**U.S. Department of Labor** 

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



AUG 2 4 2010

**MEMORANDUM FOR ROBERT L. PHILLIPS** 

Acting Deputy Assistant Secretary for Operations Mine Safety and Health

THROUGH:

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

FROM:

eter J. Montali for JERRY J. KISSELL **BILLY RANDOLPH ARLIE A. WEBB** 

Accountability Specialists

SUBJECT: MSHA Office of Accountability Audit; Coal District 8, Vincennes, IN Field Office

## Introduction

This memorandum summarizes the Office of Accountability audit of the subject district office, field office, and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted by Accountability Specialists Arlie A. Webb, Jerry Kissell, Acting Accountability Specialist Billy Randolph and Acting Director of the Office of Accountability Peter J. Montali during the week of the week of the subject of the office of Accountability and the subject of the office office of the office offic

#### **Overview**

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The district audit was conducted from through through and included a review of administrative, technical, and other areas such as Special Investigations and the ACRI Program. The field office audit was conducted on and the on-site portion of the audit was conducted or Accompanying the audit team were

, the team accompanied the inspection party to the

On-site examinations included record books, number one unit super section (MMU 001 and MMU 005), working faces, feeders, power center, storage sleds for tools and supplies, conveyor belts, 1<sup>st</sup> 42<sup>nd</sup> West belt drive, 1<sup>st</sup> 42<sup>nd</sup> South drive, 5<sup>th</sup> Main West belt, 1-A belt drive, and selected return air courses. Portions of the primary and alternate escapeways were walked. Rockdust applications appeared to be adequately

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applied in all areas traveled. Also examined were two refuge alternative chambers, escapeway map, compliance with Emergency Response Plan, lifelines, signage, Self-Contained, Self-Rescuer caches, and fire suppression systems.

the team accompanied the inspection party to the

On-site examinations included record books, MMU 001-0, imminent danger run, roof control, escapeway maps, and communications. The team observed the mining cycle and roof bolting operations. The team also examined the 3<sup>rd</sup> Main Northwest section belt, 2<sup>nd</sup> Main Northwest belt, 1 North East belt, and fire suppression systems.

## S&S Rate Comparison

On

S&S rates for the Vincennes field office and the district as a whole were lower than national levels for FY2008 and 2009, as well as to-date in FY2010.

	S&S Rate Co	mparison	
Fiscal Year	Vincennes, IN Field Office	District 08	National Average
2008	22.6%	24.6%	34.0%
2009	30.6%	30.2%	35.0%
2010 (to date)	24.2%	24.8%	33.4%

## **Time and Activity Comparison**

Time distribution for E01 inspections at surface facilities conducted out of the Vincennes, Indiana field office from FY2008 to date in FY2010 is comparable to national levels. At this point in FY2010, an average of 67.10 percent of the total inspection time is spent on-site.

	Time Distribution (Percent) – E01 Inspections at Surface Facilities					
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	16.33%	18.86%	64.62%	7.74%	0.19%	100.0%
Nat'l Avg 2008	17.06%	18.56%	64.07%	5.82%	0.30%	100.0%
2009	13.07%	16.69%	70.25%	3.28%	0%	100.0%
Nat'l Avg 2009	16.99%	16.93%	65.88%	5.40%	0.20%	100.0%
2010(to date)	20.84%	11.07%	67.10%	6.15%	0.98%	100.0%
Nat'l Avg 2010	17.56%	16.06%	65.98%	4.84%	0.39%	100.0%

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

At this point in FY2010, an average of 70.41 percent of the total inspection time is being spent on-site at surface mines, which is well above the national average.

	Time	Distributio	n (Percent	) - E01 Inspect	ions at Surface	Mines
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	20.57%	14.07%	65.26%	6.95%	0.10%	100.0%
Nat'l Avg 2008	18.74%	16.88%	64.00%	5.14%	0.38%	100.0%
2009	17.29%	16.13%	66.50%	5.94%	0.08%	100.0%
Nat'l Avg 2009	18.83%	14.64%	66.14%	5.01%	0.39%	100.0%
2010(to date)	18.09%	11.35%	70.41%	6.56%	0.15%	100.0%
Nat'l Avg 2010	18.90%	13.45%	67.10%	4.52%	0.55%	100.0%

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

Time distribution for E01 inspections at underground mines from FY2008 to present is also improving. At this point in FY2010, an average of 70.41 percent of the total inspection time is being spent on-site at surface mines, which is well above the national average.

	Time Dis	stribution (	Percent) -	<b>E01</b> Inspection	s at Undergrou	und Mines
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent*
2008	12.05%	18.17%	69.43%	6.48%	0.35%	100.0%
Nat'l Avg 2008	15.44%	18.28%	65.80%	6.30%	0.49%	100.0%
2009	11.77%	15.47%	72.48%	7.24%	0.29%	100.0%
Nat'l Avg 2009	15.43%	16.97%	67.20%	5.94%	0.40%	100.0%
2010(to date)	12.01%	10.37%	77.33%	6.53%	0.29%	100.0%
Nat'l Avg 2010	15.99%	15.43%	68.11%	5.77%	0.47%	100.0%

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

## Audit Results

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

- 1. MSHA personnel conducted them selves in a professional and courteous manner to the OA and the mine operator at all times
- 2. Complete and thorough discussions of violations and evaluations were observed.
- 3. Mine plans kept at the district and field office were complete, legible, and easily understood.
- 4. Rock dust appeared adequate in all areas traveled by the audit team.

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

1. A review of the two previous E01 inspections at the subject mines indicate that evaluations for gravity, negligence, number of persons affected, and the overall level of enforcement is not commensurate with the nature of the violations cited. (See Attachment C)

- 2. Reports of Field Activity Reviews and Accompanied Activities did not contain sufficient documentation to give feedback to inspection personnel for improvement.
- 3. The required number of annual supervisory/managerial mine visits were not conducting during FY 2009. (See Item No. 3)
- 4. Numerous 103(i) inspections were conducted on consecutive (back to back) Mondays, Tuesdays, and Wednesdays at mines in District 8. (See Item No. 14)
- 5. The MSIS system was not being kept up to date regarding methane liberation for mines classified as 103(i). (See Item No. 14)
- 6. The Special Investigations Department closed at least three 110(c) investigations by citing a "lack of resources" during FY2009. (See Items No. 13 and 26)
- 7. It could not be determined if the effectiveness of the corrective action plans resulting from Headquarters and District level Accountability Reviews conducted during FY2009 were being monitored by the District Manager on an ongoing basis. (See Items No. 66 and 67)
- A conflict of interest exists in the Vincennes Field Office in that

(Administrative Information Bulletin No. A08-12, DPR Chapter 310 – Employment of Relatives, Aracoma Internal Review)

## **Attachments**

Office of Accountability Checklist with comments, recommendations, and references Α.

B.	Citations/Or	ders issued	during	this audit	
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1.	75.1714-7(a)
2.	75.807
3.	75.1731(b)
4.	75.400
5.	75.1909(b)(5)
6.	75.1100-3
7.	75.1914(e)
8.	75.202(a)
9.	75.1101-8(c)
10.	75.1507(a)(9)
11.	75.1507
12.	75.1507
13.	75.363(b)
14.	75.1714-7(a)
15.	75.1403
16.	75.202(a)
17.	75.1100-1(f)(2)
18.	75.1101-8(c)
19.	75.514
20.	75.1101-8(c)
21.	75.333(h)
22.	75.1100-1(f)(2)
23.	75.1100-3
24.	75.202(a)
25.	75.1100-2(b)
26.	75.1103-9(d)
27.	75.333(b)
28.	75.517
29.	75.1103-9(a)(2)
30.	75.1731(b)
31.	75.1103-9(d)
32.	75.1403-5(g)
33.	75.1731(b)
34.	75.1101-7(b)
35.	75.1502(c)(1)(iii)

- Enforcement actions with questionable evaluations Photographs taken during audit C.
- D.

United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
1.       Evaluate supervisory review of inspection reports and documentation for completeness.         Adequate       Inadequate       Not Applicable       Comments Below
Inspection reports appear to be complete and document that all areas of the mines were inspected. However, the narrative of numerous citations, along with the inspector's notes, do not support the evaluation of gravity, negligence, number of persons affected, or level of enforcement. ( <i>See Attachment C</i> ) In addition Event Number contained numerous instances where the inspector did not note the arrival time at the mine site. These deficiencies should have been identified and corrected. <i>Reference – General Coal Mine Inspection Procedures and Inspection Tracking System (PH-08-V-1), Page 9</i>

2. Determine if supervisors address report deficiencies immediately				
Adequate Inadequate X Not Applicable Comments Below				
See Item Number 1 above. (See also Attachment C)				

3.       Determine if supervisors/managers are visiting each assigned mine at least annually         Adequate       Inadequate       Not Applicable       Comments Below				
Records indicate that all producing <u>underground mines</u> in the district were visited by a supervisor or manager during FY2009. However, less than half of the producing surface mines and producing surface facilities were visited. Of the 35 producing surface mines, only 13 were visited (37%), and only 5 of the 11 surface facilities were visited (45%). Recommendation – All producing mines and facilities should be visited by a supervisor or manager				
each fiscal year. Reference – CMS&H Memo No. HQ-08-081-A (SEC-103), dated June 23, 2008.				

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date
4. Evaluate the quality of Field Activity Review reports (FARs)
Adequate Inadequate x Not Applicable Comments Below
Fifteen inspection personnel are currently assigned to the Vincennes Field Office. Of these, 12 have AR cards.
<ol> <li>Of the 7 FARs required during the first half of FY2009, only 2 were conducted.</li> <li>Of the 7 FARs required during the second half of FY2009, only 4 were conducted.</li> <li>Of the 9 FARs required during the first half of FY2010, only 5 were conducted.</li> </ol>
In addition, the FAR reports, provided to the audit team, did not document accomplishments, deficiencies, and corrective actions.
Reference; AH-08-III-1(2) page 10
5.       Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted         Adequate       Inadequate       Not Applicable       Comments Below x
There were no instances of performance or behavioral based issues documented during the period reviewed.
6. Evaluate the quality of Accompanied Inspections
Adequate     Inadequate     x     Not Applicable     Comments Below
Fifteen inspection personnel are currently assigned to the Vincennes Field Office. Of these, 12 have AR cards.
<ol> <li>Of the 7 AAs required during the first half of FY2009, only 2 were conducted.</li> <li>Of the 7 AAs required during the second half of FY2009, only 4 were conducted.</li> <li>Of the 9 AAs required during the first half of FY2010, only 5 were conducted.</li> </ol>
In addition the FAR reports provided to the audit team did not document accomplishments, deficiencies, and corrective actions.
Reference; AH-08-III-1(2) page 11

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Attachment A - Audit Checklist

	Mine Safe	States Department of L ety and Health Adminis Office of Accountability				
District Coal Dist 8	Field Office Vincer	nnes, IN Mine ID		Date		
7. Determi	ne if supervisors are	thoroughly review	wing mine f	iles at leas	t annually.	
Adequate x	Inadequate	Not Applicable		Commen	ts Below	

8. Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities				
Adequate Inadequate x Not Applicable Comments Below				
See Item Numbers 3, 4, and 6 above.				

<ul> <li>Determine if District Manager is using Performance Management System to hold</li> <li>9. ADMs accountable for oversight of subordinates</li> </ul>
Adequate Inadequate X Not Applicable Comments Below
See Item Numbers 3, 4, 6, 14, 16, 19, and 20. However, it should be noted that District 8 had been without a full-time District Manager from September 30, 2009 until May 09, 2010.

Determine if ADMs and DM 11. monthly	Is are visiting mines with poor	compliance at least
Adequate Inadequate x	Not Applicable	Comments Below
According to the mine visit spreadshee recorded for the duri 11 of the required 20 visits (55%), and the required 36 visits (69%).	ng FY2009. The	ere were no mine visits conducted conducted 25 of the
It should be noted that from September 30, 2009 until May 09, 2010, District 8 was without a full-time District Manager. Both of the Assistant District Managers in District spent time serving as the Acting District Manager during this period.		

	ted States Departme Safety and Health A Office of Account	dministration		
District Coal Dist 8 Field Office Vi	cennes, IN Mir	e ID	Date	-
Reference – CMS&H Memo No. HQ-00 sheets for mine visits, located at w:\Cou Managerial Activities				0
Evaluate the location, wo 13. ventilation, electrical, etc. Adequate Inadequate		rict	ialists (roof Comments	-
District records indicate that three o FY2008 and FY2009 were either clos memo to the Chief, Technical Comp resources."	the thirteen 11 ed or were neve	0(c) investigation r opened. This	ons recomm was reporte	ended during d via written
Evaluate supervisory and	management r	eview of 103(i)	(spot inspec	tion) tracking
14. system for compliance wi	-		(эрос пырес	non) tracking
Adequate Inadequate x	Not Applie	able	Comment	ts Below
During the period audited, more that were condu- times when E02 spot inspections at weeks in day of the week for several weeks in	ted on Monday arious mines ir	vs. In addition, District 8 were	there were	numerous
Five consecutive Mondays - (ID	No. ) -	07/27/2009 to	08/24/2009	
, , , , , , , , , , , , , , , , , , ,		01/26/2010 to		
Five consecutive Tuesdays - (ID Five consecutive Wednesdays - (ID	•	02/02/2010 to 01/20/2010 to		
By contrast, E02 spot inspections the throughout the week with the excep these inspections were made on thre			were well c only one ins	<b></b>
Recommendation – 103(i) spot inspection Reference – Section 103(i) of the Mine A	rs should be con		ar intervals	
Additionally, information obtained f data for mines in District 8 was not b				
Attachment A - Audit Checklist				0

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
second quarter of FY2010. The following five mines, each of which require inspections under 103(i), show a methane liberation of "0" in the MSIS:
Mine IDCompany NameMine NameActual Methane Liberation690,194 cf/24hr690,194 cf/24hr1,079,359 cf/24hr1,079,359 cf/24hr10,280,656 cf/24hr643,059 cf/24hr643,059 cf/24hr643,059 cf/24hr
The 103(i) inspection category for the following three mines do not match their liberation rates:
<ol> <li>The is listed in the 5-day category, but the methane liberation is shown as 754,864 cubic feet per 24 hours, which would place it in the 10- day category.</li> </ol>
2) The is listed in the 5-day category, but the methane liberation is shown as 680,489 cubic feet per 24 hours, which would place it in the 10-day category.
3) The is listed in the 15-day category, but the methane liberation is shown as 572,593 cubic feet per 24 hours, which would place it in the 10-day category.
Recommendation – The MSIS system should be kept up to date and accurate

<ul> <li>Determine if supervisors and managers are ensuring that 103(i) inspections are not</li> <li>15. combined with any other type of inspection</li> </ul>		
Adequate Inadequate Not Applicable Comments Below   x		
Not all E02 inspections at the appeared to comply with MSHA policy regarding separation of E02 inspections from any other type of inspection. The notes for an E01 inspection made on December 09, 2009, indicated that "Working on E02 at mine. I also did some E01 work."		
Recommendation – 103(i) spot inspections are not to be combined with any other type of inspection. Reference – CMS&H Memo No. HQ-03-006-A		

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
Determine if supervisors, staff assistants, and other management personnel are 16. reviewing work products for accuracy and completeness
16. reviewing work products for accuracy and completeness
Adequate Inadequate x Not Applicable Comments Below
As per Items 1, 4, 6, 8, 9, 15, and 19.
Determine if supervisors are monitoring inspector time and activity
17. documentation to ensure proper use of time by inspector
Adequate x Inadequate Not Applicable Comments Below

Determine if supervisors are using the Performance Management System to hold 19. inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations
Adequate Inadequate X Not Applicable Comments Below
Citations issued during the previous two regular inspections appear questionable for the evaluation of gravity, negligence, number of persons affected, and level of enforcement. It does not appear this is being brought to the inspector's attention for correction. ( <i>See Attachment C</i> )

20. Determine if supervisors/managers are adequately evaluating the level of enforcement by visiting each producing mine
Adequate Inadequate X Not Applicable Comments Below
As per Items 3, 8, 11, and 111. (Also See Attachment C)
Requirement – Supervisors and managers need to visit each producing coal mine at least one time per
year.
Reference – CMS&H Memo No. HQ-08-081-A (SEC-103), dated June 23, 2008

United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
21. Determine if District Manager is monitoring the ACRI program and using the
Performance Management System to ensure that CLRs justify changes         Adequate       Inadequate       x       Not Applicable       Comments Below
A review of six completed ACRI case files (containing 72 citations) revealed the following: <ol> <li>There were 17 citations sustained but the penalties were reduced</li> </ol>
<ul> <li>2) There were 19 citations sustained with no penalty reduction</li> <li>3) There were 17 citations modified with a reduction in penalty.</li> </ul>
<ul> <li>4) There were an additional 17 citation conference requests withdrawn by the operator.</li> <li>5) There were 2 citations vacated by the CLR,</li> </ul>
Action Required – The ACRI program and all CLRs must comply with applicable regulations, handbooks, and Agency policies to ensure that actions are properly justified and documented. Reference – Alternative Case Resolution Handbook (AH-08-III-3)

<ul><li>Determine if second level reviews are used to assess supervisory review of</li><li>enforcement actions</li></ul>	
Adequate Inadequate Not Applicable Comments Below   x	
The accountability team examined 7 second-level reviews conducted during FY2009. Of these, only four (57%) contained documentation of "the accomplishments and deficiencies identified."	
Reference – AH-08-III-1(2), Section XI - Supervisory Oversight – 2 <sup>nd</sup> Level Review	

United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
Determine if appropriate actions are taken by supervisors and manager with
24.       respect to issues of misconduct and/or poor performance         Adequate       Inadequate       Not Applicable       Comments Below x
There were no issues related to misconduct or poor performance documented by the district during the period reviewed.
25. Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.
Adequate x Inadequate Not Applicable Comments Below
PKW forms were well documented with decisions justified.
26. Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations
Adequate x Inadequate Not Applicable Comments Below x
Thirteen 110(c) cases were opened during FY 2008 and FY2009. The PKW forms were completed properly, well documented, and justified the opening of a 110(c) investigation.
27. Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases
Adequate Inadequate x Not Applicable Comments Below
There were thirteen 110(c) cases and five 105(c) cases during FY2008 and FY2009. District records indicate that a memorandum was transmitted to the Chief, Technical Compliance and Investigations Office in HQ, stating that three of the 110(c) investigations were either closed with no investigative work conducted, or were never opened due to a "lack of resources." All of the 105(c) cases were completed in a timely manner.

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date
28. Determine if managers and supervisors are using required "standardized reports" to review critical data relevant to inspections and investigations
Adequate x Inadequate Not Applicable Comments Below
Key Indicators and other reports (generated within the district at the District Manager's request) are being used.

29. Determine if complete and thorough inspections are being conducted and adequately documented				
Adequate Inadequate x Not Applicable Comments Below				
Inspection reports for the and the indicated that all areas of the mine were inspected. However, there was not enough detail to indicate that fire suppression systems at belt drives had been adequately examined. Sprinkler heads at fire suppression systems at belt drives in both mines were not directed so as to provide the required coverage. (See Attachment B)				

30.		-	-	ust samples, and tracking at the mine was inspected in its
Adequate	x	Inadequate	Not Applicable	Comments Below
Inspection the mine			and the	indicated that all areas of

31. Determine that the inspector spent sufficient time on off-shifts and on weekends				
Adequate	x	Inadequate	Not Applicable	Comments Below
			IN.	

United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date				
32.         Determine if the SCSR inventory database has been implemented to track inspections of SCSRs				
Adequate x Inadequate Not Applicable Comments Below				
Complete SCSR databases were also included in each E01 inspection report.				
33. Determine if areas deemed "too wet" for rock dust surveys are re-visited				
Adequate x Inadequate Not Applicable Comments Below				
34. Determine if all mine record books, postings, and other required materials are examined during the inspection				
Adequate X Inadequate Not Applicable Comments Below				
36. Determine if the amount of time expended on each E01 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 Not Applicable Comments Below x				
Enforcement actions taken during the audit appeared to be correctly evaluated.				

United States Department of Labor Mine Safety and Health Administration Office of Accountability					
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date					
38. Accompany and evaluate inspector's imminent danger run					
Adequate x Inadequate Not Applicable Comments Below					

39. Check adequacy of preshift/onshift examinations
Adequate Inadequate x Not Applicable Comments Below
Citations were issued during the audit for inadequate pre-operational checks (No. ), inadequate examination of a refuge chamber (No ), inadequate recording of examinations (No. ), and other conditions that indicate the operator is not conducting adequate preshift/onshift examinations. (See Attachment B)

40. Evaluate inspector's observation of roof conditions. Is a copy of the currently approved roof control plan maintained on the section?				
Adequate	e x	Inadequate	Not Applicable	Comments Below
			······································	······································
42.	Evaluate	conditions on work	ing section and observe we	ork cycle
Adequate	x	Inadequate	Not Applicable	Comments Below
The work cycle was observed at the				
L	-			
43.	Observe	air quantity, quality	, and gas checks by inspect	or

United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date				
44. Determine adequacy of Emergency Response Plan training (interview miners)				
Adequate Inadequate X Not Applicable Comments Below				
Citation Note was issued at the when miners were unable to identify the location of fire-fighting equipment. Approximately 25 minutes was needed to locate firefighting equipment. (See Attachment B).				
45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners). Do inspection notes document evaluation of this type training?				
Adequate     x     Inadequate     Not Applicable     Comments Below				
46. Evaluate Self-Contained, Self-Rescuer condition, storage, signage				
Adequate x Inadequate Not Applicable Comments Below				
47. Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training				
Adequate Inadequate Not Applicable Comments Below x				
Interviews with miners at both mines indicated that expectation training had been conducted.				

