December 07, 2009

MEMORANDUM FOR: MICHAEL A. DAVIS

Deputy Assistant Secretary for

Mine Safety and Health Administration

FROM: PETER J. MONTALI

Acting Director of Accountability for Mine Safety and Health Administration

BILLY R. RANDOLPH Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Coal District 9, Price

Introduction:

This memorandum summarizes the Office of Accountability audit of the subject mines and field office. Audit subjects included, but were not limited to, the Uniform Mine File, MSHA field activities, level of enforcement, evaluations of gravity and negligence, Field Activity Reviews (FARs), MSHA supervisory and managerial oversight, mine plans, and the condition and practices at the mines. The audit was conducted during the week of the Week of Billy R. Randolph (Accountability Specialist) and Peter J. Montan (Acting Director of the Office of Accountability). Positive findings and issues requiring attention are included in this audit report.

Overview:

The audit team traveled to the subject field office and mines to observe and evaluate areas mentioned above.

Areas of the Mine examined during this audit were the active main travelways & haulage ways, areas of the main and section belt drives and beltlines, section refuge chamber, approved plans, and postings. Areas of the Mine examined during this audit were records, postings, check in check out system, main travel haulage, 5th left longwall section, section ventilation controls, refuge chamber, power center, emulsion storage tank, 5th left long-wall section beltline, and section belt drive.

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

- 1. Interviews with field office supervisor indicate knowledge of enforcement procedures, policies, and evaluation of conditions.
- 2. Personnel at the field displayed a professional attitude and appearance.
- 3. Inspectors' notes were detailed and extensive.
- 4. 103i Inspections were conducted within proper timeframes.
- 5. CMI's conducting inspections during the accountability audits conducted the inspections in a professional manner and were knowledgable in the Agency's policy, procedure, and regulations.
- 6. CMI's addressed each violation identified during the inspection.

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

- 1. Citations issued for violations are not always properly evaluated regarding gravity, negligence and type of action. { See Attachment C }
- 2. Statement in the condition or practice such as "No Methane Present", No Ignition Source", roller not hot", "Area was wet", "Belt off at time of citation", "The machine was not in operation at time of citation", "no CH4 detected and belt sensors were in place", should not be written in the body of citation and is not according to policy {See Citation and order writing handbook pp 7}.
- 3. The proper level of enforcement is not always being utilized. Inspectors are evaluating the citation with the circumstances just at the time of issuance and not considering "if a miner has been, will be, or could be if normal mining operations were to continue". { Citation & Order writing Handbook pp 17} See Attachment C could not clearly define minimum criteria required to issue a citation

unuer 104(a)

- 5. Repeat violations are not always used in the determination of negligence.
- 6. Record of examination refuge chambers were not being entered into the pre-shift examination record book for any of the refuge chambers at the (b) (6) Mine.

FEDERAL REGISTER VOL. 73 No. 252, DECEMBER 31, 2008 AMENDED 75.360 TO INCLUDE PRE-SHIFT EXAMINATION OF THE REFUGE ALTERNATIVE.)

RECOMMENDATION: Memo or PIB be issued to ensure that all districts are aware of this requirement that the examination of refuge chambers be entered on each pre-shift.

7. A PETITION OF MODIFICATION WAS GRANTED TO THE MINE REGARDING THE BELT FIRE SUPPRESSION SYSTEM. ONLY 1 LINE NOT 2 BRANCH LINES IS

REQUIRED. THE SPRINKLER SYSTEM IS LOCATED ABOVE THE TOP BELT AND IS NOT REQUIRED TO SPRAY THE BOTTOM PART OF THE TOP BELT AND THE TOP PART OF THE BOTTOM BELT. IN ADDITION, THE SPRINKLERS ARE NOT REQUIRED TO BE AT 8 FOOT INTERVALS BUT CAN BE ON 10 FOOT SPACING.

- a. Concern: This petition for modification was granted in the 1980's. With the advancement of technology and larger equipment utilized, and what was learned at Aracoma, does it currently provide equal or greater protection than 75.1101-8(b) requires?
- 8. FARs and AAs are not adequately documented and do not always contain sufficient constructive comments to help inspection personnel improve. Boxes were checked with no comments.
- 9. Hazards should be included in the condition or practice on form 7000-3 and generally found not to be included during this review. [See Attachment C]
- 10. Evaluations are not being used regarding continuing operations. Generally evaluated as the condition is at the time of the citation. (*Darby internal review pp* 40-41)
- 11. Two 50/50 gauges are available for field office use. With the amount of underground operations and the citations issued during the accountability audit regarding fire outlet pressure and quantity, it is recommended that additional units be provided for CMI use.

S&S Rate Comparison:

Although the S&S rates for the district and field office were comparable to the national average during FY 2008, the FY 2009 rates were lower than the national average for FY 2009.

S&S Rate Comparison						
Fiscal Year	Price, UT Field Office	Coal District 9	National Average			
2008	29%	29%	35%			
2009	22%	24%	34%			

Time and Activity Comparison:

Although time distribution for E01 inspections conducted by the Vansant field office during FY 2009 are generally good, the data indicates a need to address time expended in the "other" category.

	Surf	ace Facilities	- E01 Inspect	ions	
Travel	Other	Total	Citation	Citation	Total
		On-Site	Writing	Writing	Percent
			On-Site	Off-Site	

			,			
% of Total	10.7	24.7	*62.6	7.9	2.0	100.0

*Total On-Site Hours include citation writing on-site

	Surface Mines – E01 Inspections						
	Travel	Other	Total	Citation	Citation	Total	
			On-Site	Writing	Writing	Percent	
				On-Site	Off-Site		
% of Total	12.8	18.0	*63.2	7.7	6.0	100.0	

*Total On-Site Hours include citation writing on-site

		Underground Mines - E01 Inspections						
	Travel	Travel Other MMU Total Citation Citation Total					Total	
				On-		Writing	Writing	Percent
				Site		On-Site	Off-Site	
% of Tota	1 12.8	19.8	20.4	*64.2		5.54%	<1	100.0

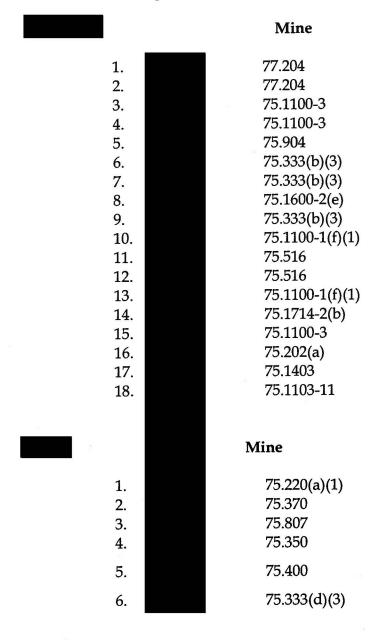
*Total On-Site Hours include citation writing on-site &MMU

Audit Results:

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

Attachments:

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



C. Enforcement actions with questionable evaluations of gravity and/or negligence (With questioned areas shaded)

Evaluate supervisory review of inspection reports and documentation for completeness.
Adequate Inadequate X Not Applicable Comments Below
A review of the prior inspection reports indicate improper determination of negligence, gravity, and type of action on a number of citations issued [See Attachment C]
2. Determine if supervisors address report deficiencies immediately
Adequate Inadequate X Not Applicable Comments Below
The deficiencies highlighted on the citation listing in Attachment C have that been reviewed by the supervisor were not addressed or corrected.
Determine if supervisors are visiting each assigned mine at least 3. annually
Adequate X Inadequate Not Applicable Comments Below
Supervisors accompany inspectors on their regular inspections and 103(i) inspections routinely.
Evaluate the quality of Field Activity Review reports (FARs)
Adequate Inadequate X Not Applicable Comments Below
All FAR's reviewed had all marked the same with no comments on any of the ones reviewed.

Price, UT FO Mine ID

Multiple

District Coal District 9 Field Office

Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted. Adequate Inadequate X Not Applicable Comments Below Performance-based issues are not being immediately addressed, as evidenced by inaccurate evaluations of gravity and/or negligence during accompanied inspections. During an accompanied visit citation (See attachment D) was issued for methane accumulation of over 2% and was evaluated as 104(a) Non S&S, Unlikely, No Days Lost and 7 people affected. The action to terminate this citation was written as "The longwall was shut down and the gas dropped to 2 percent of methane". Accompanied visit during event citation was issued under 75.512 but multiple violations were combine rather that issuing separate citations according to policy. The body of the citation read as follows; "In the 10th West (a 2-entry development section off the west side of the Mains which is under construction) between crosscut-3 and crosscut-4 in what will be the future belt entry, the Operator failed to maintain the battery charging station located there in a safe operating condition. The re-set switch for the fire suppression system was damaged. The entrance gland conduit nut was cut down one side and no longer could serve the purpose for which it was designed. Also, the plunger rod on the re-set switch was without a knob. In addition, the grounding cable used between the charging station and the battery set being charged had 2-cuts in the outer jacket which exposed the copper conductor of the cable in question". The citation was evaluated as 104(a) Non S&S, Unlikely, Lost Work Days, 1 Affected, Mod Negligence.
Evaluate the quality of Aggermanical Inspections
6. Evaluate the quality of Accompanied Inspections
Adequate Inadequate X Not Applicable Comments Below
See #4 & 5 above.

District | Coal District 9 | Field Office Price, UT FO Mine ID Multiple Date Determine if supervisors are thoroughly reviewing mine files at least annually 7. Adequate X Inadequate Not Applicable Comments Below Audit did not have the opportunity to review all of the mine files. Determine if Assistant District Manager is holding supervisor accountable for 8. general mine visits, FARs, and accompanied activities Adequate Inadequate | X | Not Applicable Comments Below Supervisors are conducting general mine visits and FARS but the quality of the reviews is questionable. [see 4 & 5 above and attachment D] Determine if District Manager is using Performance Management System to 9. hold ADMs accountable for oversight of subordinates Inadequate | X | Adequate Not Applicable X Comments Below Not reviewed due to time constraints of the Audit team Determine if ADMs and DMs are visiting mines with poor compliance at 11. least monthly Inadequate Adequate Not Applicable Comments Below How is poor compliance determined? Evaluate required monthly reports of supervisory and management mine 12. visits X Inadequate Not Applicable Adequate Comments Below

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district
Adequate Not Applicable Comments Below
Price FO has 26 mining operations which 12 mines are classified as either Non Producing, Temporarily Idled, or New Mines. Personnel assigned to the field office are as follows; 14 CMI's UG, 2 Mine Safety & Health Specialists, 1 Electrical, and 2 Supervisors.
Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness
Adequate Inadequate X Not Applicable Comments Below
See Attachment C
Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector
Adequate Inadequate X Not Applicable Comments Below
Time expended in the "other" category for regular inspections at surface accounts for 25% of the total time

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures
Adequate X Inadequate Not Applicable Comments Below
Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations
Adequate Inadequate X Not Applicable Comments Below
See Attachment C.
Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine
Adequate Inadequate X Not Applicable Comments Below
Enforcement levels at the Price field office were below the national average for S&S elevated enforcement levels. Price FO had an S&S rate of 22% with the National Rate of 34%. (See Attachment C)
Determine if District Manager is monitoring the ACRI program and using the 21. Performance Management System to ensure that CLRs justify changes
Adequate
ACRI Program was not audited.
Determine if District Manager is using discretion in granting conferences
Adequate Not Applicable X Comments Below

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
ACRI review was not conducted at time of this audit.
Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions
Adequate Not Applicable X Comments Below
Review of the Peer Review was not conducted at the time of this audit.
Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance
Adequate Inadequate Not Applicable X Comments Below
Supervisor stated that he has never had to take any actions for any reason with the
inspectorate workforce.
Determine if complete and thorough inspections are being conducted and adequately documented
Adequate Inadequate X Not Applicable Comments Below
Fire fighting equipment not being maintained. Five citations issued 75.1100/75.1103 during the audit with one citation issued for the waterline no being charged with water and available for fire fighting. {See Attachment B Cit#'s (b) (6) See Aracoma Internal Review pp 105-112}
A STATE OF THE PARTY OF THE PAR
Determine if in most in most and another most dust consults and tradition
Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety
30. map/diagram support the inspector's assertion that the mine was inspected

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine that the inspector spent sufficient time on off-shifts and on weekends
Adequate X Inadequate Not Applicable Comments Below
Determine if the SCSR inventory database has been implemented to track inspections of SCSRs
Adequate Not Applicable Comments Below
Not reviewed during the audit.
Determine if areas deemed "too wet" for rock dust surveys are re-visited and sampled
Adequate Not Applicable Comments Below
Not reviewed during the audit
Determine if all mine record books, postings, and other required materials are examined during the inspection
Adequate X Inadequate Not Applicable Comments Below
Determine if all provisions of the MINER Act are evaluated during the inspection
Adequate Not Applicable Comments Below
Inspection was ongoing therefore it was not determined if all provisions were evaluated during this audit.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals
Adequate X Inadequate Not Applicable Comments Below
Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement
Adequate Inadequate X Not Applicable Comments Below
See Items No. 19, No. 79, and Attachment C.
Ĭ.
38. Accompany and evaluate inspector's imminent danger run
Adequate Not Applicable Comments Below
Audit team travel in the outby areas and did not examine the active working places or faces at the time of the audit.
39. Check adequacy of preshift/onshift examinations
Adequate X Inadequate Not Applicable Comments Below
A review of the record books indicate hazards were reported at various times.
40. Evaluate inspector's observation of roof conditions.
Adequate X Inadequate Not Applicable Comments Below
Inspector identified a hazard regarding loose ribs along the beltline and took proper enforcement action to correct the hazard.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
41. Evaluate operator's workplace examinations
Adequate X Inadequate Not Applicable Comments Below
Evaluate conditions on working section and observe work cycle
Adequate
Sections were not visited during the audit. Sections were inspected prior to the audit team arriving.
43. Observe air quantity, quality, and gas checks by inspector
Adequate X Inadequate Not Applicable Comments Below
Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training?
Adequate Not Applicable Comments Below
Audit team did not have the opportunity to interview miners during the audit.
Evaluate Self-Contained, Self-Rescuer condition, storage, signage
Adequate Not Applicable Comments Below
Self rescuers were carried by all miners observed except for one miner not maintaining his rescuer within 50 feet of his work area. Citation issued. <i>{See Attachment B - Cit # (b) (6) }</i>

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training
Adequate Not Applicable X Comments Below
Did not evaluate during the audit.
Examine electrical cables on several pieces of equipment
Adequate
Underground face equipment was examined prior to the audit.
Evaluate several pieces of equipment for permissibility
Adequate Not Applicable Comments Below
Equipment checked previously by the resident inspector.
50. Examine lifelines, mandoors, and related signage
Adequate X Inadequate Not Applicable Comments Below
Examine escapeway map for compliance with regulations

