were not													
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Condition or Practice  Control box with ten 110 volt breakers, and three 230 volt control box were not labeled to indicate what unit they control. The control boxes were located it the power center located at the ready line south of the shop. Identification could not be determined by location. During maintenance corcedures or an emergency, the proper switch may not be turned off and locked out to prevent shock and/or untimely movement of the controlled device. Miners are in this area daily to the check and operate the mobile equipment of the nine.    See Continuation Form (MSHA Form 7000-3a)		_				7.	Mine ID		_			/0	
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Violation A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.12018      Cotton III-Termination Due   A. Date   Mo Da Yr   B. Time (24 Hr. Clock   Terminate   A. Date   Mo Da Yr   B. Time (24 Hr. Clock   Title 30 CFR   Title 30 C			<b>-</b> J				F					J	ne (m)
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Violation   A. Health     B. Section of Act   C. Part/Section of Title 30 CFR   56.12018													
Violation   A. Health     B. Section of Act   C. Part/Section of Title 30 CFR   56.12018						*			Soo	Continue	on Form (MSH	A Form 70	model [7]
O. Gravity:  A. Injury or illness (has) (is):  No Listelihood   Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or illness could reasonably be expected to be:  No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatal   O. Number of Persons Affected:  O. O. Injury or Illness (has) (is):  No Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatal   Permanently Disabiling  Fatal   O. Number of Persons Affected:  O. Number of Persons Affected:  O. O. Injury or Illness (has) (is):  No Lost Workdays Or Restricted Duty  Permanently Disabiling  Fatal   O. Number of Persons Affected:  O. O. Injury of Persons Affected:  O. O. Injury of Persons Affected:  O. Number of Persons Affected:  O. O. Injury of Persons Affec		Safety [		<del>,</del>									
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SHA 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	SHA Form 7000-3, tablished a Nationa			nce with the Regulator	e provisions of the my Ombudaman a	s Small Busine nd 10 Regiona	ss Regulatory Fairness Boa	Enforcement rds to receive	Fairness Act comments f	of 1996, t from small	ne Small Busin businesses abo	ess Admini out federal	istration has agency

MSNA FORM 70022, Apr us (revised) in accurations will be provisions of the Small business range restablished a National Small Business and Agriculture Regulatory Combudaman and 10 Regional Fairness Boards to receive comments from small business 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 MSNA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Neath Review Commission.

istrict North Centra	al District	Field Office	Peru, Illino	ois Mine	ID [		Date (
Mine Citation/Order				eartment of La ety and Health		ก	
Section IViolation Data  1. Date	12 Time (24 lde (	Clock)			3. Citation/		
I. Date					Order Number	er	
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						B 101-10	(Contractor)
8. Condition or Practice The blue 110 vol	t power of	able locat	ted at the	nower cer	tor at t		Notice (103g)
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					See Continua	tion Form (MSH	A Form 7000-3a)
9. Violation A. Health Safety Other	B. Section of Act		C. Part/Section Title 30 CFR	of	56.1420	)5	4
Section II-Inspector's Evaluation							
<ol> <li>Gravity:</li> <li>A. Injury or Illness (has) (is):</li> </ol>	No Likelihood	Unlikely [	1 Reasonabl	y Likely 🕢 1	Highly Likely	Occur	red []
B. Injury or illness could rea-	No Lord Mode		st Workdays Or Restr		Permanently D		Fatal [
sonably be expected to be C. Significant and Substanti	·		k Holikuays Of Mesu		D. Number of Per		
	Yes 😯	No 🗍					001
11. Negligence (check one)	A. None	B. Low 📋	C. Moderate	D. High	] E. Re	ckless Disrega	ard []
12. Type of Action   04a		13. Type of I	ssuance (check one)	Citation 🐼	Order S	afeguard []	Written Notice
14. Initial Action A. Citation 8. Order	C. Safeguard [**]	D. Written Notice	E. Citation/ Order Nu			F. Dated	Mo Da Yr
15. Area or Equipment		<del></del>					
16. Termination Due A. Date	Mo Da Yr	B. Time (24 Hr. 0	Clock)				
Section III-Termination Action							
17. Action to Terminate The	blue 110	volt powe	er cable wa	s taken c	ut of se	rvice	
dismantled and d	lestroyed.						
18. Terminated A. Date	Time	e (24 Hr. Clock					
Section IV-Automated System Data				<del></del>	***************************************		
19. Type of inspection (activity code) E01	20. Event Number	ir .	21. P	rimary or Mill P		سننو	
22. Sigr			L		23. AR Num	iber	
MSHA Form:		lone of the	e Small Business Regula	story Enforcement So	imeas Act of 1904	the Small Russian	ns Administration has
established a National Small Busines enforcement actions. The Ombuden		fatory Ombudeman a	nd 10 Regional Falmest	Boards to receive or	ammenta from smell	businesses abo	ut federal agency

2009

		Office Peru, Illinoi	is Mine ID	Date [
Aine Citation/Order		11 C Dan	antoniant of Labor	//
nine Citation/Order			artment of Labor ety and Health Administrat	ion
ection IViolation Data				
. Date	2. Time		3. Citation/ Order Nurr	the
. Served To		- Lande		
Com Lee, Foreman			F-1 N	
		7. Mine ID		(Contractor)
. Condition or Practice		<u></u>		8a. Written Notice (103g)
he John Deere 8	24J front end	loader when tes	ted was found to	be able to start
				reverse. The all
			and found to be	
				terlocking safety
				eady line at the
			used when neede	
areas of the min		-		
. Violation A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR		uation Form (MSHA Form 7000-3a)
ection II-Inspector's Evaluation  O. Gravity:			· · · · · · · · · · · · · · · · · · ·	
A. Injury or Illness (has) (is):	No Likelihood []	Julikely 🕢 Reasonably	Likely [] Highly Likely [	Occurred []
B. Injury or illness could rea- sonably be expected to be:				
		Lost Workdays Or Restri	icted Duty   Permanently	Disabling Fatal
C. Significant and Substantia	·			Disabling ☐ Fatal ✓ Persons Affected: 001
		3	D. Number of F	Annual Afficials
C. Significant and Substantia	Yes No W	3	D. Number of F	Persons Affected: 001
C. Significant and Substantia  1. Negligence (check one)	A. None B. Low	C. Moderate [v]  Type of Issuance (check one)	D. Number of F  D. High	Persons Affected: 001
C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 1048  4. Initial Action	A. None B. Low	C. Moderate [v]  Type of Issuance (check one)	D. Number of F  D. High	Persons Affected: 001 Reckless Disregard  Safeguard Written Notice
C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 1048  4. Initial Action	A. None B. Low	C. Moderate [v]  Type of Issuance (check one)	D. Number of F  D. High	Persons Affected: 001 Reckless Disregard  Safeguard Written Notice
C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 104a  4. Initial Action A. Citation B. Order 5  5. Area or Equipment	A. None B. Low 13.  C. Safeguard D. Writt	C. Moderate [v]  Type of Issuance (check one)	D. Number of F  D. High	Persons Affected: 001 Reckless Disregard  Safeguard Written Notice
C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 1048  4. Initial Action	A. None B. Low 13.  C. Safeguard D. Writt	C. Moderate [v]  Type of Issuance (check one)	D. Number of F  D. High	Persons Affected: 001 Reckless Disregard  Safeguard Written Notice
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C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 104a  4. Initial Action B. Order 5  5. Area or Equipment  6. Termination Due A. Date ection III—Termination Action  7. Action to Terminate  8. Terminated A. Date Moection IV—Automated System Data	A. None   B. Low   13.  C. Safeguard   D. Writt   B. Time   D.   Da Yr   B. Time   (24 Hr.	C. Moderate  C. Mo	D. Number of F  D. High	Reckless Disregard  Safeguard Written Notice  F. Dated Mo Da Yr

	Peru, Illinois   Mine ID   Date
line Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
ection IViolation Data	
Date (	3. Citation/ Order Number
То	
**************************************	7, Mine ID
Condition or Practice	(Contractor) 8s. Written Notice (103g)
he Over head Type Aluminum Conduct tobile equipment ready line was not inergized cable was one inch below of the muffler and 48 inches from tomatsu WA500 loader parked under the company of the muffler to the company	cors (Triplex Cable) that crosses the mine protected from mechanical. The 230 the cab, 12 inches below the exhaust pipe the frame of the motor compartment of the cable. This condition exposes miner to
tatal electrocution type hazards as equipment operators do pre-operation	ssociated with 230 volt systems. The mobile onal check and enter and exit the cab, and and re-park when they finish using the
y	See Continuation Form (MSHA Form 7000-3a)
Violation A. Health B. Section	
Safety of Act	C. Part/Section of Title 30 CFR 56.12004
Safety of Act Other ction II-Inspector's Evaluation	
Safety of Act Other Othe	Title 30 CFR 56.12004
Safety of Act Other Othe	Title 30 CFR 56.12004
Safety of Act Other Othe	Title 30 CFR 56.12004  Reasonably Likely  Highly Likely  Occurred  Occurred
Safety of Act Other Other Until No Cher Unti	Title 30 CFR 56.12004  Reasonably Likely Highly Likely Occurred tworkdays Or Restricted Duty Permanently Disabling Fatal
Safety of Act Other Other Uniterly  Other No Likelihood Unitkely  B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantial:  No Lost Workdays Lost  Ves No   No   Safety of Act Other No Lost  No Lost Workdays Unitkely  Lost  No Lost Workdays Lost  A. None Safety Other No   B. Low	Title 30 CFR 56.12004  Reasonably Likely Highly Likely Coccurred Lit Workdays Or Restricted Duty Permanently Disabling Fatal D. Number of Persons Affected: 001
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred
Safety of Act Other Othe	Reasonably Likely   Highly Likely   Occurred       Reasonably Likely   Highly Likely   Occurred       t Workdays Or Restricted Duty   Permanently Disabling   Fatal       D. Number of Persons Affected: 001     C. Moderate   D. High   E. Reckless Disregard       savance (check one) Citation   Order   Safeguard   Written Notice       E. Citation/ Order Number   F. Dated   Mo Da Yr     Clock)
Safety of Act Other Othe	Title 30 CFR 56.12004    Reasonably Likely   Highly Likely   Occurred

established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman amusally evaluates enforcement activities and rates each agency's responsiveness to small business. If you was to comment on the enforcement actions of NSIAL, you may call -888-REG-FAIR (1-886-73-43-247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

		Peru, Illino	is Mine ID	) Date	200
Mine Citation/Order Continuation			vartment of Labor ety and Health Administratio	on 🍪	<b>&gt;</b>
Section I-Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation	Dated Mo     (Original Issue)	Da Yr 3	3. Citation/ (Conden Number 1)		_
d To		7. Mine ID	~~~~~	(Contractor)	_

The mobile equipment was removed from the area and the area coned off to allow time for the condition to be corrected.  $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left( \frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left( \frac{1}$ 

Section III—Subsequent Action Taken					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 E01	10. Event Number				
6) MSHA Form 7000-3a, Mar 85 (revised)	IAQ Mirrhae	12. Date	Yr	13. Time	

Mine Citati	ion/Order				rtment of L ty and Healt		ation		•
Section I-Viola	ition Data				·				-
1. Date		2. Time (24 Hr. C	Clock)			3. Citation/ Order No	ımber		_
									_
				7. Mine ID				(Contractor)	***
8. Condition	or Practice						8a, Writter	n Notice (103g)	Т
The Cas	se 300 Tra	ctor locat	ed south on the fail	ast of the	e mobile	e equipment of the equi	ent fuel:	ing area	ndon-
The att	tachment w	as 14 inch	nes from gr	cound with	out any	suppor	t. The at	ttachment	
			ondition ex						
			ricted dut						
			Le to miner			paving	equipment	t is	
Tocate	a, mine pe	rsonal are	e not norma	erra ru cu	e area.				
	(A)	r <u> </u>		T =		See Con	tinuation Form (MSI	IA Form 7000-3a)	1
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		56.14	1206Ь		
**************************************	ector's Evaluation								_
	or illness (has) (is):		Unlikely 🕢	Reasonably	Likely 🗌	Highly Likely	Occu	med []	
sonably	or illness could rea- to be expected to be	No Lost Work	days Lost V	Vorkdays Or Restric	ted Duty 🐼		lly Disabling 🗍	Fatal []	-
C. Signific	ant and Substantia	t: Yes [	No 🗹	1 1		D. Number of	Fersons Affected	#: 001	
11. Negligen	ce (check one)	A. None	B. Low	C. Moderate 🔽	D. High		. Reckless Disreg	ard []	_
	Action 104a		13. Type of iss	uance (check one)	Citation 2	Order []	Safeguard [	Written Notice	1_
12. Type of A		C. Safeguard	D. Written Notice [	E. Citation/ Order Nun	ber		F. Dated	Mo Da Yr	_
12. Type of A 14. Initial Act A. Citation									
14. Initial Act A. Citation	quipment								
14. Initial Act A. Citation	quipment								-
14. Initial Act A. Citation 15. Area or E	ion Due A. Dat	Mo Da Yr	B. Time (24 Hr. Ck	ock)			~~~		-
14. Initial Act A. Citation 15. Area or E  16. Terminati	ion Due A. Dat		L						_
14. Initial Act A. Citation 15. Area or E  16. Terminal  Section III—Ten 17. Action to	ion Due A. Dat mination Action Terminate The	fail moto	B. Time (24 Hr. Ck or attachmestand jacks	ent on the		00 tract	or was su	pport in	-
14. Initial Act A. Citation 15. Area or E  16. Terminal  Section III—Ten 17. Action to	on Due A. Dat mination Action Terminate The ised posit	fail moto	or attachme	ent on the		00 tract	or was su	upport in	-

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activates 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, Wasnington, 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 panalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

