


Activity Data

1. Action: a. New Entry ☒ b. Update ☐ 2. Activity Code: E02 3. Event Number: 4120601
4. Date Event Started: 10/4/2007 5. Date Event Finished: 10/4/2007 6. Mine ID: 46-08436
7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 01 9. Company Name PERFORMANCE COAL COMPANY
8a. Organization Code (AR Assignment) 20401 b. Work Group 01 10. Mine Name UPPER BIG BRANCH MINE-SOUTH
11. Report Type (check) a. First ☐ b. Interim ☐ c. Last ☐ d. Not Applicable ☒ 12. Area of Inspections a. Active Sections b. Idle Sections
c. Outby Areas ☒ d. Shafts/Slopes ☐ e. Surface Areas (UG) ☐ f. Surface Workings ☐ g. Company Records ☐ h. ATF ☐ i. Impoundments ☐ j. Refuse Piles ☐
k. Major Construction ☐ (1) Shaft/Slope Sinking (2) Impoundment Construction (3) Buildings (4) Dragline/Shovel: (5) Other 1. Miscellaneous ☐
m. MMU/Pit Number

13. Number of Samples Collected a. Air Samples 1 b. Rock Dust Spot 0 c. Rock Dust Survey 0 d. Respirable Dust 0 e. Noise 0 f. Other 0

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration 15. Prime Independent Contractor Codes (Major Construction)

	Citations		Orders		Safeguards		Other	
	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
a. This Inspection								
(1) New Issuances	1	0	0	0	0	0	0	0
(2) Terminations/Vacations	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
(3) Modifications/Extensions	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
(4) Left Pending	1	0	0	0	0	0	0	0
b. Previously Issued								
(1) Modifications/Extensions	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
(2) Terminations/Vacations	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0


18. Signature and Card Number of Authorized Representative/
Right of Entry Person(s) Responsible for Activity
a.  Card Number 24329
b.
c.
d.

19. Key Entered By Date

17. Remarks:
Bottle Sample taken at EP59. #T2488

	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
Shift	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/30/2007																					

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health AdministrationKK
10-9-07


10/29/07

Section I--Violation Data

1. Date Mo Da Yr 10/04/2007	2. Time (24 Hr. Clock) 0925	3. Citation/ Order Number 7279641
4. Served To Charles Semenske; Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		

8a. Written Notice (103g) ☐

The mine roof was not supported or otherwise controlled at three areas along the travelway to the evaluation points 52, 53, 54 and 58. At spad number 8915 there was 7 bolts that were not firm against the mine roof (up to 12 inches from the mine roof) exposing an area of unsupported top, 15' width and 14' in length. At break number 21 there was several bolts that were not firm against the mine roof exposing an area of unsupported top, 24' in length and 12' in width. At break 24 there were several bolts that were not firm against the mine roof exposing an area of unsupported top 12' in width and 12' in length. These areas had significant amounts of draw rock that had fallen on the mine floor.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 10/06/2007	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 4120601	21. Primary or Mill
22. Signature		23. AR Number 24329

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration

RR
10-11-07


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 10/04/2007	3. Citation/ Order Number 7279641 - 01
4. Served To Rick Hodge; Superintendant	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action


The unsupported top located at spad # 8915 was timbered to control the mine roof. The unsupported top located at breaks 21 and 24 was dangered off and the travelway was routed around the area.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4116771		
11. 	AR Number 24329	12. Date Mo Da Yr 10/10/2007	13. Time (24 Hr. Clock) 0945