

Mine Activity Data

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



1. Action: a. New Entry <input checked="" type="checkbox"/> b. Update <input type="checkbox"/>		2. Activity Code: E02	3. Event Number: 6288902
4. Date Event Started: 10/26/2009		5. Date Event Finished: 10/26/2009	6. Mine ID: 46-08436
7a. Organization Code (Mine Assignment): 20401		b. Work Group Identifier: 02	9. Company Name: PERFORMANCE COAL COMPANY
8a. Organization Code (AR Assignment): 20401		b. Work Group: 02	10. Mine Name: UPPER BIG BRANCH MINE-SOUTH
11. Report Type (check) a. First <input type="checkbox"/> b. Interim <input type="checkbox"/> c. Last <input type="checkbox"/> d. Not Applicable <input checked="" type="checkbox"/>		12. Area of Inspections a. Active Sections: 1 b. Idle Sections	
c. Outby Areas <input checked="" type="checkbox"/> d. Shafts/Slopes <input type="checkbox"/> e. Surface Areas (UG) <input checked="" type="checkbox"/> f. Surface Workings <input type="checkbox"/> g. Company Records <input checked="" type="checkbox"/> h. ATF <input type="checkbox"/> i. Impoundments <input type="checkbox"/> j. Refuse Piles <input type="checkbox"/>			
k. Major Construction <input type="checkbox"/> (1) Shaft/Slope Sinking		(2) Impoundment Construction	(3) Buildings (4) Dragline/Shovel: (5) Other l. Miscellaneous <input type="checkbox"/>

m. MMU/Pit Number
(1) 063

13. Number of Samples Collected

a. Air Samples: 2	b. Rock Dust Spot	c. Rock Dust Survey	d. Respirable Dust	e. Noise	f. Other
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14. Impoundments/Refuse Piles:

a. Number	b. FHC	c. Configuration
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15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

	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						
(2) Terminations/Vacations		1/0						
(3) Modifications/Extensions								
(4) Left Pending								
b. Previously Issued								
(1) Modifications/Extensions								
(2) Terminations/Vacations								

18. Signature and Card Number of Authorized Representative/
Right of Entry Person(s) Responsible for Activity

Signature: 10/26/07 Card Number:

b. _____

c. _____

d. _____

19. Key Entered By _____ Date _____

17. Remarks:

Activity Calendar

Event Number: 6288902

Mine ID: 4608436

	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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10/26/2009																					

Mine Citation/Order

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

Section I--Violation Data

1. Date Mo Da Yr 10/26/2009	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 8100121
4. Served To Superintendent	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) <input type="checkbox"/>

The primary intake escape way was not traveled in its entirety from the intersection of the primary intake escape way of the #4 Section and the #3 Section. The #4 primary intake escape way has not been travel since 10/13/2009 according to the date, time and initials on the date boards.

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 75.364(b)(5)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input 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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 007	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" 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"/> Written Notice <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 10/26/2009	B. Time (24 Hr. Clock) 1200
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Section III--Termination Action

17. Action to Terminate The primary escape way has been examined from the #4 Section to the surface and the date, time and initials has been placed on the date boards.

18. Terminated	A. Date Mo Da Yr 10/26/2009	B. Time (24 Hr. Clock) 1145
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Section IV--Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 6288902	21. Primary or Mill
22. Signature		23. AR Number

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

UNITED STATES DEPARTMENT OF LABOR
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA
ANALYSIS OF AIR SAMPLES

10-59

Mine: UPPER BIG BRANCH MINE SOUTH
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436
Inspector: -0-

Date(s) Collected: 10/26/2009
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
C7458	RT. RETURN OFF OF #4 SECTION - MMU 063	0.130	20.90	0.000	0.000	16819	0
C7461	INTAKE ON #4 SECTION - MMU 063	0.120	20.91	0.000	0.000	88074	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00