50. Examine lifelines, mandoors, and related signage				
Adequate	x	Inadequate	Not Applicable	Comments Below

United States Department of Labor Mine Safety and Health Administration Office of Accountability					
District Coal Dist 8	Field Office Vincen	nes, IN Mine ID	Date		
51. Examine escapeway map for compliance with regulations					
Adequate x	Inadequate	Not Applicable	Comments Below		

52. Evaluate integrity of primary and alternate escapeways				
Adequate Inadequate x	Not Applicable	Comments Below		
During the audit, Citation No.	was issu <u>ed at the</u>	for holes in an overcast		
between the intake and belt entries. Citation No. was issued at the				
for holes in the stopping line between the intake and belt entry. (See Attachment B)				

53. Evaluate integrity of return side stopping line					
Adequate	x	Inadequate	Not Applicable	Comments Below	

54. Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries				
Adequate	Inadequate x	Not Applicable	Comments Below	
During the audit, the following citations were issued regarding maintenance of conveyor belts, structures and conveyor entries:				
Citation- The 1-B conveyor belt was not properly aligned.Citation- Accumulation of combustible material at 001 MMU feeder.Citation- Inadequately controlled roof in 1-B belt conveyor entry.Citation- Unsupported or uncontrolled rib in the South 42 belt conveyor entry.				
Citation Citation		vest conveyor belt was not p least 24-inches wide was no		

Attachment A - Audit Checklist

United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date				
Main Northwest belt conveyor entry. Citation – The 2 <sup>nd</sup> Main Northwest conveyor belt was not properly aligned.				
(See Attachment B)				
55. Evaluate conveyor belt isolation from other air courses				
Adequate     Inadequate     x     Not Applicable     Comments Below				
See Item No. 52				
56.       Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)         Adequate       Inadequate       Not Applicable       Comments Below				
At the the fire taps, fittings and nozzles were all compatible and readily available in areas traveled by the audit team.				
At the Citation No. Citation was issued for a broken valve handle on a fire tap. Citation No. Was issued because the fire suppression system did not extend for the required distance on the 1 <sup>st</sup> North East belt drive. ( <i>See Attachment B</i> )				
57. Observe and evaluate fire detection methods				
Adequate     x     Inadequate     Not Applicable     Comments Below				

58. Evaluate cleanup of accumulations and application of rock dust				
Adequate Inadequate Not Applicable Comments Below x				
Rock dusting in areas traveled at both mines during the audit appeared adequate with the				
exception of one citation (No. ) which was issued to the for				
accumulations of loose coal at a feeder. (See Attachment B) No accumulations of				
combustible materials were observed at the during the audit.				

## Attachment A – Audit Checklist

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United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
However, this standard (30 CFR, 75.400) was cited 162 times at the and 35 times at the during the previous two year period.
59. Evaluate condition of conveyor belt drives, and fire suppression systems
Adequate Inadequate X Not Applicable Comments Below
During the audit, the following citations were issued regarding belt drives and fire suppression systems:
Citation- Sprays on 1-B belt drive do not protect the bottom of the top belt.Citation- Fire valve water pressure at the 42 West belt drive is more than 100 psig.Citation- Sprays on 42 West belt drive do not protect the bottom of the top belt.Citation- Sprays on 42 South belt drive do not protect the bottom of the top belt.Citation- Sprays on 42 South belt drive do not protect the bottom of the top belt.Citation- Fire valve water pressure at the 42 South belt drive is more than 100 psig.
Citation - Valve handle broken off the fire valve on the 3 <sup>rd</sup> Main Northwest belt. - Fire sprinkler system did not provide coverage for the 3 <sup>rd</sup> Main Northwest belt discharge roller.
Citation – Fire sprinkler system did not provide coverage for the 1 <sup>st</sup> Northeast belt
drive an <u>d take-</u> up unit.
Citation – The sprinkler system on 1 <sup>st</sup> Northwest belt drive did not cover at least 50- feet of the belt.
(See Attachment B).
Determine if all required record books are adequately completed and in60.compliance with applicable standards
Adequate Inadequate x Not Applicable Comments Below
Citation No. (See Item Number 39) was issued because Pre-shift and On-shift records at the revealed documented hazards that were not corrected, were not carried over onto the following examination results until corrected. (See Attachment B)

United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date				
61. Examine mine map for accuracy of workings and escapeway locations				
Adequate X Inadequate Not Applicable Comments Below				
62. Examine mine bulletin board and evaluate adequacy of all required postings				
Adequate x Inadequate Not Applicable Comments Below				
63. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes				
Adequate     Inadequate     x     Not Applicable     Comments Below				
See Item 44.				
64. Determine if approved plans address and are compatible with mining conditions and equipment				
Adequate x Inadequate Not Applicable Comments Below				
66. Determine if districts are conducting sufficient, in-depth Peer Reviews				
Adequate Inadequate X Not Applicable Comments Below				
The last district-level Peer Review conducted was July 2009. Although the review identified issues, proposed corrective actions, and completion dates, not all of the identified issues included a root cause. No documentation was provided to the review team to indicate the was monitoring the effectiveness of the corrective action plans.				
Reference – Accountability Program Handbook (AH08-III-4), Page 8 "Follow-Up and Evaluation."				

United States Department of Labor Mine Safety and Health Administration Office of Accountability				
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date				
67. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews				
Adequate     Inadequate     Not Applicable     Comments Below     x.				
The last headquarters-level Peer Review was conducted during the week of July13, 2009. This review identified issues, root causes, proposed corrective actions, and completion dates.				
However, no documentation was provided to the review team to indicate the was monitoring the effectiveness of the corrective action plans				
Reference – Accountability Program Handbook (AH08-III-4), Page 8 "Follow-Up and Evaluation."				
70. Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions				
Adequate x Inadequate Not Applicable Comments Below				

71. Determine if Peer Reviews accurately reflect and evaluate MSHA activities at all types of mining (underground/surface/surface facilities) within the district				
Adequate Inadequate Not Applicable Comments Below x				
The two Peer Review reports provided to the audit team indicate that only underground mines have been evaluated during the Peer Review process.				

<ul> <li>Determine if approved plans and the Uniform Mine File books are addressed</li> <li>during each Peer Review</li> </ul>				
Adequate	x	Inadequate	Not Applicable	Comments Below
		3		

United States Department of Labor Mine Safety and Health Administration Office of Accountability			
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date			
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 x			
Training plans were not reviewed during this audit.			
77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)			
Adequate Inadequate X Not Applicable Comments Below			
CMS&H MSHA Form 2000-84 was not documented completely for persons over the noise action levels at the in that an HCP enrollment was not completed.			
Citations issued in previous two inspections appeared to have questionable evaluations for persons affected and negligence. ( <i>See attachment C</i> )			

### United States Department of Labor Mine Safety and Health Administration Office of Accountability Coal Dist 8 **Field Office** Vincennes, IN Date Mine ID District Ten most current completed E02 (103(i) spot) inspection reports 78. Adequate Inadequate Not Applicable **Comments Below** x appeared to comply with MSHA policy Not all E02 inspections at the regarding separation of E02 inspections from any other type of inspection. The notes for an E01 inspection made on December 09, 2009, indicated that "...Working on E02 at mine. I also did some E01 work." Determine if 104(d) tracking system is in place at the office being audited, and is 80. being kept up to date Not Applicable Inadequate **Comments Below** Adequate x Determine if all plans and documents in the Uniform Mine File are legible, and up 81. to date Inadequate Not Applicable **Comments Below** Adequate x Determine if all applicable plan reviews were performed within six months, or 82. within the timeframes required Adequate Inadequate Not Applicable **Comments Below** x

87. Determine if district management reviewed the final version of all approved plans				
Adequate 🔉	K Inadequate	Not Applicable	Comments Below	

United States Department of Labor Mine Safety and Health Administration Office of Accountability	
District Coal Dist 8 Field Office Vincennes, IN Mine ID	Date
88. Determine if time frames for approval/disapproval of p being met	lans were set, and are
Adequate x Inadequate Not Applicable	Comments Below
89. Determine if the plan is tracked from date of submission process	n through the review
Adequate X Inadequate Not Applicable	Comments Below
90. Determine if dated copy of approval/disapproval letter	is in file
Adequate x Inadequate Not Applicable	Comments Below
91. Determine if copies of the plan are distributed as per an	established list
Adequate     x     Inadequate     Not Applicable	Comments Below
92. Determine if a copy of the most recent plan is provided Uniform Mine File	for inclusion in the
Adequate x Inadequate Not Applicable	Comments Below
93. Determine if a due date for formal review of plans is ide	entified
Adequate X Inadequate Not Applicable	Comments Below
5g.	

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date
94. Determine if required information is submitted in the plan
Adequate x Inadequate Not Applicable Comments Below
95. Evaluate recommendations made to the District Manager proposing approval/disapproval of plan
Adequate X Inadequate Not Applicable Comments Below
97. Determine if all unusual proposals and requests are properly evaluated during the review process
Adequate Inadequate Not Applicable Comments Below x
No unusual requests or proposals were noted in plans reviewed during this audit.
98. Determine if proposed plans are evaluated for provisions contrary to standards or regulations
Adequate Inadequate Not Applicable Comments Below x
No such proposals were noted in plans reviewed during this audit.
100. Determine if all plan approval groups communicate to prevent conflicting elements of plans
Adequate x Inadequate Not Applicable Comments Below
102. Determine if input is solicited from field office inspectors/supervisors, and recommendations are addressed prior to approval
Adequate x Inadequate Not Applicable Comments Below

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United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
103. Determine if MSHA personnel from the plan approval group contacted and obtained additional information from the operator when necessary
Adequate     x     Inadequate     Not Applicable     Comments Below
Determine if the plan review process includes documentation of the entire review

105.	Determu	ne if the plan review	process includes document	ation of the entire review
100.	process			
Adequate	x	Inadequate	Not Applicable	Comments Below

108.		ne if projected minir s was checked	ng relative to overlying, u	nderlying, and adjacent
Adequate	x	Inadequate	Not Applicable	Comments Below

109.	Determir	ne if projected minin	ng in relation to overlying	g bodies of water was
109.	checked			
Adequate	x	Inadequate	Not Applicable	Comments Below

111.		ne if plans contain r ed equipment	equired safety precaution	s for operating remote
Adequate	x	Inadequate	Not Applicable	Comments Below

27

United States Department of Labor Mine Safety and Health Administration Office of Accountability
District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date
114.Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to dateAdequateInadequateNot ApplicableComments Below x.
The spreadsheet appeared to be up to date. However, see Items 3, 8, and 11 regarding actual mine visits.

116.			aff meetings/safety meetir to the Agency's mission an	
Adequate	x	Inadequate	Not Applicable	Comments Below

118.		ne if inspectors have h inspections.	e sufficient equipment and s	supplies to conduct
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
	of the two most recently completed inspection reports and 10 most recent E02 s indicate that daily close-out conferences and final close-out conferences are being

121.	Determi	ne if manpower at t	he field office is sufficien	t.	
Adequate		Inadequate	Not Applicable	Comments Below	x
The distric	t complet	ed 100% of E01 insp	pections during FY2009.		

#### United States Department of Labor Mine Safety and Health Administration Office of Accountability Date District Coal Dist 8 **Field Office** Vincennes, IN Mine ID Determine if Hazard Complaint inspections are being conducted according to 122. policy and procedures. Inadequate Not Applicable **Comments Below** x Adequate Twelve Hazard Complaint inspection reports from FY2009 to present were selected at random and evaluated. The following issues were identified: 1) In eight of the twelve reports, there was no documentation to indicate that allegations were re-written and provided to the mine operator. 2) Although one complaint was listed as "resolved," it did not contain an event sheet or other documentation to show how this determination was made. There was no documentation to show who investigated the complaint, how much time was spent on the investigation, or that the complaint was shared with the operator.

		United States Depart			
	M	line Safety and Heal	th Administration	a	
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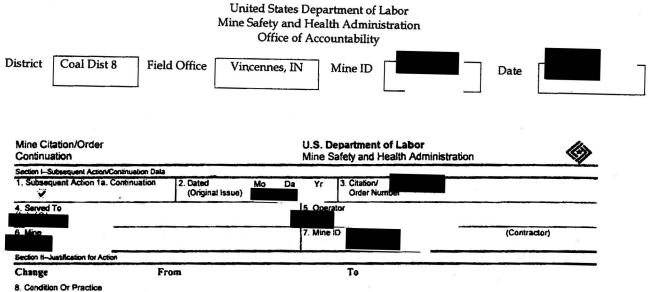
# Attachment B - Citations Issued During Audit

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		Mine Safety a	tes Departme and Health Ac e of Accounta	dministratio	n			_
istrict Coal Dist 8	Field Office	Vincennes	, IN Mine	e ID	 	Date		
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Mine Citation/Order				tment of Lab	The second second			•
Section IViolation Data 1. DateMo Da_Yr	2. Time (24 Hr. Clos	-41			3. Citation/			_
	2. 1016 (2311). 035				Order Number			
4. Served To			5. Operator					
6 Mine			7. Mine ID					-
8. Condition or Practice						8a Written	(Contractor) Notice (103g)	
traveled under t the conveyor bel this area, and v not guarded. The unguarded area u This standard ha	t line. A g isible tire area has b ntil the co	uard has b tracks ar een danger ndition ca	een insta e present ed off to n be corro	lled on p under th prevent ected.	bart of t ne area o travels	he cab: f cable under f	le in e that is the	
					See Continuation	1 Form (MSHA	Form 7000-3a)	Ĩ
9. Violation A. Health	B. Section		C. Part/Section of	-		1 Form (MSHA	Form 7000-3a)	<u>.</u>
Safety 🖌 Other	B. Section of Act		C. Part/Section of Title 30 CFR		See Continuation 75.807	1 Form (MSHA	Form 7000-3a)	<u>;</u>
Safety V Other						1 Form (MSHA	Form 7000-3a)	
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Safety Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Ilfness (has) (is): B. Injury or Ilfness could rea- sonably be expected to be: C. Significant and Substantral 11. Negligence (check one) 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date iection III-Termination Acton	of Act No Likelihood : No Lost Workday Yes : N A. None E C. Safeguard D.	Unlikely 💉 rs Lost Wo Vo 🐓 3. Low C.	Title 30 CFR Reasonably Li Moderate . Moderate . E. Citation/ Order Numb	d Duty D. D. High Citation V; C	75.807 ghly Likely Permanently Disa Number of Perso E. Recki Order Safe	Occum ibling ns Affected: ess Disregar guard	Fatal 💉 006 d Written Notice	
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Safety Other Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Itiness (has) (is): B. Injury or Itiness could rea- sonably be expected to be: C. Significant and Substantial 11. Negligence (check one) 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 7. Action to Terminate	of Act No Likelihood No Lost Workday Yes N A. None E C. Safeguard D. Mo Da Yr B.	Unlikely Lost Wo Vo Vo Vo Vo C. 13. Type of Issuel Written Notice	Title 30 CFR Reasonably Li Moderate . Moderate . E. Citation/ Order Numb	d Duty D. D. High Citation V; C	75.807 ghly Likely Permanently Disa Number of Perso E. Recki Order Safe	Occum ibling ns Affected: ess Disregar guard	Fatal 💉 006 d Written Notice	
Safety Other Other Other Section III-Inspector's Evaluation 10. Gravity: A. Injury or Itlness (has) (is): B. Injury or Itlness could rea- sonably be expected to be: C. Significant and Substantizal 11. Negligence (check one) 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 7. Action to Terminate	of Act No Likelihood No Lost Workday Yes N A. None E C. Safeguard D. Mo Da Yr B.	Unlikely Lost Wo Lost Wo S. Low C. 13. Type of Issuel Written Notice Time (24 Hr. Clock	Title 30 CFR Reasonably Li Moderate . Moderate . E. Citation/ Order Numb	d Duty D. D. High Citation V; C	75.807 ghly Likely Permanently Disa Number of Perso E. Recki Order Safe	Occum ibling ns Affected: ess Disregar guard	Fatal 💉 006 d Written Notice	
Safety Other , Other , Section III-Inspector's Evaluation 10. Gravity: A. Injury or Itiness (has) (is): B. Injury or Itiness could rea- sonably be expected to be: C. Significant and Substantial 11. Negligence (check one) 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Date Section III-Termination Action 7. Action to Terminate B. Terminated A. Date Mo D Section V-Automated System Date	of Act No Likelihood No Lost Workday Yes N A. None E C. Safeguard D. Mo Da Yr B.	Unlikely Lost Wo Lost Wo S. Low C. 13. Type of Issuel Written Notice Time (24 Hr. Clock	Title 30 CFR Reasonably Li ukdays Or Restricte Moderate V nce (check one) E. Citation/ Order Numb	d Duty D. D. High Citation V; C	75.807 ghly Likely Permanently Disa Number of Perso E. Recki Order Safe	Occum ibling ns Affected: ess Disregar guard	Fatal 💉 006 d Written Notice	
Safety V Other , Other , Section III-Inspector's Evaluation 10. Gravity: A. Injury or Itiness (has) (is): B. Injury or Itiness could rea- sonably be expected to be: C. Significant and Substantizal 11. Negligence (check one) 12. Type of Action 104(a) 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due 16. Termination Due 17. Action to Terminate 18. Terminated A. Date 19. Type of Inspection	of Act No Likelihood : No Lost Workday Yes N A. None E C. Safeguard D. Mo Da Yr B. Time (2	Unlikely Lost Wo Lost Wo S. Low C. 13. Type of Issuel Written Notice Time (24 Hr. Clock	Title 30 CFR Reasonably Li ukdays Or Restricte Moderate V nce (check one) E. Citation/ Order Numb	ed Duty D. D. High Citation V; C	75.807 ghly Likely Permanently Disa Number of Perso E. Recki Order Safe	Occurre Ibling ins Affected: eas Disregar guard F. Dated	Fatal 💉 006 d Written Notice	

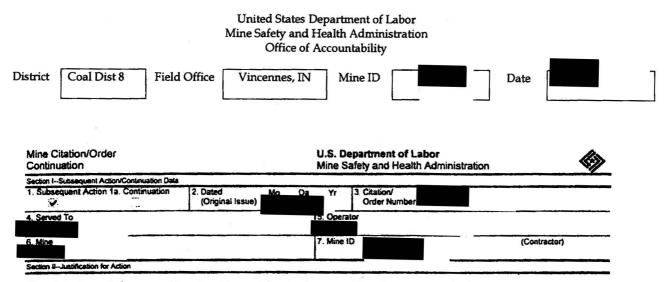
enforcement actions. The Ombudsmain annually evaluates enforcement activities and raise ach agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration. Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a commant 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.



Reason This citation was modified to add the location of the unguarded high voltage cable which is at cross cut No. 1 of the 1A travel way.

						See Continuation Form
Section III-Subsequent Action Taken						
8. Extended To A. Date Mo Da	Yr B. Ti	me (24 Hr. Clock)		C. Vacated	D. Terminated	. E. Modified
Section IV-Inspection Date	and the second					
9. Type of Inspection E01	10. Event N	lumber				
11. Signater (C)		AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. C	lock)
······································	3 <del></del>			-		
MSHA Form 7000-3a, Mar 85 (revised)						

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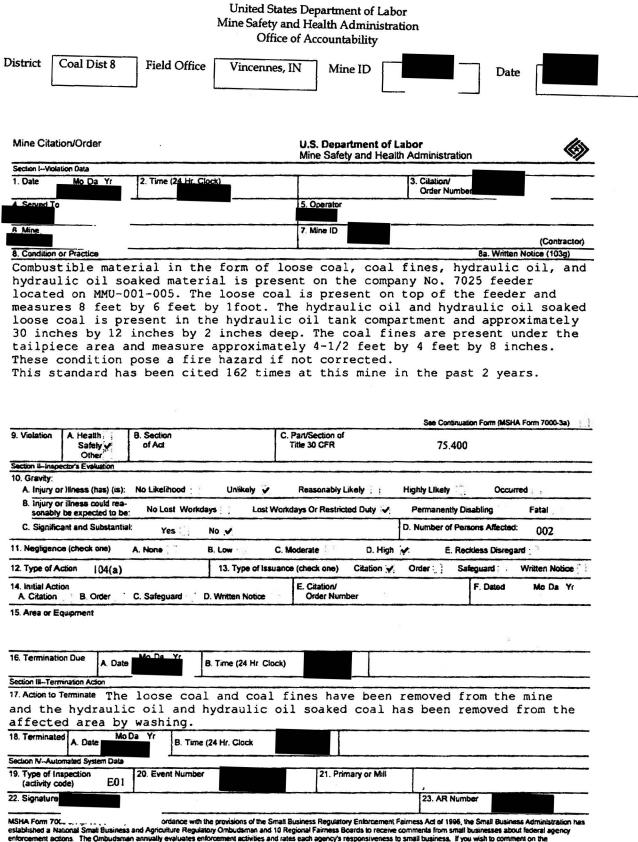
The high voltage cable in the affected area has been guarded.

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

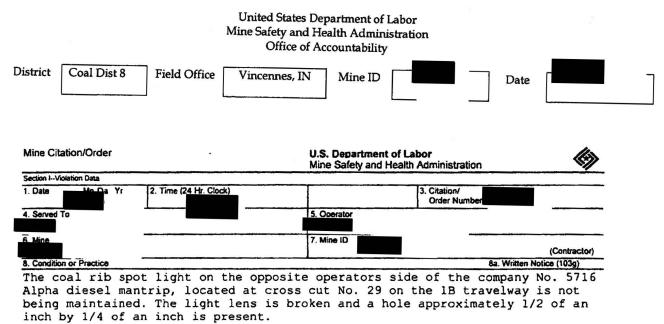
33



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 3r Street, SW MC 2120, Wastungton, DC 20418. Please note, however, that your right to fife 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.



Visitive form for a national strainess and Agriculture Regulatory Ombutsman and 10 Regional Fairness Boards to receive comments from small businesse abounds a fundation as enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesse. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-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, DE 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



This condition has been cited 1 time at this mine in the past 2 years.

				(† 1		See Conti	nuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety 🗸 Other	B. Section of Act	c	. Part/Section of Title 30 CFR		75.1909	9(b)(5)	
Section II-Insp	ector's Evaluation							
10. Gravity:								
A. Injury o	r Illness (has) (is):	No Likelihood	Unlikely 🖌	Reasonably L	ikely :	Highly Likely	i Occu	med 📜 ;
	r illness could rea- be expected to be		ys Lost Wor	kdays Or Restric	ted Duty 🗸	Permanenti	y Disabling	Fatal
C. Signific	ant and Substantia	at: Yes	No 🖌			D. Number of	Persons Affected	<sup>i:</sup> 001
11. Negligend	e (check one)	A. None	B. Low C.	Moderate 🗸	D. High	E.	Reckless Disreg	and []
12. Type of A	ction 104(a)		13. Type of Issuan	ce (check one)	Citation 🖌	Order	Safeguard	Written Notice
14. Initial Act A. Citation	on B. Order	C. Saleguard D	. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
16. Terminati	on Due A. Date	Mo Da Yr B	Time (24 Hr. Clock)					
Section III-Terr	nination Action				<b>.</b>			
17 Action to	Terminate A r	ew light ha	s been inst	alled in	place	of the c	tamaged o	D.P.
20 20	4	_			pruce			
18. Terminate	A. Date	Da Yr B. Time (	24 Hr. Clock					
Section IV-Aut	mated System Data							
19. Type of In (activity c		20. Event Number		21. Prir	nary or Mill			
22. Signature						23. AR N	lumber	
	ational Small Busines	in th s and Agriculture Regulato an annually evaluates enfo		legional Fairness B	oards to receive	comments from si	mail businesses abo	out federal agency

enorcement actions. The Umoutaman annually evaluate enorcement accimes and rates each agency's responsiveness to small outsness. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416, Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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	Mine Safety a	tes Department of Labor and Health Administration e of Accountability	
District Coal Dist 8	Field Office Vincennes	, IN Mine ID	Date
Mine Citation/Order Continuation Section 1-Subsequent Action/Continue	ion Data	U.S. Department of Labor Mine Safety and Health Administration	on 🚯
1. Subsequent Action 1a. Continu		Da Yr 3. Citation/ Order Number	
4. Served To	<u></u>	5. Operator	
.6. Mine		7. Mine ID	(Contractor)
Section II-Justification for Action			
Change	From	То	
11. Negligence	Moderate	High	

Reason The negligence was marked Moderate in error.