22. Signar()

0	trice of Accountabi	lity		
strict North Central District Field Office	Peru, Illinois	Mine ID	Date	
				_
Mine Citation/Order		ment of Labor and Health Administrat	ion	
ection I-Violation Data Date 22. Time (24 Hr. Clock)	<del></del>	3. Citation/	-(1)	
Date (24 Hr. Clock)	ļ	Order Nur	be	
. Served To				
	7. Mine ID			(Contractor)
Condition or Practice			8a. Written Noti	
There were 2 two gallon and one t			rs found w	ithout
labeling containing the appropria	te information	on it. The co	ntainers w	ere
ocated in the Red box van south	east of the mo	bile equipment	fueling a	rea and
contained with what appeared to b				
container was \ full or less with	liquid. The p	urpose of the	label is to	0
reduce the possibility of injury porovided correct information about	or illness by	ensuring that	each miner	13
protective measures to be taken.	This condition	avocees miner	brobilace	work
lay and/or restricted duty type h	ararde The re	d pox han paq	the overhe	ad door
closed and located in an area not			che overne	au uoor
crosed and rocated in an area not	normarry acce	oo oy mincio.		
		See Contin	uation Form (MSHA For	m 7000-3a)
. Violation A. Health B. Section Safety Other Of Act	C. Part/Section of Title 30 CFR	47.4	la	
ection II—Inspector's Evaluation				
O. Gravity: A. Injury or Illness (has) (is): No Likelihood [ Unlikely	Reasonably Like	ely [] Highly Likely [	Occurred [	1
B. Injury or illness could reasonably be expected to be: No Lost Workdays	Lost Workdays Or Restricted	Duty Permanently	Disabling [] F	atal 🗌
C. Significant and Substantial: Yes No 🗹		D. Number of F	Persons Affected:	001
1. Negligence (check one) A. None B. Low	C. Moderate 🐼		Reckless Disregard	
2. Type of Action 104a 13. Type of	of Issuance (check one)	Citation 🗹 Order 🗌	Safeguard Writ	tten Notice
A. Citation     B. Order C. C. Safeguard D. Written Not	E. Citation/ Order Numbe	ſ	F. Dated	Mo Da Yr
5. Area or Equipment				4
6. Termination Due A. Dalanda B. Time (24 H	ir, Clock)			
ection III—Termination Action				
7. Action to Terminate			<del></del>	
B. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock		li .		
ection IVAutomated System Data				

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

21. Primary or Mil

P

23. AR Number

ATTACHMENT B

19. Type of Inspection

22. S

20. Event Number

E01

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

rict North Central District Field Office Pe	eru, Illinois Mine	ID (	Date 2
fine Citation/Order	U.S. Department of L Mine Safety and Healt		
ection I-Violation Data			
Date 2. Time (24 Hr. Clock)		3. Citation/ Order Number	
	(Consister		
	7. Mine ID		
	(6)		(Contractor)
Condition or Practice The elevated area next to the surge bin	n was not provi	··/···································	en Notice (103g)
railing or guarding to prevent a person the ground below. The unguarded area we nother on the right side with fall to of from this area it could result in broke and/or strains injuries. The elevated area is accessible from be and truck drivers have continued access	as 36 inches wiground of 37 in en bones, bruis oth side, miner	ide on the left nches. Should a ses, cuts or spr	side 54 miner fall ains
		-4	
Violation A Health B Section C. F	Part/Section of	See Continuation Form (MS	HA Form 7000-3a)
Safety of Act Other	Fille 30 CFR	56.11012	
ection ft-Inspector's Evatuation  O. Gravity:			
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely 🛂	Highly Likely [] Occ	urred []
B. Injury or illness could reasonably be expected to be: No Lost Workdays [ ] Lost Workd	lays Or Restricted Duty [	Permanently Disabling	Fatal [
C. Significant and Substantial: Yes No []		D. Number of Persons Affects	rd: 001
1. Negligence (check one) A. None [] B. Low [] C. M.	oderate 🗹 D. High	☐ E. Reckless Disre	gard []
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. Written Notice	E. Citation/ Order Number	F. Dated	Mo Da Yr
5. Area or Equipment			
B. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)			
cction III-Termination Action 7. Action to Terminate			
, read to fellinate			
3. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock			
B. Type of Inspection 20. Event Number	21. Primary or Mill		
(activity code) E01			
(activity code) EU1		23. AR Numbe	

		_			D [		ate
line Citation/Order			11.0 Dans	-4			//
nine Citation/Order				rtment of L y and Healtl		ration	
ection IViolation Data							
. Date	12 Time (24 Hr.	Clock)		3	3. Citation/ Order N		
Sound To			× 1				
			7. Mine ID				(Contractor)
. Condition or Practice							Notice (103g)
The guard for the same of the secure of the	y in place This allow igh 47 inc an 1 ½ fee day/restr	to prevent ed access thes wide and t from the icted duty	t contact.  to the rota  nd 56 inche  rotating s  type hazar	The guanting makes from shaft. Tods. Min	rd was chinery ground, his cor ers, mi	hanging f y parts. T . There wandition ex	from the the guard as grease sposes
						- W MADIE	
Violation A Health	B. Section		C. Part/Section of		See Cor	ntinuation Form (MSH.	A Form 7000-3e)
Safety (")	B. Section of Act		C. Part/Section of Title 30 CFR			ntinuation Form (MSH 4112b	A Form 7000-3e) [ ]
Safety Other							A Form 7000-3e) [_]
Safety Other	of Act		Title 30 CFR	7 <i>F</i> 2	56.1	4112b	
Safety Other Other Other And Other And Other Oth	of Act		Title 30 CFR Reasonably l		56.1	4112b	red []
Safety Other Content C	of Act  No Likelihood   No Lost Work	kdays [ Lost \	Title 30 CFR		56.1 Highly Likely Permanen	4112b	red []
Safety Other	of Act  No Likelihood [  No Lost Worl		Title 30 CFR Reasonably l		56.1 Highly Ukely Permanen D. Number o	4   12b	red [] Fatal [] : 001
Safety Other	of Act  No Likelihood [  No Lost Worldel: Yes	No B. Low	Title 30 CFR  Reasonably L  Workdays Or Restrice	ted Duty 📝	56.1 Highly Ukely Permanen D. Number o	4112b  / _ Occur  nty Disabling of Persons Affected	red [] Fatal [] : 001
Safety Other	of Act  No Likelihood  No Lost Work  isi: Yes  A. None	No  B. Low  13. Type of les	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  / Occur htty Disabling   of Persons Affected  Reckless Disrega	red [] Fatel [] : 001
Safety Other	of Act  No Likelihood  No Lost Work  isi: Yes  A. None	No  B. Low  13. Type of les	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Work isis: Yes  A None  C. Safeguard	No  B. Low  13. Type of les	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/ Order Num	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Work isis: Yes  A None  C. Safeguard	kdays Lost \ No \ B. Low \ 13. Type of les  D. Written Notice	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/ Order Num	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Work dal: Yes  A. None  C. Safeguard	kdays Lost \ No \ B. Low \ 13. Type of les  D. Written Notice	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/ Order Num	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Work tiel: Yes  A None  C. Safeguard  C. Safeguard  D. Mo Da Yr B. Tin	kdays Lost \ No \ B. Low \ 13. Type of les  D. Written Notice	Reasonably I Workdays Or Restric  C. Moderate   uance (check one)  E. Citation/ Order Num	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Worldist: Yes  A. None  C. Safeguard  C. Safeguard  D.	No  B. Low  13. Type of Iss  D. Written Notice  3. Time (24 Hr. Ck	Reasonably I Workdays Or Restric  C. Moderate   uence (check one)  E. Citation/ Order Num  ock)	D. High	56.1 Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel
Safety Other	of Act  No Likelihood  No Lost Worldist: Yes  A. None  C. Safeguard  C. Safeguard  D.	No  B. Low  13. Type of Iss  D. Written Notice  3. Time (24 Hr. Ck	Reasonably I Workdays Or Restric  C. Moderate   uence (check one)  E. Citation/ Order Num  ock)	D. High Citation	56.1- Highly Likely Permanen D. Number o	4   12b  Occur  ity Disabling  of Persons Affected  Reckless Disregal  Safeguard	red   Fatel

# United States Department of Labor

Mine Citation/Order Continuation Section - Subsequent Action 1a. Continuation (Original Issue)  7. Mine ID  (Contractor)  To  Change From To  Change From To  Reason The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was banging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was rease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type bazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.  Typographical error			fety and Health Administration Office of Accountability						
Continuation  Section I-Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation  (Original Issue)  To  1. Mine ID  (Contractor)  To  1. Change  From  To  1. Condition Or Practice  Reason  The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant ran.	istrict North Centra	l District Field Offic	ce Peru, Illinois Mine ID	Date [ 2					
Continuation  Section I-Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation  (Original Issue)  To  1. Mine ID  (Contractor)  To  1. Change  From  To  1. Condition Or Practice  Reason  The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant ran.									
Continuation  Section I-Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation  (Original Issue)  To  1. Mine ID  (Contractor)  To  1. Change  From  To  1. Condition Or Practice  Reason  The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant ran.	Mine Citation/Order		U.S. Department of Labor						
1. Subsequent Action 1a. Continuation (Original Issue)  2. Dated (Original Issue)  7. Mine ID  7. Mine ID  (Contractor)  7. Mine ID  (Contractor)  7. Mine ID  (Contractor)  8. Condition Or Practice  Reason  The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.	Continuation								
Change From To  8. Condition Or Practice  Reason The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.									
To  Securely in place to prevent contact. The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.									
Change From To  8. Condition Or Practice  Reason The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.	1 Second To		Coorder						
Change From To  8. Condition Or Practice  8. Condition Or Practice  Reason The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.			7. Mine ID	(Contractor)					
8. Condition Or Practice  Reason  The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inform ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.		From	To						
Reason The citation narrative should have read: The guard for the rotating shaft and drive pulley and belts on the jaw crusher was not securely in place to prevent contact. The guard was hanging from the crusher frame. This allowed access to the rotating machinery parts. The guard was 50 inches high 47 inches wide and 56 inches from ground. There was grease fitting less than 1 ½ feet from the rotating shaft. This condition exposes miner lost work day/restricted duty type hazards. Miners, mine management and truck drivers have access to this area daily when the plant is in operation. The crusher was not in operation today, but acknowledge the existed when the last time the plant ran.									
Typographical error	1/2 feet from the ro management and t	nating shaft. This condition ex truck drivers have access to th	poses miner lost work day/restricted duty type hazards is area daily when the plant is in operation. The crushe	. Miners, mine					
	Typographical en	ror							

Section III—Subsection III—III—IIII—IIII—IIIIIIIIIIIIIIIIIII	A. Date Mo	Da	Yr	B. Time (24 I	de Cleek		C. Vacated	D. Terminated	E. Modified
				D. 1816 (24)	in. Glock)		C. Vacaled	L. O. Terminated	(A) E' MINCHIAN
Section IV—Inspec									
9. Type of Inspe	ction E01	ľ	10. E	vent Number				•	
				I	· ber	12. Date		13. Time (24 Hr. Cl	ock)
					Jer	12. Date		13. THIR (24 Fil. C)	00.7
					-		_	1	· · · · · · · · · · · · · · · · · · ·
ASHA Form 7000	3a, Mar 85 (revise	ed)		10					

ATTACHMENT B

52

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

strict North Central Distri	ct Field Offi	ce P	eru, Illino	ois Mine ID		ate 2
Mine Citation/Order Continuation				partment of Labor fety and Health Admini	stration	
Section I—Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation	2. Dated (Original Is	Mo Da	Yr	3. Citation/ Order Number		
		,	7. Mine ID		(Co	ntractor)
Section IIJustification for Action						

The jaw crusher was locked and tagged out and the battery cables were removed to prevent use of the jaw crusher until repair have been made.

Extended To	A. Date	77 3. Time (24 Hr.	Clock)		C. Vacated	D. Terminated	E. Modified
ection IV-Inspec	tion Data			***************************************			
9. Type of Inspe	ction E01	10. Event Number					
	+ + + + + + + + + + + + + + + + + + +		ıber	12. Date	Ma Do Yr	13. Time (24 Hr. Cl	ock)

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

contractor)
(103g)
ost e sted e
000-3a)
1
-
m <del>et</del>
Notice []
Notice []

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

District North Central District	Field Office	Peru, Illir	nois Mine	ID (		Date	
Mine Citation/Order Continuation			partment of La		tion		
Section I-Subsequent Action/Continuation Data  1. Subsequent Action 1a. Continuation 2.	Dated (Original Is	Υ <sub>Γ</sub>	3. Citation/ ( Order Numb				
fon for Action		5. Operal 7. Mine II				Contractor	)

The jaw crusher/ discharge conveyor was locked and tagged out of service and the battery cable removed from the battery until repairs could be made.

8. Extended To	A. Date	Time (2	4 Hr. Clock)	)	C. Vacated	D. Terminated	E. Modified
Section IV-Inspecti	ion Data						
9. Type of inspec	ction E01	10. Event Number	a de la companya de l				
			T Ser	12. Date	Yr Yr	13. Time (24 Hr. Cl	ock)

