

RR
4-5-06



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

Mine Activity Data

1. Action: a. New Entry b. Update 2. Activity Code: E01 3. Event Number: 4110068

4. Date Event Started: 1/9/2006 5. Date Event Finished: 3/31/2006 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 Identifier 01 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 4 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 I. Miscellaneous

m. MMU/Pit Number (1) 008 (2) 009 (3) 030 (4) 031

13. Number of Samples Collected a. Air Samples 8 b. Rock Dust Spot c. Rock Dust Survey 1 d. Respirable Dust 3 e. Noise f. Other

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration

15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

a. This Inspection	Citations		Orders		Safeguards		Other	
	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
(1) New Issuances	40							
(2) Terminations/Vacations	40/1							
(3) Modifications/Extensions	4/5							
(4) Left Pending	0							
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

a.  Card Number 23675

b. _____

c. _____

d. _____

19. Key Entered By _____ Date _____

17. Remarks:
K9929
K7991
K7994
K7992
K6607
K6629
K6603
K6604

Shift	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1 1/8/2006	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 1/15/2006	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 1/22/2006	<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"/>
Week 4 2/5/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 2/12/2006	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Week 6 2/19/2006	<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 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"/>
Week 7 2/26/2006	<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 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"/>
Week 8 3/5/2006	<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 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"/>
Week 9 3/12/2006	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Week 10 3/19/2006	<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"/>
Week 11 3/26/2006	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2/23/06



Section I--Violation Data

1. Date Mo Da Yr 02/08/2006	2. Time (24 Hr. Clock) 1345	3. Citation/ Order Number 7168146
4. Served To JACK ROLES	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 CO MONITOR SYSTEM INSTALLED ALONG THE 15 HEADGATE LONGWALL (031-0) SECTION WAS NOT PROVIDING PROTECTION OF THE ENTIRE BELT ENTRY IN THAT, THE CO SENSOR LOCATED AT THE STORAGE UNIT WAS LOCATED INBY THE UNIT AND THE AIR WAS TRAVELING OUTBY ON THE BELT ENTRY. THIS WOULD ALLOW THE AIR TO PASS OVER THE SENSOR AND THEN OVER THE STORAGE UNIT THEREFORE NOT PROVIDING PROTECTION FOR THIS PART OF THE BELT CONVEYOR.

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 75.1103-4(a)(2)
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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 reasonably 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

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 02/09/2006 B. Time (24 Hr. Clock) 0800

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4110068 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 20083

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
2-14-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/08/2006	Mo Da Yr	3. Citation/ Order Number 7168146 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

A CO monitor system was installed outby the storage unit on the #15 Headgate belt line.

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 4110068		
11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 2150

RR
2-13-06

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/08/2006 Mo Da Yr	3. Citation/ Order Number 7168146 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

A CO monitor system was installed outby the storage unit on the #15 Headgate belt line.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 2150

Mine Citation/Order

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

PIP
1-13-06



2/23/06

Section I--Violation Data

1. Date Mo Da Yr 01/12/2006	2. Time (24 Hr. Clock) 1900	3. Citation/ Order Number 7250697
4. Served To James Griswold, 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) <input type="checkbox"/>

Float coal dust black in color was permitted to accumulate along the #7 belt line and crosscuts left and right starting at belt head and extending to the tail piece a distance of about 600 feet.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 01/13/2006	B. Time (24 Hr. Clock) 0600
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Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
2-13-06


Mine Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 01/12/2006	Mo Da Yr	3. Citation/ Order Number 7250697 - 01
4. Served To Wendell Wills, supt.			5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The #7 belt line and crosscuts were rock dusted.

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 4110068				
11. Signature 	AR Number 23675	12. Date Mo Da Yr 01/19/2006	13. Time (24 Hr. Clock) 1655		

PR
1-20-06


Mine Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 01/12/2006	Mo Da Yr	3. Citation/ Order Number 7250697 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

The #7 belt line and crosscuts were rock dusted.

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 4110068		
11. Signat 	AR Number 23675	12. Date Mo Da Yr 01/19/2006	13. Time (24 Hr. Clock) 1655

Mine Citation/Order

2/23/06

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

RA
1-20-06


Section I--Violation Data

1. Date Mo Da Yr 01/18/2006	2. Time (24 Hr. Clock) 0730	3. Citation/ Order Number 7250698
4. Served To Bennie Presley	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 low voltage pressure cable was not placed to prevent contact with 12470 high voltage cable. The low voltage cable was not on insulators but was on top of the high voltage cable at the 008 Section power center.

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 75.807
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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 reasonably 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: 001

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

14. Initial Action
A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 01/18/2006	B. Time (24 Hr. Clock) 0830
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Section III--Termination Action

17. Action to Terminate- The cable was hung on insulators.

18. Terminated	A. Date Mo Da Yr 01/18/2006	B. Time (24 Hr. Clock) 0740
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.



2/23/06

Section I--Violation Data

1. Date Mo Da Yr 01/23/2006	2. Time (24 Hr. Clock) 1300	3. Citation/ Order Number 7250699
4. Served To James Jones, mine 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 walkway on both side of the silo belt were persons are required to travel and work were not kept clear of extraneous materials and stumbling hazards. There were loose rock, coal, and water hose along the walkways from the bottom to the top of the silo.