Section IV-Inspection Data		- Instance of the second s				
		4				
9. Type of Inspection E01	10. E	Event Number				
11. Signature		AR Number	12. Date	Mo Da	Yr 13. Time (24 Hr. )	Clock)

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Aire Clation/Order       U.S. Department of Labor Mine Safety and Health Administration         Cender H-Voltano Orag       Mo Da Yr       2 Time (24 Hr. Clock)       3 Cutation/ Order Number         Samet How       S. Operator       3 Cutation/ Order Number       3 Cutation/ Order Number         More       7. Mme ID       Summer Notes (152)         More       7. Mme ID       Summer Notes (152)         Condition of Practice       Summer Notes (152)       Summer Notes (152)         Per per manent tag attached to the dry chemical fire extinguisher installed or the company No. 5716 Alpha dissel personnel carrier, located at cross cut No. 19 on the IB travel way has not been dated since October, 2009. This strainined every 6 months.         Volation       A Heath Samety       B Secton of Add       C. Part/Section of Tab 30 CFR       75.1100-3         Volation       A Heath Samety       B Secton of Add       C. Part/Section of Tab 30 CFR       75.1100-3         Volation       A Heath Samety       B Secton of Add       C. Moderate       D. Honey of Presons Affected: 0000         Volation       A Ingr of Inses (hau) (I): No Likekhood y       Unikely       Reasonaby Likely       Mo Da       Ye in Addition         1 Support Insess (hau) (I): No Likekhood y       Unikely       Reasonaby Likely       D Number of Presons Affected: 0000       Operating       Fital         2 Sign	Mine Safety and Health Administration  Mine Safety and Health Administration  Mine Day  Second Volume Day	Date	violation Data	] 				1	L		-		L	
Mine Safety and Health Administration         Mine Safety and Health Administration         Second Vor         Social Vor         Social Vor         Social Vor         Mine Safety and Health Administration         Social Vor         Mine Condition or Practice         Social Vor         Mine Safety and Health Administration         Contract         Mine Safety and Health Administration         Contract         Social Vor         Contract         Back dot       Contract         Contract         Social Vor         Socia Vor         Soc	Mine Safety and Health Administration  Second To Second Sec	Date	violation Data											
Mine Safety and Health Administration         Mine Safety and Health Administration         Mine Safety and Health Administration         Mo Da Y         Store // Administration         Mine Safety and Health Administration         Contracts         Mine Safety and Health Administration         Mine Safety and Health Administration         Contracts         Contracts         Mine Safety and Health Administration         Contract         Contract         Safety and Health Administration         Safety and Health Administration         Safety and Administration Colspan="2">Contract         Safety and Health Administration Colspan="2">Constant         Safety and Health Administration Colspan="2">Contract         Vi	Mine Safety and Health Administration  Second To Second Sec	Date	violation Data											
Mine Safety and Health Administration         Mine Safety and Health Administration         Same Two Date         Construct         Same Two Date          Same Two Date <td>Mine Safety and Health Administration  Mine Safety and Health Administration  Mine Safety and Health Administration  Mine Safety and Health Administration  Second To Second Sec</td> <td>Date</td> <td>violation Data</td> <td></td>	Mine Safety and Health Administration  Second To Second Sec	Date	violation Data											
Contracts       3 Clustory         Date       Mo Da Y         2. Thre (24 H; Clock)       3 Clustory         Second V       5 Operator         Mine       7. Mine ID         Condition or Practice       8. Written Notice (105g)         The permanent tag attached to the dry chemical fire extinguisher installed or the company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 9 on the 18 travel way has not been dated since October, 2009, This stringuisher is in operating condition. Dry chemical extinguishers are to be examined every 6 months.         Violation       A Health       B. Secton       Sec Continuation Form #SHA Form 7003-3a)         Violation       A Health       B. Secton       C. Part/Secton of Take 30 CR         Sately V       of Act       C. Part/Secton of Take 30 CR       75,1100-3         Violation       A Health       B. Secton       C. Part/Secton of Take 30 CR       75,1100-3         Sately V       of Act       C. Part/Secton of Take 30 CR       75,1100-3         So on the company of iffees could free       No Likelhood v       Linkley       Reasonably Likely       Highly Likely       Occurred         8. Injury of iffees could free       No y:       Lost Workdays V, Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Subtantistit       Yes       No y: <td>See - Mo Da Y       2. Time (24 Hr. Clock)       3. Clatfor/ Order Number         Sanative       S. Operator         Sandition or Practice       B. Written Notice (1050)         Company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 9         O on the 1B travel way has not been dated since October, 2009. This         Stringuisher is in operating condition. Dry chemical extinguishers are to be         Kamined every 6 months.         Molary of Mess (halpha)         See Continuator form (MSHA Form 7000-3)         See Santy Company         Satery of Mess (halpha)         Satery of Mess (halpha)</td> <td>Date</td> <td></td> <td>115</td>	See - Mo Da Y       2. Time (24 Hr. Clock)       3. Clatfor/ Order Number         Sanative       S. Operator         Sandition or Practice       B. Written Notice (1050)         Company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 9         O on the 1B travel way has not been dated since October, 2009. This         Stringuisher is in operating condition. Dry chemical extinguishers are to be         Kamined every 6 months.         Molary of Mess (halpha)         See Continuator form (MSHA Form 7000-3)         See Santy Company         Satery of Mess (halpha)	Date												115
Date       Mo Da Y       2. Time (24.Hr. Clock)       3. Claster         Second w       5. Operator       Oxder Number       0. Contract         Mine       7. Mine ID       (Contract         Condition or Practice       8. Written Noice (105)       8. Written Noice (105)         The permanent tag attached to the dry chemical fire extinguisher installed or he company No. 5716 Alpha diesel personnel carrier, located at cross cut No.         19 on the 18 travel way has not been dated since October, 2009. This extinguisher is in operating condition. Dry chemical extinguishers are to be examined every 6 months.         Violation       A Headin         Safety J       0. Section         Orandy:       C. Part/Section of Title 30 CFR         Safety J       OfAd         Orandy:       No Lost Workdays V         Safety J       No Lost Workdays V         Safety J       No Lost Workdays V         Safety J       Occurred         Singure flows (not know)       No Sr         Safety J       No Jr         Safety J       No Jr         Safety J       Occurred         Singure flows (not know)       No Sr         Safety J       No Jr         Safety J       No Jr         Safety J       No Jr         Safety J	Date       Mo Da Yr       2. Time (24 H: Clock)       S. Operator         Sancel Y       S. Operator       Contract       Contract         Mine       7. Mine ID       Contract       Ba. Written Notice (105g)         Candidion or Practice       Ba. Written Notice (105g)       Contract       Ba. Written Notice (105g)         The company No. 57.16 Alpha diesel personnel carrier, located at cross cut No.       An one the 1B travel way has not been dated since October, 2009. This stringuisher is in operating condition. Dry chemical extinguishers are to be camined every 6 months.         Alone       Section       of Ad       C. Part/Section of Tale 30 CFR       75,1100-3         Son I-trapectori Evaluation       A Meanth       B. Section       Section of Tale 30 CFR       75,1100-3         Son I-trapectori Evaluation       A Meanth       C. Section of Tale 30 CFR       75,1100-3         Son I-trapectori Evaluation       A Meanth       E. Section of Add       C. Part/Section of Tale 30 CFR       75,1100-3         Son I-trapectori Evaluation       Son I-trapectori Evaluation       Section of Tale 30 CFR       75,1100-3       Section of Tale 30 CFR       75,1100-3         Son I-trapectori Evaluation       Cost Montage V       Lost Workdays Or Restricted Duly       Permanently Despherice (Decemption of Tale 30 CFR       75,1100-3         Songravity       No List Workdays V </td <td>Date</td> <td></td> <td></td> <td></td> <td></td> <td>Mi</td> <td>ne Sa</td> <td>fety and He</td> <td>ealth Ad</td> <td>ministrati</td> <td>on</td> <td></td> <td></td>	Date					Mi	ne Sa	fety and He	ealth Ad	ministrati	on		
Second with the second seco	Sacrative       S. Operator         Mine       7. Mine ID         Condition or Practice       Es. Written Notice (105)         the permanent tag attached to the dry chemical fire extinguisher installed or ecompany No. 5716 Alpha disele personnel carrier, located at cross cut No.         the company No. 5716 Alpha disele personnel carrier, located at cross cut No.         the on the 1B travel way has not been dated since October, 2009. This tringuishers are to be amined every 6 months.         A Heasth       See Continuation Form #MSHA Form 7003-30         Aller       Offician         A Heasth       B. Section         Sately &       Distribution form #MSHA Form 7003-30         Aller       Operative Faultion         A Heasth       B. Section         Sately &       Distribution form #MSHA Form 7003-30         Aller of Theso CFR       75,1100-3         Contractive Faultion       Gravity:         A Injuny or Mines (has) (a): No Likelihood &       Unlikely         Resconably Likely       Highly Likely       Occurred         Singlay or Mines (has) (a): No Likelihood &       Unlikely       Resconably Likely       Occurred         Singlay or Mines (has) (a): No Likelihood &       Unlikely       Resconably Likely       Occurred         Singlay or Mines (has) (b): Sub Statistis: Yes       No A       D. M		Mo Da Yr	2. Time	(24 Hr. Clo	;k)						-		
Mine       7. Mine ID       (Contractor         Condition or Practice       8a. Writen Notice (103)       (Contractor         The permanent tag attached to the dry chemical fire extinguisher installed or the company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 99 on the 1B travel way has not been dated since October, 2009. This sixtinguisher is in operating condition. Dry chemical extinguishers are to be examined every 6 months.         Violation       A Headth       B. Secton       See Continuator Form 945HA Form 7000.3a)         Violation       A Headth       B. Secton       C. Part/Section of Title 30 CFR       75,1100-3         Violation       A Headth       B. Secton       C. Part/Section of Title 30 CFR       75,1100-3         Commy:       B. Secton       of Ad       Title 30 CFR       75,1100-3         Constructs       Safety // Other       B. Secton       Title 30 CFR       75,1100-3         Constructs       Safety // Other       No Lost Workdays // Lost Workdays Or Restricted Duty Permanently Disabing Fatal       Occurred         D. Representation Substrating       Yes       No X       D. Number of Persons Affected: 000         I. Negligence (check one)       A. Lone       B. Low / C. Moderate       D. High // E. Reckless Diargant         I. Type of Action       104(a)       13. Type of Issuance (check one)       Citation // Order:       Safeguard	Aire       7. Mine ID       (Contracts Gas Writen Notice (103p)         Condition of Practice       Gas Writen Notice (103p)       Gas Writen Notice (103p)         Incerperationation of Practice       Sas Writen Notice (103p)       Gas Writen Notice (103p)         Incerperation of Practice       Sas Writen Notice (103p)       Gas Writen Notice (103p)         Incerperation of the company No. 5716 Alpha disesel personnel carrier, located at cross cut No. 4       On the 1B travel way has not been dated since October, 2009. This statistical every 6 months.         Set Experiment Faires (111)       Secton       Order       The 30 CFR       75.1100-3         Son It-Reservice Y & months.       Secton of Tite 30 CFR       75.1100-3         Son It-Reservice Y Execution       Tite 30 CFR       75.1100-3         Gravit:       A lings of filmess (111)       No Lost Workdays & Lost Workdays Or Restricted Daty       Permanently Disabling       Fatal         B injug or illness (111)       No & Y       D Number of Persons Affected:       000         Negligence (check one)       A None       B. Low 1       C. Moderate       D. High & E. Recklass Diarrgard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation & Order       Seliguing Writen Notice (Order Number         Termination Due       A Date       Mo Da Yr       B. Time (24 Hr. Clock)			1			- 5.0	Doerat	<u></u>		Order Numi	ber		
Continue Practice  Contribution Practice  Contribution Practice  Contribution Practice  Contribution Market	Condition or Practice       Image: Condition or Practice       Image: Condition or Practice       Image: Condition or Practice       Image: Condition of Condition         1       Be unified at cross cut No. 0       Son the IB travel way has not been dated since October, 2009. This chinguisher is in operating condition. Dry chemical extinguishers are to be camined every 6 months.       See Continuation Form #SHA Form 7003-30         7/01etion       A reacht       See Continuation Form #SHA Form 7003-30         7/01etion       of Act       C. Part/Section of Tie 30 CFR       75.1100-3         Control       Other       Other       Occurred       A reacht         3. Injury or Illness (has) (b): No Likelhood v       Umkety       Reasonaby Likety       Highly Likety       Occurred         3. Injury or Illness (has) (b): No Likelhood v       Umkety       Reasonaby Likety       Highly Likety       Occurred         3. Injury or Illness (has) (b): No Likelhood v       Umkety       Reasonaby Likety       Highly Likety       Occurred         3. Injury or Illness (has) (b): No Likelhood v       Umkety       Reasonaby Expended Dischaling       Fatal         3. Injury or Illness (has) (b): No Likelhood v       Umkety       Reasonaby Expended Dischaling       Fatal         3. Significant and Substantiat       Yees       No v       D       No v       Other         C. Safeg	Mine								-				
The permanent tag attached to the dry chemical fire extinguisher installed or the company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 59 on the lB travel way has not been dated since October, 2009. This extinguisher is in operating condition. Dry chemical extinguishers are to be examined every 6 months.         Violaton       A. Heath Statity       B. Secton of Add       C. Part/Section of The 30 CFR 75,1100-3         Violaton       A. Heath Statity       B. Secton of Add       C. Part/Secton of The 30 CFR 75,1100-3         Ober       Offer       Offer       Occurred         I. Injury of Iness (has) (is): No Likelhood y. Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Significant and Substantial:       Yes       No y:       D. Number of Persons Affected: 000         I. Negleptone (check one)       A. None       B. Low (i C. Moderate       D. High yr, E. Reckless Diaregard.         I. Type of Action       I.O. (Add)       13. Type of Issuance (check one)       Citation yr, Order: Saleguard       Writen Notice (check one)         A. Catation       B. Order       C. Saleguard       D. Writen Notice (check one)       F. Dated       Mo Da Yr         A. Terminated Due       A. Date       Mo Da Yr       B. Time (24 Hr. Clock)       E. Classon       F. Dated       Mo Da Yr         A. Terminated A. Date       Mo Da Yr       B. Time (24 Hr. Clock)       E. Primary o	ne permanent tag attached to the dry chemical fire extinguisher installed or ne company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 9 on the 1B travel way has not been dated since October, 2009. This tringuisher is in operating condition. Dry chemical extinguishers are to be camined every 6 months. <i>A</i> Meath Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Meath Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Meath Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Meath Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Math Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Meath Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Math Singy Other           See Contruston Form 945H4 Form 7000-3e) <i>A</i> Ingry O Inflows (has No Likelihood & Unlikely Reasonably Likely Highly Likely Coccurred -           Significant and Substantiat         Yee No &             Significant and Substantiat         Yee No &           D. Kight Significant and Substantiat         Yee No &           D. Highly Clashy Coccurred -         Sanguard Virten Nolice <i>Type of Action</i> 104(a)         13. Type of Issuance (check one)         A None           D. Memore P						7.1	Mine IE						(Contractor)
the company No. 5716 Alpha diesel personnel carrier, located at cross cut No. 9 on the lB travel way has not been dated since October, 2009. This sktinguisher is in operating condition. Dry chemical extinguishers are to be warnined every 6 months.  See Continuous form #45HA Form 7000-3a)  Violenon A. Health Safety B. Secton of Ad C. Part/Secton of Title 30 CFR 75.1100-3  Convert C. Part/Secton of Title 30 CFR 75.1100-3  C. Safety D. Number of Persons Affected: 000  I. Nogligence (check one) A. None B. Low 1 C. Moderate D. High $ i K$ E. Reckless Diaregard C. Safeguard D. Written Notice Torder Number F. Dated Mo Da Yr A. Catalon A. Date Mo Da Yr B. Time (24 Hr. Clock)  C. Part/Secton C. Primary or Mill  Type of Insector System Date Type	No. 5716 Alpha diesel personnel carrier, located at cross cut No.         P on the 1B travel way has not been dated since October, 2009. This         Chinguisher is in operating condition. Dry chemical extinguishers are to be camined every 6 months.         No. 1       See Continuator Form MSMA Form 7000.3e)         No. 1       B. Secton         of Act       C. Part/Section of         The 30 CFR       75,1100-3         con It-repective family.       B. Secton         of Act       C. Part/Section of         The 30 CFR       75,1100-3         con It-repective family.       No Lost Workdays of Unikely         a Injuny of interso could reasonable from MSMA Form 7000.3e)       Occurred         a Injuny of interso (hash) (a): No Likelhood of Unikely       Reasonably Likely         A Injuny of interso (hash) be expected to be: No Lost Workdays of Nestricted Duty       Permanently Disabiling         C. Significant and Substantiat:       Yes       No y:         D. Number of Persons Affected:       000         Neglegance (check one)       A None       B. Low   1         C. Stafeguard       D. Writen Noice :       C. Moderate       D. High y', E. Reckless Diangard.         Type of Action       104(a)       13. Type of Issuance (check one)       Citation y' Order :       Safeguard.         C. Stafeguard </td <td></td> <td>and the second sec</td> <td></td>		and the second sec											
19 on the 1B travel way has not been dated since October, 2009. This extinguishers is in operating condition. Dry chemical extinguishers are to be months.         See Continuation Form (MSHA Form 7000.3a)         Volation         A Heatthing is section of Character is in operating condition. Dry chemical extinguishers are to be examined every 6 months.         Volation         A Heatthing of Integet (heatthing)         B. Section of Character is a section of the section of Character is a section of Character is a section of Character is a section of the section of Character is a section of Character is a section of Character is a section of the section of Character is a section of Character is a section of Character is a section of the section of the section of Character is a section of the section of the sectis of the section of the section of the section of the sectis of t	A on the 1B travel way has not been dated since October, 2009, This tringuishers is in operating condition. Dry chemical extinguishers are to be carmined every 6 months.         See Continuation Form MMSHA Form 7000-3a)         A testing Sector of Title 30 CFR 75.1100-3         See Continuation Form MMSHA Form 7000-3a)         A testing Sector of Title 30 CFR 75.1100-3         Continuation Form MMSHA Form 7000-3a)         Continuation Form MMSHA Form 7000-3a         Decision of Title 30 CFR         Continuation Form MMSHA Form 7000-3a         Doctored to be: No List Workdays & Lost Workdays Or Restricted Duty Permanenty Disabiling Fatal         Commontor Action         A none B Substratist:         Context con													
See Continuation Form (MSHA Form 7000 3a)         Violation       A. Health Safety // Other       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         A. Injury of Ilmess (has) (a): A. Injury of Ilmess (has) (a): No Liskelhood // Section II-respective D. Gravity: A. Injury of Ilmess could rea- sonably be expected to be: No Lost Workdays // C. Significant and Substantiat: Yes       No Lost Workdays // Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantiat: Yes       Yes       No // C. Moderate       D. High // D. High // C. Moderate       D. High // D. High // C. Moderate       E. Reckless Diaregard         D. Indeglogence (check one)       A. None       B. Low // C. Moderate       D. High // D. High // C. Moderate       E. Reckless Diaregard         D. Indeglogence (check one)       A. None       B. Low // D. Written Notice :       E. Clastion // Order Number       Order :_ Safeguard       Safeguard         I. Intial Action A. Creation B. Order       C. Safeguard       D. Written Notice :       E. Clastion // Order Number       F. Dated       Mo Da Yr         A. Area or Equipment       A. Date       Mo Da Yr       B. Time (24 Hr. Clock	Kamined every 6 months.         See Continuation Form (MSHA Form 7000-3a)         /rolation       A Health Safety of of Ad         Safety of Other       B. Secton of Ad         C. Part/Section of Title 30 CFR       75,1100-3         Bon III-Hapeocor's Evaluation Gravity:       No Likelihood ✓         A Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution Gravity:       No Likelihood ✓         B. Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution form (MSHA Form 7000-3a)       Occurred         B. Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution form (MSHA Form 7000-3a)       Occurred         B. Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution form (MSHA Form 7000-3a)       Occurred         B. Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution form (MSHA Form 7000-3a)       Occurred         B. Injury of Illness (has) (is): No Likelihood ✓       Unlikely         Resolution form (MSHA Form 7000 Form)       Number         A Injury of Illness (has) (is): No Likelihood ✓       Unlikely         C. Significant and Substantiat: Yee Notice       No Y         D. Normber of Persons Affected: Other Number       Order	9 o <b>n</b>	the 1B th	avel w	ay has	not bee	n date	d s	ince Oc	tober	, 200	9. Thi	s	
See Continuation Form (MSHA Form 7000-3a)         Violation       A. Health Safety       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Schon II-Happeotor's Evaluation Other       Occurred       Title 30 CFR       75,1100-3         Schon II-Happeotor's Evaluation Other       Occurred       Highly Likely       Occurred         B. Injury or Illness (has) (a): No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness could rea- sonably be expoded to be sonably be expoded to be no Lost Workdays v       Lost Workdays or Restricted Duly       Permanently Disabiling       Fatal         C. Significant and Substantiat Yes       No vf       D. Number of Persons Affected:       000         I. Negligence (check one)       A None       B. Low (: C. Moderate       D. High v/ Order i       E. Reckless Diaregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Catation v       Order (: Safeguard       Safeguard         4. Creation B. Order       C. Safeguard       D. Written Notice :       E. Classon/ Order Number       F. Dated       Mo Da Yr         4. A catation B. Order       C. Safeguard       D. Written Notice :       E. Classon/ Order Number       F. Dated       Mo Da Yr         4. Termination Due       A Date       Mo D	See Continuation Form #MSHA Form 7000-3a)         /rolation       A Health, Safety & B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Son H-Hupenber's Evaluation         Gravity:         A Injury of Illness (has) (s). No Likelihood & Unlikely Reasonably Likely Highly Likely Occurred         Different and Substantiat:         Yes No          Significant and Substantiat:         Yes No          C. Moderate D. High & E. Reckless Diaregard         Type of Action 104(a)         13. Type of Issuance (check one) Citation & Order - Saleguard Written Noice         C. Moderate D. High & E. Reckless Diaregard         Type of Action 104(a)         13. Type of Issuance (check one) Citation & Order - Saleguard Written Noice         Catation B. Order         Cate Mo Da Yr         B. Time (24 Hr. Clock)         Cate Mo Da         Yr         B. Time (24 Hr. Clock         On B-Terminate Action         A Date Mo Da Yr         B. Time (24 Hr. Clock         Oremainate Action	xtin	guisher is	s in op	eratin	g condit	ion. D	ry	chemica	l ext	ingui	shers a	are t	to be
Violation       A. Health Safety V Other       B. Section of Ad       C. Part/Section of Title 30 CFR       75.1100-3         A lingury or liness (has) (is):       No Likelihood V Inikely:       Unlikely:       Reasonably Likely       Highly Ukely       Occurred         B. Injury or liness (has) (is):       No Lost Workdays V Lost Workdays V       Lost Workdays V       Permanently Disabiling       Fatal         C. Significant and Substantiat:       Yes       No V       D. Number of Persons Affected:       000         I. Neglégence (check one)       A. None       B. Low  :       C. Moderate       D. High V, E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation V       Order       Safeguard       Written Notice         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation       Order       F. Dated       Mo Da Yr         S. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Citation V       F. Dated       Mo Da Vr         Action III-Terminate The dry chemical extinguisher has been examined and dated.       Time (24 Hr. Clock       Image: Citation V       Image: Citation V <td< td=""><td>A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B</td><td>raui</td><td>ned every</td><td>0 mont</td><td>115.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B	raui	ned every	0 mont	115.									