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

Wine Citation/Order  U.S. Department of Labor Mine Safety and Health Administration  Section I-Volation Date  1. Date  1. Date  1. Served To  2. Condition or Practice  3. Citation  Corder Number  1. Condition or Practice  3. Citation  Corder Number  1. Condition or Practice  3. Condition or Practice  4. Condition or Practice  4. In the six teen pound sledge hammer located on the work platform at the top of the handle had been removed and replace with a file work day/restricted duty type hazards. The handle had been removed and replace with a file work day/restricted duty type hazards. The handle had been removed and replace with a file work day/restricted duty type hazards. The handle had been removed and replace with a file work day/restricted duty type hazards. The handle had been removed and replace with a file work day/restricted duty type hazards. The removed and replace with a file work day/restricted duty type hazards. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Condition of Title 20 CFR 56.14205  Sate Condition [8. Conditi	Mine Citation/Order  U.S. Department of Labor Mine Safety and Health Administration  Section - Violation Data  1. Data  2. Contractor  2. Sumition Data  2. Written Notice (103.9)  1. Data  2. Written Notice (103.9)  3. Citation of the manufacture. The handle had been removed and replace with a fixe has extracted duty type hazards. The handle had been removed and replace with a fixe or on the handle had been removed and replace with a fixe or on the search of the handle had been tremoved and replace with a fixe or on the ward of the manufacture. The handle had been removed and replace with a fixe or on the search of the manufacture. The handle had been removed and replace with a fixe or on the ward of the manufacture was not in operation of the manufacture was not in the ward of the manufacture was not in th	Mine Citation/Order		Office of Accountability
Mine Safety and Health Administration    Dunis	Mine Safety and Health Administration   Safety an	Mine Safety and Health Administration    Date   Dat	District North Central District Field Offi	ice Peru, Illinois Mine ID
Mine Safety and Health Administration    Dunis	Mine Safety and Health Administration   Safety and Health Administration   Safety and Health Administration   Safety and Health Administration   Safety	Mine Safety and Health Administration    Date   Dat		
Served To   Contractory	4. Served To    Condition or Practice   Contractory	Sevend To   Contraction   Sevend To   Sevend	Mine Citation/Order	
Served To    Condition or Practices   Sa. Written Notice (1938)   Served To	A Served To    Coordiscloper   Coordiscloper   Coordiscloper	Served To    Condition or Practices   Condition or Practices   Condition or Practices		
Contractory  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The hammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continuation Form (MASHA Form 7000-3a)  Section II Inspectors Evaluation  [In Gravity: A. Health   B. Section of Act of Ac	Contribution of Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The hammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continuation Form (MSHAFForm 7000-3a)  B. Violation   A. Health   B. Section of Title 30 CFR   Sci.14205  Section E-respective Studietion   Other   Sci.14205  Section   Sci.14205   Section of Title 30 CFR   Sci.14205  Section   Sci.14205   Section   Other   Sci.14205   Section   Sci.14205   Sci.14205   Section   Sci.14205   Sc	Condition or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continuation Form (MASHA Form 7009-3a)  A Violation A Health   B. Section of Act   C. Part/Section of Title 30 CFR   Schiller   Sch	1. Date Clock)	
Condition or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continueton Form (MSHA Form 7000-3a)  A Molation A Health B. Section of Act Other!  A Health B. Section of Act Other!  A Highly of liness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Injury or liness (has) (is): No Likelihood Unlikely C. Significant and Substantiat Yes V No D. No Likelihood D. High V E. Reckless Disregard D. Lity of Action 104a 13. Type of Issuance (check one) Chatton Order Stafsguard Whitten Notice D. This is a Citation Order D. A. Date Monagement Date D. Written Notice D. Written Notice D. Safeguard D. Written Notice D. Safeguard D. Written Notice D. Safeguard D. Written Notice D. R. Tremination Due A. Date Monagement Date Date Date Date Date Date Date Dat	Confidence or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continuation Form (MSHAFForm 7000-Sa)  D. Violation   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205  Section   Empacedian   D. Mines (has) (ls): No Likelihood   Unlikely   Reasonably Likely   Highly Likely   Occurred    B. Injury or liness could reasonable to septected to base should be septected to base should be septected to base   No Lost Workdays   Lost Workdays Or Restricted Duty   Permanently Disabling   Fatal    C. Significant and Substantiat:   Yes   No   D. Number of Persons Affected:   001    11. Nagligenos (check one)   A. None   B. Low   C. Moderate   D. High   E. Reckless Diargeard   Virtigen Notice    12. Type of Action   104s   13. Type of Issuanos (check one)   Citation   Order   Safeguard   Written Notice    15. Area or Equipment   Ph. Dated   No Date   No Lost Workdays   D. Written Notice   Ph. Dated   No Date   Ph. Dated   Ph	Condition or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Condition Of A Health   B. Section of Title 30 CFR   Sci.14205  See Condition   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   Highly Likely   Occurred    A. Miplay of liness could reasonably 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 Affectact   O01    11. Negligence (check one)   A. None   B. Low   C. Moderate   D. High   E. Reckless Disregard   D. Written Notice   C. Citation   Order   Safeguard   Written Notice   Mo De Yr    14. Initial Action   A. Castion   D. B. Corder   C. Safeguard   D. Written Notice   C. Citation   Order   Safeguard   Written Notice   C. Citation   Order   Safeguard   Written Notice   C. Citation   Order   D. High   F. Dated   Mo De Yr   C. Accesson   B. Terminated   D. B. Time (24 Hr. Clock)   D. Written Notice   D. D. D.	Served To	Constant
Condition or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The namer is used to dislodge large rock in the jaw crusher. The crusher was not an operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continueton Form (MSHA Form 7000-3a)  Notation   A. Health   B. Section of Title 30 CFR   S6.14205  Section II maperical Position  Of Act   C. Part/Section of Title 30 CFR   Highly Likety   Cocurred    Notation   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   Highly Likety   Cocurred    Notation   B. Not Likethood   Unlikety   Reasonably Likety   Highly Likety   Cocurred    Notation   B. Injury or Timess Could responsible the speciated to be the speciated to the speciate to the special to the special to the special to th	Condition or Practice  Re. Written Notice (1036)	Condition or Practice  The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The namer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Conduston Form (MSHA Form 7000-3a)  Notation  See Conduston Form (MSHA Form 7000-3a)  Resonably the Septected to be septected to be.  No Lost Workdays C Restricted Duty F Permanently Disabling Fatal C. Significant and Substantiat Yes F No C Moderate D. High F E. Reckless Disregard D. T. Notation D. A. None B. Low C. Moderate D. D. High F E. Reckless Disregard D. T. North Description D. Written Notice D. T. Alcinton Tomas The sixteen pound sledge hammer was remove from service and disposed of s.  R. Terminated A. Date B. Time (24 Hr. Clock)  Section N-Autometed System Date Date Date Date Date Date Date Date		
The sixteen pound sledge hammer located on the work platform at the top of the law crusher had been used beyond the design of the manufacture. The handle had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.  See Continuation Form (MSHA Form 7000-3a)  A Violation Safety B. Section of Act Other B. Section of Act Other B. Finite Statistics  A liquir or liness could reseasely likely B. Highly Likely Cocurred B. Injury or liness could reseasely be septeded to be.  A long or liness could reseasely likely B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Fatal Cocurred Safeguard B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Written Notice D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling Written Notice D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling B. Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling B. Fatal D. No Lineshood B. No Lost Workdays Cr Restricted Duty P. Permanently Disabling B. Fatal D. No Lineshood B. No Lin	The sixteen pound sledge hammer located on the work platform at the top of the law crusher had been used beyond the design of the manufacture. The handle had been used beyond the design of the manufacture. The handle had been used beyond the design of the manufacture. The handle had been used to dislodge large rock in the jaw crusher. The crusher was not an operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine management acknowledged modifying the hammer to it present condition.    Notation   A. Health   B. Section   C. Part/Section of Title 30 CFR   Schizzon   C. Schizzon	The sixteen pound sledge hammer located on the work platform at the top of the jaw crusher had been used beyond the design of the manufacture. The handle had been removed and replace with a flex hose attached to a metal pipe. This condition exposes miners to lost work day/restricted duty type hazards. The nammer is used to dislodge large rock in the jaw crusher. The crusher was not in operation at the time of the inspection, but it was evident from the wear of the hammer and handle the condition existed for a long period of time. Mine nanagement acknowledged modifying the hammer to it present condition.  See Continuation Form (MSHAFFORM 7000-3a)  Notice of France of F		
See Continuation Form (MSSHA Form 7000-Sa)   D. Norther of Persona Affectation D. Norther of Persona Affectation D. Norther of D. Norther D. Norther of D. Norther D. Nort	See Continuation Form (MSHA Form 7000-Sa)   D. Northstein E-Banduck Color   D. Northstein Subsection   D. Northstein Color   D. No	See Continuation Form (MASHA Form 7000-3a)   D. Northern Federation   D. Number of Persona Affectation   D. Number of Persona Affectation   D. Number of Persona Affectation   D. Number of D. Number of Persona Affectation   D. Number of D. Safeguard   D. Written Notice   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Ares or Equipment   D. M. D. S. Ares or Equipment   D. D. Streen   D. High   E. Reckless Disregard   D. A Data   D. M. D. S. Ares or Equipment   D. M. D. S. Ares or Equipment   D. B. D. S. Ares or Equipment   D. S.	. Condition or Practice	8s. Written Notice (103g)
See Continuation Form (MSHA Form 7000-3a)     A. Violation   A. Health   B. Section   Of Act   Other	See Continuation Form (MSHA Form 7000-3a)     A. Violation   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14205	See Continuation Form (MSHA Form 7000-3a)    A. Violation   A. Health   B. Section   Safety   Other	jaw crusher had been used beyond been removed and replace with a s condition exposes miners to lost nammer is used to dislodge large in operation at the time of the s	the design of the manufacture. The handle had flex hose attached to a metal pipe. This work day/restricted duty type hazards. The rock in the jaw crusher. The crusher was not inspection, but it was evident from the wear
See Continuetion Form (MSHA Form 7000-3a)    Violation	See Continuetion Form (MSHA Form 7008-3a)    Violation	See Continuetion Form (MSHA Form 7000-3a)    Violation	of the hammer and handle the cond	dition existed for a long period of time. Mine
A. Health   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205	A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14205	A. Houth   A. Houth   Safety   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205	management acknowledged modifying	g the nammer to it present condition.
A. Health   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205	A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14205	A. Houth   A. Houth   Safety   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205		
A. Health   A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205	A. Health   B. Section of Act   C. Part/Section of Title 30 CFR   56.14205	A. Houth   A. Houth   Safety   B. Section of Act   C. Part/Section of Title 30 CFR   S6.14205		
A. Health   Safety   Other	Violation   A. Health   Safety   Other   Other   Safety   Other	A. Health   Safety   Other   Safety   Other   Safety   Other   Safety   Other   Othe		for any firm and the second se
Safety   Other   Oth	Safety   of Act Other   Title 30 CFR 56.14205    Control   Interpreter's Evaluation   Other   Other   Other	Safety Other	Violation A Health B. Section	
O. Gravity:  A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays  Or Restricted Duty  Permanently Disabling  Fatal   C. Significant and Substantiat: Yes  No  D. Number of Persons Affected: 001  1. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard  Written Notice   2. Type of Action  104a  13. Type of Issuance (check one)  Citation  Order  Safeguard  Written Notice   4. Initial Action  B. Order  C. Safeguard  D. Written Notice  F. Dated  Mo Da Yr   S. Area or Equipment  6. Termination Due  A. Date  B. Time (24 Hr. Clock)  Section III-Termination Action  The sixteen pound sledge hammer was remove from service and   disposed of .  8. Terminated  A. Date  B. Time (24 Hr. Clock)	Deciding   Interpreted   Control   C	O. Gravity:  A. Injury or Illness (has) (is): No Likelihood   D. Unlikely  Reasonably Likely  Highly Likely  Occurred   B. Injury or Illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal   O. Number of Persons Affected: 001  1. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard   Unlikely  E. Reckless Disregard  D. Written Notice   E. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation  Corder Number  F. Dated  Mo Da Yr  Order Number   F. Dated  Mo Da Yr  A Citation To Termination Action  The sixteen pound sledge hammer was remove from service and  11 sposed of .  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  D. Primary or Mill  P. Cas ARN	Safety of Act	
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Cocurred Cocurred Lingury or Illness could reasonably be expected to be:  No Lost Workdays Likely Permanently Disabling Fatal Do. Number of Persona Affected:  O. Significant and Substantlat.  Yes V No D. Number of Persona Affected:  O. O. Number of Persona Affected:  O. Order Number  E. Citation D. Order D. Safeguard D. Written Notice E. Citation P. Order Number  F. Dated Mo Da Yr  A. Citation Due A. Date  O. A. Date  O. A. Date  D. Written Notice D. D. Written Notice D. Order Number  Order Number  F. Dated Mo Da Yr  A. Citation to Termination Action  T. Action to Terminate A. Date  D. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  D. Primary or Mitility D.	A. Injury or Illness Could reasonably Likely   Highly Likely   Occurred   B. Injury or Illness could reasonably be expected to be: C. Significant and Substantiat: Yes   No   No   D. Number of Persons Affected: O01  11. Negligence (check one) A. None   B. Low   C. Moderate   D. High   E. Reckless Disregard   12. Type of Action   104a   13. Type of Issuance (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  16. Termination Due   A. Date   B. Time (24 Hr. Clock)  17. Action to Terminate   The sixteen pound sledge hammer was remove from service and disposed of.  18. Terminated   A. Date   B. Time (24 Hr. Clock   19. Type of Injury or Injury or Injury or Milli   D. Primary o	A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred Country of Illness could reasonably be expected to be:  No Lost Workdays Lost Workdays Or Restricted Duty Promisently Disabling Fatal Down C. Significant and Substantiat:  Yes No Down C. Moderate Down D. Number of Persons Affected: 001  11. Negligence (check one) A. None B. Low C. Moderate Down D. High Promise Country Disabling Fatal Down C. Moderate Fatal Down C. Moderate Fatal Down C. Moderate Down C. Moderate Fatal Down C. Moderate Down C. Moderate Fatal Down C. Moderate Fatal Down C. Moderate Fatal Down C. Moderate Fatal Down C. Moderate Down C. C. Safeguard Down C. Safeguar		
B. Injury or Illness could reasonably be expected to be:  C. Significant and Substantiat:  Yes V No D.  D. Number of Persons Affected:  OOI  1. Negligence (check one)  A. None B. Low C. Moderate D. High W E. Reckless Disregard Written Notice D. High W E. Reckless Disregard Written Notice D. High Written Notice D. Written	B. Injury or Illness could reasonably be expected to be:    No Lost Workdays   Lost Workdays Or Restricted Duty   Permanently Disabiling   Fatal	B. Injury or Illness could reasonably be expected to be: So. Significant and Substantiat:  Yes V No D. Number of Persona Affected: O01  1. Negligence (check one) A. None B. Low C. Moderate D. High V E. Reckless Disregard Written Notice A. Litation B. Order C. Safeguard D. Written Notice E. Citation Order Number  4. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation Order Number  5. Area or Equipment  6. Termination Due A. Data Mo Da Y B. Time (24 Hr. Clock)  6. Terminated A. Data B. Time (24 Hr. Clock)  8. Terminated A. Data B. Time (24 Hr. Clock)  8. Terminated A. Data B. Time (24 Hr. Clock)  8. Terminated A. Data B. Time (24 Hr. Clock)  8. Terminated A. Data B. Time (24 Hr. Clock)  8. Terminated A. Data B. Time (24 Hr. Clock)  9. Typa of Inspection (27 Action To Terminate System Data S. Typa of Inspection (28 Action To Terminate System Data S.	- A	
Sonably be expected to be:  No Lost Workdays Lost Workdays Or Restricted Duty W Permanentry Disabiling Fatal L  C. Significant and Substantiat:  Yes No D. Number of Persona Affected:  001  1. Negligence (check one) A. None B. Low C. Moderate D. High W E. Reckless Disregard D.  2. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice A. Citation B. Order C. Safeguard D. Written Notice	Sonably be expected to be: No Lost Workdays   Lost Workdays Or Restricted Duty   Permanentry Disabling   Fatal    C. Significant and Substantiat: 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 Issuance (check one)   Citation   Order   Safeguard   Written Notice    4. Initial Action   B. Order   C. Safeguard   D. Written Notice   E. Citation   Order Number    5. Area or Equipment  6. Termination Due   A. Date   Mo Da Yr   B. Time (24 Hr. Clock)  ection III—Termination Action  7. Action to Terminate   The sixteen pound sledge hammer was remove from service and its posed of .  8. Terminated   A. Date   B. Time (24 Hr. Clock    9. Type of Inspection   E. D. Event Number   G.   21. Primary or Mill    21. Primary or Mill   D. Number   D. Numbe	Sonably be expected to be:  No Lost Workdays   Lost Workdays Or Restricted Duty   Permanentry Disabiling   Fatal    C. Significant and Substantiat   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 Issuance (check one)   Citation   Order   Safeguard   Written Notice    4. Initial Action   B. Order   C. Safeguard   D. Written Notice   E. Citation   Order Number    5. Area or Equipment  6. Termination Due   A. Date   A. Date   B. Time (24 Hr. Clock)    8. Terminated   A. Date   B. Time (24 Hr. Clock    8. Terminated   A. Date   B. Time (24 Hr. Clock    9. Type of Inspection   Call   Co. Event Number   Call   Co. Event Number    123. AR Notice   D. Written Number   Call   Co. Event Number   Co. Ev		Neasonably Likely [   Occurred
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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 Ombudamen and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudamen, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

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Section IViolation Da	ta ta	*				ic odicty dire	T TOOLAT T	- Interest of		
I. Date	Yr	2. Time	(24 Hr. Clock	()			3	3. Citation/ Order Num	iber	
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:-					7.1	Vin				(Contractor)
Condition or Prac			.11		61	-1 -6 -1				Notice (103g)
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ATTACHMENT B

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

							Date
Mine Citation/Orde Continuation	ır				epartment of L Safety and Healt	abor h Administration	
Section I-Subsequent Action		2. Dated		Ϋ́r	3. Citation		
(. Subsequent Academ		(Original Issue		11	Order Name		
To	*		-				
							(Contractor)

The jaw crusher was locked and tagged out of service and the battery cable removed. The citation is extended to allow the operator time to complete the repairs.