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 77.205(b)
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 01/23/2006	B. Time (24 Hr. Clock) 1430
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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

PR
2-8-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 01/23/2006 Mo Da Yr	3. Citation/ Order Number 7250699 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The solo belt walkway was cleared of extraneous and stumbling hazards.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/07/2006	13. Time (24 Hr. Clock) 1027

Mine Citation/Order

2/23/06

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



Section I--Violation Data

1. Date Mo Da Yr 01/23/2006	2. Time (24 Hr. Clock) 1305	3. Citation/ Order Number 7250700
4. Served To James Jones, mine 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 Silo belt tail roller was not guarded sufficient to prevent a person from reaching over the guard and becoming caught between the tail roller and belt. This condition was created from rock and coal accumulation built up around the guard.

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 77.400(c)
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 01/23/2006	B. Time (24 Hr. Clock) 1430
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
2-8-06


Mine Citation/Order
Continuation

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

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 01/23/2006	3. Citation/ Order Number 7250700 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The silo belt tail roller was guarded sufficient to prevent persons from reaching into the roller and belt.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/07/2006	13. Time (24 Hr. Clock) 1031

2/23/06

RR
1-23-06


Section I--Violation Data

1. Date Mo Da Yr 01/23/2006	2. Time (24 Hr. Clock) 1450	3. Citation/ Order Number 7250701
4. Served To James Jones, mine 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) <input type="checkbox"/>

The #1 entry north return air course between crosscuts 9 & 10 where persons work or travel was not supported or otherwise controlled to protect persons from hazards related to roof fall. There was loose rock in a 80 ft. area where the roof bolt plates were not firmly against the main roof and exposing up to 10 inches of the 4 ft. bolt. There were up to two bolts in a four row pattern that were damaged in several places.

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 checked="" type="checkbox"/> Permanently Disabling <input 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 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"/>		
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 01/25/2006	B. Time (24 Hr. Clock) 0700
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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) R01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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
2-08-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 01/23/2006	3. Citation/ Order Number 7250701 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Timbers were sat in the #1 return entry.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/07/2006	13. Time (24 Hr. Clock) 1034

2/23/06



Section I--Violation Data

1. Date Mo Da Yr 02/06/2006	2. Time (24 Hr. Clock) 0907	3. Citation/ Order Number 7250702
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor) <input type="checkbox"/>
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

On the #2 track entry Headgate 15 the primary escapeway was not isolated from the secondary escapeway at block number 7, which three blocks outby survey station number 13469. A 6" X 6" hole was present in the stopping which allowed air to be mixed between the two separate escapeways.

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 75.380(h)
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1007
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Section III--Termination Action

17. Action to Terminate The number 7 stopping was patched and plastered to separate the two escapeways.

18. Terminated	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1400
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

2/23/06

RR
2-7-06


Section I--Violation Data

1. Date Mo Da Yr 02/06/2006	2. Time (24 Hr. Clock) 1055	3. Citation/ Order Number 7250703
4. Served To Wendell Wills, supt.	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"/>

During mining operations the required minimum air velocity was not being maintained at the #17 shield of the 15 Headgate Longwall MMU 031 face. When measured with two different anemometers the highest reading was only 325 feet per minute (FPM).

The approved methane and dust control plan requires a minimum of 350 feet per minute (FPM). This citation was discussed with mine management.

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 75.370(a)(1)
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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 reasonably 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: 002

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1120
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Section III--Termination Action

17. Action to Terminate A line curtain was hung from the left ribline adjacent to number 1 shield and from that rib to number 7 shield of the 15 Headgate Longwall MMU 031.

18. Terminated	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1120
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

PR
2-7-06


Mine Citation/Order

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

2/23/06

Section I--Violation Data

1. Date Mo Da Yr 02/06/2006	2. Time (24 Hr. Clock) 1159	3. Citation/ Order Number 7250704
4. Served To Wendell Wills, supt.	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 15 Headgate Longwall MMU 031 crusher lid guard was not secured to the crusher frame mounted on the stage loader pan line. The opening measured 14.5" X 27.5". This condition would not prevent persons from reaching into the moving machine parts of the crusher.

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 75.1722(b)
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate The crusher lid was welded secure to the frame of the crusher that is mounted on the stage loader.

18. Terminated	A. Date Mo Da Yr 02/06/2006	B. Time (24 Hr. Clock) 1350
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signatu		23. AR Number 23675

MSHA Form 7000-3, (Rev. 03-2005) 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

4/20/06

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



Section I--Violation Data

1. Date Mo Da Yr 02/06/2006	2. Time (24 Hr. Clock) 0700	3. Citation/ Order Number 7250705
4. Served To Wendell Wills, supt.		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"/>

Based on the results of five valid respirable dust samples collected by MSHA on January 18, 2006, the average concentration of respirable dust in the working environment on the 031-0 Mechanized Mining Unit MMU 031-0, 15 Headgate Longwall Face was 4.23 mg per cubic meter, which exceeded the applicable limit of 1.7 mg per cubic meter. Four out of five occupations sampled on this longwall face were above the applicable standard.

Management shall take corrective actions to lower the respirable dust and submit these changes in writing to the MSHA District Manger for approval.