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Evaluate integrity of primary and alternate escapeways
Adequate Inadequate X Not Applicable Comments Below
3 citations were issued for failure to maintain separation between intake, belt and/or return air courses. <i>See Attachment B – Citation nos.</i> (b) (6)
53. Evaluate integrity of return side stopping line
Adequate Inadequate X Not Applicable Comments Below
See item 52.
Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries
Adequate Inadequate X Not Applicable Comments Below
Belt air not maintained according to approved plan, Accumulations at section 6 North section belt, Air lock door not in a closed position - <i>See Attachment B – Citation nos.</i> (b) (6)
Evaluate conveyor belt isolation from other air courses
Adequate Inadequate X Not Applicable Comments Below
See item #54

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)
Adequate Inadequate X Not Applicable Comments Below
Citation issued for the water line not being charged(water shut off) ($^{(b)}$ ($^{(b)}$ ($^{(b)}$ ($^{(b)}$ ($^{(b)}$ ($^{(b)}$)) ($^{(b)}$ ($^{(b)}$)) ($^{(b)}$ ($^{(b)}$)) ($^{(b)}$) ($^{(b)$
57. Observe and evaluate fire detection methods
Adequate Inadequate X Not Applicable Comments Below
Section 2 entry longwall retreat section beltline – cit $\#^{(b)}$ issued for inadequate air movement in the belt entry which in turn renders the sensor ineffective. {See Attachment B}
58. Evaluate cleanup of accumulations and application of rock dust
Adequate Inadequate X Not Applicable Comments Below
See Attachment B – Cit# (b) (6)
59. Evaluate condition of conveyor belt drives, and fire suppression systems
Adequate
Fire suppression systems on belt drives only require one line through petition of modification instead of 2 branch lines. One line above the top belt is approved but does not require the system to have 2 branch lines and positioned to spray the top part of the top belt, bottom part of the top belt and top part of the bottom belt. In addition, the sprinklers are at intervals of no more than 10 feet which is 2 feet further than required under 75.1101-8(a).
Recommendation: A review of the approved petition of modification should be conducted to determine if this system is providing at least the same or greater protection required by the

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
standard. This petition was approved more than 20 years ago and through technological advancement, the belts and take-up units have increased substantially and it is unclear if it currently provides adequate protection.
Determine if all required record books are adequately completed and in compliance with applicable standards ·
Adequate Inadequate X Not Applicable Comments Below
Review of the record books reveled examinations of the refuge chambers were not being entered each shift in the appropriate record book.
Refuge chambers at these mines have been in existence for a number of years and need to be retro-fitted to adequately check the oxygen gauges to determine if they are accurate. VA has had units in their state retrofitted to meet the examination requirements.
Examine mine map for accuracy of workings and escapeway locations
Adequate Not Applicable Comments Below
Audit team did not have an opportunity to review on a one shift inspection.
Examine mine bulletin board and evaluate adequacy of all required postings
Adequate X Inadequate Not Applicable Comments Below
Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes
Adequate
Audit team did not have an opportunity to review on a one shift inspection

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
64. Determine if approved plans address and are compatible with mining conditions and equipment
Adequate X Inadequate Not Applicable Comments Below
Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area
Adequate
Audit team did not have the opportunity to evaluate one set of seals. Did not inspect seals during the days the audit team visited the mine site.
73. Evaluate the approved roof control plan after in-mine visit
Adequate X Inadequate Not Applicable Comments Below
74. Evaluate approved ventilation plan after in-mine visit
Adequate X Inadequate Not Applicable Comments Below
75. Evaluate approved training plan after discussion with miners
Adequate Inadequate Not Applicable Comments Below
Areas of travel during the audit - did not have the opportunity to discuss with miners. Outby areas not in the active section were visited.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)
Adequate Inadequate X Not Applicable Comments Below
See Attachment C
78. Ten most current completed E02 (103(i) spot) inspection reports
Adequate X Inadequate Not Applicable Comments Below
79. Citations, orders, and safeguards issued during previous two quarters
Adequate Inadequate X Not Applicable Comments Below
Evaluations for gravity, negligence, and the type of enforcement action taken are not always consistent with the narrative of the citations issued. Examples of this inconsistency are found in <i>Attachment C</i> .
Recommendation – Proper evaluation of gravity, negligence, and level of enforcement should be addressed during staff meetings. In addition, the OA recommends that district management consult with the National Mine Academy regarding supplemental training for all inspection personnel regarding these issues.
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

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine if all plans and documents in the Uniform Mine File are legible, and up to date
Adequate X Inadequate Not Applicable Comments Below
Determine if approved plans are being properly implemented and continue to be revised/adequate as conditions in the mine change
Adequate
See item # 59
Determine if miners are adequately trained in the provisions of any new plan prior to its implementation
Adequate Not Applicable X Comments Below
Not evaluated on the one shift audit.
92. Determine if a copy of the most recent plan is provided for inclusion in the Uniform Mine File
Adequate X Inadequate Not Applicable Comments Below
Determine if the uniform mine file is reviewed for information related to plan adequacy
Adequate Not Applicable Comments Below

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
Determine if input is solicited from field office inspectors/supervisors, and recommendations are addressed prior to approval
Adequate Not Applicable X Comments Below
Cannot be determined
Determine if plans contain required safety precautions for operating remote controlled equipment
Adequate Not Applicable X Comments Below
Plans appear to be adequate but the audit team did not observe remote controlled equipment since the audit focused on the outby areas.
Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date
Adequate
Did not have the opportunity to review the spreadsheets or database.
Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists
Adequate Not Applicable Comments Below
Cannot be determined at this time - New supervisor at the Price FO
Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?
Adequate X Inadequate Not Applicable Comments Below

District C	Coal District 9 Field Office Price, UT FO Mine ID Multiple Date
118.	Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.
Adequate	X Inadequate Not Applicable Comments Below
119.	Determine if adequate close-out conferences are being conducted at the end of each inspection.
Adequate	X Inadequate Not Applicable Comments Below
	regarding review of the documentation regarding close out conferences but a erence was not conducted during the audit review since the inspection has not oleted.
121.	Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.
Adequate	X Inadequate Not Applicable Comments Below
See Item #	13

ection IViola	on/Order				rtment of Labor y and Health Adminis	tration	
. Date (1		- 14 L	3. Citatio Order	n/ Number	- 34-x 1 x 1
		*2		L		Q., 18/citte	(Contractor)
utby t	the Rock C is leaning	anyon Bel against t	lt Portal the magnet	is not secu	arding the mad ared on the ri cucture. Then and the other	net dump ght side. e is an 1	site just The 8" opening
						ontinuation Form (MSI	HA Form 7000-3a)
. Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		ontinuation Form (MSI	HA Form 7000-3a)
ection IIInsp	Safety 💟						HA Form 7000-3a)
iection II-Insp 0. Gravity:	Safety 🗸 Other	of Act	Unlikely 😧	Title 30 CFR	7	7.204	HA Form 7000-3a)
o. Gravity: A. Injury o	Safety Other Sector's Evaluation or illness (has) (is):	of Act No Likelihood		Title 30 CFR		7.204	
O. Gravity: A. Injury of Sonabh	Safety Solution or illness (has) (is):	of Act No Likelihood [] No Lost Work	days 🗌 Lost	Title 30 CFR Reasonably I	.ikely [j] Highly Like ted Duty ☑ Perman	7.204 Hy Occu	urred []
O. Gravity: A. Injury of sonabh	Safety Other	of Act No Likelihood [] No Last Work		Title 30 CFR Reasonably I	.ikely [j] Highly Like ted Duty ☑ Perman	7.204	urred [] Fatel [] ed: 001
O. Gravity: A. Injury of Sonabh C. Signific	Safety Cother Co	of Act No Likelihood No Lost Work Yes	days Lost	Reasonably I Workdays Or Restrict C. Moderate	Likely [] Highly Like ted Duty Perman D. Number	7.204 hy Occurrently Disabiling of Persons Affecte E. Rackless Disreg	urred [] Fatel [] ed: 001
O. Gravity: A. Injury of sonabh	Safety Cother Co	of Act No Likelihood No Lost Work Yes	days Lost	Title 30 CFR Reasonably I Workdays Or Restric	Likely [j] Highly Like ted Duty [g] Perman D. Numbei	7.204 hy Occurrently Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] od: 001
O. Gravity: A. Injury of Sanabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation	Safety Cother Co	No Likelihood [] No Lost Work I; Yes [] A. None []	No 🔽 B. Low 🗍 13. Type of Is	Reasonably I Workdays Or Restric C. Moderate Suanoe (check one)	Likely Highly Like ted Duty Permane D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
Section II-Insp O. Gravity: A. Injury of B. Injury of Sonabh C. Signific 1. Negligen 2. Type of A	Safety Cother Co	No Likelihood [] No Lost Work I; Yes [] A. None []	No 🔽 B. Low 🗍 13. Type of Is	Reasonably I Workdays Or Restric C. Moderate Suanoe (check one)	Likely Highly Like ted Duty Permane D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
O. Gravity: A. Injury of Sanabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation	Safety Cother Co	No Likelihood [] No Lost Work I; Yes [] A. None []	No 🔽 B. Low 🗍 13. Type of Is	Reasonably I Workdays Or Restric C. Moderate Suanoe (check one)	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
O. Gravity: A. Injury of Sanabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation	Safety Cother Other Other Seveluation or Illness (has) (is): or illness could read be expected to be cant and Substantia co (check one) oction 104(a) ion B. Order	of Act No Likelihood No Lost Work Yes A. None C. Safeguard	No 🔽 B. Low 🗍 13. Type of Is	Reasonably I Workdays Or Restric C. Moderate Sauance (check one) Celtations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
A Injury of B. Injury of Sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E	Safety Cother Other Other Cother Coth	of Act No Likelihood No Lost Work Yes A. None C. Safeguard	No 🔽 B. Low 13. Type of Is D. Written Notice	Reasonably I Workdays Or Restric C. Moderate Sauance (check one) Celtations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
A Injury of B. Injury of Sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E	Safety Cother Other Othe	of Act No Likelihood No Lost Work Yes A. None C. Safeguard	No V B. Low 13. Type of Is D. Written Notice	Reasonably I Workdays Or Restrict C. Moderate C. Moderate C. Moderate Check one) Creations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
oction II-Insp 0. Gravity: A. Injury of B. Injury of sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E 6. Terminat	Safety Cother Other Othe	No Likelihood No Lost Work Yes A. None C. Safeguard	No V B. Low 13. Type of Is D. Written Notice	Reasonably I Workdays Or Restrict C. Moderate C. Moderate C. Moderate Check one) Creations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
oction II-Insp 0. Gravity: A. Injury of B. Injury of sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E 6. Terminat	Safety Cother Other Cother Cot	of Act No Likelihood [] No Lost Work I: Yes [] A. None [] C. Safeguard []	No V B. Low 13. Type of Is D. Written Notice	Reasonably I Workdays Or Restrict C. Moderate C. Moderate C. Moderate Check one) Creations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
oction II-Insp O. Gravity: A. Injury of B. Injury of Sonably C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E 6. Terminat ection III-Ter 7. Action to	Safety Cother Other Cother Indicate Severation or Illness (has) (is): or illness could read be expected to be expected to be exant and Substantia coe (check one) oction 104(a) ion B. Order Dequipment on Due A. Date ministion Action Terminate The	of Act No Likelihood [] No Lost Work I: Yes [] A. None [] C. Safeguard []	No 📝 B. Low 13. Type of Is D. Written Notice . Time (24 Hr. C	Reasonably I Workdays Or Restrict C. Moderate C. Moderate C. Moderate Check one) Creations Order Num	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
O. Gravity: A. Injury of B. Injury of Sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E 6. Terminat ection III—Ter 7. Action to 8. Terminat 9. Type of I 9. Type of I	Safety Cother Other Other Cother Coth	of Act No Likelihood [] No Lost Work I: Yes [] A. None [] C. Safeguard []	No 📝 B. Low 13. Type of is D. Written Notice Time (24 Hr. C	Reasonably I Workdays Or Restric C. Moderate B. Suance (check one) C. Coder Num Clock)	Likely Highly Like ted Duty Perman D. Number D. High Citation Order	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
O. Gravity: A. Injury of B. Terminat Section III—Ter	Safety Cother Other Other Cother Coth	of Act No Likelihood [] No Lost Work I: Yes [] A. None [] C. Safeguard [] guarding B. Time	No 📝 B. Low 13. Type of is D. Written Notice Time (24 Hr. C	Reasonably I Workdays Or Restric C. Moderate Sauance (check one) Citations Order Num Clock)	Likely Highty Likely Permander D. Number D. High Citation Order D. Highty Order D. Hight	7.204 Any Occupantly Disabiling of Persons Affecte E. Rackless Disreg	Fatal [] rd: 001 gard [] Written Notice []
O. Gravity: A. Injury of B. Injury of Sonabh C. Signific 1. Negligen 2. Type of A 4. Initial Act A. Citation 5. Area or E 6. Terminat ection III—Ter 7. Action to 8. Terminat 9. Type of I 9. Type of I	Safety Cother Other Other Cother Coth	of Act No Likelihood No Lost Work Yes A None C. Safeguard guarding B. Time	No V B. Low 13. Type of Is D. Written Notice Time (24 Hr. C	Reasonably I Workdays Or Restric C. Moderate Suance (check one) Clock) Ped . 21. Pri	Likely Highty Likely Permander D. Number D. High Citation Order D. Highty Order D. Hight	7.204 ety Occurantly Disabiling Occurantly Disabiling Occurantly Disabiling F. Reckless Disregulard F. Deled R. Number	Fatal [] rd: 001 gard [] Written Notice []