Section III-Subsequent Action Taken		
A. Date	B. Time (24 Hr. Clock)	C. Vacated D. Terminated E. Modified
Section IV-Inspection Data		
7. Type of Inspection E01	10. Event Number	
***************************************	· LAB At-ber 11	2. Date to Do Ve 13. Time 11.
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#### United States Department of Labor Mine Safety and Health Administration Office of Accountability

			Of	fice of Accoun	tability				
strict North	Central	District	Field Office	Peru, Illino	ois Mine	ID [		Date	00
Mine Citation/Or	der				partment of			(6)	•
Section IViolation Date			i	Mine Sa	fety and Hea	ith Administr	ation		_
	D	2. Time (24	He Clock)			3. Citation/ Order N			_
4. Served T	<b>—</b>	J	· · · · ·	5 Operate	17	1 Cider N	umber —		25
				7 840-00					_ 1
				7. Mine IC	3			(Contractor)	
8. Condition or Pract								n Notice (103g)	Ι
The overh	ead dr	ive bel	t on the dr	ive motor	for the	jaw disc	charge co	nveyor was	
not guarde	d to c	ontain Th	the whippin e belt meas	g action o	r the be	160 inc	shee long	reak or	
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			y type haza						
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						See Cor	ntinuation Form (MS)	4A Form 7000-3a)	1
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Section II-Inspector's E	valuation			- 1					
<ol> <li>Gravity:</li> <li>A. Injury or Illness</li> </ol>	s (has) (is):	No Likelihood	1 [] Unlikely	Reasonab	y Likely	Highly Likely	Occu	rred []	
B. Injury or illness sonably be exp	could rea-	No Lock V		st Workdays Or Resi			tly Disabling	Fatal []	
C. Significant and			No ₹			D. Number o	f Persons Affecte	d: 001	***
11. Negligence (chec	ck one)	A. None	B. Low	C. Moderate	D. High		. Reckless Disreg		-
12. Type of Action	104a			Issuance (check one			Safeguard [	Written Notice	
14. Initial Action	1074			E. Citation			F. Dated	Mo Da Yr	-
A. Citation [] B.	. Order	C. Safeguard	D. Written Notic	order N	mber				<b></b>
15. Area or Equipme	nt								
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16. Termination Due	A. Date		B. Time (24 Hr.	Clock)					
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Section III-Termination			<del></del>						_
17. Action to Termina	119								
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Section IV-Automated 5 19. Type of Inspectio		20 Event N	imber	104	Selenane en 1424			11	-
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		ž.				23. AR	Number		-
			the provisions of t	ne Small Business Regul	atory Enforcement	Fairness Act of 1	996, the Small Busin	ness Administration has	

the provisions of the Small Business and Agriculture Regulatory Combudsman and 10 Regional Fairness Board's to receive comments from amail business about indexed 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 MST-IA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Combudsman 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

trict Nor	th Central I								_	
Mine Citation/	Order				I.S. Departme line Safety ar			n	<b>«</b>	
Section (Violation	Data Mo Da Yr	2. Time (24 )					3. Citation/			
			(				Order Numb	9		
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				<sub> 7</sub>	(file ID				(Contract	
	ctics						· · · · · · · · · · · · · · · · · · ·		Notice (103g)	İ
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							See Continue	dian Form (MCM	A Form 7000-3a)	Г
. Violation   A	. Health 🗌	B. Section		10.5				DON'T CHILI (MOC)	7. T. O. I. I. T. COO - 3.2.)	L <sub>a-1</sub>
	Safety Other	of Act	*		t/Section of 30 CFR		56.1420	)5		
	Other 🗍	of Act					56.1420	)5	· · · · · · · · · · · · · · · · · · ·	<u></u>
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O. Gravity:  A. Injury or Illr  B. Injury or Illr	Other	No Likelihood	Unlike	Title	30 CFR			Occur	red []	<del>-</del>
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Mine Citation/Order		<ul> <li>Department of Laboral Safety and Health A</li> </ul>	22	
Section I-Violation Data  1. Date 12. Time (24 H	tr Clork)	la la	. Citation/	
			Order Number	
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ractice			Sa Written	(Contractor) Notice (103g)
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*			See Continuation Form (MSHA	Form 7000-3a)
Note of Act Other Section II-Inspector's Evaluation	C. Part/S Title 3		56.12028	
10. Gravity:			7000	
A. Injury or Illness (has) (is): No Likelihood  B. Injury or illness could rea-	Unlikely 🐼 Rea	sonably Likely [] Hig	hty Likely Occum	ed []
sonably be expected to be: No Lost W	/orkdays [] Lost Workdays C	or Restricted Duty 🐼 🔝	Permanently Disabling [	Fatal []
C. Significant and Substantial: Yes	) No 🗹	D.	Number of Persons Affected:	001
4 Madisagas (shook san)	B. Low C. Modera	te 📝 D. High 🗍	E. Reckless Disregar	d []
1. Negligence (check one) A. None		The second course of the second course of	rder Safeguard	Written Notice
	13. Type of Issuance (che	ck one) Citation 🗸 C	idoi [_] Gelegosia [_]	
2. Type of Action 104a	E.C	ck one) Citation (4) Citation/ rder Number	F. Dated	Mo Da Yr
12. Type of Action   (04a   10.4a   10	D. Written Notice	Itation/		Mo Da Yr
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2. Type of Action   104a 4. Initial Action A. Citation   B. Order   C. Safeguard   5. Area or Equipment 6. Termination Due   A. Date   A. Date   C. Safeguard	D. Written Notice	Itation/		Mo Da Yr
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12. Type of Action 1 ()48  14. Initial Action A. Citation B. Order C. Safeguard S. Area or Equipment  15. Area or Equipment  16. Termination Due A. Date  Section III—Termination Action  17. Action to Terminate  18. Terminated Mo Da Yr	D. Written Notice	Itation/		Mo Da Yr
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ATTACHMENT B

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rict North	Central I	District	] Field	Office [	Peru,	Illinois	Mi	ne ID			] Da	ite		200
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Mine Citation/Or	rder					.S. Depa ine Safe			oor Administra	ation				
Section I-Violation Det	ta													•
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Served To					Í			m						_
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8. Condition or Prec	tice										8a. Writter	Notice	(103g)	
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s	lealth [] Safety [] Other []	B. Section of Act				Section of 30 CFR				tinuatio 2004	n Form (MSH	A Form 7	7000-3a)	
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16. Termination Due	A. Date		8.	Time (24 Hr. C	lock)				8 8 8 8					•
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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 amusally availuates 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.

trict North Ce	entral Distric	t Field O	ince Fert	u, Illinois	Mine II	, F		Date		20
Mine Citation/Orde	er				rtment of La ty and Health		ition		4	
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				7. Mine ID					(Contract	or)
8. Condition or Practice						L	8a. W	ritten Noti	ce (103g)	Ť
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						See Cont	inuation Form (	MSHA Fon	m 7000.3a)	П
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established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annually evaluates enforcement scribts 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 Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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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 reles each agency responsiveness to email businesse. 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 clustions and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

trict North Centr	al District Fi	ield Office	Peru, Illinois	Mine I	t	Da	ate	20
line Citation/Order				irtment of La ty and Health		ation		•
Date Management	2. Time (24 Hr. C				3. Citation/	<u> </u>		
Date	2. Tune (24 Fit. C	iock)	III.		Order Nu	mber		
			7. Mine ID				<b>(</b> 011-1	
Condition or Practice						8a. Written	(Contractor) Notice (103g)	Т
he 230 volt co							north	_
all of the sho ermination poi	op had openi nts. The ex	ng in the consed area	measured	ted expo	sing en nches w	ergized vide 3 inc	hes high	
1/2 inches wi	de 8 inches	long, and	was 1 inc	ches from	m the e	nergized	-	
ermination poi azards associa								
ime of the ins	spection. Wi	th in less	then two	feet of	the bo	x were sh	ut at the	
alues, power s								
					See Con	tinuation Form (MSH	A Form 7000.30\	7
Material I to the first					366 COII	menanti Louti (mou	A POHII 7000-38)	
Violation A. Health	B. Section	1	C. Part/Section of					-
Violation A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		56.13	2032		-
Safety Other Other ction II-Inspector's Evaluation					56.13	2032		_
Safety Other Other ction II-Inspector's Evaluation	of Act	Unlikely []			56.12		red [ ]	-
Safety Other Other Countries Evaluation Gravity: A. Injury or Illness (has) (is B. Injury or Illness could re	of Act  b): No Likelihood []		Title 30 CFR	Likely 🗸	Highly Likely	Occur		-
Safety Other Other Countries Evaluation Constitution (II-Inspector's Evaluation Constitution (III) A. Injury or Illness (has) (is	of Act  D: No Likelihood []  B- B- No Lost Workd	lays Losi W	Title 30 CFR	Likely 🗸	Highly Likely Permanent		Fatel []	-
Safety Other	of Act  o): No Likelihood [] s- be: No Lost Workd tisi: Yes [/]	lays Lost W	Title 30 CFR Reasonably Torkdays Or Restrict	Likely 📝	Highly Likely Permanent D. Number of	Occur Occur Obsabling	Fatal 🗌	-
Safety Other	of Act  D: No Likelihood []  B- B- No Lost Workd	No D	Reasonably forkdays Or Restric	Likely 📝	Highly Likely Permanent D. Number of	Occur try Disabiling  Persons Affected Reckless Disrega	Fatal 🗌	
Safety Other	of Act  o): No Likelihood [] s- be: No Lost Workd tisi: Yes [2]	No D	Reasonably forkdays Or Restrict.  C. Moderate  ance (check one)  E. Citation/	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur Occur Obsabling	Fatal (	power
Safety Other	of Act  o): No Likelihood  s- be: No Lost Workd titisl: Yes  A. None	No [] B. Low [] (	Reasonably forkdays Or Restrict.  C. Moderate  ance (check one)	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	- Promoted
Safety Other Countries States Safety Other Countries States State	of Act  o): No Likelihood  s- be: No Lost Workd titisl: Yes  A. None	No [] B. Low [] (	Reasonably forkdays Or Restrict.  C. Moderate  ance (check one)  E. Citation/	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	The second secon
Safety Other Section II-Inspectors Evaluation D. Gravity: A. Injury or Illness could re sonably be expected to C. Significant and Substan I. Negligence (check one)	of Act  o): No Likelihood  s- be: No Lost Workd titisl: Yes  A. None	No [] B. Low [] (	Reasonably forkdays Or Restrict.  C. Moderate  ance (check one)  E. Citation/	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
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Safety Other	of Act  D: No Likelihood  a- be: No Lost Workd tisl: Yes  A. None  C. Safeguard	No [] B. Low [] (	Reasonably  Torkdaya Or Restric  C. Moderate   ance (check one)  E. Citation/ Order Nun	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
Safety Other Other Control II-Inspector's Evaluation  Gravity:  A. Injury or Illness could resonably be expected to  C. Significant and Substant  Negligence (check one)  Type of Action 104a  Initial Action  A. Citation B. Order (Control III-Termination Due A. Diction III-Termination Action	of Act  D: No Likelihood  a- be: No Lost Workd tisl: Yes  A. None  C. Safeguard	No D. Lost W  No D. Low C.	Reasonably  Torkdaya Or Restric  C. Moderate   ance (check one)  E. Citation/ Order Nun	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
Safety Other Other Control II-Inspector's Evaluation  Gravity:  A. Injury or Illness could resonably be expected to  C. Significant and Substant  Negligence (check one)  Type of Action 104a  Initial Action  A. Citation B. Order (Control III-Termination Due A. Diction III-Termination Action	of Act  D: No Likelihood  a- be: No Lost Workd tisl: Yes  A. None  C. Safeguard	No D. Lost W  No D. Low C.	Reasonably  Torkdaya Or Restric  C. Moderate   ance (check one)  E. Citation/ Order Nun	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
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Safety Other Safet	of Act  D: No Likelihood  Book No Lost Workd  Stist: Yes  A. None  C. Safeguard  B. Time	No  B. Low  13. Type of Issue  D. Written Notice  B. Time (24 Hr. Clock	Reasonably  Torkdaya Or Restric  C. Moderate  ance (check one)  E. Citation/ Order Nun	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
Safety Other Content Safety Other Safety Oth	of Act  D: No Likelihood [] B- Be: No Lost Workd  tisi: Yes  A. None []  C. Safeguard []  At Da Yr  B. Time  B. Time  Co. Sevent Numbe	No D. B. Low D. Written Notice  B. Time (24 Hr. Clock	Reasonably Torkdays Or Restric  C. Moderate  ance (check one)  E. Citation/ Order Nun	Likely 📝  thed Duty 📝  D. High    Citation 📝	Highly Likely Permanent D. Number of	Occur ity Disabling  Persons Affected Reckless Disregs	Fatal   : 001 ard  Written Notice	
Safety Other Safet	of Act  D: No Likelihood [] B- Be: No Lost Workd  tisi: Yes  A. None []  C. Safeguard []  At Da Yr  B. Time  B. Time  Co. Sevent Numbe	No D. B. Low D. Written Notice  B. Time (24 Hr. Clock	Reasonably Torkdays Or Restric  C. Moderate  ance (check one)  E. Citation/ Order Nun	D. High Citation M	Highly Likely Permanent D. Number of	Occur try Disabiling  Fersons Affected Reckless Disreg Safeguard  F. Dated	Fatal   : 001 ard  Written Notice	