Management was notified that these corrective actions must be submitted in writing to the District Manager by 7:00 a.m. Wednesday February 8th, 2006.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 71.101
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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: 004		
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"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>			B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>
D. Written Notice <input type="checkbox"/>					

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/08/2006	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/06/2006	3. Citation/ Order Number 7250705 - 01
4. Served To WENDELL WILLS--SUPERINTENDENT		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

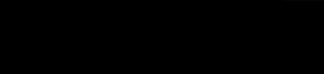
THE COMPANY HAS SUBMITTED CORRECTIVE ACTIONS FOR THE 15 HEADGATE LONGWALL (031-0) SECTION BY UP-DATING EXISTING METHANE/DUST CONTROL PLAN. ADDITIONAL TIME HAS BEEN GRANTED FOR THE UP-DATED PLAN TO BE RE-SUBMITTED TO COMPLY WITH THE NEW SOP'S FOR THE DISTRICT.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 1000	<input type="checkbox"/> C. Vacated	<input 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 4110068		
11. Signature 	AR Number 20083	12. Date Mo Da Yr 02/08/2006	13. Time (24 Hr. Clock) 1500

Mine Citation/Order
Continuation

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

RR
2-13-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/06/2006	3. Citation/ Order Number 7250705 - 02 PB
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
9. C. Part/Section	71.101	70.101

Reason wrong section.

Citation No. 7250705 is hereby modified to show the following change:
Section I, item 9. C. changed to 70.101.

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 type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 2126

Mine Citation/Order
Continuation

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

R9
3-7-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/06/2006	3. Citation/ Order Number 7250705 - 03
4. Served To MIKE VAUGHT--SAFETY DEPT.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

THE CHANGES TO THE PARAMETERS OF THE METHANE/DUST CONTROL PLAN ON THE 031-0 SECTION DID NOT LOWER THE CONCENTRATION TO WITHIN APPLICABLE STANDARD OF 1.7 MG PER CUBIC METER BUT HAD AVERAGE OF 3.9 MG PER CUBIC METER. SUBSTANTIAL UPGRADES NEED TO BE SUBMITTED IN UPDATED METHANE/DUST CONTROL PLAN.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 03/10/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection T02	10. Event Number 9832268		
11. Signature 	AR Number 20083	12. Date Mo Da Yr 03/06/2006	13. Time (24 Hr. Clock) 1509

Mine Citation/Order
Continuation

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



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 02/06/2006		3. Citation/ Order Number 7250705 - 04	
4. Served To Mike Vaught, Safety Dept.			5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436 (Contractor)		

Section II--Justification for Action

The MMU 031-0 Section is in the process of being moved and more time is needed to make revisions to the Ventilation, Methane, Dust Control Plan and submit to the Mine Safety and Health Administration, therefore more time is granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 03/17/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection T02	10. Event Number 9832268	11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 03/16/2006	13. Time (24 Hr. Clock) 0830
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RA
3-22-06


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 02/06/2006	3. Citation/Order Number 7250705 - 05
4. Served To Mike Vaught, Safety Dept.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

A revision to the current Ventilation, Methane, Dust Control Plan for the 031-0 MMU Section, has been submitted to the Mine Safety and Health Administration and approved. More time is needed to implement the plan and submit five (5) valid dust samples, therefore more time is granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 04/05/2006	B. Time (24 Hr. Clock) 0700	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection T02	10. Event Number 9832268		
11. Signature 	AR Number 24024	12. Date Mo Da Yr 03/22/2006	13. Time (24 Hr. Clock) 1015

RR
4-7-06

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 02/06/2006	3. Citation/ Order Number	7250705 - 06
4. Served To Bevis Griswold, Mine Foreman			5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

The Operator has collected the five (5) samples on the 031-0 MMU Section but stated that one (1) was damaged and one (1) had low tons and additional samples had to be collected. More time is needed to collect and process the samples, therefore more time is granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 04/14/2006	B. Time (24 Hr. Clock)	0700	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection	E22	10. Event Number	4113418
11. Signature	[Redacted]	AR Number	24024
12. Date	Mo Da Yr 04/06/2006	13. Time (24 Hr. Clock)	1600

MWD


Section I--Violation Data

1. Date Mo Da Yr 04/14/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7251661
4. Served To Jack Roles, Longwall Coordinator		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 Operator was cited for failure to comply with their respirable dust standard for a survey collected by MSHA on 1/18/2006. The average concentration was 4.2 mg/m3 and the applicable standard was 1.7 mg/m3. The Operator failed to achieve compliance with samples submitted February 13-23, 2006. The average concentration was 3.887 mg/m3. The Operator again failed to achieve compliance on samples submitted April 3-6, 2006. The average concentration was 5.780 mg/m3, which exceeds the applicable standard of 1.7 mg/m3.

Due to the hazards associated with respirable coal dust and respirable silica dust, additional time will not be granted under existing ventilation and dust control parameters.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 70.101
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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 reasonably 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:

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(b) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number 7250705 F. Dated Mo Da Yr 02/06/2006

15. Area or Equipment Halts Production on the 031-0 MMU Section.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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) E22	20. Event Number 4113418	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 03 (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.

RR
2-8-06

Mine Citation/Order

2/23/06

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



Section I--Violation Data

1. Date Mo Da Yr 02/08/2006	2. Time (24 Hr. Clock) 0915	3. Citation/ Order Number 7250706
4. Served To Wendell Wills, supt.	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"/>

There was a loose rib at crosscut #128 where persons work or travel that was not supported or otherwise controlled to protect persons from hazards related to rib roll on the walkway side of the #3 north belt line. Measuring from the main roof down the loose rib was 5' x 5' wide and up to 15" thick with a 3" gap separation. The area was 9' in height.