Violation       A. Health Safety V Other       B. Section of Ad       C. Part/Section of Title 30 CFR       75.1100-3         A lingury or liness (has) (is):       No Likelihood V Inikely:       Unlikely:       Reasonably Likely       Highly Ukely       Occurred         B. Injury or liness (has) (is):       No Lost Workdays V Lost Workdays V       Lost Workdays V       Permanently Disabiling       Fatal         C. Significant and Substantiat:       Yes       No V       D. Number of Persons Affected:       000         I. Neglégence (check one)       A. None       B. Low  :       C. Moderate       D. High V, E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation V       Order       Safeguard       Written Notice         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation       Order       F. Dated       Mo Da Yr         S. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Citation V       F. Dated       Mo Da Vr         Action III-Terminate The dry chemical extinguisher has been examined and dated.       Time (24 Hr. Clock       Image: Citation V       Image: Citation V <td< td=""><td>A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3</td><td></td><td></td><td></td><td></td><td></td></td<>	A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B								3					
Violation       A. Health Safety V Other       B. Section of Ad       C. Part/Section of Title 30 CFR       75.1100-3         A lingury or liness (has) (is):       No Likelihood V Inikely:       Unlikely:       Reasonably Likely       Highly Ukely       Occurred         B. Injury or liness (has) (is):       No Lost Workdays V Lost Workdays V       Lost Workdays V       Permanently Disabiling       Fatal         C. Significant and Substantiat:       Yes       No V       D. Number of Persons Affected:       000         I. Neglégence (check one)       A. None       B. Low  :       C. Moderate       D. High V, E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation V       Order       Safeguard       Written Notice         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation       Order       F. Dated       Mo Da Yr         S. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Citation V       F. Dated       Mo Da Vr         Action III-Terminate The dry chemical extinguisher has been examined and dated.       Time (24 Hr. Clock       Image: Citation V       Image: Citation V <td< td=""><td>A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B													
Violation       A. Health Salety V       B. Section of Ad       C. Part/Section of Title 30 CFR       75.1100-3         Other       Other       A linury or illness (has) (is):       No Likelihood V       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or illness (has) (is):       No Lost Workdays V       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantiat:       Yes       No V       D. Number of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low  :       C. Moderate       D. High V:       E. Reckless Disregard         I. Initial Action       A. Crassion       B. Over  :       C. Moderate       D. High V:       E. Reckless Disregard         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Written Notice         I. Type of Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Written Notice         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Mo Da Vr         I. Termination Due       A. Date       Mo Da       Yr<	A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B													
Violation       A. Health Salety V       B. Section of Ad       C. Part/Section of Title 30 CFR       75.1100-3         Other       Other       A linury or illness (has) (is):       No Likelihood V       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or illness (has) (is):       No Lost Workdays V       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantiat:       Yes       No V       D. Number of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low  :       C. Moderate       D. High V:       E. Reckless Disregard         I. Initial Action       A. Crassion       B. Over  :       C. Moderate       D. High V:       E. Reckless Disregard         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Written Notice         I. Type of Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Written Notice         I. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order :       Saleguard       Mo Da Vr         I. Termination Due       A. Date       Mo Da       Yr<	A. Health Safety v       B. Section of Act       C. Part/Section of Title 30 CFR       75,1100-3         Stan II-respector's Evaluation Gravity:       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (bas) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         Significant and Substantiak:       Yes       No v:       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantiak:       Yes       No v:       D. Number of Persons Affected:       000         Nogligence (check one)       A None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuence       C. Citation v       Order Number       F. Dated       Mo Da Yr         Catation       B													
Safety of Act       Title 30 CFR       75.1100-3         cton III-Inspector's Evaluation       Gravity:       A Injury or Illness (has)	Safety of Act       Title 30 CFR       75,1100-3         ton II-Inspector's Evaluation       Gravity:       A Injury or Illness (has) (is): No Likelihood & Unlikely       Reasonably Likely       Highly Likely       Occurred         Biniury or Illness (has) (is): No Likelihood & Unlikely       Reasonably Likely       Highly Likely       Occurred         Injury or Illness could reasonably be expected to be:       No Lost Workdays & Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantial:       Yes       No        P       D. Number of Persons Affected:       000         Negligence (check one)       A None       B. Low (I       C. Moderate       D. High (I)       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation (I)       Order (I)       Safeguard       Written Notice         Initia Action       B. Order       C. Safeguard       D. Written Notice       E. Citation /       Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Initian Action to Terminate       The dry chemical extinguisher has been examined and dated.         Terminated       A Date       Mo Da       Yr       B. Time (24 Hr. Clock       Inspection       Inspection <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>See Continu</td> <td>ation Form (M</td> <td>SHA Form</td> <td>1 7000-3a)</td>										See Continu	ation Form (M	SHA Form	1 7000-3a)
Other       Other         Iction II-Inspector's Evaluation       Occurred         A Injury or Illness (has) (is): No Likelihood I Inspector's Evaluation       Occurred         B. Injury or Illness (has) (is): No Likelihood I Inspector's Evaluation       Occurred         B. Injury or Illness (has) (is): No Likelihood I Inspector's Evaluation       Occurred         B. Injury or Illness (has) (is): No Lost Workdays Inspector       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness (has) (is): No Lost Workdays Inspector       No Lost Workdays Inspector       Permanently Disabiling       Fatal         C. Significant and Substantial: Yes       No Institution       D. Number of Persons Affected: 000         Negligence (check one)       A. None       B. Low I       C. Moderate       D. High Inspector       E. Reckless Diaregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation Inspector       F. Dated       Mo Da Yr         A. Citation       B. Order       C. Safeguard       D. Written Notice :       Creation Inspector       F. Dated       Mo Da Yr         A. Citation       B. Order       C. Safeguard       D. Written Notice :       Creation Inspector       F. Dated       Mo Da Yr         A. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock	Other	Violation			n				of		75,110	0-3		
D. Gravity:       A. Injury of Illness (has) (is):       No Likelihood ✓       Unlikely       Reasonably Likely       Highly Ulkely       Occurred         B. Injury of Illness (has) (is):       No Likelihood ✓       Unlikely       Reasonably Likely       Highly Ulkely       Occurred         B. Injury of Illness (has) (is):       No Lost Workdays ✓       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantial:       Yes       No ✓:       D. Number of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low :       C. Moderate       D. High ✓:       E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation ✓       Order ::       Saleguard       Written Notice         I. Initial Action       B. Order       C. Saleguard       D. Written Notice :       E. Citation /       Order Number       F. Dated       Mo Da Yr         S. Area or Equipment       B. Time (24 Hr. Clock)       Image: Saleguard and diated.       Mo Da Yr         B. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock       Image: Saleguard and diated.         Terminated       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock       Image: Saleguard and diated. <td>Gravity:       A. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness could reasonably or Illness could reasonably or Illness could reasonably be expected to be:       No Lost Workdays v       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         B. Injury or Illness could reasonably be expected to be:       No Lost Workdays v       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantial:       Yes       No v:       D. Number of Persons Affected:       000         Negligence (check one)       A. None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation v       Order :       Saleguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice :       Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Intervination to Terminate Action       Action to Terminate Action       Action to Terminate System Data       Type of Inspection       21. Primary or Mill       23. AR Number         Type of Inspection       E01       20. Event Number</td> <td>tion II Is</td> <td>Other</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>···-</td> <td></td> <td></td>	Gravity:       A. Injury or Illness (has) (is):       No Likelihood v       Unlikely       Reasonably Likely       Highly Likely       Occurred         B. Injury or Illness could reasonably or Illness could reasonably or Illness could reasonably be expected to be:       No Lost Workdays v       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         B. Injury or Illness could reasonably be expected to be:       No Lost Workdays v       Lost Workdays Or Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantial:       Yes       No v:       D. Number of Persons Affected:       000         Negligence (check one)       A. None       B. Low :       C. Moderate       D. High v:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation v       Order :       Saleguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice :       Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Intervination to Terminate Action       Action to Terminate Action       Action to Terminate System Data       Type of Inspection       21. Primary or Mill       23. AR Number         Type of Inspection       E01       20. Event Number	tion II Is	Other	1								···-		
B. Injury or illness could reasonably be expected to be:       No Lost Workdays of Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantial:       Yes       No of       D. Number of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low ;       C. Moderate       D. High of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low ;       C. Moderate       D. High of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low ;       C. Moderate       D. High of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low ;       C. Moderate       D. High of Persons Affected:       000         I. Initial Action       A. Catasion       B. Corder       C. Safeguard       D. Written Notice ;       Order Number       F. Dated       Mo Da Yr         B. Termunation Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Permanent of Action       Permanent of Action         A. Action to Terminate       Mo Da       Yr       B. Time (24 Hr. Clock       Permanent of Action       Permanent of Action         Torminated       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock       Permanent of Action       Permanent	B. Injury or illness could rea- sonably be expected to be: No Lost Workdays  ↓ Lost Workdays Or Restricted Duty Permanently Disabling Fatal C. Significant and Substantial: Yes No  ✓: D. Number of Persons Affected: 000 Negligence (check one) A. None B. Low  : C. Moderate D. High  ✓: E. Reckless Disregard Type of Action 104(a) 13. Type of Issuance (check one) Citation  ✓ Order  Safeguard Written Notice Initial Action C. Safeguard D. Written Notice  E. Citation  C. Safeguard D. Written Notice  F. Dated Mo Da Yr Area or Equipment Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) Terminate The dry chemical extinguisher has been examined and dated. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate The dry chemical extinguisher has been examined and dated.  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate The dry chemical extinguisher has been examined and dated.  Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate The dry chemical extinguisher has been examined and dated.  Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock  Terminate	Color Statements			·	****								
sonably be expected to be:       No Lost Workdays of Lost Workdays of Restricted Duty       Permanently Disabiling       Fatal         C. Significant and Substantial:       Yes       No Y:       D. Number of Persons Affected:       000         I. Negligence (check one)       A. None       B. Low :       C. Moderate       D. High Y:       E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Order : Safeguard       Written Notice         3. Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order : Safeguard       Mo Da Yr         A. Citation       B. Order       C. Safeguard       D. Written Notice :       E. Citation /       Order Number       F. Dated       Mo Da Yr         B. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: State of the date of the dat	sonably be expected to be:       No Lost Workdays Y.       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantial:       Yes       No Y:       D. Number of Persons Affected:       000         Negligence (check one)       A. None       B. Low 1:       C. Moderate       D. High Y:       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation Y:       Order :       Safeguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation/       Order :       Safeguard       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Safeguard and clated.         Termination Due       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Safeguard and clated.         Terminated       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Safeguard and clated.         Terminated       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock       Image: Safeguard and clated.         Terminated       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock       Image: Safeguard and clated and	_			hood 🖌	Unlikely	Rea	sonab	y Likely	High	ly Likely	00	curred .	1
I. Negligence (check one)       A. None       B. Low I       C. Moderate       D. High V       E. Reckless Disregard         2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation V       Order       Safeguard       Written Notice         8. Initial Action       A. Citation       0. High V       E. Reckless Disregard       Written Notice         8. Initial Action       B. Order       C. Safeguard       D. Written Notice :       Citation V       Order       Safeguard       Written Notice :         8. Initial Action       B. Order       C. Safeguard       D. Written Notice :       Citation V       Order Number       F. Dated       Mo Da Yr         3. Area or Equipment       A Date       Mo Da Yr       B. Time (24 Hr. Clock)       Image: Clock in the content in the conte	Negligence (check one)       A. None       B. Low :       C. Moderate       D. High r :       E. Reckless Disregard         Type of Action       104(a)       13. Type of Issuance (check one)       Citation r :       Safeguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation r :       Safeguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation/ Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: Clock in the dry chemical extinguisher has been examined and dated.         Terminated       A Date       Yr       B. Time (24 Hr. Clock       Image: Clock in the dry chemical extinguisher has been examined and dated.         Terminated       A Date       Yr       B. Time (24 Hr. Clock in the dry chemical extinguisher has been examined and dated.         Terminated       A Date       Yr       B. Time (24 Hr. Clock in the dry or Mill in the dry or Mill in the dry or Mill in the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration in the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration in the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration in the provision of the Small Bu				st Workday	s 🖌 Lost	Workdays C	)r Rest	nicted Duty	Pe	manently l	Disabling	. Fa	ital 🔔
2. Type of Action       104(a)       13. Type of Issuance (check one)       Citation , Order	Type of Action       104(a)       13. Type of Issuance (check one)       Citation & Order: Saleguard       Written Notice         Initial Action       B. Order       C. Safeguard       D. Written Notice       E. Citation/ Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da Yr       B. Time (24 Hr. Clock)       Image: Saleguard Content of The dry chemical extinguisher has been examined and dated.         Terminated       A. Date       Mo Da Yr       B. Time (24 Hr. Clock)       Image: Saleguard Content of The dry chemical extinguisher has been examined and dated.         Terminated       A. Date       Mo Da Yr       B. Time (24 Hr. Clock       Image: Saleguard Content of The dry chemical extinguisher has been examined and dated.         Type of Inspection       E01       20. Event Number       21. Primary or Mill       Image: Saleguard Content of The provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Regulatory Enforcement	C. Sign	ificant and Substan	tial: Y	es N	lo 💉				D. NI	umber of Pa	rsons Affect	ted: (	000
A. Dital Action       B. Order       C. Safeguard       D. Written Notice :       E. Citation/ Order Number       F. Dated       Mo Da Yr         S. Area or Equipment       S. Termination Due       A Date       Mo Da Yr       B. Time (24 Hr. Clock)       Image: Clock date date date date date date date date	Initial Action       Citation       B. Order       C. Safeguard       D. Written Notice       E. Citation/ Order Number       F. Dated       Mo Da Yr         Area or Equipment       A Date       Mo Da       Yr       B. Time (24 Hr. Clock)       Image: State of the stat	. Neglige	ence (check one)	A. None	8	Low	C. Modera	te 📑	D. Hi	gh 🖌	E. R	eckless Disn	bisge	
A. Citation       B. Order       C. Safeguard       D. Written Notice ;       Order Number         S. Area or Equipment         B. Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)         iction III-Termination Action       .       .       .       .         Action to Terminate       The dry chemical extinguisher has been examined and dated.       .         . Terminated       A. Date       .       Yr       B. Time (24 Hr. Clock         . Terminated       A. Date       Yr       B. Time (24 Hr. Clock       .         . Terminated       A. Date       Yr       B. Time (24 Hr. Clock       .         . Terminated       A. Date       Yr       B. Time (24 Hr. Clock       .         . Torminated       A. Date       Yr       B. Time (24 Hr. Clock       .         . Type of Inspection (activity code)       E01       20. Event Number       .	Area or Equipment         Area or Equipment         Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)         Ion III-Terminate       The dry chemical extinguisher has been examined and dated.         Terminated       A. Date       Mo Da       Yr         B. Time (24 Hr. Clock)       Image: System Data       Image: System Data         Type of Inspection (activity code)       E01       20. Event Number       21. Primary or Mill         Signature       Image: System Data       Image: System Data       Image: System Data         A Form 7000-       The provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Act of 1996,	. Type of	Action 104(a	)		13. Type of iss	wance (che	ck one	Citation	V. Ord	ler S	aleguard	Writt	ten Notice ;
A rea or Equipment     A rea or Equipment     A Date Mo Da Yr     B. Time (24 Hr. Clock)     Eton III-Termination Action     A clion to Terminate     The dry chemical extinguisher has been examined and dated.     Terminated     A. Date Mo Da     Yr     B. Time (24 Hr. Clock     Clock     Con IV-Automated System Data     Type of Inspection     (activity code)     E01     20. Event Number     21. Primary or Mill	Area or Equipment         Termination Due       A. Date       Mo Da       Yr       B. Time (24 Hr. Clock)         ion III-Termination Action         Action to Terminate       The dry chemical extinguisher has been examined and dated.         Terminated       A. Date       Mo Da       Yr         B. Time (24 Hr. Clock       Image: System Data       Image: System Data         Type of Inspection (activity code)       E01       20. Event Number       21. Primary or Mill         Signature       23. AR Number       23. AR Number         A Form 7000-       The provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Action of Small Business			0.0.4.								F. Dated	N	Ao Da Yr
A. Date Mo Da Yr B. Time (24 Hr. Clock)     Action III-Termination Action     Action to Terminate The dry chemical extinguisher has been examined and dated.     Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock     Cook	Termination Due       A. Date       Mo. Da       Yr       B. Time (24 Hr. Clock)         ton III-Terminate Action       Action to Terminate       The dry chemical extinguisher has been examined and dated.         Terminated       A. Date       Mo. Da       Yr       B. Time (24 Hr. Clock         Terminated       A. Date       Mo. Da       Yr       B. Time (24 Hr. Clock         Torminated       A. Date       Mo. Da       Yr       B. Time (24 Hr. Clock         Type of Inspection (activity code)       E01       20. Event Number       21. Primary or Mill         Signature       23. AR Number       23. AR Number       23. AR Number			. C. Sategi	uard . D.	whiten Notice	: 0		Imper					<u></u>
A Date B. Time (24 Hr. Clock) Extin III-Terminate The dry chemical extinguisher has been examined and dated. A Date Ma Da Yr B. Time (24 Hr. Clock Ction IV-Automated System Data Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill	A Date B. Time (24 Hr. Clock) ton III-Terminate The dry chemical extinguisher has been examined and dated. Terminated A. Date Mo.Da Yr B. Time (24 Hr. Clock Terminated A. Date Mo.Da Yr B. Time (24 Hr. Clock ton N-Automated System Data Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill Signature 23. AR Number 23. AR Number 23. AR Number 23. AR Number 24. A Form 7000-		Comment											
A Date B. Time (24 Hr. Clock) Extin III-Terminate The dry chemical extinguisher has been examined and dated. A Date Ma Da Yr B. Time (24 Hr. Clock Ction IV-Automated System Data Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill	A Date B. Time (24 Hr. Clock) ton III-Terminate The dry chemical extinguisher has been examined and dated. Terminated A. Date Mo.Da Yr B. Time (24 Hr. Clock Terminated A. Date Mo.Da Yr B. Time (24 Hr. Clock ton N-Automated System Data Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill Signature 23. AR Number 23. AR Number 23. AR Number 23. AR Number 24. A Form 7000-													
Action to Terminate The dry chemical extinguisher has been examined and dated.          A. Date       MoDa       Yr       B. Time (24 Hr. Clock         Ction IV-Automated System Data       20. Event Number       21. Primary or Mill	Action to Terminate The dry chemical extinguisher has been examined and dated.          Terminated       A. Date       Mo.Da       Yr       B. Time (24 Hr. Clock         ion N-Automated System Data       Type of Inspection (activity code)       20. Event Number       21. Primary or Mill         (activity code)       E01       20. Event Number       23. AR Number         Signature       23. AR Number       23. AR Number         (A Form 7000-)       the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration (Stresson (Stre	. Termin	ation Due A. Da	Mo Da	Yr B.	Time (24 Hr. Cl	lock)							
A. Date     Mo Da     Yr     B. Time (24 Hr. Clock       ction IV-Automated System Data     20. Event Number     21. Primary or Mill       (activity code)     E01     20. Event Number	Terminaled       A. Date       Mo. Date       Yr       B. Time (24 Hr. Clock         ion N-Automated System Data       Type of Inspection (activity code)       20. Event Number       21. Primary or Mill         Signature       23. AR Number       23. AR Number         A Form 7000-       the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration for the provisions of the Small Business Administration for the provisions of the Small Business Administration for the provisions of the Small Business Administration for the provision for the provisi	tion III-T	Termination Action		<u>ــــــــــــــــــــــــــــــــــــ</u>								• • • • • • • •	
A. Date     B. Time (24 Hr. Clock       ction N-Automated System Data     B. Time (24 Hr. Clock       1. Type of Inspection (activity code)     20. Event Number	A. Date       B. Time (24 Hr. Clock         ion IV-Automated System Data         Type of Inspection (activity code)         E01         20. Event Number         Signature         A Form 7000-         the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration f	Action	to Terminate Th	e dry	chemica	al exting	guishe:	r ha	s been	exam	ined a	and dat	ed.	
A. Date     B. Time (24 Hr. Clock       ction N-Automated System Data     B. Time (24 Hr. Clock       1. Type of Inspection (activity code)     20. Event Number	A. Date       B. Time (24 Hr. Clock         ion IV-Automated System Data         Type of Inspection (activity code)         E01         20. Event Number         Signature         A Form 7000-         the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration f													
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Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill	Type of Inspection E0 1 20. Event Number 21. Primary or Mill (activity code) E0 1 23. AR Number 23. AR Number 23. AR Number 23. AR Number 24. Form 7000- the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration 1		A. Date	~~	8. Time (2	4 Hr. Clock								
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. Signature 23. AR Number	A Form 7000			1 20. Ever	IL NUMDEL			21.8	nmary or Mill					
		Signatu	Inc								23. AR Nur	nber		
HA Form 7000. the provisions of the Small Rusiness Remulatory Enforcement Fairness Act of 1998. The Small Rusiness Administration (			7000-		the	orovisions of the S	Small Rusines	s Remu	too Folocem	nt Fairness	Act of 1995	The Small Bur	siness Adv	ministration ha