	ral District	Field Office	Peru,		Mine ID	, <u> </u>	L Da	ate
Mine Citation/Order			-	3. Departme				
Section I-Violation Data			Will	ie Salety and	) riealui /	Administration	(0)	
1. Date (						3. Citation/ Order Number		
			5.0	Inerator		0.000.000		
			(	41 125	<b>_</b>		***************************************	
			7. 1	/line III				(Contractor)
8. Condition or Practice								Notice (103g)
pulley possible fingers or hand	e not adec act with t Should a m e severe l d could oc	quately guathem. The thiner come lacerations cour. A shu	arded on inguarde in cont s, contu it off v	the back d area wact with sion, bralle, ta	k side vas 15 n the : roken l ank pre	e to preve inches wi rotating b bones inju essure gau	ent mi de an delts dries	ners from d 37 and to the
lubricant, power	er switch	are locate	ed back	of the e	xpose	d area.		
			<del></del>			See Continuation	Form (MSHA	Form 7000-3a)
9. Violation A. Health Safety Other	B. Section of Act			lection of 0 CFR		56.14107a		
Section II-Inspector's Evaluation  10. Gravity:								
A. Injury or Illness (has) (t		I Unlikely	☐ Rea	sonably Likely	₩ H	ghly Likely []	Occum	ed []
<li>B. Injury or illness could no sonably be expected to</li>		Vorkdays [] Lo	ost Workdays C	Or Restricted Du	rty 😿	Permanently Disal	oling [	Fatal []
C. Significant and Substan	ntial: Yes 5	No []		9.	D.	Number of Person	s Affected:	001
		B. Low	C. Modera	te 🕅 🔞	D. High [	E. Reckle	ss Disrega	rd []
11. Negligence (check one)	A. None	B. 20W [_]			tion 😿	Order Safeo	uard 🗍	Written Notice
			f Issuance (che	ck one) Cita	mon (A)		S.m.s	
12. Type of Action 104a			E.C	ck one) Cita itation/ inder Number	mon (4)		. Dated	Mo Da Yr
12. Type of Action 104a 14. Initial Action A. Citation B. Order		13. Type of	E.C	itation/	mon (%)		( Annua )	Mo Da Yr
12. Type of Action 104a 14. Initial Action A. Citation B. Order		13. Type of	E.C	itation/	aion (43		( Annua )	Mo Da Yr
12. Type of Action   104a 14. Initial Action A. Citation   B. Order   15. Area or Equipment		13. Type of	E.C	itation/	audi (g)		( Annua )	Mo Da Yr
14. Initial Action	C. Safeguard	13. Type of	E.C	itation/			( Annua )	Mo Da Yr
12. Type of Action     04a 14. Initial Action A. Citation   B. Order   15. Area or Equipment	C. Safeguard	13. Type of	E.C	itation/			( Annua )	Mo Da Yr
12. Type of Action 104a  14. Initial Action B. Order    15. Area or Equipment  16. Termination Due A. D	C. Safeguard	13. Type of	E.C	itation/	aut. (y)		( Annua )	Mo Da Yr
12. Type of Action 104a 14. Initial Action A. Citation B. Order 15. Area or Equipment  16. Termination Due A. D Section III-Termination Action	C. Safeguard	13. Type of	E.C	itation/			( Annua )	Mo Da Yr
12. Type of Action   104a  14. Initial Action   B. Order    15. Area or Equipment  16. Termination Due   A. D  Section (II-Termination Action  17. Action to Terminate	C. Safeguard	D. Written Notice  B. Time (24 Hr	E.C	itation/	auto (g)		( Annua )	Mo Da Yr
12. Type of Action 104a  14. Initial Action B. Order 15. Area or Equipment  15. Area or Equipment  16. Termination Due A. D  Section (III-Termination Action 17. Action to Terminate  18. Terminated A. Date	C. Safeguard	13. Type of	E.C	itation/	auto (g)		( Annua )	Mo Da Yr
12. Type of Action 104a  14. Initial Action B. Order 15. Area or Equipment  15. Area or Equipment  16. Termination Due A. D  Section (II-Termination Action 17. Action to Terminate A. Date  Section IV-Automated System Da	C. Safeguard  Da  Mo Da Yr B.	D. Written Note  B. Time (24 Hr  Time (24 Hr. Clock	E.C	itation/ rder Number			( Annua )	Mo Da Yr
12. Type of Action 104a  14. Initial Action B. Order 15. Area or Equipment  16. Termination Due A. D  Section (II-Termination Action 17. Action to Terminate A. Date	C. Safeguard  Oat  Mo Da Yr  B. ata	D. Written Note  B. Time (24 Hr  Time (24 Hr. Clock	E.C	itation/ rder Number			( Annua )	Mo Da Yr
12. Type of Action 1 04a  14. Initial Action B. Order 1  15. Area or Equipment  16. Termination Due A. D  Section (il-Termination Action  17. Action to Terminate  18. Terminated A. Date  Section IV-Automated System Date  19. Type of Inspection	C. Safeguard  Oat  Mo Da Yr  B. ata	D. Written Note  B. Time (24 Hr  Time (24 Hr. Clock	E.C	itation/ rder Number	or Milit		Dated	Mo Da Yr

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

District North Central District	ct Field Office	Peru, Illinois Mine ID	(	Date 00	9
Mine Citation/Order Continuation		U.S. Department of Labo Mine Safety and Health A			VACCOUNTED BY THE
Section I-Subsequent Action/Continuation Data					İ
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue	Yr 3. Citation/ Order Numbe			THE STREET
A Served To					****
		\ <u>\</u>			-
		7. Mine ID (	(	Contractor)	opens of section
Section IIJustification for Action		(6)			4

The air compressor was de-energized and lock and tagged out of service and the defect list. Citation termination date is extended to allow time for repairs.

Contine III Cultura and Antine Value					See Continuation Form
8. Extended To A. Date Mo. Da	Yr 3. Time (24 Hr. Clock		C. Vacated	D. Terminated	E. Modified
Section IV-Inspection Date					
9. Type of Inspection E01	10. Event Number				
11.		12. Date	Yr	13. Time (24 Hr. C	lock)
MSHA Form 7000-3a, Mar 85 (revised)	-				

ATTACHMENT B

69

rict No	orth Central	District	Field Office	Peru,	Illinois	Mine I	D (	] Da	ate (	20
line Citation	n/Order		1			ment of La and Health	abor Administratio	on .		<u>&gt;</u>
ction I-Violatio	on Data	2. Time (24 Hr	Clock)	T			3. Citation/		-	
Sanga			<del></del>				Order Numb	er		-
				d						
				7.	Mine ID				(Contractor)	
Candition or		he miller		250 10					Notice (103g)	I
xposed or use	area was	nd exposing wide 1 condition e amp syste	H long laxposes mi	ocated	where	the we	lding roo	ds are a	ttached	
Violation	A. Health []	B. Section	(Agrapa)		Section of			etion Form (MSH)	A Form 7000-3a) [	<u>_</u>
ction IIInspec	Safety Other Stor's Evaluation	of Act		Title	30 CFR		56.120	30		_
. Gravity: A. Injury or	Illness (has) (is):	No Likelihood (	") Unlikely	□ Re	asonably Lik	ely 🗸	Highly Likely	Occur	red [T]	
	illness could rea- be expected to be		rkdays [ ] Lo	st Workdays	Or Restricte	Duty 😾	Permanently (	Disabling [	Fatal []	
**************************************	nt and Substanti		No 🗆	-			D. Number of Pe	ersons Affected	001	_
. Negligence	(check one)	A. None	B. Low 🗍	C. Moder	ate 📝	D. High	E.R	eckiess Disrega	ard []	
. Type of Ac	tion 104a		13. Type of	Issuance (ch	eck one)	Citation 🗹	Order 🗌 S	afeguard []	Written Notice	ī
. Initial Action A. Citation		C. Safeguard	D. Written Notice		Citation/ Order Numbe	er e		F. Dated	Mo Da Yr	
Area or Equ	uipment									
. Termination	A. Da		B. Time (24 Hr.	. Clock)						_
ction III-Termi . Action to To		defective	e stinger	on the	e mille	r 225g	was rep	lace wit	h a new	-
ne.							•			
. Terminated	A. Ua		me (24 Hr. Clock							_
				سجسا	21 Prim	ary or Mill	<u> </u>			_
ection IVAuton	spection	20. Event Num	per	l						
ection IV-Auton 9. Type of Ins	spection	20. Event Num	per			P	23. AR Nu	mber	· · · · · · · · · · · · · · · · · · ·	

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

rict North Centra	al District Fi	ield Office	Peru, Illinois	☐ Mine II		Da	te _
line Citation/Order				tment of La	<b>bor</b> Administration		
ection IViolation Data					(	101	
Date	2. Time (24 Hr. C	lock)			3. Citation/ Order Number		
7		**********					
and the second	<del></del>		7. Mine iD			<del></del>	
			1.00				(Contractor)
he 110 volt po	wer cable o	n a Milwa	nikee 1/2 in	ch elect			Notice (103g)
hop had a place							
echanical dama							
ssociated to 1 nspection and				not ener	gized at t	he tir	ne of the
inspection and	no bare wir	es were	exposed.				
	*						
					See Continuation f	orm (MSHA	Form 7000-3e)
Violation A. Health	B. Section		C. Part/Section of Title 30 CFR				
Safety	of Act		1100 30 CFR		56.12004		
Other []	or Act		TIME 30 CFR		36.12004		
Other Other	<u> </u>	(Inlikety C		Rely (*)		Occur	w [7]
Other Other	i): No Likelihood []	Unlikely §	Reasonably L		lighly Likely []	Occurre	
Other Other	i): No Likelihood []			ed Duty 📝	lighly Likely []	ling []	Fatal []
Other Other	i): No Likelihood []		Reasonably L	ed Duty 📝	lighly Likely []	ling []	
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## United States Department of Labor Mine Safety and Health Administration Office of Accountability

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Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		See Conti		A Form 7000-3a)
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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 3s Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a command with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

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

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8. Condition or F									n Notice (103g)
were not the rear The rear had loos guards w work day	secured of the guard we materi ere 32 i	tail pu tail pu was 48 d lal push inches l cted dut	f cleaning lace to properly were inches wide in the glong 14 in the glong the glong the this area	event core attached le 14 inch quard out ches high zards. Mi	ntact. T d at the hes high exposin h. This	the gua top b and 1 g the condit	rds on ut not 2 inch tail p ion ex	both side at the kes from quality. The poses min	des and pottom. ground and ne side ner lost
Section IIInspects 10. Gravity:	A. Health Safety Other Ors Evaluation	8. Section of Act	od [] Unlik	Title :	Section of 30 CFR	<b>√ 2</b> 9 H	See Conti		IA Form 7000-3a) [
	lness could rea- expected to be		Workdays []	Lost Workdays	Or Restricted C	July 🗹	Permanenti	y Disabling []	Fatal []
C. Significant	t and Substantis	si: Yes	Ø No □			D	. Number of	Persons Affected	#: 001
			B. Low i	C. Moder	rate 🗸	D. High	E.	Reckless Disreg	erd []
	(check one)	A. None				(11)	<u> </u>		
11. Negligence		A. None	13 Tvn	a of Issuance (ch	ack one) Cit	TRUCK WA	Order [ ]	Safeguard	Written Notice
11. Negligence (	on 104a	A. None	13. Typ	e of issuance (ch	<del></del>	tation 😾	Order []	Safeguard [	Written Notice
11. Negligence ( 12. Type of Action 14. Initial Action A. Citation	on 104a	C. Safeguar		E. (	eck one) Citation/ Order Number	tation 🕢	Order []	F. Dated	Written Notice  Mo Da Yr
11. Negligence ( 12. Type of Action 14. Initial Action A. Citation [ 15. Area or Equi	B. Order	C. Safeguar	d D. Written M	E. (	Citation/	tation 😥	Order []		
11. Negligence ( 12. Type of Action 14. Initial Action A. Citation [ 15. Area or Equi	B. Order Due A. Date	C. Safeguar	d D. Written M	Notice   E. (	Citation/	tation 🗹	Order []		
11. Negligence ( 12. Type of Action 14. Initial Action A. Citation [ 15. Area or Equi 16. Termination Section 8I-Termin	B. Order Due A. Date	C. Safeguar	d D. Written M	Notice   E. (	Citation/	tation 💆	Order []		
11. Negligence ( 12. Type of Action 14. Initial Action A. Citation   15. Area or Equi 16. Termination Section III-Termin 17. Action to Termination	B. Order Due A. Date atton Action	C. Safeguar	d D. Written M	For the second s	Citation/	Istuon 😼	Ordar []		
11. Negligence (12. Type of Action 14. Initial Action A. Citation 15. Area or Equi 15. Area or Equi 16. Termination Section 81-Termin 17. Action to Termin 17. Action to Termin 18. Terminated	B. Order Due A. Date  A. Date  Mo	C. Safeguar	D. Written M	For the second s	Citation/	Istuon So	Order []		
11. Negligence (12. Type of Action A. Citation 15. Area or Equi 15. Area or Equi 16. Termination Section Bi-Termin 17. Action to Tei 18. Terminated Section IV-Automa 19. Type of Insp	B. Order Due A. Oats alton Action milinate  A. Date Moats at a System Data ection Data	C. Safeguar	B. Time (24 Hr. Clo	For the second s	Citation/	or Mill	Order []		
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11. Negligence (12. Type of Action A. Citation ) 15. Area or Equi 16. Termination Section 81-Termin 17. Action to Termin 18. Terminated Section IV-Autom 19. Type of Insp	B. Order Due A. Date Mo Action and System Date ection a) E01	C. Safeguar	B. Time (24 Hr. Clo	i Hr. Clock)	Citation/ Order Number	or Mill	23. AR N	F. Deted	

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

strict North Central Distric	t Field Office	e Peri	ı, Illino	is Mine I	D [	_ Date	e [ 200
Mine Citation/Order Continuation				partment of L afety and Heal	.abor th Administratio	n .	
Section ISubsequent Action/Continuation Data  1, Subsequent Action 1a. Continuation	2. Dated (Original Issue)	<b>M</b>	Yr	3. Citation/ Order Numbe			
A Sened To			7. Mine	•			tractor)

The Gen set that supplies power to the conveyor was lock and tagged out and labeled why. The citation's termination date and time is extended to allow time for the repairs to be made.