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 checked="" type="checkbox"/>	Permanently Disabling <input 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 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"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/08/2006	B. Time (24 Hr. Clock) 1000
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Section III--Termination Action

17. Action to Terminate The loose rib was scaled down.

18. Terminated	A. Date Mo Da Yr 02/08/2006	B. Time (24 Hr. Clock) 0930
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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

2/23/06

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

RR
2-8-06



Section I--Violation Data

1. Date Mo Da Yr 02/08/2006	2. Time (24 Hr. Clock) 1030	3. Citation/ Order Number 7250707
4. Served To Wendell Wills, supt.	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"/>

There was float coal dust black in color on the rock dust surface along the #3 north belt line and crosscuts from the tail roller to the head a distance of about 3700 feet. The outby drive roller at the take-up was also turning in loose coal and wet coal fines.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/10/2006	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

MSHA Form 7000-3a (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.

RR
2-13-06


Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 02/08/2006	3. Citation/Order Number 7250707 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
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8. Condition Or Practice
Reason change #3 belt to #2 belt

Citation No. 7250707 is hereby modified to show the following change: Section I, item 8. to delete #3 North belt and change to #2 North belt and extended because the belt line had been dusted but still needed more dusting.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date 02/11/2006	B. Time (24 Hr. Clock) 0700	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4110068		
11. Signature 	AR Number 23675	12. Date 02/08/2006	13. Time (24 Hr. Clock) 1030

RR
2-14-06

Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/08/2006	3. Citation/ Order Number 7250707 - 02
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The #2 North belt line was rock dusted and the drive roller at the take-up was cleaned and dusted.

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 4110068	
11. Signature [Redacted]	12. Date Mo Da Yr 02/13/2006	13. Time (24 Hr. Clock) 2252

2/28/06

RR
2-10-06


Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 1500	3. Citation/ Order Number 7250708
4. Served To Bennie Presley	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 mine ventilation map located in the mine office was not up-to-date or accurate to indicate the direction of air-flow on the Headgate 15 longwall section track and belt entries. The arrows on the map indicated the air-flow was traveling inby but the air-flow was traveling outby.

No revision to the ventilation plan had been submitted to the District Manager.

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 75.372(b)(9)
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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: 001			
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"/>
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 02/09/2006	B. Time (24 Hr. Clock) 1600
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Section III--Termination Action

17. Action to Terminate Arrows to indicate the direction of air-flow were changed and discussed with management.

18. Terminated	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 1530
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

MSHA Form 7000-3a, Mar 05 (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

2/28/06

U.S. Department of Labor
Mine Safety and Health AdministrationRR
2-10-06

Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 1500	3. Citation/ Order Number 7250709
4. Served To Bennie Presley	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 operator failed to develop and follow the mine ventilation plan approved by the District Manager. The ventilation plan was not constant as prescribed in 75.372 indicating that air-flow would be traveling inby toward the Headgate #15 section. The air-flow was traveling outby in both the track and belt entries.

No revision to the ventilation plan had been submitted to the District Manager.

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 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or Illness (has) (is):		No Likelihood <input checked="" type="checkbox"/>	Unlikely <input 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:			D. Number of Persons Affected:			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		001		
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"/>	
14. Initial Action				E. Citation/ Order Number		
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		
D. Written Notice <input type="checkbox"/>		F. Dated		Mo Da Yr		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 2300
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Section III--Termination Action

17. Action to Terminate Arrows to indicate the direction of air-flow were changed and discussed with management.

18. Terminated	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 1530
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

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

AR
2-13-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/09/2006	3. Citation/ Order Number 7250709 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
17. Action To Terminate		
Reason deleted.		
18. A. Terminated Date	02/09/2006	
Reason		

Citation No. 7250709 Section III, item 17 and 18 is hereby modified to show the following changes: item 17 and 18. is to be deleted.

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 type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4110068	
11. Signature 	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 2048



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02 09 06	3. Citation/Order Number 7250709-02
4. Served To Wardell Wills, supt.		5. Operator Performance Coal Company	
6. Mine Upper Big Branch Mine - south		7. Mine ID 46-08436- (Contractor)	

Section II—Justification for Action

Citation No. 7250709 hereby terminated. The Headgate #15 section is no longer producing coal. All equipment has been moved to Headgate #16 Area.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection ED	10. Event Number 4110068		
11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 03 20 06	13. Time (24 Hr. Clock) 1155

Citation/Order

2/28/06

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

IPR
2-10-06



Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 2010	3. Citation/ Order Number 7250710
4. Served To James Griswold, 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) <input type="checkbox"/>

The deluge-water type spray system provided for the #18 Headgate #1 belt was inoperative when tested.

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 75.1101
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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:			D. Number of Persons Affected:					
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		001				
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"/>
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr		
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 2130
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Section III--Termination Action

17. Action to Terminate The boss box was change out and operative when tested.

18. Terminated	A. Date Mo Da Yr 02/09/2006	B. Time (24 Hr. Clock) 2110
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

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.