#### United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Mine Citation/Order **U.S. Department of Labor** Mine Safety and Health Administration Section I-Violation Data 1. Date 2. Time (24 Hr. Clock) Citation/ Order Nun 50 i. Mine 7. Mine ID (Contractor) 8. Condition or Practice 8a. Written Notice (103g) An inadequate pre-operational check was conducted on the company No. 5716 Alpha diesel personnel carrier, prior to being placed into operation. The mantrip was inspected after the pre-operational check had been conducted and the following citations were issued. Citation No issued for a was issued coal rib spot light not being maintained and citation No. for the dry chemical fire extinguisher tag not being dated since October of 2009. In order for the operator to abate this citation a meeting must be held with all miners at this mine discussing the importance of conducting adequate examinations on diesel equipment prior to putting them in operation. See Continuation Form (MSHA Form 7000-3a) 9. Violation A. Health B. Section C. Part/Section of Title 30 CFR Safety V of Act 75.1914(e) Other Section II-Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely 🖌 Reasonably Likely Highly Likely Occurred B. Injury or illness could rea-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: 002 Yes : No 🖌 11. Negligence (check one) B. Low ; C. Moderate A. None D. High 🖌 E. Reckless Disregard 12. Type of Action 13. Type of Issuance (check one) Citation V Written Notice 104(a) Order Safeouard F Dated Mo Da Yr E. Citation/ 14. Initial Action A Citation B. Order : \* C. Safequard ; D. Written Notice Order Number 15. Area or Equipment Mo Da Y 16. Termination Due A. Dat B. Time (24 Hr. Clock)

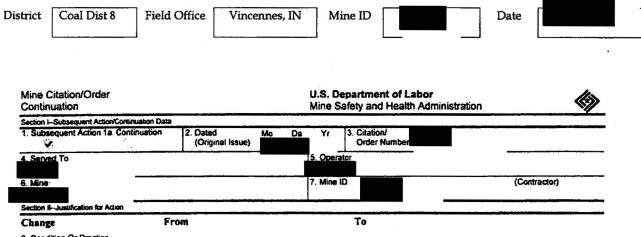
Section III-Termination Actor 17. Action to Terminate

18. Terminated A. Date	Mol	Da Yr B. Time	24 Hr. Clock			
Section IV-Automated Syst	em Data					
19. Type of Inspection (activity code)	EOI	20. Event Number		21. Primary or Mill		
22. Signature					23. AR Number	

MSHA Form 7000 ... with the provisions of the Small Business Regulatory Enforcement Fairnass 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 Ombudaman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, Oc 20 416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

istrict C	oal Dist 8	Field Office	Vincenne	es, IN				1 _	
		-	L		Mine ID			Date	
Mine Citatio	on/Order				Departmen Safety and		or Idministration		
Section IViolati	Mo Da Yr	12 T		r			3. Citation/		
1. Date	-	2. Time (24 Hz C)		5.0ne	rator	l	Order Number	_	
6. Mine				7. Mine	Ð			× .	(Coniractor)
8. Condition or	Practice -		<del></del>					8a. Written No	the second s
The min	e roof wh	ere person	s are requ	uired to	trave	l alor	ng the 1B	convey	or belt
		uately con							
		mine roof.							
between	the rib	bolts and	coal rib l	has a vi	sible f	fracti	ire appro	ximatel	y 1/4 of
an inch	by 12 in	ches and w	hen the m	ine roof	was te	ested	with a s	ounding	device
		ately 3 fe							
control	led. Ther	e are no v	isible sid	gns of f	oot tra	avel u	under the	affecte	ed area.
		ediately i					vent trav	els into	o the
area an	d begin t	aking acti	ons to com	rrect th	ne hazar	rd.			
This st	andard wa	s cited 44	times in	two yea	irs at t	chis r	nine.		
							See Continuation	n Form (MSHA F	orm 7000-3a)
9. Violation	A. Health Safety ✓ Other	B. Section of Act		C. Part/Sect Title 30 C		U.	75.202(a)		
Section II-Inspec	ctor's Evaluation						··· . · · · · · · · · · · · · · · · · ·		
10. Gravity:				_					
	Illness (has) (is): illness could rea-	No Likelihood	Unlikely 🖌	Reason	ably Likely	H	ghly Likely	Occurred	
	be expected to be:	No Lost Workd	ays Lost	Workdays Or R	estricted Duty	√.	Permanently Disa	abling	Fatal
C. Significa	ent and Substantial	Yes	No 🗸			D	Number of Perso	ons Affected:	001
11. Negligence	e (check one)	A. None	B. Low	C. Moderate		High ; ;		less Disregard	1.
12. Type of Ac	tion 104(a)		13. Type of iss	uance (check o	ne) Citatia	on 🗸 (	Order Safe	guard W	Iritten Notice
14. Initial Actio A. Citation		C. Safeguard	D. Written Notice	E. Citati Orde	ion/ r Number			F. Dated	Mo Da Yr
15. Area or Eq	uipment	10							
16. Terminatio	n Due A. Date	Mo Da Yr	B. Time (24 Hr. Ch	ock)					
Section IIITermi	ination Action								
17. Action to T	eminate The	inadequate	e supporte	ed mine	roof ha	s bee	n pulled	down.	
	1								
18. Terminated	A. Date		(24 Hr. Clock						
	nated System Data	20 Event Number		[2	1. Primary or	Mill			
Section IV-Autor 19. Type of Ins	pection				and the subscription of the second				
19. Type of Ins (activity co							122 AD Must		
19. Type of Ins							23. AR Numbe	er	
19. Type of Ins (activity con 22. Signature MSHA Form 70	de) E01	with 1	the provisions of the S				ess Act of 1996, the	Small Business	

		ited States Department of Labo Safety and Health Administra Office of Accountability		
trict Coal Dist 8	Field Office Vin	ncennes, IN Mine ID	Date	
Mine Citation/Order		U.S. Department of Mine Safety and He		
Date Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
Served To		5 Operator		
, Mine	<del> </del>	7. Mine ID	••••••••••••••••••••••••••••••••••••••	
Condition or Practice			8a. Written	(Contractor) Notice (103g)
Violation A. Health	B. Section	C. Part/Section of	See Continuation Form (MSHA	Form 7000-3a) :::
Safety / Other	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MSHA 75.1101-8(c)	Form 7000-3a) ; ;
Safety y Other oction II-Inspector's Evaluation D. Gravity:	of Act	Title 30 CFR	75.1101-8(c)	
Safety of Other ction II-Inspector's Evaluation D. Gravity: A. Injury or Itiness (has) (is): B. Injury or illness could rea-	of Act No Likelihood Un	Title 30 CFR	75.1101-8(c) Highly Likely	ed , _,
Safety y Other scion II-Inspector's Evaluation ). Gravity: A. Injury or Illness (has) (is):	of Act No Likelihood Un No Lost Workdays	Title 30 CFR	75.1101-8(c) Highly Likely	od _ , Fatal
Safety y Other Scion II-Inspector's Evaluation D. Gravity: A. Injury or Illness (has) (is): B. Injury or illness could rea- sonably be expected to be C. Significant and Substantia	of Act No Likelihood Un	Title 30 CFR likely M Reasonably Likely Lost Workdays Or Restricted Duty V	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected:	od ,_, Fatal , 002
Safety - Other Scion II-Inspeciar's Evaluation D. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be C. Significant and Substantia D. Negligence (check one)	of Act No Likelihood Un No Lost Workdays It Yes No V A. None 1 B. Low	Title 30 CFR likely VI Reasonably Likely Lost Workdays Or Restricted Duty V	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega	od ,_, Fatal , 002
Safety - ction II-Inspector's Evaluation 0. Gravity: A. Injury or Illness (has) (is): B. Injury or illness could rea- sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(2) 4. Initial Action	of Act No Likelihood Un No Lost Workdays It Yes No V A. None 1 B. Low	Title 30 CFR likely 2 Reasonably Likely Lost Workdays Or Restricted Duty 2 C. Moderate D. Hig ype of Issuance (check one) Citation 2 E. Citation/	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega	od , , Fatal 002 rd
Safety - Other - Other - D. Gravity: A. Injury or Illness (has) (is): B. Tryury or illness could rea- sonably be expected to be C. Significant and Substantia I. Negligence (check one) 2. Type of Action 104(2) 3. Initial Action A. Citation B. Order	of Act No Likelihood Un No Lost Workdays II: Yes No V A. None B. Low 13. T C. Safeguard D. Writter	Title 30 CFR likely 2 Reasonably Likely Lost Workdays Or Restricted Duty 2 C. Moderate D. Hig ype of Issuance (check one) Citation 2 E. Citation/	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice
Safety - Ctheri Ctheri Ctheri Ctheri Consulty: A Injury or tilness (has) (is): B. Injury or tilness (has) (is): B. Injury or tilness (could rea- sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A Citation B. Order ; 1 5. Area or Equipment	of Act No Likelihood Un No Lost Workdays No Lost Workdays No _v A. None :	Title 30 CFR likely 2 Reasonably Likely Lost Workdays Or Restricted Duty 2 C. Moderate D. Hig ype of Issuance (check one) Citation 2 E. Citation/	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice
Safety - Cotheri- Soften II-Inspector's Evaluation 0. Gravity: A Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action [04(a) 4. Initial Action A Citation B. Order 5 5. Area or Equipment 5. Termination Due A. Date scion III-Termination Action	of Act No Likelihood Un No Lost Workdays No Lost Workdays No _v A. None :	Title 30 CFR         likely       Reasonably Likely         Lost Workdays Or Restricted Duty       ✓         ✓       C. Moderate       D. Hig         ype of Issuance (check one)       Citation √         n Notice       E. Citation/         Order Number	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice
Safety - Ctheri Con II-Inspector's Evaluation 0. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 104(a) 4. Initial Action A. Citation B. Order 1 5. Area or Equipment 5. Termination Due A. Date scion III-Termination Action 7. Action to Terminate 8. Terminated A. Date Mo	of Act No Likelihood Un No Lost Workdays No Lost Workdays No _v A. None :	Title 30 CFR         likely       Reasonably Likely         Lost Workdays Or Restricted Duty         Image: Structure in the s	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice
Safety - Cother; 	of Act No Likelihood Un No Lost Workdays No Lost Workdays No √ A. None    B. Low 13. T C. Safeguard    D. Writter Mo Da Yr 8. Time ( 0a Yr	Title 30 CFR         likely       Reasonably Likely         Lost Workdays Or Restricted Duty         Image: Structure in the s	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice
Safety - Ctheri Con II-Inspector's Evaluation 0. Gravity: A Injury or Illness (has) (is): B. Injury or Illness could rea- sonably be expected to be C. Significant and Substantia 1. Negligence (check one) 2. Type of Action 1 ()4(2) 4. Initial Action A Citabon B. Order : 1 5. Area or Equipment 6. Termination Due A. Date ection III-Termination Action 7. Action to Terminate	of Act         No Likelihood       Un         No Lost Workdays       In         No Lost Workdays       In         It       Yes : No view         A. None : I       B. Low         It       Yes : No view         A. None : I       B. Low         It       Yes : Do view         It       Yes : No view         It       Yes : No view         It       It         Stateguard       D. Writter         Mo Da       Yr         B. Time (24 Hr. C         Da       Yr         B. Time (24 Hr. C	Title 30 CFR       likely     Reasonably Likely       Lost Workdays Or Restricted Duty       C. Moderate     D. Hig       ype of Issuance (check one)     Citation /       n Notice     E. Citation/ Order Number	75.1101-8(c) Highly Likely Occurr Permanently Disabling D. Number of Persons Affected: h E. Reckless Disrega Order Safeguard	od Fatal 002 rd Written Notice

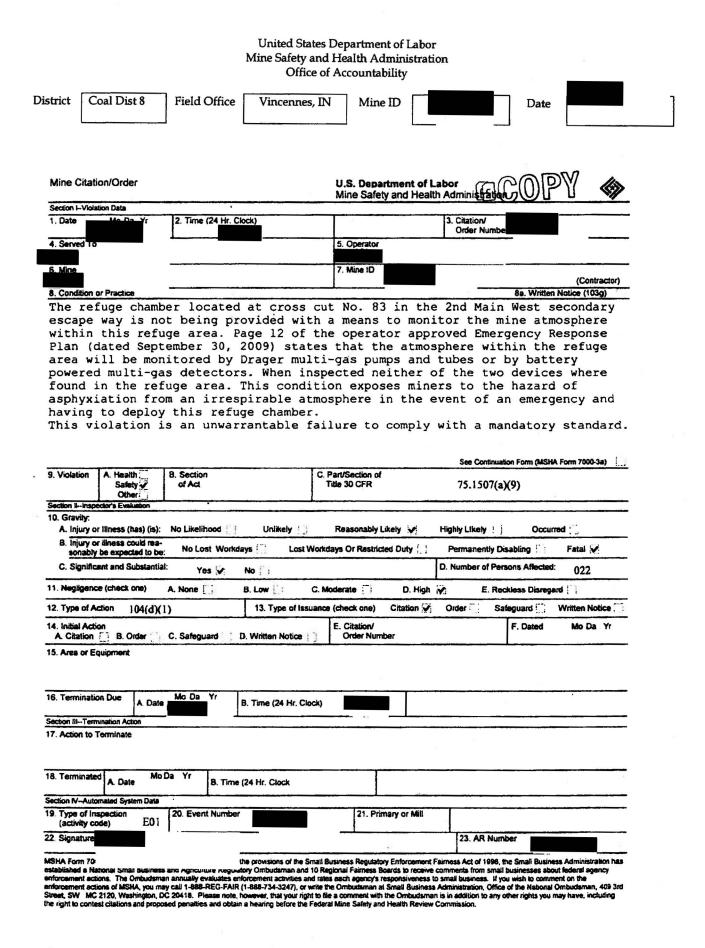


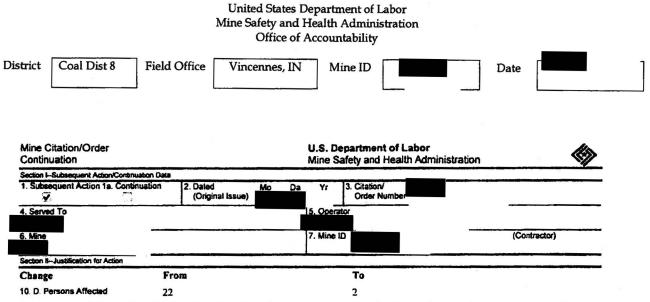
8. Condition Or Practice

Reason The belt drive listed in the body of the citation should have been indentified as the IA instead of the IB

Based on the clarification to the operator the citation has been extended to allow the operator to complete the installation of the new water sprinklers.

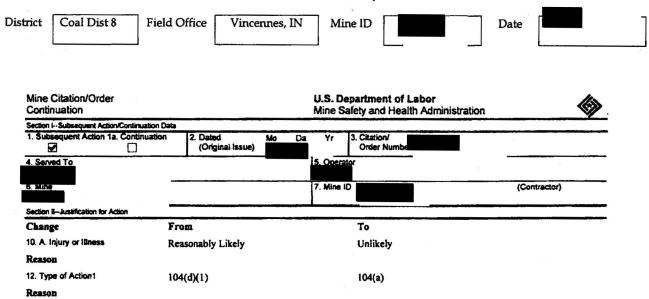
			See Continuation Form
Section III-Subsequent Action Taken			
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	C. Vacated	D. Terminated 🖌 E. Modified
Section IVInspection Data			
9. Type of Inspection E01	10. Event Number		
11. Signature	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)
MSHA Form 76			





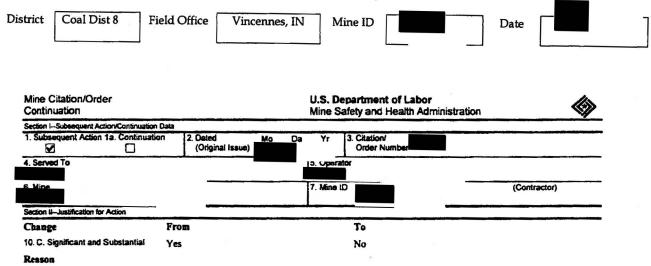
Reason Upon further review of the location of this refuge chamber it has been determined that 2 miners would be expected to use this refuge chamber in the event of a mine emergency.

					1	See Continuation Form
Section III-Subsequent Action Taken						
8. Extended To A. Date Mo	Da Yr	B. Time (24 Hr. Clock)		C. Vacated	D. Terminated	Z. E. Modified
Section NInspection Data						
9. Type of Inspection E01	10. E	vent Number				
11. Signature		AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. C)	ock)
					-	
MSHA Form 70						



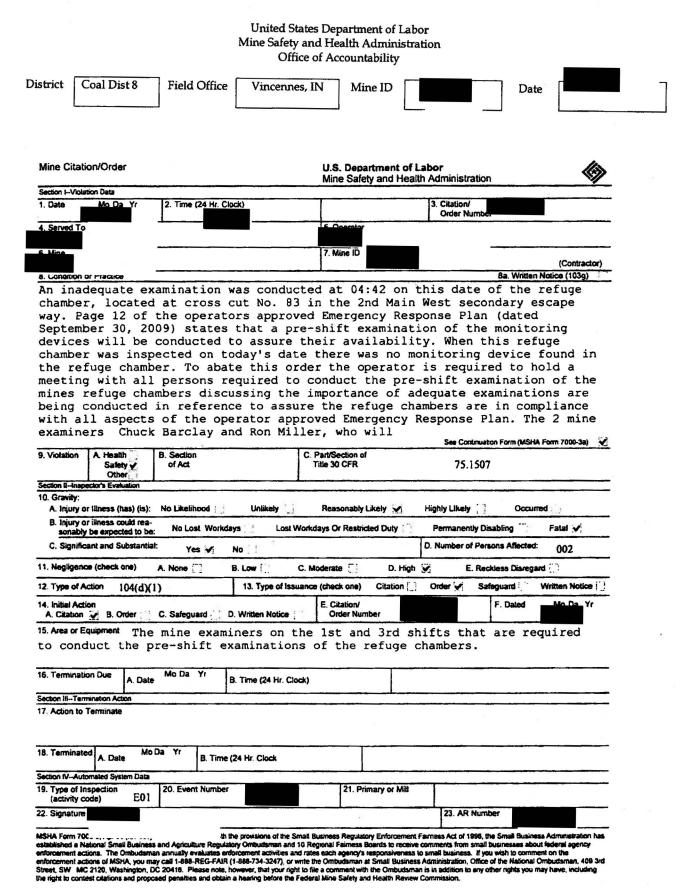
Upon further review of the information regarding the location of the refuge chamber, and the likelihood of miners having to activate this refuge chamber item 10A has been changed from Reasonably Likely to Unlikely, due to the mine having 2 separate portals to escape in the event of a mine disaster. With this modification being made Item 12 of this citation must also be modified from a 104(d)(1) citation to a 104(a) citation due to not meeting the criteria of a 104(d)(1) citation.

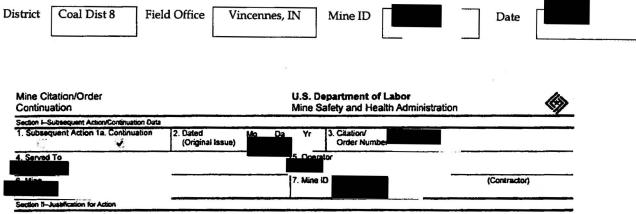
						See Continuation Form
Section III-Subsequent Action Taken						
8. Extended To A. Date Mo D	a Yr	B. Time (24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IV-Inspection Data		·······	· · · · · · · · · · · · · · · · · · ·			
9. Type of Inspection E01	10. E	vent Number (b) (6)			<u> </u>	
11. Signature		AR Number	12. Date Mo	Da Yr	13. Time (24 Hr. C	lock)
					1	
MSHA Form 70						



The above modification is necessary to be made due to modifications made in Sub action 02 of this citation.

		See Continuation Form
Section III-Subsequent Action Taken		
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	C. Vacated D. Terminated 🗹 E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number	
11. Signature	AR Number 12. Date	No Da Yr 13. Time (24 Hr. Clock)
MSHA Form 7000-38, mail 03 (consumption		





Continuation of 8. Condition or Practice

be conducting the pre-shift examinations of the refuge chamber during the 2nd shift on this date have been instructed on assuring the refuge chambers have multi-gas detectors in place. The remaining examiners shall be instructed on assuring multi-gas detectors are in place. before this order will be abated. This violation is an unwarrantable failure to comply with a mandatory standard.

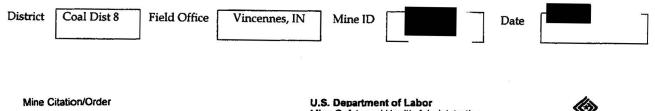
						See Continuation Form
Section III-Subsequent Action Taken						
8. Extended To A. Date Mo D	a Yr	B. Time (24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section N-Inspection Data						
9. Type of Inspection E01	10. E	vent Number				
11. Signature		AR Numbe	r 12. Date	Mo Da Yr	13. Time (24 Hr. C	ock)
MSHA Form 7000-30, mas us (						

# United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date

strict Coal Dist 8 Fi	eld Office Vincennes, IN	I Mine ID I	Date
Mine Citation/Order Continuation		U.S. Department of Labor Mine Safety and Health Administration	
Section I-Subsequent Action/Continuation 1. Subsequent Action 1a. Continuation	on 2 Dated Mo D	a Yr 3. Citation/	<u></u>
4. Served To	(Original Issue)	5. Operator	
6 Mine Section 8-Justification for Action	,,·	7. Mine ID	(Contractor)
Change	From	То	
10. A. Injury or Illness	Reasonably Likely	Unlikely	
Reason			
10. C. Significant and Substantial	Yes	No	
Reason			
12. Type of Action1	104(d)(1)	104(a)	
Reason			
After the review a	nd modifications mad	le on citation No.	and the

After the review and modifications made on citation No. and the review of the information regarding this order, the above modifications have been deemed necessary.

Section III-Subsequent Action Taken		See Continuation Form
والمحافظ بالمتكار أنشائك والمتكاف المتكر الخاط والمتكر التحاد التكريب	Yr B. Time (24 Hr. Clock)	C. Vacated D. Terminated Z E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number	
11. Signature	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock)
MSHA Form 700		

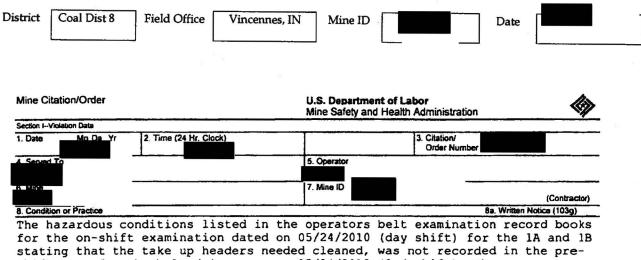


		Mine Safety and	Health Administration	
Section I-Violation Data				
1. Date Mo Da Yi	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To		5 Operator		
6. Mine	••••••••••••••••••••••••••••••••••••••	7. Mine ID		(Contractor)
8. Condition or Practice			Ba. Writt	en Notice (103g)

The MX-6 multi-gas detectors being stored in the company's 6 refuge chambers installed along the escape ways of the underground workings have not been calibrated at least every 31 days, as required by the operators approved Emergency Response Plan dated on September 30. 2009. The last date of these devices being calibrated was on December 11, 2009.