Section III. Subse	quent Action Taken							See Continuation Form
8. Extended To	The state of the s	) B. Time (24 Hr. 0	Clock)		C. Vac	ated	D. Terminated	E. Modified
Section IV-inspec								
9. Type of Inspe	ection E01	10. Event Number	<b>,</b>					
11.			г	12. Date	Mo Da	Υr	13. Time (24 P- C	ock)
	-3a Mar R6 (nevisarh		•				(3, 7	

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

trict N	orth Central	District	Field Office	e Peru	, Illinois	Mine II	) [ <b>]</b>	Da	ate [
Mine Citatio	on/Order					tment of La		ition	
Section I-Violati	ion Data			*********	······································				
. Date	,	2 Time /2/	Life Clarks				3. Citation/		S
	٠٠٠ ١٠٠٠						Order Nu	mber	
Served To				ď	5 Oneretor				
-					7. Mine IC	1.1		· · · · · · · · · · · · · · · · · · ·	
					. Ifulle 16				(Contractor)
0	r Practice							8a. Writter	Notice (103g)
The dri	ve belts	and pul	ley on the	e discha	arge co	nveyor v	were no	t guarded	i to
prevent	contact.	. The un	guarded as	rea was	8 inch	es wide	8 inch	es high a	nd 48
inches	from grou	ind. Thi	s condition	on expos	ses min	ers to	lost wo	rk day re	estricted
			yor was no						
			nveyor was						
			lly be in	this fro	o clean	up and	mainte	nance who	n the
conveyo	or is shut	down.							
							See Cont	invaline Form AfCU	4 Earn 7000 2a) [
9. Violation	A. Health	B. Section		C Pa	rt/Section of		See Con	inuation Form (MSH	A FORM 7000-38)
, Viciation	Safety	of Act			e 30 CFR		56.14	112b	
	Other								*
<u> </u>	ector's Evaluation			·					
10. Gravity:	· Massa Assa) (la)	No I Souther			3	Deals [77]	Highly Likely	F1 0000	med i
	r Iliness (has) (ls): r iliness could rea-		xi Unlike	19 (90) I	Reasonably L	INGIA [	LIGHTY LINERY	Occur	1160
	be expected to be		Workdays []	Lost Workday	s Or Restrict	ed Duty 🗸	Permanent	ly Disabling	Fatal [
C. Significa	ent and Substanti	at: Yes	□ No 🕅				D. Number of	Persons Affected	L 001
1. Negligeno	e (check one)	A. None	B. Low	C. Mod	erate 📝	D. High [	E	Reckless Disreg	
2. Type of Ac	ction 104a		13 Type	of Issuance (	chack one)	Citation 📝	Order 1	Safeguard []	Written Notice
4. Initial Action	on				. Citation/		V	F. Dated	Mo Da Yr
A. Citation	B. Order	C. Safeguar	d [] D. Written N	olice 🗌	Order Num	ber .			
15. Area or Ed	quipment								
16. Terminatio	on Due A. Dat	-	B. Time (24	Hr. Clock)					
Cantion III Ta-	election Action								
Section III-Terr									
17. Action to 1	1 Stitungus								
8. Terminate	A. Date Mr	Da Yr	3. Time (24 Hr. Cloc	k		<del></del>			
Section IV-Auto	omated System Data	<u>_</u>							
9. Type of in:	spection	20. Event N	Vumber	)	21. Prin	nary or Mill			
(activity co	ode) E01					· P			
22.							23. AR	Number	
ADUA E				-10-0				MA H- A	and design to the state of
stablished a Na	ational Small Busines	ss and Agriculture	Requistory Ombuden	en and 10 Regir	nol Fairness R	nanda la cacaba c	noments from t	ree, are critical building	out forteret propreu

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

strict North Central Dist	rict Field Office	Peru, Illinois	Mine ID		Da	te [
						, ,
Mine Citation/Order			tment of Lab and Health A			
Section IViolation Data  1. Date 12 T	ime (24 Hr Clock)		1,	3. Citation/		
1. Date		20		Order Number	(b)	
1			• "			ič
		7. Mine ID				(Contractor)
8. Condition or Practice The guards for the						Notice (103g)
both sides of the to The both guard were This condition expo- conveyor was not in acknowledged they we	8 inches wide 38 ses miner lost wo operation at the	B inches look day/resetime of t	ng and 28 tricted o he inspec	3 inches duty type ction, it	from g hazar was	round.
				See Continuation	n Form (MSHA	Form 7000-3e)
9. Violation A. Health B. Se	adlan					
	Act	C. Part/Section of Title 30 CFR		56.141121	,	
Safety of A				56.141121		
Safety of Other Section II-Inspector's Evaluation		Title 30 CFR	kely ∏ Hi	56.14112l	Occum	ed []
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Safety Other	Act  ikelihood [] Unlikely [2]	Title 30 CFR	ed Duty 📝		Occum	Fatal []
Safety Other	Act  ikelihood Unlikely  o Lost Workdays Lost  Yes No	Title 30 CFR Reasonably Li Workdays Or Restricte	ed Duty 📝	ghly Likely  Permanently Dis. Number of Person	Occum	Fatal 🗍
Safety Other	Act  ikelihood [ Unlikely [ ]  o Lost Workdays [ Lost \]  Yes [ No [ ]  ine [ B. Low []	Title 30 CFR Reasonably Li	D. High	ghly Likely [] Permanently Dis. Number of Perso	Occum	Fatal 🗍
Safety Other	Act  ikelihood	Reasonably Li Workdays Or Restricte  C. Moderate  uance (check one)  E. Citation/	D. High	ghly Likely [] Permanently Dis. Number of Perso	Occum abling  ons Affected:	Fatal ☐ 001
Safety Other	Act  ikelihood [ Unlikely [ ]  o Lost Workdays [ Lost \]  Yes [ No [ ]  ine [ B. Low []	Reasonably Li Workdays Or Restricte  C. Moderate  uance (check one)  E. Citation/	D. High	ghly Likely [] Permanently Dis. Number of Perso	Occum abling  ons Affected:	Fatal   001  rd   Written Notice
Safety Other of Action 10. Gravity:  A. Injury or litness (has) (is): No L.  B. Injury or litness could reasonably be expected to be:  C. Significant and Substantial:  11. Negligence (check one)  A. No  12. Type of Action 1048  14. Initial Action  A. Citation B. Order C. Sa	Act  ikelihood	Reasonably Li Workdays Or Restricte  C. Moderate  uance (check one)  E. Citation/	D. High	ghly Likely [] Permanently Dis. Number of Perso	Occum abling  ons Affected:	Fatal   001  rd   Written Notice
Safety Other	Act  ikelihood	Reasonably Li Workdays Or Restricte  C. Moderate  uance (check one)  E. Citation/ Order Numb	D. High	ghly Likely [] Permanently Dis. Number of Perso	Occum abling  ons Affected:	Fatal   001  rd   Written Notice
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enforcement actions. The Ombudaman annually evaluates enforcement activities and raise sech agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FARI (1-888-RS-34-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 29416. 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 confest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

trict North Central Di	istrict Fie	eld Office	Peru, Illinoi	s Mine	ID [	D	ate
Mine Citation/Order				artment of L		ition	
ection IViolation Data					3. Citation/		
. Date					Order Nu	mber	
		<del></del>					(Contractor)
. Condition or Practice						8a. Writte	n Notice (103g)
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Violation A Health   R	Section		C. Part/Section of		See Cont	inuation Form (MSI	(A Form 7000-3a)
Safety Other	Section of Act		C. Part/Section of Title 30 CFR	af .	See Cont	················	(A Form 7000-3a)
Safety Other Other ection II—inspector's Evaluation				d		················	A Form 7000-3a)
Safety Other	of Act	Unlikely 🐼	Title 30 CFR Reasonably	Likely []	56.14 Highly Likely	112b	IA Form 7000-3a)
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# United States Department of Labor Mine Safety and Health Administration Office of Accountability

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Continuon o	r Practice							8a. Writter	Notice (103g)
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<del>maki 1</del>	La de Maria	<b>D</b> 0 . #		2			See Cont	inuation Form (MSH	A Form 7000-3a)
	A. Health Safety Other Cora Evaluation	B. Section of Act			C. Part/Section Title 30 CFR	of	Sea Cont 56.14		A Form 7000-3a)
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ction II-Inspe Defaulty: A. Injury or B. Injury or sonably C. Significa Negligenova Type of Act Initial Actic A. Citation	Safety Other	No Likelihook No Lost V t: Yes [ A. None [ ]	No No No No No No No No No No No No No N	Lost W	Reasonabl Vorkdays Or Rest  C. Moderate  Annee (check one)  E. Citation/ Order No	y Likely	56.14  Highly Likely  Permanent  D. Number of	Occur y Disabling Persons Affected Reckless Disreg: Safeguard	Fatal []  : 001  ard []  Written Notice []
oction IIinspe D. Gravity: A. Injury or B. Injury or sonably C. Significa I. Negligence P. Type of Act I. Initial Action D. Area or Ect Termination D. Termination	Safety Other Other Other Systems (has) (is): r iliness could reabe expected to be ent and Substantia (check one) ction 104a on B. Order Quipment	No Likelihood No Lost V Yes [ A. None	No No No No No No No No No No No No No N	Lost W	Reasonabl Vorkdays Or Rest  C. Moderate  Annoe (check one)  E. Citation/ Order No	y Likely	56.14  Highly Likely  Permanent  D. Number of	Occur y Disabling Persons Affected Reckless Disreg: Safeguard	Fatal [] : 001 ard [] Written Notice []
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Mine Citation/Order					rtment of Labor ly and Health Adi				
Section IViolation Data  1. Date	Yr   2. T	ime (2				Citation/	-		
						Order Number			
					<u> </u>				
J.	LPUIL			7. Mine 10				(Contractor)	
8. Condition of Practice							e. Written Notic		:
An oxygen cylbarrel of gre	linder :	was belr stored	ng stored and used	i in the she i. The cvli	op storage nder was 13	area whe	re a 30 om the o	rease	
barrel and 9	feet a	wav from	a large	open door	. A lid for	the bar	rel was	laving	
on the floor lid. The cyl:	next t	o the ba	rrel and	l had greas	e exposed o	n the to	p side o	of the	
Miners travel									
room. This ha	azard e	xposed n	niners to	injuries :	from a fire	and/or	projecti	le.	
injuries in	the eve	nt the	as cylir	der were to	o explode.	No ignit:	ion sour	ce was	
in the area n	naking	an accid	dent unli	kely.					
						See Continuation F	om (MSHA Form	7000-3a)	
9. Violation A. Health Safety Other	of.	Act		C. Part/Section of Title 30 CFR		56.4601			•
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Safety Other Section II—Inspector's Evalue 10. Gravity:	G of	Aca	linEbah 5	Tatle 30 CFR			Occurred F	•	
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United States Department of Labor Mine Safety and Health Administration Office of Accountability

District North Central District Field Office Peru, Illinois Mine ID Date 2009

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strict No	orth Central	District F	ield Office	Peru, Illinois	Mine ID		(b) (6) Date
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				7. Mine IU			(Contractor)
8. Condition o				tainer conta			itten Notice (1039)
correct	t informat ns. Should	ion about la miner	the haza be expose	y ensuring the redous chemical to an unknowical burns.	al in whi	ich the conta	ainer
9. Violation	A. Health Safety	B. Section of Act		C. Part/Section of Title 30 CFR		See Continuation Form (	MSHA Form 7000-3a)
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United States Department of Labor Mine Safety and Health Administration Office of Accountability

District North Central District Field Office Peru, Illinois Mine IC Date 2009

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

Mine Citation/Order  U.S. Department of Labor Mine Safety and Health Administration (G)  Section 1-Adv  1 Date	trict North Central Dis	strict Field Office	Peru, Illinois N	fine ID	Date (b) (6)
Mine Safety and Health Administration (6)  Section 1-Viol 1 Dire (1 2 Timps)  Section 1-Viol 1 Citation (1989)  There were no warning signs posted around the parts cleaner tank located in the shop as to prohibiting smoking and open flames. The flash point for the cleaning solvent was 148 degrees Fahrenheit. Welding and the use of a cutting or the cleaning solvent was 148 degrees Fahrenheit. Welding and the use of a cutting area daily to do repairs or to travel to the break room. Employees working in and around this area were exposed to the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the community of the street of the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the community of the street of the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion.  See Community of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fire and/or explosion of the possibility of injury, from fir	07/13/2009 11:49	8152236501	MSHA P	ERU FO	PAGE 05
Continue   Continue	Mine Citation/Order				(p) (e)
8. Written Notice (103g)  There were no warning signs posted around the parts cleaner tank located in the shop as to prohibiting smoking and open flames. The flash point for the cleaning solvent was 148 degrees Fahrenheit. Welding and the use of a cutting torch are done 30 feet away from the area in the shop. Miners are in the shop area daily to do repairs or to travel to the break room. Employees working in and around this area were exposed to the possibility of injury, from fire and/or explosion.  8. Volstion A Heath	Section I-Viol	Time (		3. Citation/	
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# United States Department of Labor