2/28/06

RR
2-10-06


Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 2030	3. Citation/ Order Number 7250711
4. Served To James Griswold, 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) <input type="checkbox"/>

Float coal dust black in color was permitted to accumulate inside of the KVA 1000 electrical box coving the floor and electrical components located at #20 Headgate on the #2 Northwest belt.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/10/2006	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
2-13-06


Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/09/2006	3. Citation/ Order Number 7250711 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The KVA 1000 box was cleaned out.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 1920

Mine Citation/Order

2/28/06

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

PR
2-10-06


Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 2040	3. Citation/ Order Number 7250712
4. Served To James Griswold, 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) <input type="checkbox"/>

Float coal dust black in color was permitted to accumulate inside of the KVA 1000 electrical box coving the floor and electrical components located at #14 crosscut on the #2 Northwest belt line.

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 75.400
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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 checked="" type="checkbox"/>	Permanently Disabling <input 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 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"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>			B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>	
D. Written Notice <input type="checkbox"/>						

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/10/2006	B. Time (24 Hr. Clock) 0700
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
2-13-06

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/09/2006	Mo Da Yr	3. Citation/ Order Number 7250712 - 01
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4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
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Section II--Justification for Action

The KVA 1000 box was taken out of service.

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 4110068
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11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 1930
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Mine Citation/Order

2/28/06

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

RR
2-18-06



Section I--Violation Data

1. Date Mo Da Yr 02/09/2006	2. Time (24 Hr. Clock) 2100	3. Citation/ Order Number 7250713
4. Served To James Griswold, 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) <input type="checkbox"/>

Loose coal and wet coal fines were permitted to accumulate in the drive rollers on the #1 Northwest belt. The outby drive roller was turning in the accumulation.

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 75.400
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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 type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" 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: 001			
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"/>
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 02/09/2006	B. Time (24 Hr. Clock) 2300
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

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
2-13-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/09/2006	Mo Da Yr	3. Citation/ Order Number 7250713 - 01
4. Served To James Griswold, foreman			5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The #1 Northwest belt drive was cleaned and rock dusted.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/10/2006	13. Time (24 Hr. Clock) 1850

Citation/Order

2/28/06

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

RR
2-13-06



Section I--Violation Data

1. Date Mo Da Yr 02/10/2006	2. Time (24 Hr. Clock) 2010	3. Citation/ Order Number 7250714
4. Served To James Griswold, 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)
 An accumulation of oil and oil soaked loose coal was permitted to accumulate in the operator's deck of the #15 section scoop on the #18 Headgate section. The oil and oil soaked coal dust was coving the top of the scoop and 1/4 inch of oil was accumulated on the side of the side electrical panel box.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/10/2006	B. Time (24 Hr. Clock) 2300
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature	23. AR Number 23675	

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.

RR
2-14-06

Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/10/2006	3. Citation/ Order Number 7250714 - 01
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4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
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Section II--Justification for Action

The oil and oil soaked loose coal was cleaned off the scoop.

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 4110068
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11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 02/13/2006	13. Time (24 Hr. Clock) 2249
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RR
2-14-06



Citation/Order

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

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/13/2006	2. Time (24 Hr. Clock) 1700	3. Citation/ Order Number 7250715
4. Served To James Griswold, 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)
 Float coal dust black in color was permitted to accumulate inside of the #2 North Mains KVA 1600 electrical box. The accumulation was coving the floor and electrical components.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 02/14/2006 B. Time (24 Hr. Clock) 0700

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) P01 20. Event Number 4110068 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 23675

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.

RR
2-15-06



Mine Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/13/2006	3. Citation/ Order Number 7250715 - 01
4. Served To Dean Jones, mine foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The KVA box was cleaned out.

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 4110068		
11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 02/14/2006	13. Time (24 Hr. Clock) 1211

3/21/06

RR
2-14-06



Section I--Violation Data

1. Date Mo Da Yr 02/13/2006	2. Time (24 Hr. Clock) 1800	3. Citation/ Order Number 7250716
4. Served To James Griswold, 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) <input type="checkbox"/>

The inby airlock door (left side traveling in) located at crosscut #64 had been torn from its hinges.

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 75.333(d)(3)
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/13/2006	B. Time (24 Hr. Clock) 2200
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Section III--Termination Action

17. Action to Terminate The door was replaced on its hinges.

18. Terminated	A. Date Mo Da Yr 02/13/2006	B. Time (24 Hr. Clock) 2130
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature	23. AR Number 23675	

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.

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/13/2006	2. Time (24 Hr. Clock) 1825	3. Citation/ Order Number 7250717
4. Served To James Griswold, 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) <input type="checkbox"/>

Oil and oil soaked loose coal was permitted to accumulate in the operator's deck of the #2 section scoop being operated on the #18 Headgate section. The scoop also had oil coving the side electrical panel and motor.

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 75.400
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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: 001		
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"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/13/2006	B. Time (24 Hr. Clock) 2300
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RL
2-15-06


Mine Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/13/2006	3. Citation/ Order Number 7250717 - 01
4. Served To Dean Jones, mine foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Toil and oil soaked loose was removed off the #2 section scoop.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/14/2006	13. Time (24 Hr. Clock) 1215

3/2/06

Section I--Violation Data

1. Date Mo Da Yr 02/14/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7250718
4. Served To Dean Jones, mine 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) <input type="checkbox"/>

The #2 roof bolting machine (95067) being operated on the #18 Headgate section was not being maintained in permissible condition. The entry glands entering the front center and rear area lights were loose.