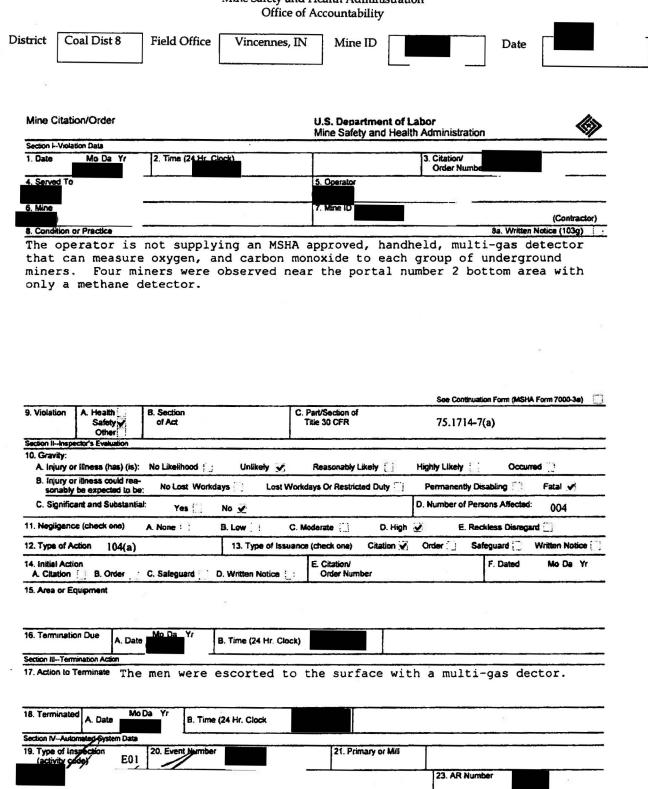
9. Violation	A. Health Safety Other		B. Section of Act		C. Part/Section o Title 30 CFR	ł		tinuation Form (MSF 1507	
Section II-Insp	actor's Evalu	noide							
10. Gravity: A loiury o	r lliness (hi	s) (is):	No Likelihood	Unlikely 🗸	Reasonably	Likely	Highly Likely	- Occu	rred .
	r illness co					·····		1	
	be expecte		No Lost Work	idays Lost V	Vorkdays Or Restri	cted Duty	Permanen	tly Disabling	Fatal 🖌
C. Signific	ant and Su	bstantial:	Yes [ ]	No 🔽			D. Number o	Persons Affected	<sup>d:</sup> 002
1. Negligen	ce (chack o	ne)	A. None	B. Low 门	C. Moderate 🙀	D. High	[``] E	. Reckless Diareg	iii bhai
2. Type of A	ction (	)4(a)		13. Type of Issu	ance (check one)	Citation V	Order	Safeguard :	Written Notice
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# United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 Field Office Vincennes, IN Mine ID Date Date



shift area for the belt drive area on 05/24/2010 (2nd shift). There was no corrective action listed in this record book, between the times of these examination, therefore it is believed these hazards still existed and should have been recorded to alert any miner who may be traveling into these area of the hazards.

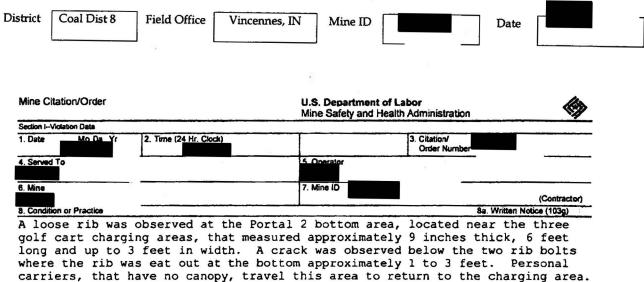
						See Con	tinuation Form	(MSHA Form 700	0-32)
9. Violation	A. Health Safety V Other	B. Section of Act		C. Part/Section o Title 30 CFR	ſ	75.3	63(b)		
Section II-Inspe	ctor's Evaluation								
10. Gravity:									
A. Injury o	r Hiness (has) (is):	No Likelihood	Unlikely	Reasonably	Likely 📋	Highly Likely	[]	Occurred	
	r illness could rea-	No Lost Wo	orkdays 🖌 Lost W	orkdays Or Restri	cted Duty	Permanent	ity Disabling	Fatal	0
C. Signific	ant and Substantia	l: Yes   ]	No 🖌			D. Number of	Persons Aff	iected: 000	)
11. Negligenc	e (check one)	A. None ; ]	B. Low	. Moderate 🖌	D. High	<u>і</u> Е	Reckless D	isregard 门	
12. Type of A	ction 104(a)		13. Type of issue	ance (check one)	Citation 🖌	Order [	Safeguard	(_) Written	Notice 门
14. Initial Acti A. Citation	B. Order	C. Safeguard	D. Written Notice	E. Citation/ Order Nur	nber		F. Dat	ed Mo	Da Yr
16. Terminati	A Date	Mo Da Yr	B. Time (24 Hr. Cloc	k)					
Section III-Terr		<del> </del>						· · · · · · · · · · · · · · · · · · ·	
17. Action to 18. Terminate		Da Yr B. T	ime (24 Hr. Clock		3				
Section IV-Auto	omated System Data			··					
19. Type of In (activity c		20. Event Num	ber	21. Pr	imary or Mi8				
22. Signature						23. AR	Number		
enforcement ac enforcement ac Street, SW MC	tions. The Ombudam tions of MSHA, you m 2120, Washington, I	s and Agriculture Re an annually evaluate ay call 1-888-REG-F XC 20416 Please n	with the provisions of the Sm gulatory Ombudsman and 10 is enforcement activities and AIR (1-888-734-3247), or wr ole, however, that your right blain a hearing before the Fe	D Regional Faimess I rates each agency's ite the Ombudsman a to file a comment with	Boards to receive responsiveness to at Small Business In the Ombudsmail	comments from : o small business. Administration, ( n is in addition to	If you wish to office of the Na	es about federal a comment on the itional Ombudsma	gency In, 409 3rd



Small Business Regulatory Enforcement Farmess Act of 1996, the Small Business Administration has 1 to Regional Fairness Boards to receive comments from small businesses about federal agency and rates each agency's responsiveness to small business. If you wish to comment on the write the Ombudsman at Small Business. Administration, Office of the National Ombudsman, 409 3rd ph to file a comment with the Ombudsman is in addition to any other rights you may have, including

the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine		,					7. Mine ID					(Contra	
Condition o	or Practi	<b>C8</b>							• <u></u>	8	a. Written	Notice (103g	
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T				2					See C	Continuation I	om (MSH	A Form 7000-34	) (]]
Violation		alth fety V her	B. Section of Act	2			nt/Section of le 30 CFR			Continuation F	iom (MSH	A Farm 7000-34	<u>) (]]</u>
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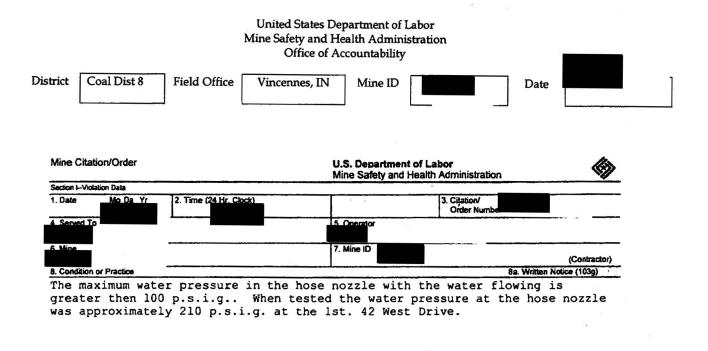


The area was dangered out immediately.

This standard was cited 44 times in two years at this mine.

						See Cont	tinuation Form (MSH	IA Form 7000-3a)
9. Violation	A. Health Salety	B. Section of Act		C. Part/Section o Title 30 CFR		75.20	02(a)	
Section II-Insp	ector's Evaluation	·····						
10. Gravity: A. Injury c	r Illness (has) (is):	No Likelihood	Unlikely	Reasonably	Likely 🖌	Highly Likely	Cccu	med {]]
	r illness could rea- be expected to be		ays 🚺 🛛 Lost Wo	orkdays Or Restri	ted Duty 🔽	Permanent	ty Disabling	Fatal 📑
C. Signific	ant and Substantia	it Yes 🖌	No [ ]			D. Number of	Persons Affected	<sup>i:</sup> 001
11. Negligen	check one)	A. None :	8. Low [ : C	. Moderate 😽	D. High	<u>;</u> Е.	Reckless Diareg	ard []]
12. Type of A	ction 104(a)		13. Type of Issua	nce (check one)	Citation 🗸	Order 🚺	Safeguard []	Written Notice
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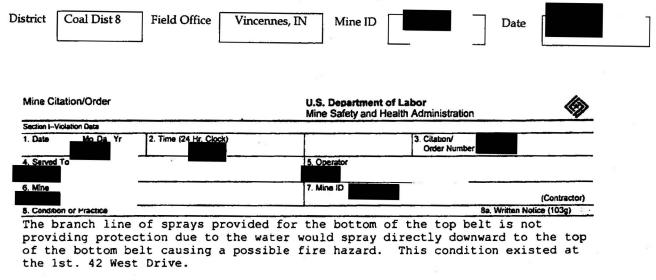
Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to hie a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



								See Con	tinuation Form (MSI	HA Form 7000-3a)
9. Violation	A. Health Safety Other	2	l. Section of Act			Section of 30 CFR	0	75.1100	-1(f)(2)	
Section II-Insp	ector's Evalu	lion								····
10. Gravity:										
A. Injury o	r liness (hi	15) (is):	vo Likelihoo	d Unlikely 🖌	Re	asonably	ikely	Highly Likely	C) Occa	arred []]:
	r illness co be expected		No Lost	Workdays Lost	Vorkdays	Or Restric	ted Duty 🛃	Permanent	ty Disabling 📑	Fatal 📋
C. Signific	ant and Su	bstantial:	Yes	No 🖌				D. Number of	Persons Affecte	<sup>d:</sup> 001
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Section IV-Aut	omated Syste	m Deta		· · · · · · · · · · · · · · · · · · ·						
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			_					23. AR	Number	
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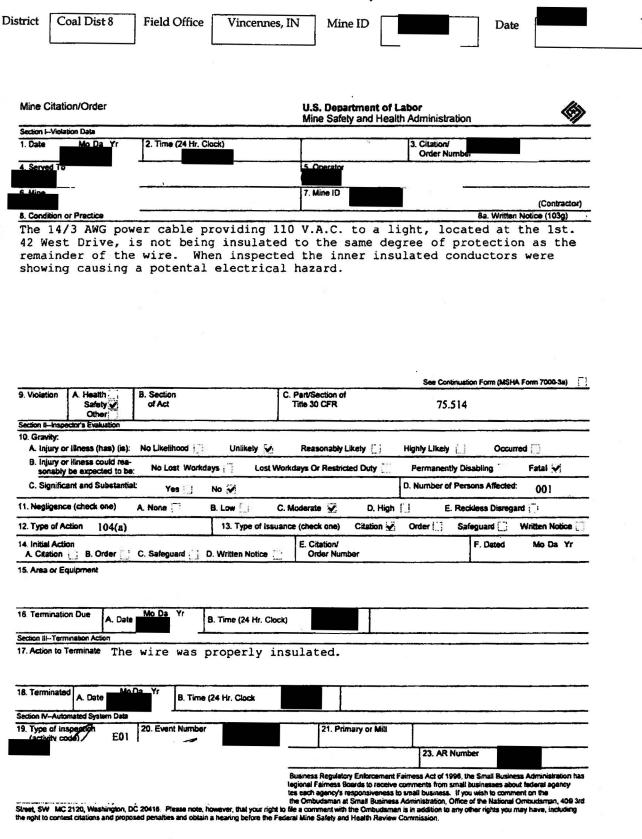
## Attachment B - Citations Issued During Audit

57



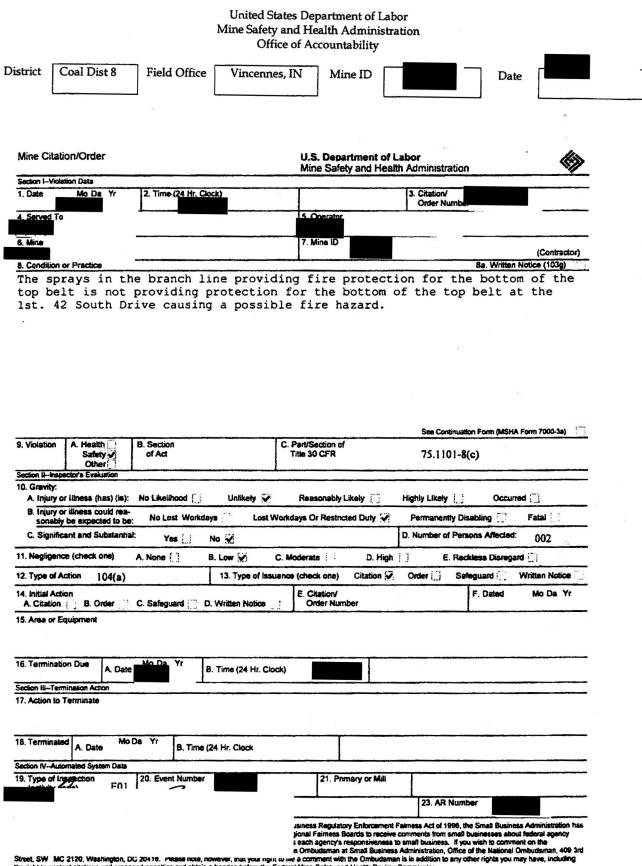
						See Con	enuation Form (M	ISHA Form 7000-3a)
9. Violation	A. Health Safety V. Other	B. Section of Act		C. Part/Section Title 30 CFR	of	75.110	)1-8(c)	
iection II-Insp	ector's Evaluation		1					
10. Gravity: A. Injury o	r lliness (has) (is):	No Likelihood	Unlikely 🖌	Reasonabl	y Likely []	Highly Likely	[]) Oc	curred []]
	be expected to be		days 📋 🛛 Lost V	Vorkdays Or Rest	ncted Duty 🖌	Permanent	ly Disabling	Fatal 📳
C. Signific	ant and Substantia	it Yes [_]	No 🖌	C.		D. Number of	Persons Affec	ted: 015
1. Negligenc	a (check one)	A. None	B. Low	C. Moderate 🏹	D. High	() E.	Reckless Disr	egard [ ]
2. Type of A	ction 104(a)		13. Type of Issu	uance (check one)	Citation 🖌	Order 📋	Seleguard	Written Notic
4. Initial Acti A. Citation	The second secon	C. Safeguard	D. Written Notice	E. Citation/ Order Nu	mber		F. Dated	i Mo Da Y
6. Terminati	A. Date	Mo Da Yr	B. Time (24 Hr. Clo	ick)				
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ection N-Auto	mated System Data				·			
9. Type of In lactivity st		20. Event Numbe	r	21. P	rimary or Mill			
				<u>_</u>	-	23. AR	Number	
				jional Faimen	Boards to receive s responsiveness	comments from s	If you wish to co	siness Administratio about federal agenc imment on the

Street, SW MC 2120, Washington, DC 20416. Please note, nowever, that your ngm to me a comment with the Ombudsment 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.



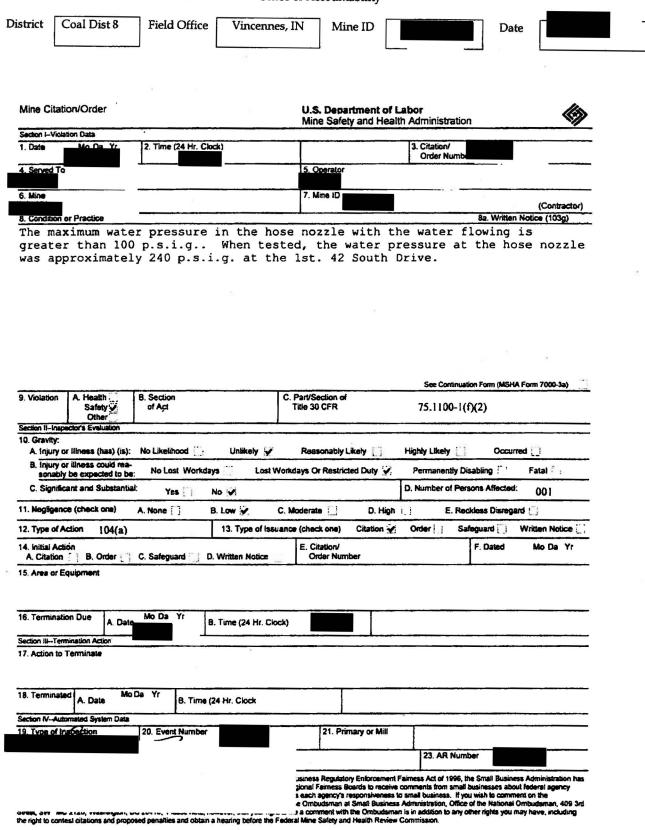
### Attachment B - Citations Issued During Audit

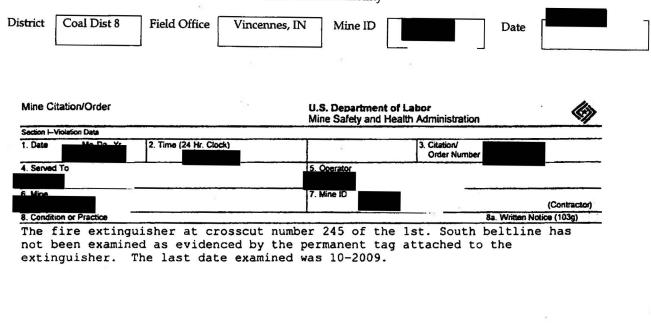
59



Street, SW MC 2120, Washington, DC 20416. M TOUL IN S the right to contest citations and proc osed penalties and obtain a hearing before the Federal Mine Safety and Health Review Comm