	on/Order				Department of La Safety and Health		* 1	
Section I-Violat 1. Date	ion Data	- 12 Tirns (24 Hr	-Clock)	rinda (an lan	School and Control	3. Citation/ Order Num		***********
(To			-			Older Hullian		
		<u> </u>					-	9 .
							8a. Written No	(Contractor)
opening	measure k in the	d 7' by 5' immediate	6". The area. C	re is su oal and	belt near to bstantial ever cock measure	vidence of ed up to 9	falling " in dia	
rnere 1	.s eviden	ce or root	print and	tracks	directly und	der the op	ening.	
	5 10							
							n Form (MSHA Fo	vm 7000.to)
		To out		Lo num		See Continuatio	II FOIII (MASIVA FO	(III)
9. Violation	A. Health Safety	B. Section of Act		C. Part/Sec Title 30		77.204	ar Politi (INSTOCTE	<u> </u>
Section II—Inspe							ar rum (waster ru	
Section II—Inspe	Safety 🗸 Other	of Act] Unlikely	Title 30	CFR		Occurred	
Section II—Inspe 10. Gravity: A. Injury of B. Injury of	Safety V Other C	of Act No Likelihood [Title 30	CFR	77.204	Occurred	
Section II-Inspe 10. Gravity: A. Injury of B. Injury of sonably	Safety Other	of Act No Likelihood [No Lost Wo		Title 30	onably Likely [2] Restricted Duty [3]	77.204	Occurred	
Section II-Inspe 10. Gravity: A. Injury or B. Injury or sonably C. Significa	Safety Other	of Act No Likelihood [No Lost Wo	rkdays D Lo	Title 30	onably Likely [v] Restricted Duty [v]	77.204 Highly Likely [] Permanently Disa	Occurred	Fatai [] 001
Section II-Inspe 10. Gravity: A. Injury or B. Injury or sonably C. Significa	Safety Other	of Act No Likelihood [No Lost Wo at: Yes 🐼	No B. Low	Title 30 Reask	onably Likely [2] Restricted Duty [2]	77.204 Highly Likely [] Permanently Disa D. Number of Perso E. Reck	Occurred abling [] ons Affected:	Fatai [] 001
Section II-Inspection 10. Gravity: A. Injury of B. Injury of Sonably C. Significant. 11. Negligeno. 12. Type of A. Initial Activitial	Safety Other	of Act : No Likelihood [No B. Low 13. Type of	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected:	
Section II-inspection II-inspection II-inspection II-inspection A. Injury or Sonably C. Significant. Negligence 12. Type of A.	Safety Other	of Act : No Likelihood [No B. Low 13. Type of	Title 30	onably Likely 📝 Restricted Duty 📝 D. High (cone) Citation 📝	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection 10. Gravity: A. Injury of B. Injury of Sonably C. Significant 11. Negligeno 12. Type of A. 14. Initial Action	Safety Other	of Act : No Likelihood [No B. Low 13. Type of	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection II	Safety Other	of Act No Likelihood [No Lost Wo at: Yes A. None C. Safeguard [No D. B. Low D. 13. Type of D. Written Notice	Rease St Workdays Or C. Moderate Issuance (check	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection A. Injury or Sonably C. Signification 11. Negligeno 12. Type of Artical Action 14. Initial Action 15. Area or En	Safety Other	of Act No Likelihood [No Lost Wo at: Yes A. None C. Safeguard [No B. Low 13. Type of	Rease St Workdays Or C. Moderate Issuance (check	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection A. Injury or Sonably C. Signification 11. Negligeno 12. Type of Artical Action 14. Initial Action 15. Area or Enterprise or Enterprise 16. Termination Section III-Termination	Safety Other	of Act No Likelihood [No Lost Wo al: Yes A None C. Safeguard	B. Low D. D. Written Notice	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection A. Injury or Sonably C. Signification 11. Negligeno 12. Type of Artical Action 14. Initial Action 15. Area or En	Safety Other	of Act No Likelihood [No Lost Wo al: Yes A None C. Safeguard	No D. B. Low D. 13. Type of D. Written Notice	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection II	Safety Other	of Act No Likelihood [No Lost Wo at: Yes A None C. Safeguard copening	B. Low D. D. Written Notice B. Time (24 Hr. i.s guarde	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection III-Inspection II-Inspection III-Inspection III-In	Safety Other	of Act No Likelihood [No Lost Wo at: Yes A None C. Safeguard to opening B. Ti	B. Low D. D. Written Notice	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection III-Inspection II-Inspection III-Inspection III-In	Safety Other	of Act No Likelihood [No Lost Wo al: Yes A None C. Safeguard B. Ti 20. Event Num	B. Low D. Written Notice B. Time (24 Hr. Lis guarde	Title 30	onably Likely 📝 Restricted Duty 💆 D. High (cone) Citation 🗹	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard	Fatai [] 001
Section II-Inspection II	Safety Other Other Other Other Other Sevaluation Illness (hae) (is if illness could report of the expected to the art and Substant on 104(a) on Other	of Act No Likelihood [No Lost Wo al: Yes A None C. Safeguard B. Ti 20. Event Num	B. Low D. Written Notice B. Time (24 Hr. Lis guarde	Title 30	onably Likely 📝 Restricted Duty 🗭 D. High [cone) Citation 📝 attory Jer Number	77.204 Highly Likety [] Permanently Dis. D. Number of Perso E. Reck Order [] Safe	Occurred abling [] ons Affected: cless Disregard eguard [] W F. Dated	Fatai [] 001
Section II-Inspection II	Safety Other Other Other Other Other Sevaluation Illness (hae) (is if illness could report of the expected to the art and Substant on 104(a) on Other	of Act No Likelihood [No Lost Wo al: Yes A None C. Safeguard B. Ti 20. Event Num	B. Low D. Written Notice B. Time (24 Hr. Lis guarde	Title 30	onably Likely 📝 Restricted Duty 🗭 D. High [cone) Citation 📝 attory Jer Number	77.204 Highly Likety Permanently Dist D. Number of Perso E. Reck Order Safe	Occurred abling [] ons Affected: cless Disregard eguard [] W F. Dated	Fatai [] 001

Price, UT FO Mine ID Multiple Date

District Coal District 9 Field Office

Aine Citation/Order		U.S. Department of Mine Safety and Hea		
ection I-Violation Data			V4 10 10 1	
Date 2. Time 0	(24 Hr. Clock)	Maria Carlos Praesta Cara Maria	3. Citation/ Order Number	
ed To				
)			_	
4		7		(Contractor)
.Condition or Practice Just inby the North #1				Written Notice (103g)
aintained. When the	water outlet was had been draine and the mine of	as opened, there ed and shut off perator had not	e was no water last winter t been returned	in the o prevent the water
			,	
Violation A. Health ☐ B. Section	,	C. Part/Section of	/ See Continuation Fu	m (MSHA Form 7000-3a)
Safety of Act Other	· .	Title 30 CFR	75.1100-3	
Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelih	hood Unlikely 🗸	Reasonably Likely	Highly Likely	Occurred
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could rea-				
O. Gravity: A. Injury or Illness (has) (is); No Likelih B. Injury or illness could reasonably be expected to be: No Los	st Workdays Lost W	Reasonably Likely	Permanently Disablin	g [] Fatal []
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial:	st Workdays Lost W	orkdays Or Restricted Duty	Permanently Disablin D: Number of Persons A	9 Fatal 002
O. Gravity: A. Injury or Illness (has) (is); No Likelih B. Injury or illness could reasonably be expected to be: No Los	st Workdays Lost W	Vorkdays Or Restricted Duty	Permanently Disablin D: Number of Persons A th E. Réckless	g [] Fatal []
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial:	st Workdaya Lost W	orkdays Or Restricted Duty	Permanently Disablin D: Number of Persons A th E. Réckless	Fatal
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: No Los A. None T. Negligence (check one) A. None T. Type of Action A. None	st Workdaya Lost W No M B. Low C 13. Type of Issue	C. Moderate D. Hig	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	Fatal
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: No Los C. Significant and Substantial: No Los C. Significant and Substantial: 11. Negligence (check one) A. None C. Type of Action A. Citation B. Order C. Safegu	st Workdaya Lost W No M B. Low C 13. Type of Issue	C. Moderate D. Hig	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: No Los A. None T. Negligence (check one) A. None T. Type of Action A. None	st Workdaya Lost W No M B. Low C 13. Type of Issue	C. Moderate D. Hig	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: No Los C. Significant and Substantial: No Los C. Significant and Substantial: 11. Negligence (check one) A. None C. Type of Action A. Citation B. Order C. Safegu	st Workdaya Lost W No M B. Low C 13. Type of Issue	C. Moderate D. Hig	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: No Los C. Significant and Substantial: No Los C. Significant and Substantial: 11. Negligence (check one) A. None C. Type of Action A. Citation B. Order C. Safegu	st Workdaya Lost W No M B. Low C 13. Type of Issue	C. Moderate D. Hig nance (check one) Citation S E. Citation/ Order Number	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yell Negligence (check one) A. None T. Type of Action A. Citation B. Order C. Safegue T. Arsa or Equipment A. Date	No M B. Low 13. Type of Issurant D. Written Notice	C. Moderate D. Hig nance (check one) Citation S E. Citation/ Order Number	Permanently Disablin D: Number of Persons / ih B: Réckless Order Safegua	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substamtial: Yell No Los C. Significant and Substamtial: A. None T. Nogligence (check one) A. None T. Type of Action A. Citation B. Order C. Safegue T. Area or Equipment	B. Time (24 Hr. Clock	C. Moderate D. Hig ence (check one) Citation Corder Number	Permanently Disablin D: Number of Persons A th Order F: D	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yell No Los C. Significant and Substantial: A. None 1. Negligence (check one) A. None 1. Type of Action A. Citation B. Order C. Safegue 1. A. Citation A. Citation A. Citation A. Citation A. Citation A. Citation A. Date Continued to the country of th	B. Time (24 Hr. Clock	C. Moderate D. Hig ence (check one) Citation Corder Number	Permanently Disablin D: Number of Persons A th Order F: D	g
10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yell. Negligence (check one) A. None 12. Type of Action A. Citation B. Order C. Safegue 15. Area or Equipment 16. Termination Due A. Date 17. Action to Terminate A the None A Date 18. Termination Due A Date 19. A Dat	B. Time (24 Hr. Clock	C. Moderate D. Hig ence (check one) Citation Corder Number	Permanently Disablin D: Number of Persons A th Order F: D	g
O. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yell No Los C. Significant and Substantial: A. None 1. Negligence (check one) A. None 1. Type of Action A. Citation B. Order C. Safegue 1. A. Citation A. Citation A. Citation A. Citation A. Citation A. Citation A. Date Continued to the country of th	B. Time (24 Hr. Clock	C. Moderate D. Hig ence (check one) Citation Corder Number	Permanently Disablin D: Number of Persons A th Order F: D	g
A. Injury or illness (has) (is): No Likelih B. Injury or illness could reasonably be expected to be: No Los C. Significant and Substantial: 1. Negligence (check one) A. None 1. Type of Action A. Citation B. Order C. Safegu C.	B. Time (24 Hr. Clock B. Time (24 Hr. Clock	C. Moderate D. Higher D. H	Permanently Disablin D: Number of Persons A th (V) E. Réckless Order Safegua F: D	g
A. Injury or Illness (has) (is): No Likelih B. Injury or Illness could reasonably be expected to be: No Los C. Significant and Substantial: 1. Negligence (check one) A. None 1. Type of Action A. Citation B. Order C. Safegue C. Safe	B. Time (24 Hr. Clock valve outlet in valve outlet in the set was a set with the set with the set was a set with the	C. Moderate D. Hig ence (check one) Citation Corder Number	Permanently Disablin D: Number of Persons A th (V) E. Réckless Order Safegua F: D	g
10. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yell 1. Negligence (check one) A. None 12. Type of Action A. Citation B. Order C. Safegu 15. Area or Equipment 16. Termination Due A. Date 16. Termination Due A. Date 17. Action to Terminate The water 18. Terminated A. Date 18. Terminated A. Date 19. Type of Inspection 10. Event	B. Time (24 Hr. Clock B. Time (24 Hr. Clock	C. Moderate D. Higher D. H	Permanently Disablin D: Number of Persons A th (V) E. Réckless Order Safegua F: D	g
A. Injury or Illness (has) (is): No Likelih B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yell I. Negligence (check one) A. None I. Type of Action A. Citation B. Order C. Safegue C. Safegu	B. Time (24 Hr. Clock T Valve outlet B. Time (24 Hr. Clock B. Time (24 Hr. Clock	C. Moderate D. Hig Brance (check one) Citation (che	Permanently Disablin D: Number of Persons / th	g [Fatal] Affected: 002 Disregard [Written Notice] Nated Mo Da Yr
10. Gravity: A. Injury or Illness (has) (is): No Likelih B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yell 1. Negligence (check one) A. None 12. Type of Action A. Citation B. Order C. Safegue 15. Area or Equipment 16. Termination Due A. Date 17. Action to Terminate The water 18. Terminated A. Da 18. Terminated A. Da 19. Type of Inspection E01 ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3, Apr 08 (revised) In accordinate and Agricult ASHA Form 7000-3 (Apr 08 (revised)) In accordinate and Agricult	B. Time (24 Hr. Clock T Val Ve Outlet B. Time (24 Hr. Clock T Number Transport of the Sn There Regulatory Ombudsman and 1	C. Moderate D. Hig C. Moderate D. Hig Bance (check one) Citation (Citation Order Number Ck) Was removed from 21. Primary or Mill 21. Primary or Mill Regional Faimess Boards to rece	Permanently Disablin D: Number of Persons / D: Réckless Order	g
10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: 11. Negligence (check one) 12. Type of Action [04(a) 14. Initial Action A. Citation B. Order C. Safegue 15. Area or Equipment 16. Termination Due A. Date 16. Termination Due A. Date 17. Action to Terminate The water 18. Terminated A. Date 18. Terminated A. Date 19. Type of Inspection E01 20. Even	B. Time (24 Hr. Clock To val ve outlet B. Time (24 Hr. Clock To valve outlet B. Time (24 Hr. Clock The valve outlet B. Time (25 Hr. Clock The valve outlet The valve outlet B. Time (26 Hr. Clock The valve outlet The valve outle The valve outlet The valve outlet The valve outlet The val	C. Moderate D. Hig Bance (check one) Citation (E. Citation (Order Number Ck) Was removed from 21. Primary or Mill 21. Primary or mill Regional Fairness Boards to reced drates seach agency a responsivenee with the Order Musman at Small Business Regulatory Embroceme 10 Regional Fairness Boards to reced drates seach agency a responsivenee mile the Order Mill Business Regulatory Embroceme 10 Regional Fairness Boards to receded rates seach agency a responsivenee mile the Order Mill Business Regulatory Embroceme 10 Regional Fairness Boards to recede drates seach agency a responsivenee mile the Order Mill Business Regulatory Embroceme 10 Regional Fairness Boards to recede drates and the Regional Fairness Boards to recede drates and t	Permanently Disablin D: Number of Persons / D: Réckless Order Safegua F: D T Service. 23. AR Number ant Faimess Act of 1996, the Smite comments from small business. If you wish ses Administration, Office of the	g

District | Coal District 9 | Field Office | Price, UT FO Mine ID Multiple Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration 3. Citation/ Order Number (Contractor) 8a. Written Notice (103g) The water valve just outby the North #1 Belt drive will not open. The belt drive is protected by dry chemical and a water sprinkler system. Area is well rock dusted. See Continuation Form (MSHA Form 7000-3a) C. Part/Section of 9. Violation A. Health B. Section Safety V of Act Title 30 CFR 75.1100-3 Other [Section II-Inspector's Evalu 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely 🕢 Reasonably Likely Highly Likely B. Injury or illness could rea-No Lost Workdays Lost Workdays Or Restricted Duty 😾 Permanently Disabling Fatal [] sonably be expected to be: C. Significant and Substantiat: D. Number of Persons Affected: Yes [] No V 004 11. Negligence (check one) E. Reckless Disregard 🔲 A. None B. Low C. Moderate 📝 D. High 12. Type of Action 13. Type of Issuance (check one) Citation V Safeguard [Written Notice F. Dated 14. Initial Action Mo Da Yr... A. Citation B. Order C. Safeguard D. Written Notice Order Number

MSHA Form 7000-3, Apr 08 (revised)

In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-786-7847, or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Weshington, 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 pensities and obtain a hearing before the Federal Mine Safaty and Health Review Commission.