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 75.503
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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: 002		
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"/>
14. Initial Action	E. Citation/ Order Number			F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/14/2006	B. Time (24 Hr. Clock) 1100
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Section III--Termination Action

17. Action to Terminate Packing gland was installed and tighten.

18. Terminated	A. Date Mo Da Yr 02/14/2006	B. Time (24 Hr. Clock) 1055
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

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.

3/21/06



Section I--Violation Data

1. Date Mo Da Yr 02/15/2006	2. Time (24 Hr. Clock) 1015	3. Citation/ Order Number 7250719
4. Served To Wendell Wills, supt.		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 #1 shuttle car ET17082 being operated on the #18 Headgate section was not being maintained in permissible condition. The insulation was removed in several places on the cable exposing the bare metal.

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 75.503
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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 type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
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"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/16/2006	B. Time (24 Hr. Clock) 0700
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
2-17-06


Mine Citation/Order
Continuation

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

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/15/2006	3. Citation/ Order Number 7250719 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The cable reel on the #1 shuttle car was changed out.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/16/2006	13. Time (24 Hr. Clock) 1317

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/16/2006	2. Time (24 Hr. Clock) 0815	3. Citation/ Order Number 7250720
4. Served To Bennie Presley	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 trailing cable on the #1 continuous miner being operated on the #18 Headgate section was not effectively insulated or sealed so to exclude moisture. There were two splices that the ends were opened allowing water in the splice. This condition poses a shocking hazard. The section is wet.

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 75.604(b)
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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 type="checkbox"/>	Fatal <input checked="" 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 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"/>
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 02/16/2006	B. Time (24 Hr. Clock) 0930
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Section III--Termination Action

17. Action to Terminate The splices were insulated and sealed so as to exclude moisture.

18. Terminated	A. Date Mo Da Yr 02/16/2006	B. Time (24 Hr. Clock) 0850
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4110068	21. Primary or Mill
22. Signature			23. AR Number 23675

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.

3/21/06

RR
2-17-06

Section I--Violation Data

1. Date Mo Da Yr 02/16/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7250721
4. Served To Bennie Presley	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 PCT breaker device provided on the #1 continuous miner being operated on the #18 Headgate section was inoperative when tested. The PCT would not trip the breaker at the power center.

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 75.523
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/16/2006	B. Time (24 Hr. Clock) 1030
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Section III--Termination Action

17. Action to Terminate The PCT device was operative when tested.

18. Terminated	A. Date Mo Da Yr 02/16/2006	B. Time (24 Hr. Clock) 1020
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.



3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 0850	3. Citation/ Order Number 7250722
4. Served To Bennie Presley	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 #5 roof bolting machine being operated on the North Mains section was not being maintained in permissible condition. The entry glands entering the area lights located at both the operators controls were loose.

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 75.400
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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: 002		
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"/>
14. Initial Action	E. Citation/ Order Number			F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1000
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Section III--Termination Action

17. Action to Terminate The entry glands were tighten.

18. Terminated	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 0910
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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
2-21-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250722 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
9. C. Part/Section	75.400	75.503

Reason wrong

Citation No.7250722 is hereby modified to show the following change: Section I, item 9. C. 75.503

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 type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/18/2006	13. Time (24 Hr. Clock) 1124

3/31/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 0930	3. Citation/ Order Number 7250723
4. Served To Bennie Presley	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 trailing cable on the #3 roof bolting machine being operated on the North mains section was not insulated adequately or fully protected. There was a damaged place in the cable where the bare wire was exposed. This condition poses a shocking hazard.

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 75.517
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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 type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 002		
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"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1030
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250723 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The trailing cable was changed out.

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 4110068		
11. Signat [Redacted]	AR Number 23675	12. Date Mo Da Yr 02/21/2006	13. Time (24 Hr. Clock) 1337

21
2-21-06


Mine Citation/Order

3/21/06

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

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 0940	3. Citation/ Order Number 7250724
4. Served To Bennie Presley	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"/>

There was loose roof in entry #6 at survey station #20490 where persons work or travel that was not supported or otherwise controlled to protect persons from hazards related to roof fall. The loose rock was gap up to 5 inches hanging down from the main roof and up to 3 inches thick coving an area of 6 by 8 feet.

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 checked="" type="checkbox"/>	Permanently Disabling <input 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 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"/>	
14. Initial Action			E. Citation/ Order Number	F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1050
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Section III--Termination Action

17. Action to Terminate The rock was scaled down.

18. Terminated	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 0955
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1000	3. Citation/ Order Number 7250725
4. Served To Bennie Presley	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 #1 section scoop T339-184 being operated on the North Mains section was not being maintained in permissible condition. There was opening in the main breaker lid that exceeded .005 inch and the batteries were not secured down.

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 75.503
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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: 001
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"/>	
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 02/17/2006	B. Time (24 Hr. Clock) 1100
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Section III--Termination Action

17. Action to Terminate The opening was closed and the batteries secured.

18. Terminated	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1025
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

3/21/06



Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1035	3. Citation/ Order Number 7250726
4. Served To Bennie Presley	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 PCT breaker device provided on the #3 JM4657 continuous miner being operated on the North Mains section was inoperative when tested. The PCT would not trip the breaker at the power center.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.523
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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: 001		
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"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1130
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Section III--Termination Action

17. Action to Terminate The PCT device was operative when tested.

18. Terminated	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1040
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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 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.