District       Coal Dist 8       Field Office       Vincennes, IN       Mine ID       Date         Mine Citation/Order       U.S. Department of Labor       District       Date         Sector I-Violation Data       I. Date       3. Citation/ Order Number       Order Number         1. Date       Mo Da Yr       2. Time (24 Hr. Clock)       3. Citation/ Order Number       0. Citation/ Order Number         4. Served To       5. Deemtor       S. Citation/ Order Number       0. Control         6. Mine       7. Mine ID       (Control       Control         8. Condition or Practice       7. Mine ID       (Control         9. Violation of Practice       Sector Interpreter Number 2 of the 1st. West beltline is not being maintained for the purpose for which it was built causing a possible hazarc contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along thout side perimeters of the overcast.         9. Violation       A Heath (Sate)       8. Section       C. Part/Section of Tite 30 GFR       75.333(h)         Sector In-Vespector Eventor         Sector In-Vespector Eventor         10. Gravity:       A higuy or Ilhees (hea) (ig): No Likelihood [	d of he
Mine Safety and Health Administration         Secton I-Violation Data         1. Date       Mo Da Yr       2. Time (24 Hr. Clock)       3. Citation/ Order Number         4. Served To       5. Operator       0. Condition or Practice       6. Mine         8. Condition or Practice       7. Mine ID       (Control         8. Condition or Practice       8a. Written Notice (100 maintained for the purpose for which it was built causing a possible hazard contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.         9. Violation       A Health []       8. Section of Act       C. Part/Section of Tite 30 CFR       75.333(h)         Secton II-Inspector's Evaluation       10. Crearkly: A Injury or liness (hea) (19): No Likelihood []       Unlikely Pressonably Likely []       Highly Likely []       Occurred []         8. Injury or liness (head (19): No Likelihood []       Unlikely Permanently Disabling []       Fatal []         C. Significant and Substantiat:       Yes []       No Vi       D. Number of Persons Affected: 015	30) is
Mine Safety and Health Administration         Sector 1-Violation Date         1. Date       Mo Da Yr       2. Time (24 Hr. Clock)       3. Citation/ Order Number         4. Served To       5. Operator       0. Condition or Practice       (Continue of the second o	30) is
1. Date       Mo Da Yr       2. Time (24 Hr. Clock)       3. Citation/ Order Number         4. Served To       5. Operator       0. Condition or Practice         5. Condition or Practice       5. Operator       0. Written Notice (100)         8. Condition or Practice       5. Operator       0. Condition or Practice         8. Condition or Practice       8. Written Notice (100)       0. Condition or Practice         8. Condition or Practice       8. Written Notice (100)       0. Continuation or Practice         9. Condition or Practice       9. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along thouts ide perimeters of the overcast.         9. Violation       A. Heath       8. Section of Title 30 CFR       75.333(h)         Section III-Inspectors Evaluation       10. Carrity:       A Injury or Illness could reasonably Likely in Permanently Disabiling in Fatal         8. Injury or Illness could reasonably be expected to be:       No Lost Workdays in Lost Workdays Or Restricted Duty Permanently Disabiling in Fatal         C. Significant and Substantist:       Yes in No Yes       D. Number of Persons Affected: 015	30) is
4. Served To       5. Operator         4. Served To       5. Operator         6. Mine       7. Mine ID         8. Condition or Practice       6a. Written Notice (102)         The overcast at crosscut number 2 of the 1st. West beltline is not being maintained for the purpose for which it was built causing a possible hazard contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along th outside perimeters of the overcast.         9. Violation       A. Heath         8. Section       of Act         0 darwly:       B. Section         10. Gravity:       A highy or liness could ressonably Likely (	30) is
8. Mine       7. Mine ID       Condition or Practice         8. Condition or Practice       Ba. Writen Notice (102         The overcast at crosscut number 2 of the 1st. West beltline is not being maintained for the purpose for which it was built causing a possible hazard contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.         9. Violation       A. Health       B. Section of Title 30 CFR         9. Violation       A. Health       B. Section of Title 30 CFR         9. Violation       A. Health       B. Section of Title 30 CFR         9. Violation       A. Health       B. Section of Title 30 CFR         9. Violation       A. Health       B. Section of Title 30 CFR         9. Violation       A. Health       B. Section         0. Gravity:       A Injury or Illness (has) (is): No Likelihood []       Unlikely ()         8. hijury or Illness could reasonably be expected to be:       No Lost Workdays Or Restricted Duty ()       Permanently Disabiling []         6. Significant and Substantiat:       Yes []       No ()       D. Number of Persons Affected: 015	30) is
Condition or Practice     Condition of Practice     Condition of the overcast at crosscut number 2 of the lst. West beltline is not being     maintained for the purpose for which it was built causing a possible hazard     contaminating the escapeways. When inspected there was a hole measuring     approximately 4 feet long, 1 1/2 inches wide and other small holes along the     outside perimeters of the overcast.      See Continuation Form (MSHA Form 7000-     Outside perimeters of the overcast.      Sector II-Inspector's Evolution     Other     Condition of     A Health     Sector II-Inspector's Evolution     Outside     Injury or Illness (has) (is): No Likelihood     Unlikely     Reasonably Likely     Highly Likely     Occurred     Sector II-Inspector's Evolution     C. Significant and Substantiat:     Yes     No     No	30) is
8. Condition or Practice       Ba. Written Notice (102         The overcast at crosscut number 2 of the lst. West beltline is not being maintained for the purpose for which it was built causing a possible hazard contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.         See Continuation Form (MSHA Form 7000- 9. Violation       A. Health         8. Section       C. Part/Section of Title 30 CFR         75.333(h)       Section III. Inspector's Evaluation         10. Gravity:       A lnjury or illness cubit res.         A lnjury or illness cubit res.       No Likelihood []         Inlikely or illness cubit res.       No Lost Workdays Cr Restricted Duty Permanently Disabiling []         Fatal       D. Number of Persons Affected:       015	30) is
maintained for the purpose for which it was built causing a possible hazard contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       8. Section of Act         9. Violation       A. Health []       9. Section and Substantial         9. Violation       A. Health []       9. Section of Act         9. Violation       A. Health []       8. Section and Substantial:         9. Violation       No ()       Reasonably Likely []       Highly Likely []       Occurred []         8. Injury or Illness could reasonably be expected to be: No Lost Workdays []       No ()       D. Number of Persons Affected: 015         0. Significant and Substantial:       Yes []       No ()       D. Sumber of Persons Affected: 015	he
contaminating the escapeways. When inspected there was a hole measuring approximately 4 feet long, 1 1/2 inches wide and other small holes along the outside perimeters of the overcast.         See Continuation Form (MSHA Form 7000- other)         9. Violation       A. Health         Safety       of Act         C. Part/Section of Title 30 CFR       75.333(h)         Section II-Inspector's Evaluation       Inside the section of Title 30 CFR         10. Gravity:       A injury or liness (has) (is): No Likelihood []       Unlikely          8. Injury or liness (has) (is): No Likelihood []       Unlikely          9. No Lost Workdays       Lost Workdays Or Restricted Duty        Permanently Disabling []         6. Significant and Substantiat:       Yes []       No        O15	he
9. Violation       A. Health       8. Section of Act       C. Part/Section of Title 30 CFR       75.333(h)         Section IIInspector's Evaluation       10. Gravity:       A Injury or Illness (has) (is):       No Likelihood       Unlikely       Reasonably Likely       Highly Likely       Occurred         8. Injury or Illness could rea- sonably be expected to be:       No Lost Workdays       Lost Workdays Or Restricted Duty       Permanently Disabling       Fatal         C. Significant and Substantial:       Yes       No       No       0.15	3a) : ;
9. Violation       A. Health []       B. Section of Act       C. Part/Section of Title 30 CFR       75.333(h)         Section IIInspectors Evaluation       10. Gravity:       A Injury or Illness (has) (is): No Likelihood []       Unlikely 💉 Reasonably Likely []       Highly Likely []       Occurred []         B. Injury or Illness could rea- sonably be expected to be:       No Lost Workdays       Lost Workdays Or Restricted Duty 🖉 Permanently Disabling []       Fatal         C. Significant and Substantial:       Yes []       No 🔗       D. Number of Persons Affected: 015	3a) : ;
Other       Other         Section II-Inspector's Evaluation         10. Gravity:         A Injury or Illness (has) (is):       No Likelihood         B. Injury or Illness could reasonably be expected to be:       No Lost Workdays         Lost Workdays Or Restricted Duty       Permanently Disabiling         C. Significant and Substantial:       Yes         Yes       No	
10. Gravity:       A. Injury or Illness (has) (is): No Likelihood []       Unlikely Y       Reasonably Likely []       Highly Likely []       Occurred []         B. Injury or illness could reasonably be expected to be:       No Lost Workdays       Lost Workdays Or Restricted Duty Y       Permanently Disabling []       Fatal [         C. Significant and Substantial:       Yes []       No Y       D. Number of Persons Affected:       015	
B. Injury or illness could reasonably be expected to be:       No Lost Workdays       Lost Workdays Or Restricted Duty       Permanentity Disabiling       Fatal         C. Significant and Substantial:       Yes       No 🔗       D. Number of Persons Affected:       015	
sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling ; Fatal C. Significant and Substantial: Yes No V	
	÷.
11. Negligence (check one) A. None B. Low C. Moderate D. High 🖌 E. Reckless Disregard	
12. Type of Action 104(a) 13. Type of Issuance (check one) Citation 💓 Order 🔛 Safeguard 🛄 Written No	xice [_]
4. Initial Action A. Citation ;; B. Order ;; C. Safequard ;; D. Written Notice ;; Order Number	Yr
A Citation i B. Order C. Safeguard D. Written Notice Order Number	
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)	
Section 84-Termination Action	
17. Action to Terminate The overcast was repaired.	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	
Section IV-Automated System Data	
19. Type of Inspection EAL 20. Event Number 21. Primary or Mill 23. AR Number 23. AR Number	
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ances regime of a line and the second s	
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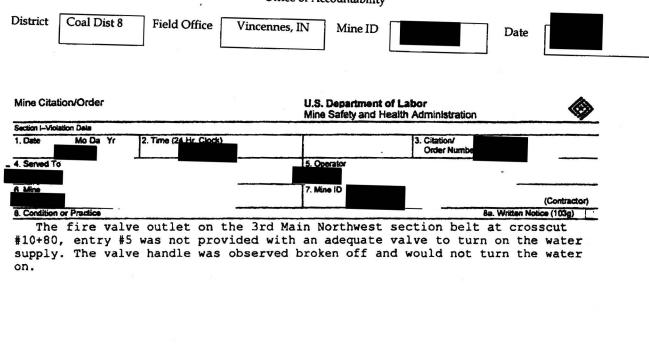


						See Contin	nuation Form (MSH	A Form 7000-3a)
9. Violation	A. Health Safety	B. Section of Act		C. Part/Section of Title 30 CFR		75.110	00-3	
Section II-Insp	ector's Evaluation	*						· · · · · · · · · · · · · · · · · · ·
10. Gravity: A Injuor o	r Iliness (has) (is)	No Likelihood	Unlikely 🐼	Reasonably	itely 1 <sup>ml</sup>	Highly Likely	····	red ( )
	r illness could rea	1.4.4	Criminal Providence			Taging Citory		7
sonably	be expected to b	e: No Lost Work	lays 🚺 Lost V	Norkdays Or Restric	ed Duty 🖌	Permanently	Disabling	Fatal 🗍
C. Signific	ant and Substant	ial: Yes 门	No y			D. Number of F	Persona Affected	: 001
11. Negligano	ce (check one)	A. None [_]	8. Low [	C. Moderate	D. High	[]] E.I	Reckless Disrega	urd [];
12. Type of A	ction 104(a)		13. Type of issu	uance (check one)	Citation 🖌	Order 🔡	Safeguard	Written Notice $\overline{L}$
14. Initial Acti A. Citation	States and the states of the s	C. Safeguard	D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
16. Terminati	on Due A. Dai	Mo Da Yr	B. Time (24 Hr. Clo	ick)				• • • • • • • • • • • • • • • • • • •
Section IIITerr	nination Action				1			
17. Action to	Terminate The	e extinguis	her was ex	amined and	the da	te put o	on the pe	rmanent
18. Terminate	A. Date M	o Da Yr B. Time	(24 Hr. Clock					
Section IV-Auto	mated System Data							
19. Type of In	Spection FA1	20. Event Number		21. Prir	nary or Mill			
						23. AR N	umber	
	-			inal Faimess B sach agency's r	cards to receive esponsiveness t	comments from sn o small business. I	hall businesses abo If you wish to comm	

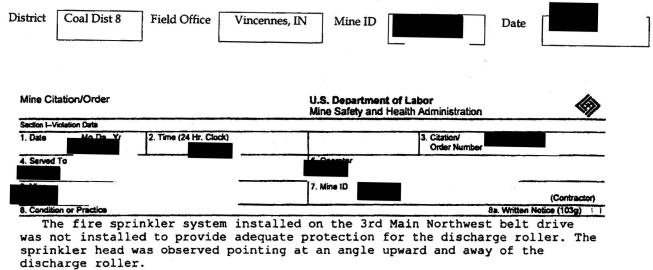
Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

rict Coal Dist 8	Field Office	Vincennes, IN	Mine	ID		Date	
line Citation/Order			J.S. Departr Mine Safety :		ibor Administration		
Date Mo Da Yr	2. Time (24 Hr. Clock	<u></u>			3. Citation/		
	2. 1916 (24 HI. CIOCA			10 1	Order Number		
Served To			5. Operator				
Mine			7. Mine ID			<del>, ,</del>	(Contractor)
Condition or Practice						8a. Written I	Notice (103g)
Nose rib causes his standard was fiolation A Health Safety Other Other Gravity:	<ul> <li>South 42</li> <li>When inspection</li> <li>Sinches a proximately and belt mains a hazard of socied 45 to the socied 45 to</li></ul>	beltline, cr ted a loose nd up to 2 i 2 inches ar ntenance per a rib falli imes in two C.Par Titk Unlikely	tosscut rib mea inches t nd was v sonal t ing on a years a vyears a vocfR	number suring hick. ery eas ravel f miner t this	235 to 23 approxima This rib sily pulle this walkw mine. See Continuato 75.202(a)	6, on t tely 8 was pul d with ay and n Form (MSHA	the feet, 7 led away a pry the Form 7000-3a)
sonably be expected to be:	No Lost Workdays	Lost Workday	s Or Restricted		Permanently Disa		Fatel 1
. Significant and Substantial:	763 Wi 140	<b>9</b> (3)		!	D. Number of Perso		001
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Type of Action 104(a)		13. Type of Issuance (d	Citation/	itation 🖌		guard   \	Mo Da Yr
A. Citation	C. Safeguard   D. V		Order Number			F. U8980	NIC LINE TY
Area or Equipment Termination Due A. Date ton III-Termination Action Action to Terminate The	Mo Da Yr B.1 rib was sca	Time (24 Hr. Clock)					
A. Date	9 Yr B. Time (24	Hr. Clock					· · · · · · · · · · · · · · · · · · ·
Clon IV-Automated System Data		Hr. Clock	21. Prima	y or Mill			
Clion IV-Automated System Data	B. Time (24	Hr. Clock	21. Prima	y or Mill	23. AR Numbe	H	
A. Date	B. Time (24				23. AR Numbe		Admunistrations form

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					7				See C	ontinuation Fo	m (MSH	A Form 7000-3a)
9. Violation	A. Heali Sale Oth	VZ	B. Section of Act	1			/Section of 30 CFR		75.1	100-2(b)		
Section II-Inspe	ictor's Eval	ation										
10. Gravity:												
A. Injury o	r liiness ()	183) (is):	No Likelit	nood []]	Unlikely 🕑	R	easonably L	jikely []	Highly Like	<b>by</b>	Occur	med []
B. Injury o sonably	be expec		No La	st Workd	aya 📋 🛛 Lost V	Norkdayı	Or Restric	ted Duty 🖌	Perman	ently Diseblin	s 🗆	Fatal []
C. Signific	ant and S	ubstantia	k Ye	<b>I</b>	No 🖌				D. Number	of Persons /	Affected	° 005
11. Negligenc	æ (check	one)	A. None [	]	B. Low []	C. Mode	rate 🔀	D. High		E. Reckless	Disreg	ard []
12. Type of A	ction )	04(a)			13. Type of Issu	uance (cl	leck one)	Citation 🖌	Order 🗌	Sategua	rd 📋	Written Notice
14. Initial Acti A. Citation		rder (]	C. Safegu	and ['']	D. Written Notice [		Citation/ Order Num	ber		F. D	beted	Mo Da Yr
16. Terminatio	on Due	A. Date	Mo Da	Yr	B. Time (24 Hr. Clo	ick)						
Section III-Tem	numetion Act	ion		-								
17. Action to 1 18. Terminate Secion IV-Auto	d A. Dat		Da Yr	B. Time	(24 Hr. Clock)							
19. Type of in (activity of	spection	EOI	20. Even	t Number			21. Prin	nary or Mill	1			
22. Signatu	,		1	-		<u></u>			23. AJ	R Number		
	2120, Was	hington, D	C 20418. P	ease nois, i	however, that your right a hearing before the l	ion ea ∋O toffieac	al Fairness Br ch agency's n mbudsman at omment with	cards to receive esponsiveness to Small Business the Ombudsman	comments from a small busines Administration a is in addition	n small busine ss. If you wish b, Office of the	to comm National	Ombudaman, 409 3n

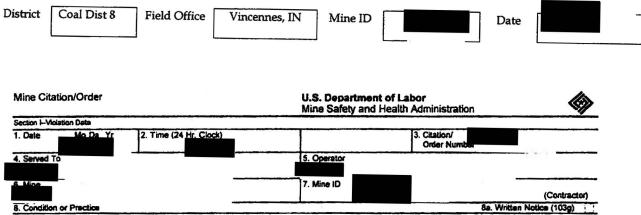


See Continuation Form (MSHA Form 7000-3a) 9. Violation 8. Section C. Part/Section of Title 30 CFR Safety V of Act 75.1103-9(d) Other[ Section 2-in 10. Gravity: No Likelihood Unlikely 🔀 Reasonably Likely Highly Likely A injury or liness (has) (is): Occurred [ ] B. Injury or illness could rea-sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty 😿 Permanently Disabling Fatal [] C. Significant and Substantial: D. Number of Persons Affected: 002 Yes [ ] No V 11. Negligance (check one) A. None B. Low 🖌 C. Moderate D. High 📋 E. Reckless Disregard 12. Type of Action 13. Type of Issuance (check one) Citation 🖌 104(a) Order [] Safeguard [] Written Notice 14. 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 Y B. Time (24 Hr. Clock) A. Date Section III-Termination Action 17. Action to Terminate

18. Terminated A. Date	MoDa Yr	B. Time (24 Hr. Clock	s)			
Section N-Automated Syste	m Data					
19. Type of Inspection (activity code)	E01 20. Ever	t Number	21. P	rimary or Mill		
22. Signature					23. AR Number	
MSHA Form 70C established a Na enforcement act enforcement act Street, SW, MC 2120, Water		5559 (1111), (1246)710, 1246) V	al Faimesa ch agency's mbudaman	Boards to receive of responsiveness to at Small Business /	comments from small busine small business. If you wish Administration, Office of the	

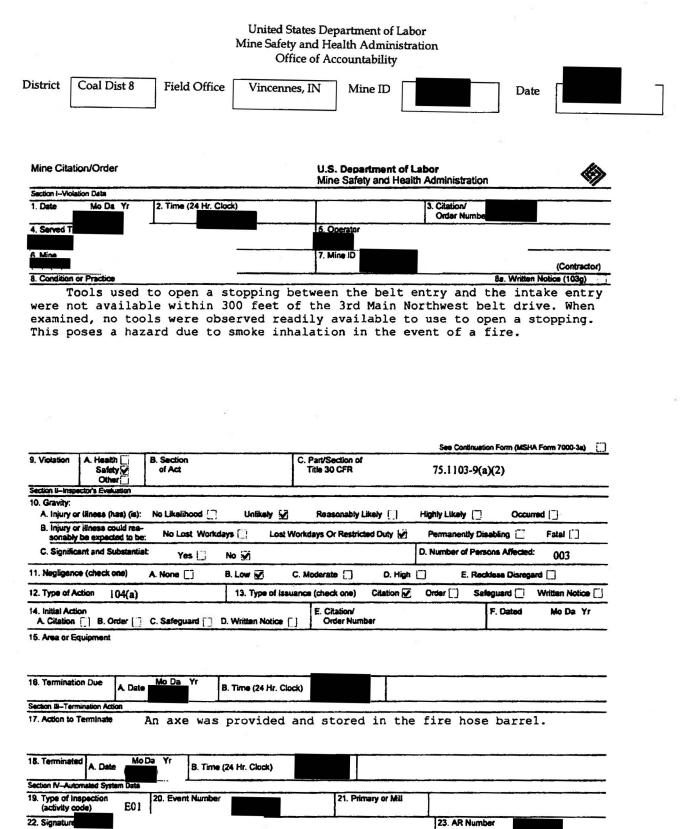
Strait, SW MC 2120, Washington, DC 20416. Please nois, noweres, was your rain a comment with the Unbucoments is in sociation to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

trict	Coal D	Dist 8	Field	Office	Vincer	nnes, IN	Mi	ne ID			····	Da	ate	
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Aine Citat	ion/Ord	ler					S. Depa			bor Administ	ration			
ection I-Viola														
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Secred To						5	Operator							
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The	perm	nanent	stopp	oings	at cros	scut #1	and	#2 o	f tl	ne 3rd	Mai	n Nor	thw	est
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										See Co	ntinuation	Form (MSI	A For	n 7000-3a)
Violation	A. Hea		B. Section of Act				Section of 30 CFR			75 2	22/1			
		her i	or Act			I TUR S	JU GPR			12.3	133(b)			
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ection II-Inep 0. Gravity: A. Injury c		noteute	No Likelih	ood []	Unlikely		asonably L	ikely []		Highly Likely			j benu	<u></u> ו
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O. Gravity: A. Injury c B. Injury c sonably C. Signific Negligen C. Signific Type of A Initial Act A. Citation C. A citation C. Area or E Terminat C. Terminat C. Terminat C. Signific A. Citation C. Area or E C. Terminat C. Signific C. Signific C. Signific A. Citation C. Signific C. Signif	or liness or liness y be expe cant and ca (check Action tion Tion The second tion Termination A Data tornated Sp napection code)	station (has) (e): could rea- cted to be Substantia t one) 104(a) Order [ <sup>-</sup> ] t A. Date ction te ster Mo ster Mo	No Los Yer A. None [ C. Safegue Mo Da The ho Da Yr 20. Event	t Workday s [] [] ard [] D Yr B Jles 1: B. Time (2 Number	vs   Lo No 22 3. Low   13. Type of 1 . Written Notico . Time (24 Hr. n the si	C. Modern Ssuance (chu E. (chu E. ( Clock) Clock) topping	Or Restrict	ted Duty D. H Citation ber e pla nary or M seponation Small Bue	igh [ igh [ igh ] igh ]	Permaner D. Number of Order [] Order [] I. red . I. red . I. 23. AR meas Act of 1 mments from mail business	Number 1996, the 2 1996, the 2	bling [] ns Affected ass Disreg juard [] . Dated . Dated 	Fi	nital [] 002 ten Notice Ve Da Yr ninistration 1 rel agency the daman, 409

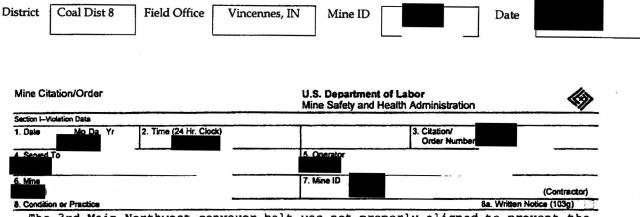


Five 110 Volt, 14/3 cables were observed not fully protected at crosscut #2 of the 3rd Main Northwest. The five power cables were observed passing through a permanent stopping between entries #5 and #6 without guarding protecting the cable.

						See Con	tinuation Form (MS)	(A Form 7000-3a) (
9. Violation	A. Health	B. Section of Act		C. Part/Section of Title 30 CFR		75.	517	
Section 8-Inspe	ctor's Evaluation							
10. Gravity:								
A. Injury or	läness (has) (i	s): No Likelih	ood [_] Unlikely (	Reasonably	Likely 📋	Highly Likely	0000	() ben
	illness could re be expected to		t Workdays 📋 Lo:	st Workdays Or Restric	ted Duty 🕢	Permanen	lly Disabling [_]	Fatal []]
C. Significa	unt and Substan	tial: Yes	No 🔀			D. Number of	Persons Affecte	<sup>d:</sup> 001
1. Negligenc	e (check one)	A. None	] B. Low 🗌	C. Moderate 🗹	D. High	<u>п</u> е	. Reckless Disreg	and []
12. Type of A	tion 104(a	)	13. Type of I	ssuance (check one)	Citation 🔽	Order []	Safeguard 🗌	Written Notice
4. Initial Acti A. Citation		C. Safegua	urd [ D. Written Notic	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
6. Terminatio	n Due A. D	ate Mo Da	Yr B. Time (24 Hr.	Clock)				
Section III-Term	unation Action							
7. Action to 7		MoDa Yr	B. Time (24 Hr. Clock)			×		
	Lun							
	mated System De							
9. Type of In (activity co		20. Event	Number	21. Pri	mary or Mill			
2. Signatur						23. AR	Number	
ASHA Form 71 Istablished a f Inforcement a Inforcement act	ions of MSHA, yo	ı may cali 1-868-R		e Small Business Regulate and 10 Regional Fairness E a and ratas each agency's or write the Ombudsman a	cents to receive a responsiveness to a Small Business	comments from ( small business. Administration, (	mail businesses ab il you wish to com Office of the Nations	out federal agency ment on the I Ombudaman, 409 3m



#### MSHA Form 701 established a Ni enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-744-3247), or write the Cirabudament action strotes, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file comment is in addition to any other rights you may have, including the right to contest claicions and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

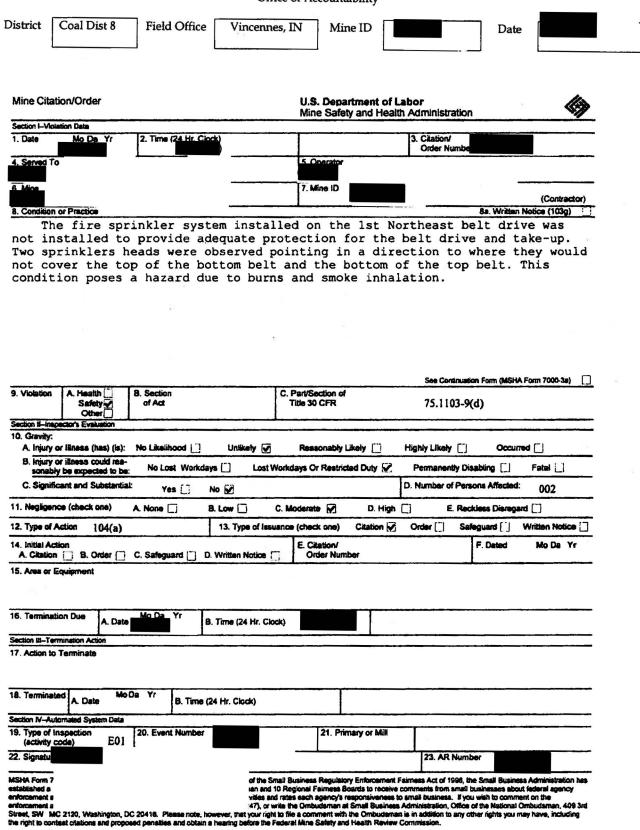


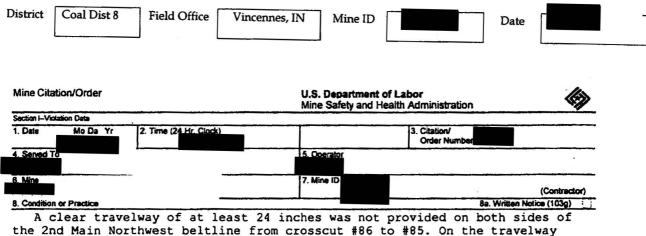
The 3rd Main Northwest conveyor belt was not properly aligned to prevent the energized conveyor belt from coming in contact with belt structure or belt components. Three bottom rollers were observed between crosscuts #8 to #6 and one bottom roller outby the drive creating areas hot to the touch. This condition poses a hazard due to burns or smoke inhalation.