21. Primary or Mill

23. AR Number

B. Time (24 Hr. Clock)

B. Time (24 Hr. Clock

15. Area or Equipment

16. Termination Due

18. Terminated

Section IV-Automated Sys 19. Type of inspection

(activity code)

Section III-Termination Action

A. Date

A. Da

E01

17. Action to Terminate Water valve was replaced.

20. Event Number

Section I-Violation Data			U.S. Department Mine Safety and	nt of Labor Health Administrat	ion	
. Date	Ma LL C	Marks and a state of	o perser is	3. Citation/ Order Num	ber	
•	· 4.			<u> </u>	*	
	**********					(Contractor)
			1		8a. Written Notic	e (103g)
A 120 volt circu properly labeled both plugged int	. The cir	cuif breaker	was labele	d just "Inte		
1 m			- 0			
			••			
		× =				4
Violation A Health	B. Section	l c.	Part/Section of	. See Contin	uation Form (MSHA Form	1 7000-3e)
Safety Cher Cher Cother		Unlikely 🕢	Part/Section of Titte 30 CFR Reasonably Likely	75.94 Highly Likely [by Permanently	Occurred [
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lost Worke Yes	Unlikely 🗹 daya 🗍 Lost Work	Title 30 CFR Reasonably Likely days Or Restricted Dut	75.94 Highly Likely [by Permanently D. Number of F	Occurred [Disabiling] For] stal ☑ 001
Safety Cher Cher Cher Cher Cher Cher Cher Cher	of Act No Likelihood No Lost Worke	Unlikely 🗹 daya 🗍 Lost Work	Reasonably Likely days Or Restricted Du	75.94 Highly Likely [by Permanently D. Number of F D. High E. F	Occurred [Disabling Fa] stal ☑ 001
Safety Cher Cher Cher Cher Cher Cher Cher Cher	of Act No Likelihood No Lost Worke Yes A. None	Unlikely 🕢 days [] Lost Work No 🐼 B. Low [] C. M	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital	75.94 Highly Likely [by Permanently D. Number of F D. High E. F	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write] stel ☑ 001
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lost Worke Yes	Unlikely 🕢 days 🗍 Lost Work No 🐼 B. Low 🗍 C. M	Reasonably Likely days Or Restricted Dur Moderate 2 C	75.94 Highly Likely [by Permanently D. Number of F D. High E. F	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write	otel 🗹
Safety Cher Cher Cher Cher Cher Cher Cher Cher	of Act No Likelihood No Lost Worke Yes A. None	Unlikely 🕢 days [] Lost Work No 🐼 B. Low [] C. M	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital	75.94 Highly Likely [by Permanently D. Number of F D. High E. F	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write	otel 🗹
Safety Cher Cher Cher Cher Cher Cher Cher Cher	of Act No Likelihood No Lost Worke Yes A. None	Unlikely 🕢 days [] Lost Work No 🐼 B. Low [] C. M	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital	75.94 Highly Likely [by Permanently D. Number of F D. High E. F	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write	otel 🗹
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lost Worke Yes A. None C. Safeguard	Unlikely days Lost Work No B. Low C. A 13. Type of Issuance D. Written Notice B. Time (24 Hr. Clock)	Reasonably Likely days Or Restricted Dut Moderate Coe (check one) Cital Criter Number	75.90 Highly Likely [Permanently D. Number of F D. High	Occurred Disabiling Farensons Affected: Reckless Disregard Write F. Dated	stel 🗹 001] Ien Notice 🗌
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lost Worke Yes A. None C. Safeguard NM 1 Ligh	Unlikely days Lost Work No B. Low C. A 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock)	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital Citations Order Number	75.90 Highly Likely [D. Number of F D. High	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write F. Dated Ctor" circui	stel 🗹 001] Ien Notice 🗌
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lest Worke Yes A None C. Safeguard NM 1 Light ged in the	Unlikely days Lost Work No B. Low C. A 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock)	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital Citations Order Number	75.90 Highly Likely [D. Number of F D. High	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write F. Dated Ctor" circui	stel 🗹 001] Ien Notice 🗌
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lest Worke Yes A None C. Safeguard NM 1 Light ged in the	Unlikely days Lost Work No B. Low C. M 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock) ats were unpledictions circuit bree e (24 Hr. Clock	Reasonably Likely days Or Restricted Dut Moderate Check one) Cital Citations Order Number	75.90 Highly Likely [D. Number of F D. High	Occurred [Disabiling Fa Persons Affected: Reckless Disregard Write F. Dated Ctor" circui	stel 🗹 001] Ien Notice 🗌
Safety Cher Cher Cher Cher Cher Cher Cher Cher	No Likelihood No Lost Worke Yes A None C. Safeguard NM 1 Light ged in the	Unlikely days Lost Work No B. Low C. M 13. Type of Issuanc D. Written Notice B. Time (24 Hr. Clock) ats were unpledictions circuit bree e (24 Hr. Clock	Reasonably Likely days Or Restricted Dur Moderate 2 C te (check one) Cital C Citations Order Number ugged from aker labele	75.90 Highly Likely [D. Number of F D. High	Occurred [Disabling Firersons Affected: Reckless Disregard Write F. Dated tor" circuits".	stel 🗹 001] Ien Notice 🗌

Mine ID

Multiple

Date

Price, UT FO

District | Coal District 9 | Field Office

Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I--Violation Data 2. Time (24 Hr. Clock) 3. Citation/ 1. Date (Contractor) 8a. Written Notice (103g) The stoppings between the North #1 belt, #2 entry, and the #3 intake entry were not maintained to separate the belt and intake air courses at the following locations: crosscut #3 along the bottom (leakage is both visual, audible, and palpable); crosscut #6 leaking along the seam, mandoor, and a 6" pipe (leakage is audible and palpable); and crosscut #10 along the double doors (leakage is audible and palpable). See Continuation Form (MSHA Form 7000-3a) A. Health C. Part/Section of 9. Violation B. Section Safety V Title 30 CFR 75.333(b)(3) Other[_ 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Reasonably Likely Unlikely [V] Highly Likely Occurred [B. Injury or illness could rea-Permanently Disabling No Lost Workdays Lost Workdays Or Restricted Duty Fatal sonably be expected to be: D. Number of Persons Affected: C. Significant and Substantial: Yes [] No 🗸 004 11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 13. Type of Issuance (check one) Citation 🗸 Safeguard [Written Notice 104(a) F. Dated-Mo Da Yr A. Citation B. Order C. Safeguard D. Written Notice Order Number 15. Area or Equipment 16. Termination Due A Dat B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate Mo Da 18. Terminated A. Date B. Time (24 Hr. Clock Section IV-Automated System Data 19. Type of Inspection 20. Event Numbe 21. Primary or Mill E01 (activity code) 23. AR Number or 08 (revised)
In accordance with the provisions of the Smell Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The 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 (1-888-724-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SVM 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 Sefety and Health Review Commission.

Mine Citatio					Department of L Safety and Healt			
ection I-Violati . Date	on Data					3. Citation/ Order Number		
							8a. Written No	(Contractor)
course the ove crews t is appr	is not be ercast. T his side coximately	eing main The retur of the m y 360,000	ntained. The stands of the sta	There is a as an alt tilation o e leakage	aŭdible lea ternate esc quantity in is not sig	pelt and the akage on the capeway for a the return gnificant en	e left s the out n at the	side of tby e portal
		* *		n .		**		
. Violation	A. Health Safety	B. Section of Act		C. Part/Sect Title 30 C		75.333(b)(2		xm 7000-3a)
0. Gravity: A. Injury or	Other sctor's Evaluation r Illness (has) (is):		[] Unlikely	✓ Reason	nabiy Likely 🗌	Highly Likely	Occurred	0
O. Gravity: A. Injury or B. Injury or sonably C. Signification	ector's Evaluation	e: No Lost W	Vorkdays ☑ L		Restricted Duty [Permanently Disa D. Number of Person	abiling []	Fatal
O. Gravity: A. Injury or B. Injury or sonably C. Significat 1. Negligence	ctor's Evaluation r Illness (has) (is): r Illness could rea- be expected to be ant and Substantia be (check one)	e: No Lost W at Yes [Vorkdays L No 2 8. Low	ost Workdays Or F	Restricted Duty	Permanently Disa D. Number of Perso E. Reckl	nbling [] ns Affected: less Disregard	Fatal
O. Gravity: A. Injury or B. Injury or sonably C. Significat I. Negligence Z. Type of Advanced	ctor's Evaluation r Illness (has) (la): r Illness could rea- be expected to be ant and Substantia ce (check one) ction 104(a)	e: No Lost Wat: Yes [Vorkdays L No 2 8. Low	C. Moderate f Issuance (check	Restricted Duty D. High One) Citation	Permanently Disa D. Number of Perso E. Reckti Order Safe	nbling [] ns Affected: less Disregard	Fatal
O. Gravity: A. Injury or B. Injury or Sonably C. Significa T. Negligence T. Type of Activation A. Citation T. Area or Eco. T. Termination O. Gravity: A. Injury or Sonably T. Negligence T. Type of Activation T. Type of	r Illness (has) (is): r Illness could rea- be expected to be sint and Substantia ca (check one) ction 104(a) Dn B. Order quipment On Due A. Date	e: No Lost W al: Yes [A. None [] C. Safeguard	Vorkdays V L	C. Moderate C. Moderate f Issuance (check order E: Citat Orde	D. High	Permanently Disa D. Number of Perso E. Reckti Order Safe	abling ma Affected: less Disregard guard W	Fatal
O. Gravity: A. Injury or B. Injury or sonably C. Significat I. Negligence Z. Type of Act I. Initial Activ I. Initial Activ II. Initial Activ II. Initial Activ III. Initial Activ	ctor's Evaluation r Illiness (has) (is): r Illiness could rea- be expected to be eint and Substantia a (check one) ction 104(a) m B. Order quipment on Due A. Date mination Action	e: No Lost W tal: Yes [A. None C. Safeguard	No 2 B. Low 1 13. Type o	C. Moderate C. Moderate f Issuance (check order E: Citat Orde	D. High	Permanently Disa D. Number of Perso E. Reckti Order Safe	abling ma Affected: less Disregard guard W	Fatal
O. Gravity: A. Injury or S. Type of Ad S. Termination S. Action to T. S. Action to T. S. Terminate	ctor's Evaluation r Illness (has) (ia): r Illness could rea- be expected to be eint and Substantia te (check one) ction 104(a) B. Order quipment on Due A. Date A. Date Mc dd A. Date	e: No Lost W at: Yes [A. None [C. Safeguard to Da Yr B.	No 2 B. Low 1 13. Type o	C. Moderate C. Moderate f Issuance (check order E: Citat Orde	D. High	Permanently Disa D. Number of Perso E. Reckti Order Safe	abling ma Affected: less Disregard guard W	Fatal
O. Gravity: A. Injury or S. Type of Ad S. Termination S. Action to T. S. Action to T. S. Terminate	ctor's Evaluation r Illness (has) (ia): r Illness could reach be expected to be expected to be eight and Substantia te (check one) ction 104(a) DB. Order quipment On Due A. Date mination Action Terminate ad A. Date Mo	e: No Lost W alt Yes [A. None [C. Safeguard O Da Yr B.	No B. Low 13. Type of D. Written Noti	C. Moderate f Issuance (check check check) ce Citat Orde	D. High	Permanently Disa D. Number of Perso E. Reckti Order Safe	abling ma Affected: less Disregard guard W	Fatal
O. Gravity: A. Injury or S. Type of Ad A. Citation S. Area or Ed S. Area or Ed S. Termination S. Action III—Term S. Action III—Term S. Action III—Term S. S. Terminate S. Terminate S. Terminate S. Terminate S. Terminate	ctor's Evaluation r Illiness (has) (is): r Illiness could rea- be expected to be sint and Substantia ca (check ona) ction 104(a) on 104 A Date mination Action Terminate d A. Date Mc Mc Mc Mc Mc Mc Mc Mc Mc M	e: No Lost W alt Yes [A. None [C. Safeguard O Da Yr B.	No B. Low 13. Type of D. Written Noti	C. Moderate f Issuance (check check check) ce Citat Orde	D. High one) Citation of Number	Permanently Disa D. Number of Perso E. Reckti Order Safe	abling	Fatal

							_
District	Coal District 9	Eigld Office	Price, UT FO	Mine ID	Multiple	Date	
District	Coal District 9	Field Office	rrice, or ro	Mine ID	Multiple	Date	
							 _

ction I-Violatio	o Data				nent of Labou and Health Ad			
Cate	, Date	ma /24 Hr	Clock)	semple of the second		Citation/ Order Number		£ 10 1
		1000	**	5				
			1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7				
Conamon or							(Contr Written Notice (103	
he page noperal				#1 belt ent: but not tra				
				0.00			8	
		30 31						
						See Continuation Fo	orm (MSHA Form 7000-1	a) 🗌
Violation	A. Health Safety Other	B. Section of Act		C. Part/Section of Title 30 CFR		75.1600-2(e)		
ction II—Inspec	tor's Evaluation			L				
B. Injury or i	iliness (has) (is): e expected to be		rkdays 🗸 Lost	Reasonably Like Workdaya Or Restricted	Duty [] P	ermanently Disabil	A Granda da	
B. Injury or sonably to	ilness could rea-	No Lost Wo	rkdays 🕢 Lost		Duty [] P	ermanently Disabli	ng [] Fatal [
B. Injury or i sonably to C. Significant Negligence	iliness could rea- ne expected to be nt and Substantia (check one)	No Lost Wo	No 🛂 B. Low 🗌	Workdays Or Restricted C. Moderate	Duty P	ermanently Disabli	Affected: 001	
B. Injury or sonably to	iliness could rea- e expected to be at and Substantia (check one) tion 104(a)	No Lost Wo	No 🗗 B. Low 🗌 13. Type of iss	C. Moderate C. Moderate C. Moderate E. Gitation/	Duty D. N D. High Citation Or	ermanently Disabling tumber of Persons E. Reckless der [] Safegur	Affected: 001	ice []
B. Injury or sonably to C. Significant. Negligence. Type of Action A. Citation (illness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order	No Lost Wo	No 🗗 B. Low 🗌 13. Type of iss	C. Moderate C. Moderate C. Moderate E. Gitation/	Duty D. N D. High Citation Or	ermanently Disabling tumber of Persons E. Reckless der [] Safegur	Affected: 001 a Disregard [] written No	ice []
B. Injury or insonably to C. Significant Negligence Type of Act Initial Action (A. Citation (illness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order	No Lost Work Yes A. None C. Safeguard	No 🗗 B. Low 🗌 13. Type of iss	C. Moderate C. Moderate uance (check one) C E. Citation/ Order Number	Duty D. N D. High Citation Or	ermanently Disabling tumber of Persons E. Reckless der [] Safegur	Affected: 001 a Disregard [] written No	ice []
B. Injury or sonably to C. Signification. Negligence . Type of Action . Trittal Action A. Citation . Area or Equ Termination . Termination	ilness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order jipment Due A. Date nation Action	No Lost Wo	No D. Written Notice Time (24 Hr. Ch	C. Moderate C. Moderate C. Moderate C. Moderate C. Check one) C. Citation/ Order Number	Duty Po	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []
B. Injury or sonably to C. Signification. Negligence Type of Action A. Citation [1]. Area or Equ.	ilness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order jipment Due A. Date nation Action	No Lost Wo	No D. Written Notice Time (24 Hr. Ch	C. Moderate C. Moderate uance (check one) C E. Citation/ Order Number	Duty Po	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []
B. Injury or sonably to C. Significant Negligence. Type of Action A. Citation Action III-Termination Action III-Termination III-Termination III-Termination III-Termination III-Termination III-Termination III-Termination	ilness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order jipment Due A. Date nation Action erminate The	No Lost Work Yes A. None C. Safeguard pager pl	No D. Written Notice Time (24 Hr. Ch	C. Moderate C. Moderate C. Moderate C. Moderate C. Check one) C. Citation/ Order Number	Duty Po	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []
B. Injury or sonably to C. Signification. Negligence . Type of Action . Trittal Action A. Citation . Area or Equ Termination . Termination	illness could rea- le expected to be nt and Substantia (check one) ition 104(a) B. Order Jipment Due A. Date nation Action aminate The	No Lost Work Yes A. None C. Safeguard pager pl	No 🗗 B. Low 13. Type of iss D. Written Notice Time (24 Hr. Ca	C. Moderate C. Moderate uance (check one) C E. Gitation/ Order Number ock) sscut #7 has	Duty Pour D. Night Control Con	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []
B. Injury or sonably to C. Significant Negligence Type of Act Initial Action A. Citation [Area or Equitation III—Termination III—Termination III—Terminated Terminated	ilness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order B. Order A. Date nation Action A. Date nated System pection	No Lost Work Yes A. None C. Safeguard pager pl	No 📝 B. Low 13. Type of Iss D. Written Notice Time (24 Hr. Cl	C. Moderate C. Moderate C. Moderate C. Moderate C. Check one) C. Citation/ Order Number	Duty Pour D. Night Control Con	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []
B. Injury or sonably to C. Significant Negligence Type of Act Initial Action A. Citation Area or Equitation III—Termination Communication III—Terminated Communication IV—Auton Type of Ins.	ilness could rea- e expected to be nt and Substantia (check one) ion 104(a) B. Order B. Order A. Date nation Action A. Date nated System pection	No Lost Wolf Yes A. None C. Safeguard C. Safeguard D. Dager pl	No 📝 B. Low 13. Type of Iss D. Written Notice Time (24 Hr. Cl	C. Moderate uance (check one) C E. Gitation/ Order Number SSCUT #7 has	Duty Pour D. Night Control Con	ermenently Disablinumber of Persons E. Reckless der [] Safegur	ng Fatal Affected: 001 a Disregard Written Nor Deted Mo-De	ice []