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1130	3. Citation/ Order Number 7250727
4. Served To Bennie Presley	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 deluge-water type spray system provided for the #6 belt head and drive was inoperative when tested.

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 75.1101
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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: 001		
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"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1230
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Section III--Termination Action

17. Action to Terminate The deluge was tested and was operative.

18. Terminated	A. Date Mo Da Yr 02/17/2006	B. Time (24 Hr. Clock) 1135
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1135	3. Citation/ Order Number 7250728
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4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
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8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>
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Float coal dust dark gray to black in color was permitted to accumulate inside of the #6 belt KVA 1000 electrical box coving the floor and electrical components located at the belt head.

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 75.400
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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 checked="" type="checkbox"/> Permanently Disabling <input 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
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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"/>
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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"/>
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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
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15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/18/2006	B. Time (24 Hr. Clock) 0100
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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) E01	20. Event Number 4110068	21. Primary or Mill
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22. Signature	23. AR Number 23675
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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
2-21-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250728 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The KVA box was cleaned out.

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 4110068		
11. Signature (Redacted)	AR Number 23675	12. Date Mo Da Yr 02/18/2006	13. Time (24 Hr. Clock) 1133

Mine Citation/Order

3/21/06

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

RR
2-21-06


Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1145	3. Citation/ Order Number 7250729
4. Served To Bennie Presley	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)

Float coal dust dark gray to black in color was permitted to accumulate inside of the #5 belt KVA 500 electrical box coving the floor and electrical components located at the belt head.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/18/2006	B. Time (24 Hr. Clock) 0100
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

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2-21-06

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250729 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The KVA box was cleaned out.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/18/2006	13. Time (24 Hr. Clock) 1136

Mine Citation/Order

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

RR
2-21-06



Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1210	3. Citation/ Order Number 7250730
4. Served To Bennie Presley	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)
 Float coal dust dark gray to black in color was permitted to accumulate inside of the #4 belt transformer #8544-500-296 electrical box coving the floor and electrical components located at the belt head.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/18/2006	B. Time (24 Hr. Clock) 0100
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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
2-21-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250730 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The KVA box was cleaned out.

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 4110068		
11. Signature 	AR Number 23675	12. Date 02/18/2006 Mo Da Yr	13. Time (24 Hr. Clock) 1138

RR
2-21-06

Mine Citation/Order

U.S. Department of Labor
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3/21/06

Section I--Violation Data

1. Date Mo Da Yr 02/17/2006	2. Time (24 Hr. Clock) 1216	3. Citation/ Order Number 7250731
4. Served To Bennie Presley	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"/>

Float coal dust dark gray to black in color was permitted to accumulate inside of the North Mains splitter box coving the floor and electrical components located at the #4 belt head.

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 75.400
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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 reasonably 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: 001

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/18/2006	B. Time (24 Hr. Clock) 0100
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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
2/17/06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 02/17/2006 Mo Da Yr	3. Citation/ Order Number 7250731 - 01
4. Served To Bennie Presley	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The KVA box was cleaned out.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 02/18/2006	13. Time (24 Hr. Clock) 1139

Mine Citation/Order

3/20/06

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

RK
2-22-06


Section I--Violation Data

1. Date Mo Da Yr 02/22/2006	2. Time (24 Hr. Clock) 0320	3. Citation/ Order Number 7250732
4. Served To David Patry, mine 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) <input type="checkbox"/>

The longwall Shear being operated on the MMU 031-0 section was not being maintained in permissible condition. There was an opening in the switch control panel lid that exceeded .005 inch.

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 75.503
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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 checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 005	
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"/>
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 02/22/2006	B. Time (24 Hr. Clock) 0430
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Section III--Termination Action

17. Action to Terminate The opening was closed,

18. Terminated	A. Date Mo Da Yr 02/22/2006	B. Time (24 Hr. Clock) 0400
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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

3/21/06

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

PR
2-28-06



Section I--Violation Data

1. Date Mo Da Yr 02/27/2006	2. Time (24 Hr. Clock) 1445	3. Citation/ Order Number 7250733
4. Served To Wendell Wills, supt.	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 AMS monitoring system which automatically provide visual and audible signals at the designated surface location in the mine office which should be distinguishable from other alert signals was inoperative when tested. The No.115 sensor would not give a visual or audible signal when carbon monoxide or known mixture concentration reached the alarm level at the sensor.

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 75.351(c)(3)
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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: 001	
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"/>		
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 02/27/2006	B. Time (24 Hr. Clock) 1545
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature		23. AR Number 23675

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.

RR
3-2-06

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/27/2006	3. Citation/ Order Number 7250733 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The AMS monitoring system No. 115 was changed out.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 03/01/2006	13. Time (24 Hr. Clock) 1210

RR
3-13-06

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 03/13/2006	2. Time (24 Hr. Clock) 0300	3. Citation/ Order Number 7250743
4. Served To Wendell Wills, supt.	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"/>

There was an inundation of water that occurred at this mine on February 12, 2006, when water inundated through a 18 inch bore hole from an above mine. The water entered the mine at the area of the Glory hole and flooded the inby north mains working section. This order is issued to assure the safety of all persons at this operation. It prohibits all activity at the Glory hole and inby to the north mains section until the source of the water has been determined and stopped.