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There w		itable access t	o the LP 110 VAC break		
cabinet	had been	place on the E	ast wall in the Hydrat	e building next	to the
breaker	box. The	door panel for	the box was only able	to be opened 3	inches
because	the door	would nit the	metal cabinet. Miners iners to injuries from	are in this are shocks, burns,	or fires
			breakers off in the e		
9. Violation	A. Health	B. Section	C. Part/Section of	See Continuation Form (MS	SHA Form 7000-3a)
9. Violation	A. Hegith Safety Omer	B. Section of Act	C. Pert/Section of True 30 CFR	See Continuation Form (MS 56.12019	814A Form 7000-3a) []
Section II-Inspe					8HA Form 7000-3a)
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Section II—Inspector's Evaluation  10. Gravity:	of Act		Title 30 CFR		56.12021	
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Astabilished a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman anthusity evaluates enforcement actions. The Ombudaman anthusity evaluates enforcement actions of MSMA, you may call 1-88-REG-FAIR (1-88-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudamen, 409 3rd Street, SW MC 2120, Westington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman in in addition to any other rights you may that you may the right to contest chattons and proposed pensities 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

Dis	strict North Central Dis	strict Field Office	Peru, Illinois Mine ID(b	(b) (6) Date 2009
	07/13/2009 11:49	8152236501	MSHA PERU FO	PAGE 10
- 17	e Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	<b></b>
(l	on I-Subsequent Action Continuation Cations III. Continuation	2. Dated   Mo (Original Issue)	Da Yr   3. Citation/ (table)	(Contractor)

suitable warning sign was posted on the entry door to the MCC to warn of :e electrical hazards.

tion III—Subse Extended To	quent Action Take	n De	Yr		1			See Continuation Form
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9. Violation A	A. Health [ ] Safety [ ] Other	B. Section of Act			C. Pan/Section of Title 30 CFR			linuation Form (MS	:HA Form 7000-3a)	
Section II—Inspects	Safety				C. Part/Section of Title 30 CFR				:HA Form 7000-3a)	
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Mine Citation/Order	r				rtment of Lab y and Health /		on	
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9 Violation A, Healt Safe Oth	ty of Act			Part/Section of Title 30 CFR		56.12		
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enforcement actions. The enforcement actions of MS Street, Stor MC 2120, vys	Ombudeman annually 34A, you may call 1-88	evaluates enforceme IS-REG-FAIR (1-688-7	nt activities and re	tes each egency's	responsiveness to a et Small Business A	imail business. Idministration. O	if you wish to come flice of the National	ment on the d Ombudsman, 409
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4.	07/13/2009	11:49	8152236501		MSHA PERU FO	PAGE 15
strict [	North Centr	al District	Field Office	Peru, Illinois	Mine ID	Date 2009

A guard was placed over the exposed 110 volt light bulb.

					See Continuation Form
Section III-Subsequent Action Taken					
8. Extended To A. Data Mo Oa	Ϋ́τ	B. Time (24 Hr. Clock)	[i C. Vacated	Ø D. Terminated	E. Modified
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# United States Department of Labor Mine Safety and Health Administration Office of Accountability

rict North Centr	al District	Field Office Peru	ı, Illinois Mine ID	Date 200
07/13/2009	11:49 8152	2236501	MSHA PERU FO	PAGE 17
Mine Citation/Ord Continuation		W	U.S. Department of Labor Mine Safety and Health Administration	on 《
1. Subsequent Action		2. Dated (Original lasue)	3. Citation/ Order Number	
	-			(Contractor)
Section II-Justification to				

A chain was installed at the top of the ladder and now covers the opening.

Section III-Subse	ovent Action	Taken								See Communion Form
. Extended To			Da	Yr	B. Time (24	Hr. Clack)		C. Vacated	D. Terminated	☐ E. Modified
Section IV-Inspec	The second second		***	110 5	vent Number	(1)				
3. Type of Insp	rough Fi			10. =	AGUI (AGUIDAL					
11. Sig					(1	er	12. Date(	A A A A A A A A A A A A A A A A A A A	13. Time	
ASHA Form 7000		-								

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		MSHA F	PERU FO			PAGE	18
Mine Citation/Order		U.S. Dep	artment of L	abor			
Section IViolation Data		Mine Saf	ety and Healt	h Administrat	ion		,
1. Date 22 Hr Cl	iork)			3. Citation/ Order Num	that		-
	•			1 0,000,140,11	i di		
		-					Contra
8. Condition or Practice A 1 1/2 ton chain come-a-1					8a. Writto	a Madles	/103
hook on the ratchet end was was 1 1/2 inches away from to open and close a bin gas of angle iron and only the side of the steel. Miners thorizontally once a week. Sudden release of energy is under a load.  9. Violation A. Health B. Section of Act Other:  Section B-Propoctors Eveluation	where it si te for the i very tip or use the equal This hazard on the event	hould hi #20 bin. f the ho ipment t exposed	t. The c The hoo ok was t o pull t the min etched h	ome-a-lo k was at ouching the he gate the ers to it ook were	ng was interpretation of the flat open and injuries to brain the flat open and the f	peino to a t up: di clo fro (e w)	g us pic righ osec om hile
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# United States Department of Labor

Mine Safety and 1	Health Administration	
Office of a	Accountability	
District North Central District Field Office Per	ru, Illinois Mine IC(	Date [ 2009
07/13/2009 11:49 8152236501	MSHA PERU FO	PAGE 21
Mine Citation/Order	U.S. Department of Labor	<i>(</i> **)
Section  -Violation Date	Mine Safety and Health Administration	
1. Date 2. Time	3. Citation/ Order Number	. (
e. Condition of Precises		(Contractor)
The shaft on the #20 bin feed screw the moving shaft. The shaft had a b grease zirt was 2 inches away from inches long by 7 inches tall and th inches away from the shaft. Miners close the bin gate that is 12 inche miners to entanglement type injurie	pearing in the middle of the the shaft. The exposed area were vere 2 cans of lubrication grease the bearing once a most standard once a week. This have	shaft and the measured 8 ing spray 6 onth and open or card exposed
		ni Form (MSHA Form 7000-3e)
9. Violation A. Hearth B. Section of Act Other	C. Part/Section of Title 30 CFR 56.14107s	l

9. Violation									A Form 7000-30}
	A Health Safety Other		3	C	: Part/Section of Title 30 CFR		56.14	107a	
lection II—Inspe	cior's Evaluatio	1							
0. Gravity:									
A. Injury or	(las) zamili	(is): No Likelii	Door	Unlikely [	Responsibly L	ikely 💆	Highly Likely	Occur	med 📋
	filmess could be expected t		st Workdays	Lost Wor	rkdays Or Restric	ed Duty 📋	Permananti	y Disebling 😿	Fatel []
C. Significa	ent and Subst	ential: Ye	N N	• 🗆			D. Number of	Persons Affected	l: 001
1. Negligeno	e (check one)	A. None	] В.	Low 🗀 C.	Moderate 🛂	D. High	<u> </u>	Reckless Disreg	ard 📋
12. Type of A	otton 104	3		13. Type of issuer	nce (check one)	Citation 🔀	Order 🗀	Safeguard []	Written Notice
4. Initial Action	Tellinger water card over	[ ] C. Safegu	atrd 🗀 D.1	Written Notice 🗍	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
6. Terminatio	on Due A.	c	Yr B.	Time (24 Hr. Clock)	)				
ection IBTerm	nination Action	-							
7. Action to 1	i emunane								
		Mo De Yr	8, Time (2	4 Hr. Clock			···-		
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17. Action to 1	A Date	Data	8, Time (24 at Number	4 Hr. Clock	21. Pri	nary or Mal	<u> </u>		
8. Terminate Section N-Auto	A Date	Deta 20 Free		4 Hr. Clock	21. Pri	naily or Mal M	23, AR I	fumber (	

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

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ATTACHMENT B

99

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

District North Central District Field Office Peru, Illinois Mine ID Date 2009

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

	Office	of Accountability	7		
trict North Central District	Field Office	Peru, Illinois N	(b) (6 Mine ID	Da	(b) (6) te 2009
07/13/2009 11:49	8152236501	MSHA	PERU FO		PAGE 27
Mine Citation/Order		U.S. Depa Mine Safet	riment of Lat y and Health	or Administration	
Section IViolation Data	A			(b) (	A)
(h.,				3. Citation/ Order Number	***************************************
( <u>f</u>		(b			A
6. Condition or Practice					(Contractor)
There was no guard o	n the leased -1			89.	
exposed area was 3 f the machine is runni hazard exposed miner and fly wheel.	HU BIKI THE ODE	PAROYS COMP	al banks	in O feet	
9. Violation A. Health [ B. Sect		C. Part/Section of		See Continuation Form	(MSHA Form 7000-3a)
Safety of Ac	*	Title 30 CFR		56.14107a	
Section II—Inspector's Evaluation  10. Gravity:					
A. Injury or Illness (has) (is): No Like	elihood [] Unlikely	Reasonably Li	kaly 👽 Hi	ghly Likely []	Occurred [
B. Injury or illness could rea- sonably be expected to be: No	Lost Workdays [] Lo	st Workdays Or Restricts	ed Duty 🗌	Permanently Disabiling	Fatel 🗍
C. Significant and Substantial:	Yes 🐼 No 🗔		D.	Number of Persons At	fected: 001
11. Negligence (check one) A. None	B. Low 🔀	C. Moderate	D. High	E. Reckless (	Disregard []
12. Type of Action 104a	13. Type of	Issuance (check one)	Citation 🐼 (	Order 📋 Safeguard	Written Notice
14. Initial Action A. Citation B. Order C. Safe	guard D Written Notic	E. Citation/ Order Numb	er	F. De	ted Mo Da Yr
15. Area or Equipment					
16 Termination Due A. I	B. Time (24 Hr.	Clock)			,
Section III-Termination Action					
17. Action to Terminste					
18. Terminated A. Date Mo Da Yr	B, Time (24 Hr. Clock				
Section N-Automated System Data  19. Type of Inspection 20 Fa	ent Number	21 Dries	nary or Mill	ı — — — — — — — — — — — — — — — — — — —	(b)
19. Type of inspection (activities and 20. Ed.)  22. Signat		21- Pist	M.	23. AR Number	(b) ——
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	ance wan the provisions of t	ne amen Business Regulator	THUR CHITCHE PAIN	स्टब्स् १५८६ एवं १४४४०, शहर देशीय	व क्रमान करने अधारात व्यवस्था एक्ष

astrollated a National Small Business and Agriculture Regulatory Ombudamen and 10 Regional Fatness boards to receive comments from small businesses about federal agency entorcement actions. The Ombudamen annually evaluates enforcement actions of MSHA, you may call 1-88-REG-FAIR (1-88-734-3247), or write the Ombudamen et Small Business & Brown of MSHA, you may call 1-88-REG-FAIR (1-88-734-3247), or write the Ombudamen et 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.

			O	ffice of Acco	ountability					
rict Nor	th Central I	District	Field Office	Peru, Il	linois N	Mine ID (p		(b) Date	(6)	.009
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Mine Citati	on/Order					rtment of La ly and Health	Administration			
Section IViolat	tion Data						(b	7 (6)	I	
1. Date (I			•	(1			3. Citation/ Order Numbe			
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8. Condition of							n the gri	8e. Written		
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							See Continueto	ion Form (MSH/	1 Form 7000	-3a) [
9. Violation	A. Health Safety Other	B. Section of Act	n		Pan/Section of Title 30 CFR		47.44b			
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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 Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to commend on the enforcement actions of MSHA, you may cgf 1-688-REG-FAIR (1-889-724-3247), or write the Ombudaman at Small Business Administration. Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DG 20416. Please note, however, that your right to the combudamen is in addition to any other rights you may have, including the right to contrast citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Illinois Mine IC( D) (6)  Date	2
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(6 MSHA PERU PAGE	
U.S. Department of Labor Mine Safety and Health Administration (b) (c)	<u> </u>
3. Citation/ Order Number	
	ntrac 03a)
	U.S. Department of Labor Mine Safety and Health Administration (b) (c)  3. Citation/ Order Number

There were three 110 volt breakers in the breaker box located behind the Blend tank at the #19 load-out that were not labeled to indicate what they controlled. The box contained 7 breakers that were all in the on position, in which 4 of the breakers were labeled. Miners are in this area daily to load customer trucks. During maintenance procedures or emergency situations, miners would not what device the breakers controlled and would expose miners to shocks, burns or movement of the controlled device.

						See Conti	inuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		56.12	2018	
Section II—Insp	ector's Evaluation							
10. Gravity:								
	r liiness (has) (ls):		Unlikely 🔀	Ressonably	Likely []	Highly Likely	Occur	red []
	r illness could rea- be expected to be		ys 🗀 Lost W	orkdays Or Restric	ated Duty 🔀	Permanent	y Olsabling 📋	Fatel 🗍
C. Signific	ant and Substanti	al: Yes 🗔	No 🔀			D. Number of	Persons Affected	001
11. Negligen	se (check one)	A. None	B. Low 📋 🧪 🤇	C. Moderste 📋	D. High	<b>Z</b> ) E.	Reckless Disrega	ard 🗍
12. Type of A	dion 104a		13. Type of Issu	ance (check one)	Citation 2	Order []	Safeguard [	Written Notice
14. Initial Act A. Citation		C. Safeguard 🔲 D	. Written Notice	E. Citation/ Order Nur	nber		F. Dated	Mo Da Yr
16. Terminati	A, Dat	e e	3. Time (24 Hr. Cloc	ok)				
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Section N-Aut	omated System Data							
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enforcement ac enforcement ac Street, SW M	letional Small Busine plans. The Ombuden plans of MSHA, you of C 2120, Washington,	55 and Agriculture Regulations of Agriculture Regulations of Agriculture and Color (1984) a	pry Ombudamen and 1 orcement activities and (1-888-734-3247), or w nowever, that your right	10 Regional Palmess d rates each agency's whe the Ombudsman t to file a comment wi	Acards to receive responsivenese: at Small Business In the Ombudama	comments from a to small business. Administration, ( in is in addition to	small businesses about the common of the National Diffice of the National	nent on the Ombudsman, 409 3rd

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

District North Central District Field Office Peru, Illinois Mine ID Date 2009

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

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	☐ Date	2009

# Selected Citations from Two Previous E01 Inspections (Refer to Checklist Item No. 37)

Violation Number	Date Issued	Type Action 30 CFR	S&S	Likelihood	Injury Illness	Persons Affected Negligence	Due Date	Date Term
	_	104(a) Citation 56.20003( a)	N	Unlikely	Lost Days 1	Low		

The Electrical Parts Storage trailer was not being maintained in a orderly condition. The trailer was full of electrical supplies on the walking surface. Cable spools, a barrel, electrical boxes, electrical cables and a pipe bender were placed along the walking path. These items create a trip hazard in the limited space of the trailer. The trailer is not access on a regular basis by miners'making an accident unlikely. Should a miner fall it may result in lacerations, contusions and/or broken bone injuries.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
		104(a) Citation	6.4201(a )(3)	N Ur	ılikely	Lost Days	1 Lo	w		

Hydrostatic testing was not provided within the previous 12 years for the 5 pound ABC type fire extinguisher mounted on the GMC company #2801 service truck parked in the maintenance shop (manufactures date on label indicating 1993). The lack of verifying fire extinguisher cylinder integrity through hydrostatic testing can present user to laceration type injuries upon cylinder failure. The fire extinguisher visually appeared to be in good condition with no signs of rust on cylinder. A monthly visual exam and an annual exam on March of 2007 had been done and documented.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
		104(a) Citation	6.14207	N Ur	ilikely	Lost Days	1 Mod	erate		

The unathended Ford F150 pick-up truck (license plate # ET9728) was parked on a grade outside of the quality control above the parking brake was set, and the wheels were not chocked or turned into a bank or rib. Should the truck move unexpected and hit a miner it may result in sprains, strains, contusions, lacerations and/or bone crushing injuries. The truck was equipped with an automatic transmission that was in the park position and the tested and functioning park brake was set.