	on/Order				partment of Lat		í	
ection I-Violati	ion Data Mo Da Yr	2. Time (24 Hr.	Clock)			3. Citation/		
4.5	·		· Orox.y			Order Number		1
Con			* 6 1	* "	i .			
								(Contractor)
. <u></u>							8a. Written	Notice (103g)
eparat s up t	ing the i o a 3/8"	intake and gap for v	#5 in the d return ai various len	r courses	is not be uring from	ing maint 9" to 18	tained. 8" on th	There he left
			st, along t he leakage			, and the) rlync	inby
	7	4	-					fig. at the second
							. 3	
							*	
				*				
					1.	See Continuation	on Form (MSHA	Form 7000-3a)
Violation	A. Health Safety Other	B. Section of Act	X.	C. Part/Section Title 30 CFR		75.333(b)((1)	
ection II-Inspe	octor's Evaluation	<u> </u>						
	ant and Substantia	A. None	No ☑ B. Low ☐	C. Moderate		D. Number of Pers	sons Affected: kless Disregar	004
2. Type of Ac		V. 1611.		sauance (check one				Written Notice []
4. Initial Action	on	C. Safeguard		E. Citation	v		F. Dated	Mo Da Yr
5. Area or Eq	quipment			<u>— — — — — — — — — — — — — — — — — — — </u>				
*				1		= = 1		
6. Terminatio	on Due A. Da	No Do Ye	B. Time (24 Hr. C	Jlock)				
The state of the s	sination Action							
ection III-Term				WHITE THE PARTY OF	—			
ection III-Term	Terminate				•			
ection III-Term 7. Action to T		o Da Yr B. Ti	Ime (24 Hr. Clock		· ·			
7. Action to T	ul Mo	B. Ti	rne (24 Hr. Clock					
7. Action to T 8. Terminater section IV-Auto 9. Type of Ins	A. Date Mo	B. Ti		21.	Primary or Mill	T		
7. Action to T	A. Date Mo	B. Ti		21.	Primary or Mill	23. AR Num		
8. Terminates 8. Terminates 9. Type of Intercept (activity co	MA Date Mo mated System Data spection E01	B. Ti	nber					
8. Terminater 7. Action to T 8. Terminater 9. Type of Interdity to co	MA Date Momented System Data spection code) E01	20, Event Num 1) In accordance vise and Agriculture Renamanually evaluate.		e Small Business Regu nd 10 Regional Falmer and rates each agenc	ulatory Enforcement Fai as Boards to receive co cy's responsiveness to s	imess Act of 1995, the comments from small small business. If yo	he Small Busines businesses abou	ut federal agency ent on the

- tation Cate	r			. Department of e Safety and Hea		tion	
ection I-Violation Data Date	Vr 2 Time	(24 Hr. Clock)			3. Citation/		
					Order Nur	nbei	
			7				(Contractor)
Condition or Prectice		the firehos		· +h- hon	£ +bb		n Notice (103g)
	eater than	160 psi (th					
						- No. organ	
Violation A. Healt	h B. Section	n .	C. Part/S	action of		nuation Form (MSI	1A Form 7000-3a)
Safe	ty of Act		Title 30		75.1100	·1(f)(1)	
ection II-inspector's Eval							
0. Gravity: A. Injury or Illness (h	nas) (is): No Likelih	hood Unlike	- Ca Rea	sonably Likely	Highly Likely	C) Occu	med [
B. Injury or illness or	ould rea-	ost Workdays		r Restricted Duty		/ Disabilng [Fatal [
c. Significant and Si	whatestick		LOSI Williams	r Kesukieu Duly (E.)		Persons Affected	4.
U. Organica		es No 🔽					. 001
	A	B. Low	C. Modera	te 🗹 D. High	1 [] E.	Reckless Disreg	ard [
)	
2. Type of Action]	104(a)	13. Туре	e of Issuance (chec		Order 🗌	Safeguard []	Written Notice
2. Type of Action]			E.C	ck one) Citation (vitation/ itation/ order Number	Order 🗌	Safeguard [Written Notice Mo Da Yr
2. Type of Action] 4. Initial Action A. Citation	04(a)		E.C	itation/	Order 🗌		
2. Type of Action] 4. Initial Action A. Citation	04(a)		E.C	itation/	r Order □		
2. Type of Action] 4. Initial Action A. Citation B. O 5. Area or Equipment	04(a)		E.C	itation/	r) Order 🗌		
2. Type of Action] 4. Initial Action A. Citation B. O 5. Area or Equipment	04(a)		lotice C	itation/	r) Order 🗌		
2. Type of Action] 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due	04(a) Inder C. Safegu	uard [] D. Written N	lotice C	itation/	g Order 🗌		
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due ection III—Termination Action	O4(a) Oder C. Safegu A. Da	uard [] D. Written N	lotice [] E. C. O.	itation/ rder Number	g) Order [
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due ection III—Termination Action	O4(a) Oder C. Safegu A. Da	D. Written No.	lotice [] E. C. O.	itation/ rder Number	P) Order		
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due ection III—Termination Act 7. Action to Terminate 8. Terminated	A. Da	B. Time (24	Hr. Clock)	itation/ rder Number	f) Order [
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due ection III—Termination Act 7. Action to Terminate 8. Terminated A. Dab	A Dation Pressure Mo Da Yr	D. Written No.	Hr. Clock)	itation/ rder Number	P) Order		
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due 6. Termination Action 7. Action to Terminate 8. Terminated A. Dab	A. Dation Pressure Mo Da Yr	B. Time (24 adjusted do	Hr. Clock)	psi.	g) Order [
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due ection III—Termination Act 7. Action to Terminate 8. Terminated A. Dab	A. Dation Pressure Mo Da Yr	B. Time (24	Hr. Clock)	itation/ rder Number	e) Order		
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due 6. Termination Act 7. Action to Terminate 8. Terminated A. Dab action IV—Automated Sys 9. Type of Inspection (activity code)	A Dation Pressure Mo Da Yr tem Data	B. Time (24 adjusted do	Hr. Clock)	psi.	23. AR N	F. Dated	
4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due 6. Termination Action to Terminate 7. Action to Terminate 8. Terminated A. Dab 6. Terminated A. Dab 6. Type of Inspection	A Dabion Pressure Mo Da Yr tom Data E01 20, Even	B. Time (24 adjusted do	Hr. Clock) Own to 90	psi.	23. AR N	F. Dated	Mo Da Yr
2. Type of Action 4. Initial Action A. Citation B. O 5. Area or Equipment 6. Termination Due 6. Termination Due 6. Termination Action to Terminate 7. Action to Terminate 8. Terminated A. Dab 9. Type of Inspection (activity code) 2. Type of Inspection (activity code)	A. Da dion Pressure Mo Da Yr tern Data E01 20. Even	B. Time (24 B. Time (24 B. Time (24 Hr. Clocont Number	Hr. Clock) Own to 90 ck	psi. 21. Primary or Mill Regulatory Enforcement	23. AR N tt Fairness Act of 19 te continents from s	F. Dated	Mo Da Yr

The Citation/Order	U.S. Department of L. Mine Safety and Health		
Date Mo Da Yr 2. Time (24 Hr. Clock)		3. Citation/ Order Number	
Condition or Prectice			(Contractor)
wo power cables, one to the remote it ther for the spillage switch, are his coller discharge for the GIL-10 TG be asked the cables onto the water spreadles. The power cables are energing opproximately 10' off the floor. Power angers.	ong on the sprink elt. I t appears inklor . There is zed with 24 volt	that coal from no wear or dam DC power. The	the head the belt age to the cables are
		See Continuation Form (MS	W 50 7000 700 .
Violation A. Health B. Section of Act Other Other Cition II-Inspector's Evaluation Gravity:	C. Part/Section of Title 30 CFR	75.516	
A. Injury or Illness (has) (ls): No Liketihood Unlikety B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost W	Reasonably Likely [] orkdays Or Restricted Duty 🔽	Permanently Disabling	Fatal []
C. Significant and Substantial: Yes No V		D. Number of Persons Affects	d: 001
Negligence (check one) A. None 🗌 B. Low 📝 C	. Moderate D. High	E. Reckless Disre	gard 🗌
Type of Action 104(a) 13. Type of Issue Initial Action A. Citation B. Order C. Sefeguard D. Written Notice	E. Citation/ Order Number	Order Safeguard F. Dated	Written Notice Mo Da Yr
Area or Equipment			
Termination Due A. Dat B. Time (24 Hr. Clock Cition III—Termination Action	k)		
Action to Terminate Power cables were hung	on insulated hang	ers.	, - n
Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock			
ction IV-Automated System Data	21. Primary or Mill		
Type of Inspection (activity code) E01 20. Event Number		23. AR Number	1

Mine ID

Multiple Date

Price, UT FO

District Coal District 9 Field Office

line Citation/Order		artment of Labor oty and Health Administration	
ction IViolation Data			
Date Mo Da - Yr	ock)	3. Citation/ Order Numb	X (1)

			(Contractor)
Condition or Practice			8a. Written Notice (103g)
he fire hose outlet just hat exceeded the pressure t crosscut #5 in the GIL-aximum allowable water pro-	guages limit of 16 10 TG belt entry wa	0 psi. Also the is measured to be	fire hose oultet
AL NEW YORK STORY		the second	4.00.94
	4		
5 3			
		See Continuat	Ion Form (MSHA Form 7000-3e)
Violation A. Health B. Section	C. Part/Section of	f	
Safety (7) of Act	Title 30 CFR	75.1100-1(f	f)(1)
ection II-Inspector's Evaluation			
B. Injury or illness (has) (is): No Likelihood [] B. Injury or illness could reasonably be expected to be: No Lost Workd	Unlikely Reasonably		Occurred [
A. Injury or Illness (has) (is): No Likelihood [] B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes		cted Duty Permanently Dis	sabling [] Fatal []
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None	lays Lost Workdays Or Restri	cted Duty 📝 Permanently Dis D. Number of Pers D. High E. Rec	sabling [Fatal [sons Affected: 001
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could ressonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action	lays Lost Workdays Or Restri No [] B. Low C. Moderate	cted Duty 🕜 Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantiat: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard C. Safeguard C. Sarea or Equipment	No [] B. Low [C. Moderate] 13. Type of Issuance (check one) D. Written Notice [E. Citation/Order Nu	cted Duty 🕜 Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could ressonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment C. Termination Due A. Date	lays Lost Workdays Or Restri No [] B. Low C. Moderate 13. Type of Issuance (check one) E. Citation/	cted Duty 🕜 Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling Fatal Sons Affected: 001 ckiess Disregard Mritten Notice
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Dat	Lost Workdays Or Restri No [] B. Low	cted Duty Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Date A. Date	No [] B. Low [C. Moderate] 13. Type of Issuance (check one) D. Written Notice [E. Citation/Order Nu	cted Duty Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantiat: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Date Section III-Termination Action 7. Action to Terminate Pressure adju. 8. Terminated A. Date Mo Da Yr B. Time	Lost Workdays Or Restri No [] B. Low	cted Duty Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Dat 6. Termination Action 7. Action to Terminate Pressure adjustance 8. Terminated Pressure adjustance 8. Terminated Pressure adjustance 8. Terminated Pressure adjustance 8. Terminated Pressure adjustance 9. No Lost Workd 9. No Lost	Lost Workdays Or Restriction No [] B. Low [] C. Moderate [] 13. Type of Issuance (check one) D. Written Notice [] E. Citation/Order Num B. Time (24 Hr. Clock) sted to 90 psi on b	cted Duty Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai	sabling
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard C. Safeguard C. A. Citation A. Citation P. C. Safeguard C. Safeguard C. A. Citation Ill-Termination Action 7. Action to Terminate Pressure adjusted 8. Terminated A. Date Mo Da Yr 8. Time Section IVAutomated Systems 9. Type of Inspection 20. Event Number 20.	Lost Workdays Or Restriction No [] B. Low [] C. Moderate [] 13. Type of Issuance (check one) D. Written Notice [] E. Citation/Order Num B. Time (24 Hr. Clock) sted to 90 psi on b	D. High E. Rec Citation Order Sai	sabling Fatal Sons Affected: 001 kless Disregard Mritten Notice F. Dated Mo Da Yr
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Workd C. Significant and Substantial: Yes 1. Negligence (check one) A. None 1. None 1	Lost Workdays Or Restriction B. Low C. Moderate 13. Type of Issuance (check one) 13. Type of Issuance (check one) D. Written Notice C. E. Citation Order Num B. Time (24 Hr. Clock) Sted to 90 psi on b (24 Hr. Clock 1 21. P	cted Duty Permanently Dis D. Number of Pers D. High E. Rec Citation Order Sai mber Oth fire outlets.	sabling Fatal Sons Affected: 001 kless Disregard Mritten Notice M