This standard was cited 12 times in two years at this mine which liberates over 570,000 cubic feet of methane per 24 hour period.

An end of the second design of the second					See Con	Invition Form (MS	ne ronn rous-se) []
9. Violation A. Health Safety Other	of Act	C	Part/Section of Title 30 CFR		75.17	31(b)	
Section II-Inspector's Evaluat	ion						
10. Gravity:							
A. Injury or liness (has	i) (is): No Likelihood [ ]	Unlikely []]	Reasonably	Likely 🗹	Highly Likely	[ <sup>*</sup> ] Occa	umed []]
<li>B. Injury or illness coul sonably be expected</li>		lays []] 🛛 Lost Wor	kdays Or Restric	ted Duty 🖌	Permanent	ly Disabling 📋	Fatal []
C. Significant and Sub	stantial: Yes 🗹	No []			D. Number of	Persons Affecte	<sup>d:</sup> 003
11. Negligence (check on	e) A. None 门	8. Low 🗍 C.	Moderate 🕢	D. High	[] E	Reckless Disreg	gard []
12. Type of Action ] ()	4(a)	13. Type of Issuan	ce (check one)	Citation 🛃	Order []	Saleguard []	Written Notice []]
14. Initial Action A. Citation []] B. Ord	er [] C. Safeguard []	D. Written Notice [`]	E. Citation/ Order Num	iber		F. Dated	Mo Da Yr
	Date Mo Da Yr	B. Time (24 Hr. Clock)					
Section III-Termination Action							
17. Action to Terminate 18. Terminated A. Date	MoDa Yr	onveyor was (24 Hr. Clock)	properly	/ aligne	d.		
Section IV-Automated System	Data						
19. Type of Inspection (activity code)	E01 20. Event Number		21. Pri	mary or Mill	5		τ.,
22. Signatur					23. AR 1	Number	
Street, SW MC 2120, Washin	, you may call 1-888-REG-FAIR Iglon, DC 20416. Please note, d proposed penalties and obtai	ibudaman and 10 F int activities and ra (1-888-734-3247), or write however, that your right to	legional Falmess E tes each agency's the Ombudisman a file a comment with	loards to receive responsiveness to t Small Business the Ombudsmar	comments from a small business. Administration, C 1 is in addition to	mail businesses ab If you wish to com Mice of the Nationa	ment on the il Ombudsman, 409 3rd

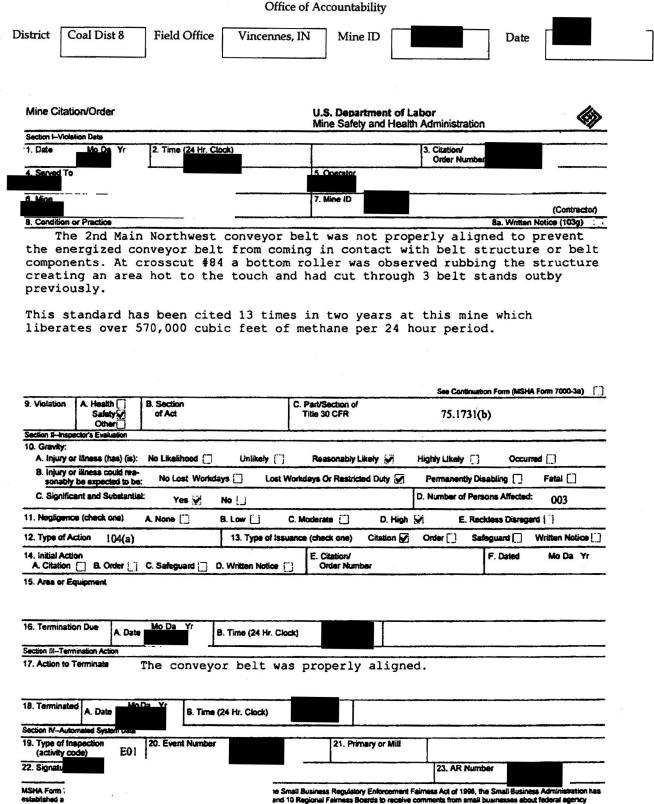
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the 2nd Main Northwest beitline from crosscut #86 to #85. On the travelway side of the beltline a walkway of 17 to 18 inches was observed for a distance of 22 feet between the belt structure and the waterline that was covered with rock approximately 2 1/2 high sloping downward toward the beltline. This condition poses a hazard to slip, trip, and fall injuries.

					See Continuation Form	n (MSHA Form 7000-3a)
	th ∐ B. Sec ety √ of A her ∐		C. Part/Section of Title 30 CFR		75.1403-5(g)	
Section H-Inspector's Evi	Austion					
10. Gravity:						
A. Injury or Illness	(has) (is): No Lii	unlike	ly 🛃 🛛 Reasonably I	.ikely 门 🛛 Hi	ighly Likely	Occurred []
B. Injury or illness sonably be expe		Lost Workdays	Lost Workdays Or Restric	led Duty 😥	Permanently Disabling	Fatal []
C. Significant and	Substantial:	Yes 📋 No 🖌		D.	Number of Persons A	flected: 001
11. Negligence (checi	one) A. Nor	6. Low 🗌	C. Moderate 反	D. High []	E. Reckless	Disregard 🗍
12. Type of Action	104(a)	13. Type	of issuance (check one)	Citation 🖉	Order [] Safeguan	t 门 Written Notice [
14. Initial Action A. Citation [] B.	Order [] C. Sal	eguard 💓 D. Written N	tice [] E. Citation/ Order Num	ber	F. Da	ted MoDaYr
16. Termination Due	A. Date Mo I	a Yr B. Time (24)	Hr. Clock)			
Section III-Termination A	tion					
17. Action to Terminat	•	1				
18. Terminated A. Da		8. Time (24 Hr. Cloc	s)			
Section IV-Automated Sy	tiem Data					
19. Type of inspection (activity code)	E01 20. E	vent Number	21. Prir	nary or Mill		
22. Signa	6476				23. AR Number	
	shington, DC 20418.		the Small Business Regulato n and 10 Regional Faimess B bies and rates each agency's n -7), or write the Ombudismen a our right to file a commert with	cards to receive com esponsiveness to sm I Small Business Adr	ments from small busines tell business. If you wish t ministration, Office of the h	o comment on the lational Ombudaman, 409 3rd



MSMA Form : the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a enforcement : enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

#### United States Department of Labor Mine Safety and Health Administration Office of Accountability District Coal Dist 8 **Field Office** Vincennes, IN Mine ID Date Mine Citation/Order U.S. Department of Labor Mine Safely and Health Administration Section I-Violation Data 1. Date 2. Time (24 Hr. Clock) 3. Citation n D Order Numb 5 Operate 4. Served To 6. Mine 7. Mine ID (Contractor) 8. Condition or Practice Ba. Written Notice (103g) The sprinkler system installed on the 1st Northeast belt drive was not covering 50 feet of fire-resistant belt. When measured the sprinkler system on the drive and take-up unit covered 44 1/2 feet of belt. This condition poses a hazard due to burns or smoke inhalation. See Continuation Form (MSHA Form 7000-3a) 9. Violation C. Part/Section of A. Health 8. Section Safety of Act Title 30 CFR 75.1101-7(b) Coheri Section II-Ins 10. Gravity: No Likelihood A. Injury or tilness (has) (is): Unlikely 5 Reasonably Likely Highly Likely Occurred Injury or illness could rea-sonably be supected to be: No Lost Workdays Lost Workdays Or Restricted Duty M Permanently Disabling Fatal [] C. Significant and Substantial: D. Number of Persons Affected: 002 No V Yes 11. Negligence (check one) A. None B. Low 🗹 E. Reckless Disregard C. Moderate D. High Order [] 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Safeguard [] Written Notice 14. Initial Action E. Citation/ F. Dated No Da Yr A. Citation [ B. Order [ C. Safeguard [ ] D. Written Notice [] Order Numbe 15. Area or Equipment 16. Termination Due A. Dal B. Time (24 Hr. Clock) Section III-Termination Action 17 Action to Terminate

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

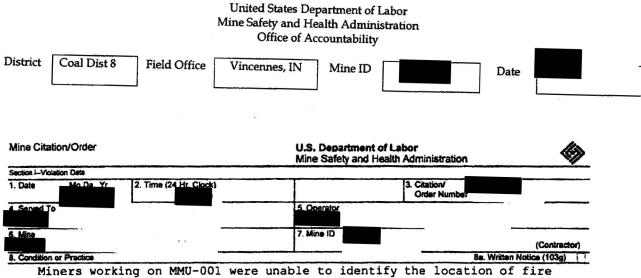
 Section IV-Autometed System Data
 19. Type of Inspection (activity code)
 20. Event Number
 21. Primary or Mill

 19. Type of Inspection (activity code)
 E01
 20. Event Number
 21. Primary or Mill

 22. Signatu
 23. AR Number
 23. AR Number

 MSHA Form 7
 of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business and 10 Regional Fairness Boards to receive comments from small businesses about federal agency

MSNA Form 7 of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Activitisticion has nan and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please nole, however, that your right to file a comment with the Ombudaman at an 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 Setety and Health Review Commission.



suppression equipment for rapid assembly in the event of a fire or emergency. When questioned, five miners were unable to identify the location of the fire nozzle used for fire fighting on the working section. This condition poses a hazard due to burns or smoke inhalation from lost time to locate the necessary equipment.

						See Con	tinuation Form (MSH	A Form 7000-3a)
9. Violation	A. Heath	8. Section of Act		C. Part/Section of Title 30 CFR		75.1502	(c)(1)(iii)	
Section II-Inspe	ctor's Evolution							
10. Gravity: A. Injury o	r lilness (has) (is):	No Likelihood	Uniikely 🖓	Reasonably I	ikely 🗖	Highly Likely	<u>осси</u>	med []
	liness could rea-							
	be expected to be		days [_] Lost \	Norkdays Or Restric	bed Duty	Permanen	thy Disabling	Fatal 📋
C. Signific	ent and Substantia	il: Yes 🗋	No 🔽			D. Number d	Persons Affected	<sup>I:</sup> 005
11. Negligenc	e (check one)	A. None []	8. Low []	C. Moderate	D. High		. Recklass Disreg	ard []
12. Type of A	ction 104(a)		13. Type of las	uance (check one)	Citation 😿	Order []		Written Notice
14. Initial Act A. Citation	on [ 8. Order ]	C. Safeguard	D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo De Yr
16. Terminati	on Due A. Date	Mo Da Yr	B. Time (24 Hr. Cit	ock)				2
Section III-Terr	nination Action							
17. Action to 18. Terminate		Da Yr B. Tim	e (24 Hr. Clock)	T				
		l						
19. Type of in	amated System Data	20. Event Numbe		121 De	nary or Mill			·····
(activity		20. Event Humbe	nt	21. Piu	LINEA OF LINEM			
22. Signatur						23. AR	Number	
enforcement ac		ay call 1-989-REG-FAL DC 20416. Please note	an and /lies ar R (1-888-734-3247), or v	mail Business Regulato 10 Regional Fairness B nd rates each agency's n write the Ombudsman at	ands to receive c esponsiveness to Small Business i	omments from s small business. Administration, (	mall businesses abo If you wish to comm Office of the National	out federal agency tent on the Ombudaman, 409 3rd

## Attachment B - Citations Issued During Audit

District	Coal Dist 8	Field Office	Vincer	nnes, IN	Mine ID		9 - <del>20 - 12 - 13 - 13 - 13 - 14</del>	D	Date	
Mine ID	Violation	Issued	Туре	30 CFR		S&S	Likely	Injury	Affected	Neg
	1.	T	4041-1	1	1		1	1		T

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.1731(b)	N	UL	LD	2	Mod
compone bottom co	nts. The 4B onveyor belt	conveyor be	It is not bein seven botto	event the movir og properly aligr om roller hanger	ed betwe	een cross	cut #73 a	and cross cu	ut #74. The
area? Wh liberates l	at is the dis	tance betwee .5 million cub	en CC73 an	aluating this cita d CC74? The c ethane each 24	citation sh	ould have	e include	d the fact th	

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			1011.3		1	1			

District	Coal Dist 8	Field Office	Vincennes, IN	Mine ID	Date	٦

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
	1		104(a) Citation	75.202(a)	N	UL	FTL	1	Mod

The mine rib where persons are required to work and travel is not adequately supported in the intersection of the No. 6 entry, cross cut 223 in the 4th Main west return air course. The North West corner has rashed off from the mine floor up approximately 3 feet which leaves an under cut coal and rock brow approximately 2 feet to 4 feet tall and 2 feet to 4 feet thick and 10 feet in length. The North East corner has rashed off from the mine floor up approximately 4 feet which leaves an under cut coal and rock brow approximately 1 to 4 feet tall and 1 to 3 feet thick and 12 feet in length. The South West corner has visible gaps approximately 1/4 to 1/2 of an inch approximately 2 feet back from the corner. The South East corner has visible gaps 1/4 to 1/2 of an inch approximately 3 feet back from the corner. The mine height in this area is approximately 9 feet high. The operator immediately hung danger flagging in the affected areas, and begin taking action to eliminate the hazard.

The narrative of this citation appears to meet the criteria for S&S. This standard was cited **46** times in the previous 24 months. The operator taking immediate action to eliminate the hazard **after** the citation was issued does not mitigate the fact that the hazard existed at the time of the inspection. Evaluation of the citation must be based on the potential for an occurrence if operations were to continue with the condition or practice unabated.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		104(a) Citation	77.400(a)	N	UL	PD	1	Mod	
plant. The inches. 2)	e guard in pla An area ap	ace creates proximately	an opening 6 inches by	g pulley on the in 2 different ar 12 inches. The I danger flaggir	eas. 1) Ai se areas	n area ap are appro	proximate ximately	ely 4 inches 10 inches fi	by 6
operator a	ə was this co after the ins quate exami	pector cited	there person the condition	s would norma n are not mitiga	lly work o ting facto	r travel (S rs. Was a	S&S)? TI in additio	ne actions ta nal citation	aken by the considered

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg	
		1	10/(2)	1						7

District	Coal Dist 8	Field Office	Vince	nnes, IN Mir	e ID	-	ם	late	
Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a)	75 370(0)(1)	N	1.0	DD	0	Mod

UL

N

PD

Mod

2

The operators approved ventilation plan is not being followed in the No. 5 entry, inby cross cut No. 6 where the company No. 6010 Fletcher roof bolter is being operated on MMU-001-005. The plan states a minimum of 7000 CFM will be maintained at the end of the line curtain during the bolting cycle, when check with an anemometer only 2700 CFM was detected.

75.370(a)(1)

Citation

This citation appears to meet the criteria for S&S. Was an elevated level of enforcement considered? This standard was cited 67 times in the previous 24 months. The inspector should have included in the narrative of the citation the fact that this mine liberates more than 3.5 million cubic feet of methane per 24 hour period. The number of persons affected does not appear commensurate with the extent of a methane ignition.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		1	104(a) Citation	75.604(b)	N	UL	LD	1	Hi

The 995 volt trailing cable for the Joy continuous mining machine, company No. 4846E located on MMU-001-005 has a permanent splice that is not sealed as to exclude moisture, in that the rubber tape is wore off exposing approximately 3 inches of the shielding on the red phase lead and approximately 1-1/2 inches of the inner insulated red phase lead. The damaged area is in plain sight laying on the mine floor in the No. 4 entry, last open cross cut No. 6.

This citation appears to meet the criteria for S&S. This standard was cited 22 times in the previous 24 months.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		34 SK	104(a) Citation	75.1909(d)	N	UL	Ь	1	Mod
hold the n	nantrip in a s	stationary p		4 man diesel m tested on a slig					
appears t	o meet crite	ria for S&S.	What if the c	trip? Number o condition had be working shift?					

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		1	1011.1	Т		T	1		1

District	Coal Dist 8	Field Office	Vincennes, IN	Mine ID	Date	

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.1731(b)	N	UL	LD	2	Mod

The Second South West belt is not properly aligned to prevent the belt from rubbing against structure and components. From crosscut number 53 to 54 the bottom belt was rubbing four bottom roller hangers and the hangers were extremely hot. The belt was allowed to run to align.

The narrative of this citation appears to support the criteria for S&S. What is the distance from CC53 to CC54? The statement regarding the belt being allowed to run to align does not appear relevant to the cited condition. Was a citation considered for inadequate examinations?

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		1	104(a) Citation	75.1731(b)	N	UL	LD	2	Mod

The 1st 42 North conveyor belt, between crosscuts number 9 to 10, is not properly aligned to prevent the moving belt from rubbing against the structure. When inspected, the bottom belt was observed rubbing four bottom roller hangers hard enough to cause a distinct hot rubber smell.

Citation appears to meet the criteria for S&S. What is the distance between CC9 and CC10? This standard had been cited **20** times in the previous 24 months. A separate citation for inadequate examinations should also have been considered.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
		r	104(a) Citation	75.1101-10	N	UL	LD	2	Mod
				e 1st Main North sufficient to op				nued to run.	The

This citation appears to meet the criteria for S&S based on the sprinkler system's failure to stop the belt, which would have spread burning material further along the belt entry.

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.370(a)(1)	Y	RL	PD <sup>10</sup>	3	Mod

The approved ventilation plan was not being followed in the No. 1 room on the MMU-001. No air movement could be detected while coal was being extracted from the No. 1 right cross cut. Heavy dust was suspended in the ambient air while miners were worked in the immediate area.

The narrative of the citation should address a methane liberation rate of over 500,000 cubic feet per 24 hours. This standard was cited **11** times in the past 24 months. Was a line curtain in place at the time the violation was cited?

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.323(b)(1)(ii)	N	UL	LD	3	Mod
percent o		egistered on		e No. 1 room on th I methane monito					
examinati calibration	ion and/or ca n as part of t	alibration? I he inspectio	Did the inspe on process?	&S. Was an addi octor check the ca Was an air quanti liberation rate (o	libration ty readi	n or have ng taken	the comp in this an	eary check a barrier of the character of	the Irrative of

## Attachment C - Citations With Questionable Evaluations

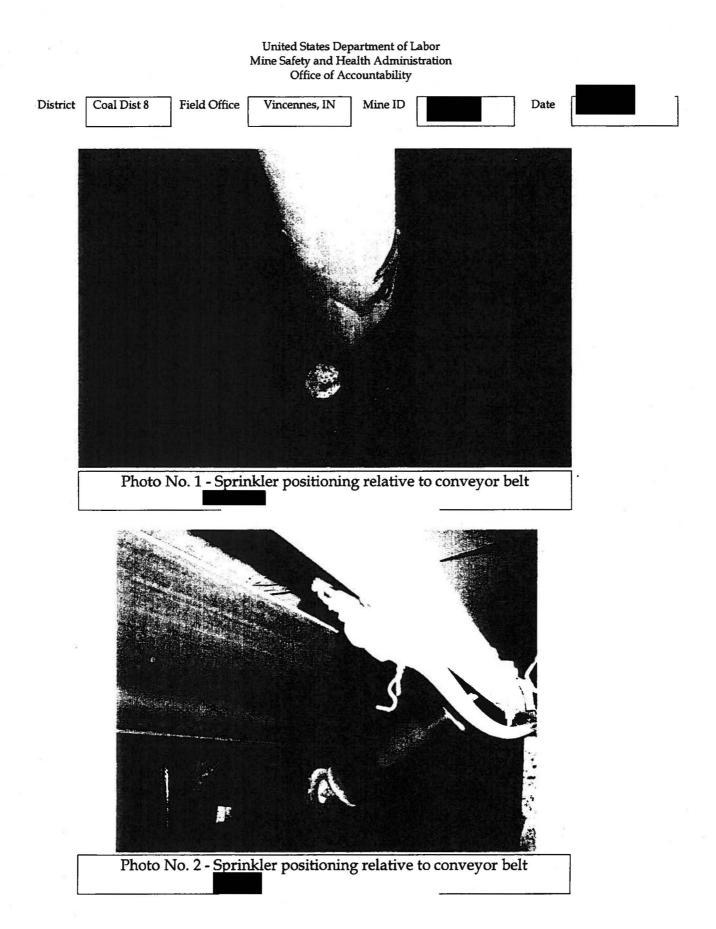
District	Coal Dist 8	Field Office	Vincennes, IN	Mine ID	Date		7
11		1				L	

Mine ID	Violation	Issued	Туре	30 CFR	S&S	Likely	Injury	Affected	Neg
			104(a) Citation	75.321(a)(2)	N	UL	LD	1	Mod

The air quality where persons are required to work or travel along the 1st Southwest worked out Panel and the Main South seals was not at least 19.5% of oxygen. Starting at crosscut #39, in room entry #5+40 on the intake side, oxygen was observed at 19.4% and continued to be as low as 18.9% throughout the worked out panel. Oxygen levels below 19.5% were also observed along the Main South seals as low as 19.2% oxygen outby the #1 seal at the seal mixing point.

This citation appears to meet the criteria for S&S. What was the extent of the worked out area? The narrative of this citation appears to address two separate and distinct areas which should have been cited separately. Was an additional citation considered for inadequate examination?

### **Attachment C - Citations With Questionable Evaluations**



### Attachment D - Photographs Taken During Audit

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