<sup>\*</sup> The 3 citations listed above represent the total number of citations issued during E01 inspections conducted from FY 2007 until the time of this audit.

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	2009
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Violation Number	Date Issued	Type Action 30	CFR	S&S	Likelihood	Injury Illness	Persons Affected	legligence	Due Date	Date Term
_(")	_	104(a) Citation 5	6.12004	N	Unlikely Fat	al	1	Moderate		

The outer jacket on the 480 volt power cable, that feeds power to the Hewitt Robins Screen, was cut exposing the color coded insulated conductors to mechanical damage. The green color coded conductor had bare wire showing. The exposed area was located on the discharge conveyor under the screen and measured 1 1/4 inches long, and was 46 inches from the ground. Miners are only in the area to clean up and to do repairs to the belt. Miners working or traveling in this area were exposed to possible shock, burn, and electrocution hazard. The exposed area was not easily seen and the plant has only ran two days this year.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
(0)		104(a) Citation	6.14100( b)	N Ui	nlikely	Fatal	1 Mod	erate		

The low pressure side on the gage for the acetylene regulator was missing the cover and the metal disk was bent which resulted in not letting the needle to move to its actual pressure. The miner using the torches would not know what the pressure was set at resulting in a explosion hazard. The torch set is used on a minimal basis. Miners using the torches with the incorrect setting could be fatal injured from an explosion. The condition was not reported.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
\ (0)		104(a) Citation 5	6.14101( a)(2)	N	Unlikely	Lost Days 1		Low		

The rest activated parking brake on the Dodge service truck, company number 32, was missing several components because the truck had its rear end replaced with a different mode and was not functional. The operator installed with a micro switch braking system which operates off the service brake system. The parking brake is necessary to ensure that the mobile equipment does not move while its parked. The employees were exposed to the hazard of the parked vehicle moving when its unmanned, and running into or over them. The vehicle is typically parked on level ground. The service brakes were functioning when tested. Mine management thought the micro switch braking system was acceptable.

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

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District	North Central District	Field Office	Peru, Illinois	Mine ID	Da	te [	2009

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Violation Number	Date Issued	Type Action 30	CFR	S&S	Likelihood	Injury Illness	Persons Affected	legligence	Due Date	Date Term
		104(a) Citation	56.12004	N	Unlikely Fat	al	1	Moderate		

The outer jacket on the 480 volt power cable, that feeds power to the Hewitt Robins Screen, was cut exposing the color coded insulated conductors to mechanical damage. The green color coded conductor had bare wire showing. The exposed area was located on the discharge conveyor under the screen and measured 1 1/4 inches long, and was 46 inches from the ground. Miners are only in the area to clean up and to do repairs to the belt. Miners working or traveling in this area were exposed to possible shock, burn, and electrocution hazard. The exposed area was not easily seen and the plant has only ran two days this year.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
		104(a) Citation 5	6.14100( b)	N Uı	ılikely	Fatal	1 Mod	erate		

The low pressure side on the gage for the acetylene regulator was missing the cover and the metal disk was bent which resulted in not letting the needle to move to its actual pressure. The miner using the torches would not know what the pressure was set at resulting in a explosion hazard. The torch set is used on a minimal basis. Miners using the torches with the incorrect setting could be fatal injured from an explosion. The condition was not reported.

Violation Number	Date Issued	Type Action	30 CFR	S&S	Likelihood	Injury Illness	Persons Affected	Negligence	Due Date	Date Term
		104(a) Citation 5	6.14101( a)(2)	N	Unlikely	Lost Days 1		Low		

The foot activated parking brake on the Dodge service truck, company number 32, was missing several components because the truck had its rear end replaced with a different mode and was not functional. The operator installed with a micro switch braking system which operates off the service brake system. The parking brake is necessary to ensure that the mobile equipment does not move while its parked. The employees were exposed to the hazard of the parked vehicle moving when its unmanned, and running into or over them. The vehicle is typically parked on level ground. The service brakes were functioning when tested. Mine management thought the micro switch braking system was acceptable.

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

District North Central District Field Office Peru, Illinois Mine ID Date (6)

District North Central District Field Office Peru, Illinois Mine II ( Date 2009)

Photo No. 1 - Primary Crusher



Photo No. 2 - Lack of Guard at end of stairs to first level of cursher

District North Central District Field Office Peru, Illinois Mine ID Date 2009

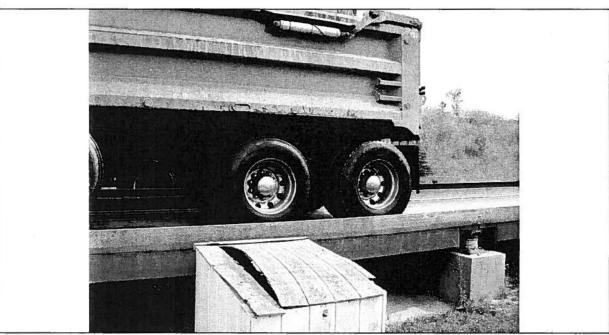


Photo No. 3 - Inadequate guard for elevated scales



Photo No. 4 - Adequate guard on adjacent elevated scales

District North Central District Field Office Peru, Illinois Mine ID Date 2009

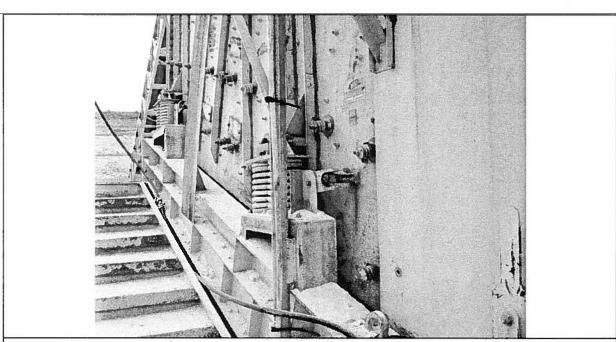


Photo No. 5 - Walkway side of sizing screen

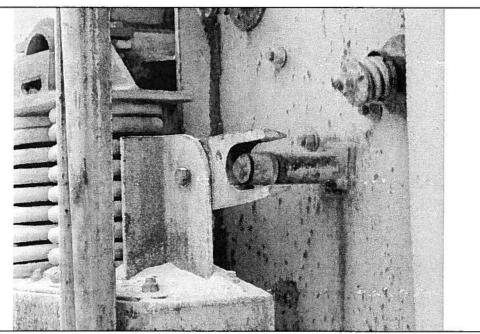
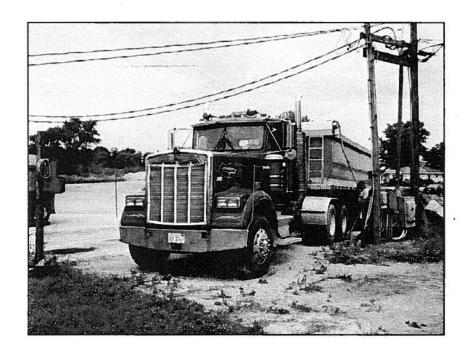


Photo No. 6 - Lack of guarding on sizing screen

District North Central District Field Office Peru, Illinois Mine ID Date 2009

Power lines above the mobile equipment not protected permitted to exist for over 10 years.





District North Central District

Field Office Peru, Illinois Mine ID

Date

2009

# Inadequate Guarding at tail roller



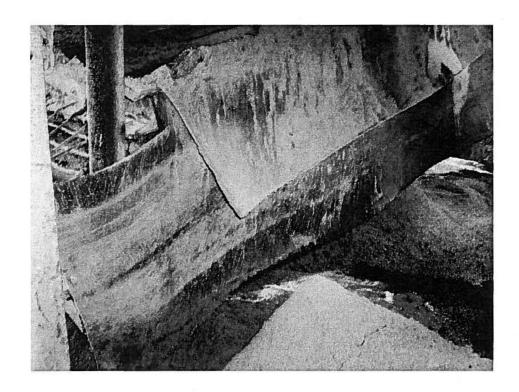


District North Central District

Field Office Peru, Illinois Mine ID



Date



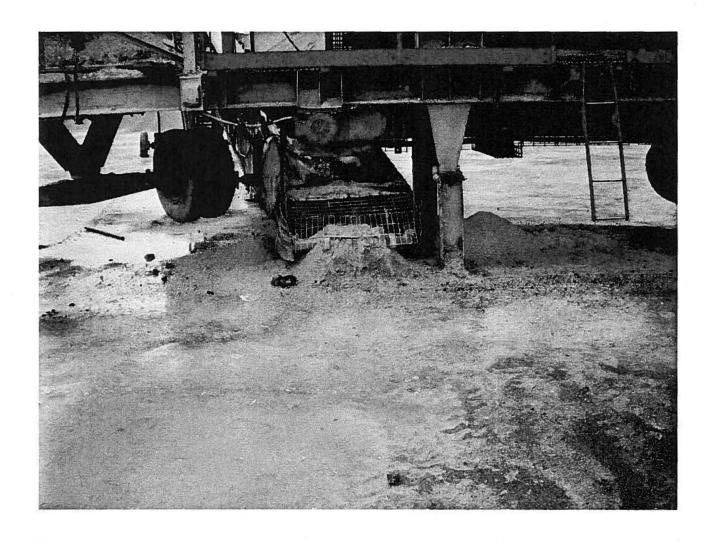
# United States Department of Labor Mine Safety and Health Administration Office of Accountability

District North Central District

Field Office Peru, Illinois Mine ID

Date [

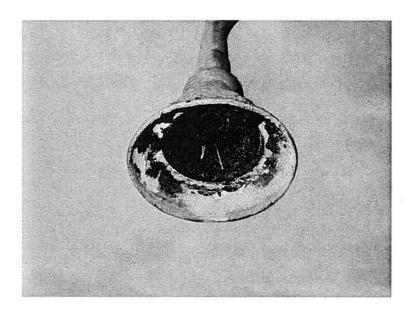




### United States Department of Labor Mine Safety and Health Administration Office of Accountability

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District	North Central District	Field Office	Peru, Illinois	Mine ID		Date	2009
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Violation that appears to have been permitted to exist for long period of time



(b) (6)	Mine Name	Mine Type	Mine Status Desc	Flacal Year Event No.	Insp Acty	Seginaing Ending Date Date	inpect CIO/S	Vio per 100 inep Hra.
,, (0)		Surface	intermitient	2007 0999648	Regular Safety and Health Inspection	10/25/06 10/25/06	3 -	.00
				End of Rep	ort			

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District	North Central District	Field Office	Peru, Illinois	Mine ID	Date (	

"Mine (D	Mine Name	Mine Type	Mine Status Desc	Flocal Year	rEvant Ho.	Inap Acty	Beginning Date	Ending Date	inpect Hrs	C/O/S Issued	Vio per 100 insp fire.
(b) (6)		Surface	intermetters	2908	1001026	Regular Safety and Heafth Inspection	10/23/07	10/25/07	21	7	33.33
No. of the last of				ě	End of Repo	ń				***************************************	
11 <i>1</i> 24/05 - PJ	Montall - O										₽age t

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

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District	North Central District	Field Office	Poru Illinois	Mine ID	1		
District	North Central District	Field Office	reiu, minois	Wille ID		L	100

ine iD	Mine Hame	Mine Type	Mine Stains Desc	Flacal Yea	arevent No.	Inap Acty	Beginning Oate	Ending Date	Inpect Hra	C/O/S	Vio per 100 insp Hrs.
) (6)		Surface	Active	2007	1000139	Regular Safety and Health inspection	10/25/06	10/26/06	15		.00
		3 urface	Activa	2007	1000008	Regular Safety and Health Inspection	06/19/07	0G/21/07	15	1	6.67
					End of Repo	rt					

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

	and the second			-	 _	_
District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	
			(6).	-	 -	_

'Mine ID	Mins Name	Міпэ Туре	Mine Statua Deac	Flacal Ye	ar Event No.	Insp Acty	Beginning Date	Ending Date	inpect Hra	C/O/S issued	Vio per 100 Insp Hra.
(b) (6)		Surface	Active	2005	1001144	Regular Safety and Health Inspection	01/09/08	01/09/00	E	-	_00
		Surface	Active	2006	1001512	Regular Safety and Health Inspection	02/18/08	02/20/08	30	2	6.61
MANAGEMENT				10000000000000000000000000000000000000	End of Repo	ort					
		1.41									

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

District	North Central District	Field Office	Peru, Illinois	Mine ID	Date	٦
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Alne ID Mine Harne	Mina Type	Mino Sizius Does	Flecal Ye	ar Event No.	insp Acty	Beginning Date	Ending Date	Inpect Hrs	C/O/S leaved	Vio per 190 inap Hra.
o) (6)	Surface	Active	2009	6511631	Regular Safety and Health Inspection	03/04/09	03/05/09	3	_	.00
	Surface	Active	2009	1011545	Regular Safety and Health Inspection	07/07/09	07/09/09	22	20	33.02
				End of Repo	art					
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# United States Department of Labor Mine Safety and Health Administration Office of Accountability

District	North Central District	Field Office	Peru, Illinois	Mine ID		Date	
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United States Department of Labor Mine Safety and Health Administration Office of Accountability

District North Central Di	strict Field Office	Peru, Illinois	Mine I <u>C</u> (	] Date [	

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

District North Central District Field Office Peru, Illinois Mine ID Date