line Citation/Order		1 2	U.S. Departs Mine Safety		or Administration	1	
Date Violation Data	2. Time (24 Hr. Ck	lock)			3. Citation/ Order Numbe		
Served To					Older		
			· ·			-	
Condition or Practice						8a. Written	(Contractor) Notice (103g)
beltman was obs nby the head rol ocated approxima	ller. He v	was not we	earing his a	ssigned	SCSR.	His SCSI	
					ř.		
					70		
					See Continue	ion Form (MSHA	Farm 7000-301 [7]
						COST F WILLY LOSSES.	
	B. Section		C. Part/Section of				(17/11/1000-38) ()
Safety ⊘ Other ☐	B. Section of Act		C. Part/Section of Title 30 CFR		75.1714-2		701117000-007
Safety Other Other Coron IIInspector's Evaluation		Unlikely 🕢				Оссили	
Safety Other	of Act No Likelihood No Lost Workds Yes []	lays [] Lost W	Title 30 CFR Reasonably Like Vorkdays Or Restricted	Duty D	75.1714-2 ighly Likely [] Permanently Di . Number of Per	Occurre	ed [] Fatal 🗹 001
Safety Other Other Other Other Other Other Other Other Other Eveluation D. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: J. Negligence (check one)	No Likelihood No Lost Workda	No B. Low	Title 30 CFR Reasonably Like Vorkdays Or Restricted C. Moderate	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurrence Sabling Sons Affected:	ed [] Fatal 🗹 001 rd []
Safety Other	of Act No Likelihood No Lost Workds Yes []	No B. Low	Reasonably Like Vorkdays Or Restricted C. Moderate uance (check one)	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurronsabling sons Affected:	Fatal O01 rd Written Notice
Safety Other Other Other Other Other Other Other Other Other Eveluation D. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could reasonably be expected to be: C. Significant and Substantiat: D. Negligence (check one) D. Initial Action	of Act No Likelihood No Lost Workda Yes A. None	No B. Low	Reasonably Like Norkdays Or Restricted C. Moderate uance (check one) E. Citation/	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurrence Sabling Sons Affected:	ed [] Fatal 🗹 001 rd []
Safety Other	of Act No Likelihood No Lost Workda Yes A. None	No B. Low 13. Type of issu	Reasonably Like Norkdays Or Restricted C. Moderate uance (check one) E. Citation/	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurronsabling sons Affected:	Fatal O01 rd Written Notice
Safety Other	of Act No Likelihood No Lost Workda Yes A. None	No B. Low 13. Type of issu	Reasonably Like Norkdays Or Restricted C. Moderate uance (check one) E. Citation/	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurronsabling sons Affected:	Fatal O01 rd Written Notice
Safety Other	No Likelihood No Lost Workda Yes A. None C. Safeguard [No B. Low 13. Type of issu	Title 30 CFR Reasonably Like Vorkdays Or Restricted C. Moderate uance (check one) E. Citation/ Order Number	D. High	75.1714-2 ighly Likely [] Permanently Di Number of Pen	Occurronsabling sons Affected:	Fatal O01 rd Written Notice
Safety Other	No Likelihood No Lost Workda Yes A. None C. Safeguard E	No B. Low 13. Type of Issu D. Written Notice B. Time (24 Hr. Clo	Title 30 CFR Reasonably Like Vorkdays Or Restricted C. Moderate Usuance (check one) E. Citation/ Order Number	D. High Citation	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurre sabling [] sons Affected: ckless Disregar feguard [] F. Dated	Fatal 001 of
Safety Other	No Likelihood No Lost Workday Yes A. None C. Safeguard I. Cussion he	No B. Low 13. Type of Issu D. Written Notice B. Time (24 Hr. Clo	Reasonably Like Reasonably Like Vorkdays Or Restricted C. Moderate U uance (check one) E. Citation/ Order Number ock)	D. High Citation 2	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurre sabling [] sons Affected: ckless Disregar feguard [] F. Dated	Fatal 001 of
Safety Other	No Likelihood No Lost Workday Yes A. None C. Safeguard I. Cussion he	No B. Low 13. Type of Issu D. Written Notice B. Time (24 Hr. Clo	Title 30 CFR Reasonably Like Vorkdays Or Restricted C. Moderate Usuance (check one) E. Citation/ Order Number	D. High Citation 2	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurre sabling [] sons Affected: ckless Disregar feguard [] F. Dated	Fatal
Safety Other	No Likelihood No Lost Workday Yes A. None C. Safeguard E. Cussion heliner placed	No B. Low 13. Type of Issu D. Written Notice B. Time (24 Hr. Clo	Reasonably Like Reasonably Like Vorkdays Or Restricted C. Moderate U uance (check one) E. Citation/ Order Number ock)	D. High Citation 2	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurre sabling [] sons Affected: ckless Disregar feguard [] F. Dated	Fatal
Safety Other	No Likelihood No Lost Workday Yes A. None C. Safeguard E. Cussion heliner placed	B. Low 13. Type of Issu D. Written Notice [B. Time (24 Hr. Clo Id with the dhis SCSR	Reasonably Like Reasonably Like Vorkdays Or Restricted C. Moderate U uance (check one) E. Citation/ Order Number ock)	D. High Citation 2	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurre sabling [] sons Affected: ckless Disregar feguard [] F. Dated	Fatal
Safety Other	No Likelihood No Lost Workday Yes A. None C. Safeguard I. Cussion heliner placed	B. Low M B. Low M B. Low M B. Low M B. Time (24 Hr. Clo Ld with the dhis SCSR C24 Hr. Clock	Reasonably Like Norkdays Or Restricted C. Moderate uance (check one) E. Citation/ Order Number cck) are miner abort on his bel	D. High Citation 2	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec	Occurrence Sabling [] Sons Affected: ckless Disregar feguard [] F. Dated	Fatal
Safety Other	No Likelihood No Lost Workdayes A. None C. Safeguard I. C.	B. Low B. Low B. Low B. Low B. Low B. Low C. Lost V B. Low C. Low	Reasonably Like Reasonably Like Norkdays Or Restricted C. Moderate [1] uance (check one) E. Citation/ Order Number ack) are miner about on his bel	D. High Citation of the citati	75.1714-2 ighly Likely [] Permanently Di Number of Pen E. Rec Order [] Sa	Occurre sabling sons Affected: ckless Disregar feguard F. Dated ce of we	ed [] Fatal Ø 001 nd [] Written Notice [] Mo Da Yr
Safety Other	No Likelihood No Lost Workday Yes A. None A. None C. Safeguard E. Cussion heiner placed B. Time D. Event Number 20. Event Number	B. Low B. Low B. Low B. Low B. Low B. Low C. Lost W. C. Low C. Lost W. C. Lost W.	Reasonably Like Reasonably Like Vorkdays Or Restricted C. Moderate Usuance (check one) E. Citation/ Order Number active miner about on his bel 21. Prima Lamil Business Regulatory 10 Regional Fairness Boa	D. High Citation Or Citatio	75.1714-2 ighly Likely [] Permanenty Di Number of Pen E. Rec Order [] Sa importan.	Occurre sabling [] sons Affected: kless Disregar feguard [] F. Dated Ce of we	ed [] Fatal 2 001 nd [] Written Notice [] Mo Da Yr

Aline Citation/Order			U.S. Departme Mine Safety an	ent of Labor d Health Administrati	ion	
. Date	72 Time 124 Hr Clock	k)		3. Citation/ Order Num	_{sber} (I	
îo				No. Adda		
. Condition or Practice					on Written	(Contractor)
The 20 lb. fire examined on Jan eighting equipm	uary 2009. 1	The fire e	extinguisher	was fully op	ller was	last
					1.50	
				4-	12	
		•	0.9			
75.13	- HATALITY			See Cootin	uation Form (MSHA	2000 3e) []
Violation A. Health Safety	B. Section of Act	- 1	C. Part/Section of Title 30 CFR	75.110	W.F	
Other Other	GIAC					
Other[] ection II-Inspector's Evaluation 0. Gravity: A. Injury or Illness (has) (is) B. Injury or Illness could res): No Likelihood 💟	Unlikely 🗍	Reasonably Likely			
Other[] ection II—Inspector's Evaluation 0. Gravity: A. Injury or Illness (has) (is)): No Likelihood [4]			uty Permanently	Occurre Disabling Persons Affected:	Fatal [].
Other[] ection II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is) B. Injury or Illness could responsibly be expected to be C. Significant and Substant): No Likelihood 🖟 2- 3- 3- 3- 3- 3- 3- No Lost Workdays	to 🗹 Lost Wo	Reasonably Likely onkdays Or Restricted D	uty D. Number of P	Disabling [Fatal []. 000
Other[] ection II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is) B. Injury or Illness could reasonably be expected to be): No Likelihood [2] 2- 2- 2- 2- 2- 2- 2- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-	to 🗹 Lost Wo	Reasonably Likely orkdays Or Restricted D C. Moderate	D. High E. F	Persons Affected: Reckless Disregal Safeguard	Fatal []. 000
Other[] decion II-Inspector's Evaluation O. Gravity: A. Injury or Illness (has) (is) B. Injury or Illness could ressonably be expected to b C. Significant and Substant 1. Negligence (check one)): No Likelihood [4] 3- 0e: No Lost Workdays ital: Yes [N A. None [B	to 2	Reasonably Likely orkdays Or Restricted D C. Moderate Cance (check one) Cance E. Citation/	D. High E. F	Persons Affected:	Fatal []. 000
Other): No Likelihood 2 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2-	to 🗹 Lost Wo	Reasonably Likely orkdays Or Restricted D C. Moderate ance (check one) Cit C. Citation/ Order Number	D. High E. F	Persons Affected: Reckless Disregal Safeguard	Fatal []. 000 rd [] Written Notice []
Other	C. Safeguard D. D. No Likelihood A. None B. C. Safeguard D. e fire exting	Lost Work of Lost Written Notice Carried Written Notice Carried Williams (24 Hr. Clock of Lost Work of Lost W	Reasonably Likely orkdays Or Restricted D C. Moderate ance (check one) Ca E. Citation/ Order Number	D. High E. F	Disabling Disabling Persons Affected: Reckless Disregal Safeguard F. Dated	Fatal []. 000 rd [] Written Notice [] Mo Da Yr
Other	is: No Likelihood ie: No Lost Workdays iis: Yes No None B C. Safeguard D. c. Safeguard D. e fire exting f examination	Lost Work of Lost Written Notice Carried Written Notice Carried Williams (24 Hr. Clock of Lost Work of Lost W	Reasonably Likely orkdays Or Restricted D C. Moderate ance (check one) Ca E. Citation/ Order Number	uty Dermanently D. Number of P D. High E. F ation Order	Disabling Disabling Persons Affected: Reckless Disregal Safeguard F. Dated	Fatal []. 000 rd [] Written Notice [] Mo Da Yr
Other	C. Safeguard D. C. Safeguard D. C. Safeguard D. Time (2	Lost Work to Work then Notice Control Time (24 Hr. Clock guisher wan.	Reasonably Likely orkdays Or Restricted D C. Moderate ance (check one) Ca E. Citation/ Order Number	uty Dermanently D. Number of P D. High E. F ation O Order and the perma	Disabling Disabling Persons Affected: Reckless Disregal Safeguard F. Dated The Dated Discount to the persons of the persons o	Fatal []. 000 rd [] Written Notice [] Mo Da Yr
Other	is: No Likelihood 2 a- ie: No Lost Workdays isis: Yes No A. None B C. Safeguard D. C. Safeguard D. te Mo De Yr 3. e fire exting f examination Time (2) 1 20. Event Number	Lost Work to Manager t	Reasonably Likely orkdays Or Restricted D C. Moderate C. Castional C. Castional	or Mill 23. AR Note to receive comments from stress f	Persons Affected: Reckless Disregal Safeguard F. Dated Inent tag umber we, the Small Businesses about	Fatal []. 000 rd [] Written Notice [] Mo Da Yr punched

	5			partment of Lafety and Healt		on	
Section IViolation Data 1. Date	2. Time (24 H			¥	3. Citation/ Order Numi	oer .	
A. Served To						14	
					2.0		
8. Condition or Practice							(Contractor) Notice (103g)
A loose bad ril entry between o work and trave	crosscut #5						
300							
). Violation A. Health	B. Section		C. Part/Section	n of	See Continu	ation Form (MSH	A Form 7000-3a)
Safety V	of Act		Title 30 CFF		75.202	(a)	
Section II-Inspector's Evaluation							
 Gravity: A. Injury or Illness (has) (i 	s): No Likelihood [Unlikely [Reasonal	bly Likely 📝	Highly Likely	Occur	red [T]
B. Injury or illness could re sonably be expected to	88- No. 1 1 141		Workdays Or Res			Disabling []	Fatal 🗍
C. Significant and Substa		No 🗆			D. Number of P	ersons Affected	: 001
			0.444-4- (D, High	<u>. </u>		
1. Negligence (check one)	A. None	B. Low	C. Moderate	J 0, 119311	E.R	eckless Disrega	ard
			suance (check on			eckless Disrega Safeguard []	Written Notice
11. Negligence (check one) 12. Type of Action 104(s 14. Initial Action A. Citation B. Order	ì)		suance (check on	e) Citation 🗹			
12. Type of Action 104(a	ì)	13. Type of Is	suance (check on	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order	ì)	13. Type of Is	suance (check on	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment	C. Safeguard	13. Type of Is D. Written Notice	E. Citation Order i	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. C	C. Safeguard	13. Type of Is	E. Citation Order i	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(a 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. D Section III—Termination Action	C. Safeguard	D. Written Notice	E. Citation Order I	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(a 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. D Section III—Termination Action	C. Safeguard	D. Written Notice	E. Citation Order I	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. C. Section III—Termination Action 17. Action to Terminate T.	C. Safeguard C. Safeguard the bad rib	D. Written Notice B. Time (24 Hr. C	E. Citation Order I	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(a 14. Initial Action	C. Safeguard Cate Date B. Tim	D. Written Notice	E. Citation Order I	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(£ 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. D Section III—Termination Action 17. Action to Terminate T 18. Terminated A. Date Section IV-Automated System D	C. Safeguard Date the bad rib to B. Timesta	D. Written Notice B. Time (24 Hr. Cowas easily	E. Citation Order in Acock)	e) Citation 🗹		Safeguard []	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. C 16. Termination Due A. C 17. Action to Terminate T 18. Terminated A. Date 18. Terminated A. Date 18. Type of Inspection	C. Safeguard Date the bad rib to	D. Written Notice B. Time (24 Hr. Cowas easily	E. Citation Order in Acock)	e) Citation 🗹	Order :	Safeguard	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Citation III—Termination Action 17. Action to Terminate T. 18. Terminated A. Date Section IV—Automated System D	C. Safeguard Oate Date Date B. Timesta [20. Event Number	D. Written Notice B. Time (24 Hr. Cowas easily	E. Citation Order in Acock)	e) Citation 🗹		Safeguard	Written Notice
12. Type of Action 104(s 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Citation III—Termination Action 17. Action to Terminate T. 18. Terminated A. Date Section IV—Automated System D	C. Safeguard C. Safeguard Date Date B. Timesta Control Date B. Timesta Date In accordance with a coldance with a cold accordance wi	D. Written Notice B. Time (24 Hr. C Was easily ne (24 Hr. Clock	E. Citation Order N	e) Citation Number Number Primary or Mill	Order 3	Safeguard	Written Notice Mo Da Yr

Mine Citation/Order		rtment of Labor y and Health Administra	tion
. Date 2. Time (24)	de disservation de la constant de la	3. Citation/ Order Nu	nber
6			7.
		_	(Contractor) 8a. Written Notice (103g)
On the GIL-10 TG #1 belt f. #12 for an approximate length of the start/stop switch to stop conveyors that do not transat intervals not to exceed installed and positioned second	gth of 2,100 feet the the conveyor in a ca sport men start and 1,000 feet. Such of	see of emergence stop control s controls shall	ust outby crosscut eyor belt remote y. On blet hall be installed
		*	
		200 0000	mustion Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section of Act Other Section II-Inspector's Evaluation	C. Part/Section of Title 30 CFR	75.1	
A Injury or Illness (has) (is): No Likelihood	I Inlikely Reasonably L	Natural Highly Likely	☐ Conumed ☐
A. Injury or Illness (has) (is): No Likelihood [] B. Injury or illness could reasonably be expected to be: No Lost Workd	Unlikely Reasonably Lays Lost Workdays Or Restrict		Occurred D
B. Injury or iliness could rea-		ted Duty Permanenti	
B. Injury or illness could reasonably be expected to be: No Lost Workd	ays Lost Workdays Or Restrict	permanenti D. Number of	y Disabling Fatal F
B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes []	ays [Lost Workdays Or Restrict	permanenti D. Number of	y Disabling
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one): A. None [] 12. Type of Action 314(b) 14. Initial Action	ays : Lost Workdays Or Restrict No : B. Low : C. Moderate :	D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard P
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one): A. None [] 12. Type of Action 314(b) 14. Initial Action	Ays Lost Workdays Or Restrict No B. Low C. Moderate 13. Type of Issuance (check one) E. Citation/	D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard Safeguard Written Notice
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one). A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation B. Order C. Safeguard [] 15. Area or Equipment	Ays Lost Workdays Or Restrict No B. Low C. Moderate 13. Type of Issuance (check one) E. Citation/	D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard Safeguard Written Notice
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one). A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation B. Order C. Safeguard [] 15. Area or Equipment	Ays Lost Workdays Or Restrict No B. Low C. Moderate 13. Type of Issuance (check one) D. Written Notice C. Citation/ Order Num	D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard Safeguard Written Notice
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one) A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] 15. Area or Equipment 16. Termination Due A. Date Section IB—Termination Action 17. Action to Terminate Mo Da Yr	Ays Lost Workdays Or Restrict No B. Low C. Moderate 13. Type of Issuance (check one) D. Written Notice C. Citation/ Order Num	D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard Safeguard Written Notice
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one) A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] 15. Area or Equipment 16. Termination Due A. Date Section (B—Termination Action 17. Action to Terminate A. Date Mo Da Yr B. Time Section IV—Automated System Data	Lost Workdays Or Restrict No [] B. Low [D. Number of D. High E. Citation Order	y Disabling Fatal Persons Affected: Reckless Disregard Safeguard Written Notice
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one) A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] 15. Area or Equipment 16. Termination Due A. Date Section (B—Termination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time	Lost Workdays Or Restrict No [] B. Low [D. Number of D. High E. Citation Order ber	y Disabling Fatal Persons Affected: Reckless Disregard Written Notice F. Dated Mo Da Yr
B. Injury or lilness could reasonably be expected to be: C. Significant and Substantial: Yes [] 11. Negligence (check one): A. None [] 12. Type of Action 314(b) 14. Initial Action A. Citation [] B. Order [] C. Safeguard [] 15. Area or Equipment 16. Termination Due A. Date Section (B-Termination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time Section IV-Automated System Data 19. Type of Inspection (activity code) E01	Lost Workdays Or Restrict No [] B. Low [D. Number of D. High E. Citation Order Der Order 23. AR i	y Disabling Fatal Persons Affected: Reckless Disregard Written Notice F. Dated Mo Da Yr

District | Coal District 9 | Field Office Price, UT FO Mine ID Multiple Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I--Violation Data 1. Date 2 Time (24 Hr. Clock) 3 Citation Order Numb (Contractor) oet. Written Notice (103g) 8. Condition of Practice A record of the annual fire hydrant testing was not maintained and available for inspection by an Authorized Representative of the Secretary. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health [B. Section C. Part/Section of Title 30 CFR 75.1103-11 Safety V of Act Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Iliness (has) (is): No Likelihood 📝 Unlikely [] Reasonably Likely Highly Likely Occurred [7] B. Injury or illness could rea-Lost Workdays Or Restricted Duty No Lost Workdays Permanently Disabling Fatal [sonably be expected to be: C. Significant and Substantial: D. Number of Persons Affected: 000 No W Yes 🔲 11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard Citation 🐼 12. Type of Action 13. Type of Issuance (check one) Order [Safeguard [Written Notice F. Dated Mo Da Yr E. Citation/ A. Citation B. Order C. Safeguard D. Written Notice 15. Area or Equipment 16. Termination Due B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Termina 18. Terminated A. Date MoDa Yr B. Time (24 Hr. Clock 19. Type of Inspection (activity code) 21. Primary or Mill 20. Event Number E01 MSFA Form 7000-5, Apr to prevised)
In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Feirness 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 MSFA, you may call 1-888-786-74RI (1-888-734-3247), or write the Ombudsman at Small Businesse Administration, Office of the National Ombudsman, 40 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.

line Citatio					ertment of L ety and Healt		on	
ection I-Mobile Date	on Data					3. Citation/		
Date			J			Order Num	ber	
	2			i	Δ			1.0
				-			-	
. Condition or	3						Qa Wiritte	(Contractor)
		right road	wav at cro	psscut # 1	there w	as a loc		
ore tha	an 5-ft.	wide-and-5	ft. deep	with-no-1				
orner l	had falle	n exposing	unsupport	ed area.				
	4				8	27 99		
							e * •	
				*	* , -			R
				6		G		
i		2.0						
			*			See Contin	uation Form (MSF	44 Frem 7000-3a)
Violation	A. Health	B. Section		C. Part/Section	of			V. 1 v. 11
a 10	Safety 🗸	of Act		Title 30 CFR		75.220(a)(1)	
O. Gravity: A. Injury or B. Injury or sonably !	ctor's Evaluation Illness (has) (is): illness could rea- be expected to be	No Lost Workd	Unlikely ☑	Reasonabl Workdays Or Rest	ly Likely		Disabling .	Fatal [
O. Gravity: A. Injury or B. Injury or sonably or C. Significa	illness (has) (is): illness could rea- be expected to be ant and Substantia	e: No Lost Workd	No 🗹	Workdays Or Rest	tricted Duty 🗹	Permanently D. Number of F	Persons Affected	Fatal []
O. Gravity: A. Injury or B. Injury or sonably C. Significa 1. Negligence	lliness (has) (is): illness could rea- be expected to be ant and Substantia e (check one)	No Lost Workd	No 🗹 Lost	Workdays Or Rest	D. High	D. Number of F	Persons Affected Reckless Disreg	Fatal [] d: 001
O. Gravity: A. Injury or B. Injury or sonably I C. Significa I. Negligence Z. Type of Ac.	lilness (has) (is): illness could rea- be expected to be ant and Substantia e (check one)	e: No Lost Workd	No 🗹 Lost	Workdays Or Rest C. Moderate suance (check one)	D. High	Permanently D. Number of F	Persons Affected Reckless Disreg	Fatal d: 001 gard Written Notice [
O. Gravity: A. Injury or B. Injury or sonably C. Significa 1. Negligence	illness (has) (is): illness could rea- be expected to be ant and Substantis e (check one) ction 104(a)	e: No Lost Workd	No B. Low 13. Type of iss	C. Moderate	D. High	D. Number of F	Persons Affected Reckless Disreg	Fatal [] d: 001
O. Gravity: A. Injury or B. Injury or sonably! C. Significa 1. Negligence 2. Type of Ac 4. Initial Action	illness (has) (is): illness could reable expected to be ant and Substantial e (check one) ction 104(a)	e: No Lost Workd	No B. Low 13. Type of iss	C. Moderate	D. High	D. Number of F	Persons Affected Reckless Disreg	Fatal d: 001 gard Written Notice [
O. Gravity: A. Injury or B. Injury or sonably I C. Significa I. Negligence Z. Type of Ac Initial Action A. Citation	liliness (has) (is): iliness could reable expected to be ant and Substantis e (check one) ction 104(a) Din B. Order	e: No Lost Workd	No B. Low 13. Type of Iss D. Written Notice	C. Moderate C. Moderate Unance (check one) E. Citations Order No	D. High	D. Number of F	Persons Affected Reckless Disreg	Fatal d: 001 gard Written Notice [
O. Gravity: A. Injury or B. Injury or Sonably I C. Significa I. Negligence Z. Type of Ac A. Initial Actic A. Citation S. Area or Eq G. Terminatio	illness (has) (is): illness could reable expected to be ant and Substantial e (check one) ction 104(a) Dn B. Order quipment	e: No Lost Workd	No B. Low 13. Type of iss	C. Moderate C. Moderate Unance (check one) E. Citations Order No	D. High	D. Number of F	Persons Affected Reckless Disreg	Fatal d: 001 gard Written Notice [
O. Gravity: A. Injury or B. Injury or B. Injury or Sonably! C. Significa 1. Negligence 2. Type of Ac 4. Initial Actic A. Citation 5. Area or Eq 6. Termination cotoon III—Termi	illness (has) (is): illness could reable expected to be ant and Substantial e (check one) ction 104(a) Dn B. Order quipment on Due A. D	A. None C. Safeguard C.	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Cl	C. Moderate C. Moderate suance (check one) E. Citation/ Order No	D. High Citation	Permanently D. Number of F E. I Order	Persons Affecter Reckless Disreg Safeguard F. Dated	Fatal Good G
O. Gravity: A. Injury or B. Injury or Sonably I C. Significa I. Negligence Z. Type of Ac A. Initial Actic A. Citation S. Area or Eq G. Terminatio	illness (has) (is): illness could reable expected to be ant and Substantis e (check one) ction 104(a) cn B. Order quipment on Due A. D unation Action Ferminate Tin	e: No Lost Workd	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Cl	C. Moderate C. Moderate suance (check one) E. Citation/ Order No	D. High Citation	Permanently D. Number of F E. I Order	Persons Affecter Reckless Disreg Safeguard F. Dated	Fatal d: 001 gard Written Notice [
O. Gravity: A. Injury or B. Injury or B. Injury or Sonably! C. Significa 1. Negligence 2. Type of Ac 4. Initial Action A. Citation 5. Area or Eq 6. Termination Coction III—Term 7. Action to Termina	liliness (has) (is): illness could reable expected to be ant and Substantis e (check one) ction 104(a) cn B. Order [] quipment on Due A. D ensition Action Ferminate Tin ted.	No Lost Workdai: Yes A. None C. Safeguard mbers were	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Cl	C. Moderate C. Moderate suance (check one) E. Citation/ Order No	D. High Citation	Permanently D. Number of F E. I Order	Persons Affecter Reckless Disreg Safeguard F. Dated	Fatal Good G
O. Gravity: A. Injury or B. Injury or Sonably! C. Significa I. Negligence C. Type of Ac Initial Action A. Citation C. Area or Equation Control III—Term Action to Terminate Control III—Term Control III—Terminate Control IIII—Terminate Control III—Terminate Control IIII—Terminate Control IIII—Terminate Control III—Terminate Control III—Terminate Cont	lliness (has) (is): iliness could reable expected to be ant and Substantia e (check one) ction 104(a) B. Order auipment an Due A. D remaision Action Terminate Tin t.t.ed.	No Lost Workdai: Yes A. None C. Safeguard mbers were	No B. Low 13. Type of Iss D. Written Notice B. Time (24 Hr. Cl	C. Moderate C. Moderate suance (check one) E. Citation/ Order No	D. High Citation	Permanently D. Number of F E. I Order	Persons Affecter Reckless Disreg Safeguard F. Dated	Fatal Good G
O. Gravity: A. Injury or B. Injury or B. Injury or Sonably of C. Significa 1. Negligence 2. Type of Ac 4. Initial Action A. Citation 5. Area or Eq 6. Termination Cocton III—Term 7. Action to T CETMINA 8. Terminates	lliness (has) (is): iliness could reable expected to be ant and Substanting (check one) ction 104(a) B. Order B. Order auipment an Due A. D auipment auipment A. D auipment A. D	No Lost Workd ai: Yes A. None C. Safeguard mbers were	B. Time (24 Hr. Claset Suppose (24 Hr. Clack)	C. Moderate was uance (check one) E. Citation/Order Nu	D. High Citation area. Th	Permanently D. Number of F E. I Order	Persons Affecter Reckless Disreg Safeguard F. Dated	Fatal Good G
O. Gravity: A. Injury or B. Negligence C. Significa C. Termination C.	illness (has) (is): illness could reable expected to be expected to be ant and Substantial (check one) ction 104(a) Dn B. Order Daulpment Dn Due A. Daulpment d A. Date matted Systems spection de) / E01	No Lost Workdal: Yes A. None C. Safeguard Mohers were Da Yr B. Time	B. Time (24 Hr. Claset Suppose (24 Hr. Clack)	C. Moderate was uance (check one) E. Citation/Order Nu	D. High Citation	Permanently D. Number of F E. I Order []	Persons Affected Reckless Disreg	Fatal Good G
O. Gravity: A. Injury or B. Negligence C. Significa C. Termination C. Significa C. Termination C. Significa C. Termination C. Significa C. Signific	illness (has) (is): illness could reable expected to be expected to be ant and Substantial (check one) ction 104(a) Dn B. Order Daulpment Dn Due A. Daulpment d A. Date matted Systems spection de) / E01	No Lost Workdal: Yes A. None C. Safeguard Mohers were Da Yr B. Time	B. Time (24 Hr. Claset Suppose (24 Hr. Clack)	C. Moderate was uance (check one) E. Citation/Order Nu	D. High Citation area. Th	Permanently D. Number of F E. I Order	Persons Affected Reckless Disreg	Fatal Good G

District | Coal District 9 | Field Office Price, UT FO Mine ID Multiple Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I--Violation Data 1. Date Order Numbe (Contractor) ten Notice (103g) The stopping in 5th Left Long wall section, MMU 052-0, cross cut # 11 was not properly sealed with sealant: The seams of the omega block were not covered 34 on both sides of the seams in several locations, the thickness of the sealant was not 1/8 " thick in several locations also. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health B. Section C. Part/Section of Safety of Act Title 30 CFR 75.220(a)(1) Section II-Inspector's Eval 10. Gravity: A. Injury or Itlness (has) (is): No Likelihood Unlikely 🖓 Reasonably Likely Highly Likely Occurred B. Injury or illness could rea-No Lost Workdays Lost Workdays Or Restricted Duty 🕢 Permanently Disabling Fatal [sonably be expected to be: C. Significant and Substantial: D. Number of Persons Affected: No 🗸 006 Yes 🗌 11. Negligence (check one) C. Moderate 💆 E. Reckless Disregard A. None B. Low D. High Citation 🗸 12. Type of Action 13. Type of Issuance (check one) Order 🗍 Safeguard [Written Notice F. Dated E. Citation/ Mo Da Yr 14 Initial Action A. Citation | B. Order | C. Safeguard | D. Written Notice | 15. Area or Equipment 16. Termination Due B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate Sealant was reapplied to the stopping seams to the proper with and thickness. Therefore this citation is terminated. 18. Terminated B. Time (24 Hr. Clock) A. Date 19. Type of Inspection 20. Event Number 21. Primary or Mill 101 (activit 22. Signate 23. AR Number In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Si MSHA Form 700-2, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Sale ambiestation had established a National Small Business and Agriculture Regulatory Ornbudsman not 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 (1-88-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3; 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.

Aine Citation/Order			nent of Labor and Health Adminis	tration	
Date 24 Hr. C	Clock)		3. Citatio		27
			Order	Nun	27.1 * 5
		*			
					(Contractor)
CORRECT OF STREET				8a. Writter	n Notice (103g)
The 12470 high voltage cal					
MU 032=0; Sth left; locat					
raffic driving by. The rott. from the pillar line.					
back and forth in this are		FORGLOS			, 02
The hazard is the cable di					
from being struck by equip					
being moved by the area is away from the cable, restr					e side
tway 110m the capit, 100c	recaring man	violotite	to the tab.		
			For C	tantinumban Francosco	
, Violation A. Health 3. Section		C. Part/Section of	See C	continuation Form (MSH	IA Form 7000-3a)
Safety of Act Other	<u> </u>	Tale 30 CFR	STANTA - III.	5.807	
Section II-Inspector's Evaluation					
A. Injury or Illness (has) (is): No Likelihood	Unlikely [Reasonably Like	ely 🕢 Highly Llki	ely 🔲 Occu	rred 🗍
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could rea-					
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could reasonably be expected to be: No Lost Work	days Lost W	Reasonably Like	Duty Perman	ently Disabling	Fatal []
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could rea-			Duty Perman		Fatal []
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could reasonably be expected to be: No Lost Work	days Lost W		Duty Perman	ently Disabling	Fatal []
A. Injury or Illness (has) (is): No Likelihood B. Injury or illness could reasonably be expected to be: C. Significant and Substantial: Yes	No D	/orkdays Or Restricted	Duty Perman D. Number	ently Disabling of Persons Affected E. Reckless Disreg	Fatal []
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a)	No D B. Low D 13. Type of Issu	C. Moderate Check one) E. Citation	Duty Perman D. Number D. High	ently Disabling of Persons Affected E. Reckless Disreg	Fatal [] d: 001
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard	No D B. Low D 13. Type of Issu	C. Moderate Check one) E. Citation	Duty Perman D. Number D. High	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a)	No D B. Low D 13. Type of Issu	C. Moderate Check one) E. Citation	Duty Perman D. Number D. High	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard	No D B. Low D 13. Type of Issu	C. Moderate Check one) E. Citation	Duty Perman D. Number D. High Citation Order	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment	No D B. Low D 13. Type of Issu	C. Moderate Check one) E. Citation	Duty Perman D. Number D. High Citation Order	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Iliness (has) (is): No Likelihood B. Injury or iliness could reasonably be expected to be: C. Significant and Substantial: Yes 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment	No D B. Low D 13. Type of Issu	C. Moderate C. Moderate C. Moderate C. Moderate C. Moderate C. Check one) E. Citation/ Order Numbe	Duty Perman D. Number D. High Citation Order	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment	No D. Lost W. No D. Written Notice	C. Moderate C. Moderate C. Moderate C. Moderate C. Moderate C. Check one) E. Citation/ Order Numbe	Duty Perman D. Number D. High Citation Order	ently Disabling of Persons Affected E. Reckless Disreg Safeguard	Fatal [] d: 001 and [] Written Notice []
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 1. Negligence (check one) A. None 12. Type of Action 0.4(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Section III-Termination Action 17. Action to Terminate The Operator	B. Time (24 Hr. Cloomoved the	C. Moderate C.	Duty Perman D. Number D. High Citation Order	entity Disabling	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Section Ill-Termination Action 17. Action to Terminate The operator 18. Section and a jack with reflections and a jack with reflections.	B. Time (24 Hr. Cloomoved the active tape	C. Moderate C. Mo	Duty Perman D. Number D. High Citation Order	entity Disabling	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 16. Termination Due A. Section III-Termination Action 17. Action to Terminate The operator side and a jack with reflective force this citation is	B. Time (24 Hr. Cloomoved the active tape	C. Moderate C. Mo	Duty Perman D. Number D. High Citation Order	entity Disabling	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Section III-Termination Action 7. Action to Terminate The operator side and a jack with reflection in the content of the content of the content of the citation is the citation in the content of the citation is the citation in the content of the citation is the citation in the citation is the citation in the citation is the citation in the citation in the citation is the citation in the citation in the citation is the citation in the citation in the citation in the citation is the citation in the citation in the citation in the citation is the citation in	B. Time (24 Hr. Cloomoved the active tape	C. Moderate C. Mo	Duty Perman D. Number D. High Citation Order	enthy Disabling [] r of Persons Affected E. Reckless Disreg] Safeguard [] F. Dated ecting the in-by side.	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 04(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Section III-Termination Action 17. Action to Terminate The operator 18. Operator 19. Section III-Termination Action 19. Action to Terminate The operator 19. Section III-Termination Citation 19. Section III-Termination Action 19. Action to Terminate The operator 19. Section III-Termination Citation 19. Section III-Termination Action 19. Action to Terminate The operator 19. Section III-Termination Citation 19. Section III-Termination Action 19. Section III-Termination Action 19. Action to Terminate The operator 19. Section III-Termination Citation 19. Section III-Termination Action 19. Section III-Termination III-Termination Action 19. Section III-	B. Time (24 Hr. Clock moved the ective tape is terminate.	C. Moderate C. Mo	Duty Perman D. Number D. High Citation Order	entity Disabling	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Section III-Termination Action 17. Action to Terminate The operator 18. Terminated Action 18. Terminated Action 18. Terminated Action 19. Type of Inspection 20. Event Number 2	B. Time (24 Hr. Clock) B. Tow B. Time (24 Hr. Clock) B. Time (24 Hr. Clock)	C. Moderate C. Mo	Duty Perman D. Number D. High Citation Order r thus prote led on the i	enthy Disabling of Persons Affected E. Reckless Disreg Safeguard F. Dated F. Dated	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Illness (has) (is): No Likelihood B. Injury or Illness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 11. Negligence (check one) A. None 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order C. Safeguard 15. Area or Equipment 16. Termination Due A. Section III-Termination Action 17. Action to Terminate The operator Side and a jack with reflection is 18. Terminated Action is 18. Terminated MoDa Yr Time Section IV-Automateu sysum cata 19. Type of Inspection (activity code)	B. Time (24 Hr. Clock) B. Tow B. Time (24 Hr. Clock) B. Time (24 Hr. Clock)	C. Moderate E. Citation Order Number Ck) Emulsion ca was instal	Duty Perman D. Number D. High Citation Order r r thus prote led on the i	ently Disabling of Persons Affected E. Reckless Disreg Safeguard F. Dated ecting the in-by side	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr
A. Injury or Iliness (has) (is): No Likelihood B. Injury or Iliness could reasonably be expected to be: No Lost Work C. Significant and Substantial: Yes 1. Negligence (check one) A. None 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order C. Safeguard 5. Area or Equipment 6. Termination Due A. Section III-Termination Action 7. Action to Terminate The operator 3. The refore this citation is 18. Terminated Action 19. Time 18. Terminated Action 19. Type of Inspection 20. Event Number 20. Even	B. Time (24 Hr. Clock) B. Tow B. Time (24 Hr. Clock) B. Time (24 Hr. Clock)	C. Moderate E. Citation Order Number Ck) Emulsion ca was instal	Duty Perman D. Number D. High Citation Order r r thus prote led on the i	enthy Disabling of Persons Affected E. Reckless Disreg Safeguard F. Dated F. Dated	Fatal [] d: 001 pard [] Written Notice [] Mo Da Yr

District | Coal District 9 | Field Office Price, UT FO Mine ID Multiple Date Mine Citation/Order U.S. Department of Labor Mine Safety and Health Administration Section I-Violation Data 3. Citation/ 1, Date_ Order Numb 8. Condition or Practice 8a. Written Notice (103g) The equipment air lock doors located at 6th north belt drive were not being used properly. The door next to the belt was open and no one was around that side of the belt. Airlock doors are used to allow equipment and people to move from one air course to another, when not in use closed. See Continuation Form (MSHA Form 7000-3e) 9. Violation C. Part/Section of Safety V Other Title 30 CFR of Act 75.333(d)(3) Section II-ins 10. Gravity: A. Injury or Illness (has) (is): No Likelihood [Unlikely 🔽 Reasonably Likely Highly Likely Occurred [] B. Injury or illness could rea-No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal sonably be expected to be: C. Significant and Substantial: D. Number of Persons Affected: Yes 🗌 No 🗸 001 11. Negligence (check one) A. None B. Low 🔲 · C. Moderate E. Reckless Disregard 12. Type of Action 13. Type of Issuance (check one) Citation 🗹 Order [Safeguard [Written Notice 104(a) t4. Initial Action E. Citation/ F. Dated Mo Da Yr A. Citation B. Order C. Safeguard D. Written Notice Order Number 15. Area or Equipment 16. Termination Due A. D B. Time (24 Hr. Clock) Section III-Termination Action 17. Action to Terminate The door was closed, Therefore this citation is terminated. 18. Terminated A. Date ime (24 Hr. Clock) Section N-Automated Sys 19. Type of inspection 20. Event Number 21. Primary or Mill E01 22. Sign 23. AR Number MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small business about federal agency enforcement actions. The Oribudsman 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.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	No. Aff	Neg
		9	104(a) Cit	77.1606(c)	N	UL	LD 1	+	Mod

Dodge truck company number 506 was inspected at crosscut number 4 in Rock Canyon East mains. When this machine was inspected the park brake would not hold on this machine. Machine was taken to the grade at the mine portal and retested. This machine park brake would not hold on this grade. This machine has a automatic transmission and when the park position was selected this machine did hold did hold on this hill.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	No. Aff Neg
			104(a) Cit	75.1909(d)	N		NLD 1	Mod

Accumulations of damp to wet loose coal and coal fines were present on the off walk way side of the #8R Section feeder breaker. Accumulations measured approximately 9 feet in length, 5 feet wide and 16 inches in depth.

Mino ID	Violation	lesued	Туре	30 CFR	S&S	Likely	Injury	No. Aff Neg
			104(a) Cit	75.400	N	UL	LD	1 Mod

9/5 Eimco into wheel truck company number 11 was inspected at crosscut number 1 in Pace South Mains Crossover. When this machine was inspected it was found to have extensive oil accumulations. The 24 inch X 24 inch top of the hydraulic tank was wet with hydraulic oil. This oil had leaked down the side of this tank filling the frame that supports the hydraulic tank. This oil also accumulated in a 4 inch diameter wet spot on the ground under this tank. This machine also had oil and coal dust accumulated from 1/4 to 1/8 of a inch thick on the top of the left side steering cylinder. Leaking oil had washed the bottom of the rod end packing on this steering cylinder. The top of the fuel tank was wet with fuel and there was wet oil leaking from the park brake area. There was not a ignition source near these oil accumulations. (engine is ignition source)

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	No. Aff Ne	g
			104(a) Cit	75.400	N	UL	NLD	2	Mod

Accumulations of oil soaked coal fines were present on the hoses and controls on the drill head end, both sides of the Roof Bolter #10 located in the Pace South (Pony) working section MMU-005. See Aracoma/Darby internal review.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date

								No.	
Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Aff	Neg
			104(a) Cit	75.370(a)	Ν	UL	LD 7		Mod

The approved ventilation plan for the development and duration of two entry mining was not being complied with in that the required fire doors installed in the intake roadway leading to the Gil 8 long wall were not operational. When inspected the left side door leading into the section was off of the hinges and the door was standing in the mud. This door was not attached to the frame and there was 10 inches between the bottom two components that comprise the hinge. The top hinge was raised up 3 inches where the hinge had separated. The bottom of the frame that should have supported the door was pushed 10 inches inby from being plumb. The mud that blocked the bottom of the door was 4 inches deep and 29 inches wide and was on top of the bottom rubber seal the entire length of this door. The purpose of these doors is to quickly isolate the working section according to the petition.

						-		No.	
Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Aff	Neg
			104(a) Cit	75.400	N	UL	NLD	1 Mo	d

Accumulations of wet coal fines were present under the Pace So. X-over Mains belt head roller.

Accumulations measured approximately 8 ft wide, 12 ft in length and 12 inches to 14 inches in depth. Belt off at time of citation and no Ch4 detected. [statement no methane was detected a the time this condition was found – need to consider continuing operations not just at the time of the violation. – see Darby internal review, citation and order writing handbook pp 17, mitigating circumstances pp 21 {citation and order writing handbook}]

								No.
Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Aff Neg
		17.	104(a) Cit	75.400	N	UL	NLD	1 Mad

Accumulations of oil and oil soaked loose coal and coal fines were present on the left side of the #1 Section Feeder Breaker under the motor on the hydraulic hoses and cables. Oil accumulations were also present under the oil pump and filter area of the #1 Feeder Breaker in the Pace South 60"section, MMU-004. Feeder Breaker not in operation at time of citation and no CH4 detected. [statement no methane was detected a the time this condition was found – need to consider continuing operations not just at the time of the violation. – see Darby internal review, citation and order writing handbook pp 17, mitigating circumstances pp 21 {citation and order writing handbook}]

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	No. Aff Neg
			104(a) Cit	75.1731(a)	Υ	RL	PD	7 Mo

A total of 19 broken, frozen. Or missing belt rollers were observed along the Gilson 10 Tailgate belt, mmu-001. These rollers contribute to friction and pose a fire hazard on this belt. The belt also has frayed edges, small strips (flappers) cut off, and this condition exposes the inner core of the belt conveyor. With the edges frayed the fire resistance of the belt is compromised. The belt was removed from service until all the bad rollers are changed.

District Coal District 9 Field Office Price, UT FO Mine ID Multiple Date

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Aff	Neg
			104(a) Cit	75.75.400	N	UL	NĽD	1	Mod

Accumulations of wet coal existed in the belt entry on Gilson 10 Headgate adjacent to the belt drive on the off walkway side of entry. The accumulations were created by washing down of the belt headroller transfer and running down hill to this x-cut against the stopping. The accumulations were 11 inches in depth by 18 feet in width and extended out from the face of the stopping about 20 feet. There was no contact with any ignition source.