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>
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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 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 type="checkbox"/> Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input type="checkbox"/> No <input type="checkbox"/> D. Number of Persons Affected:

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action 103(k)	13. Type of Issuance (check one)	Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>
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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
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15. Area or Equipment
Glory hole and inby to the north mains section.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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) E01	20. Event Number 4110068	21. Primary or Mill
22. Signature	23. AR Number 23675	

MSHA Form 7000-3, Mar 06 (revise) 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

162
3-13-06


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 03/13/2006 Mo Da Yr	3. Citation/ Order Number 7250743 - 01
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason delete the word February and add the word March.

Order No. 7250743 is hereby modified to show the following change: Section I, item 8. The word February is to be deleted, and add the word March.

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 type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4110068		
11. Signat 	AR Number 23675	12. Date Mo Da Yr 03/13/2006	13. Time (24 Hr. Clock) 0824

Mine Citation/Order
Continuation

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

RR
3-13-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 03/13/2006 Mo Da Yr	3. Citation/ Order Number 7250743 - 02
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Order No. 7250743, issued under a E01 activity code is hereby vacated to be issued under activity code E07 - Non - Fatal accident investigation, Event No. 4110076.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input checked="" type="checkbox"/> C. Vacated	<input 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 4110068		
11. Signature	AR Number 23675	12. Date Mo Da Yr 03/13/2006	13. Time (24 Hr. Clock) 0857

Mine Citation/Order
Continuation

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

1-13-00



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/28/2005	3. Citation/ Order Number 7247533 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The operator said that the roof bolting machine had been cleaned however there are still oil leaks existing in the deck and at both drill head control stations. The operator is granted an extension.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 01/13/2006	B. Time (24 Hr. Clock) 1600	<input type="checkbox"/> C. Vacated	<input 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 4110068		
11. Signature [Redacted]	AR Number 23675	12. Date Mo Da Yr 01/12/2006	13. Time (24 Hr. Clock) 2210

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/28/2005	3. Citation/ Order Number 7247533 - 02
4. Served To Wendell Wills, supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The loose coal and oil was removed off the roof bolting machine.

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 4110068		
11. Signature (Redacted)	AR Number 23675	12. Date Mo Da Yr 01/19/2006	13. Time (24 Hr. Clock) 1650

Mine Citation/Order
Continuation

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

1-13-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/28/2005	3. Citation/ Order Number 7247534 - 01
4. Served To James Griswold, foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The panic strip was operative when tested.

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 4110068		
11. Signature 	AR Number 23675	12. Date Mo Da Yr 01/12/2006	13. Time (24 Hr. Clock) 2152



1. MSHA Office

MA Hope

2. Mine ID

4608436

3. Mine Name

Upper Big Branch Mine - South

4. Company Name

Leopoldo Coal Company

5. Location (No. and Street, City or town, State & Zip code)

Roof Control (briefly describe)

Adequate

Deficiencies in Plan

At the time of this inspection the roof control plan appeared adequate and was being complied with. Reason: grouted rods with good return, and on proper spacing were being used. The roof bolting crews on all shifts were interviewed and stated the roof was being adequately supported.

The roof control plan was discussed with Wendell Wills, both black and coal crews of all shifts.

Ventilation (briefly describe)

Adequate

Deficiencies in Plan

The ventilation plan appeared adequate at the time of inspection and no further work (vertical) in the face. Ventilation controls (Purifier, Reg., stepping, etc.) were properly constructed and air flow was increasing in its proper course and quantities.

The ventilation plan including dust control measures were discussed with Wendell Wills and Coal crews on all sections.

Issuing Inspector Signature

[Redacted Signature]

Date

3-29-06

Supervisor Signature

Logan D. Richmond

Date

5-9-06

RR
2-1-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 01/23/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K6607	EAST MAINS PUNCH-OUT - ENTRY #2 BELT	0.050	20.80	0.000	0.000	25800	0
K6629	EAST MAINS PUNCH-OUT - ENTRY #1 RETURN	0.050	20.90	0.000	0.000	30005	0
K6603	EAST MAINS PUNCH-OUT - ENTRY #3	0.050	20.73	0.000	0.000	18768	0
K6604	ENTRY #1 PORTAL - PORTAL RETURN	0.050	20.89	0.000	0.000	17094	0

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

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 02/12/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K9929	JARRELL'S BRANCH FAN	0.330	20.49	0.100	0.000	347475	500364

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

RK
2-23-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 02/15/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K7991	LOW BIG BRANCH ENTRY #5 RETURN	0.050	20.91	0.000	0.000	95400	0
K7994	ENTRY #3 - NORTH PORTAL	0.050	20.92	0.000	0.000	5400	0
K7992	ENTRY #2 - NORTH PORTAL	0.050	20.92	0.000	0.000	12220	0

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

RR
4-5-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 01/23/2006
Office: 401

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BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K6607	EAST MAINS PUNCH-OUT - ENTRY #2 BELT	0.050	20.80	0.000	0.000	25800	0
K6629	EAST MAINS PUNCH-OUT - ENTRY #1 RETURN	0.050	20.90	0.000	0.000	30005	0
K6603	EAST MAINS PUNCH-OUT - ENTRY #3	0.050	20.73	0.000	0.000	18768	0
K6604	ENTRY #1 PORTAL - PORTAL RETURN	0.050	20.89	0.000	0.000	17094	0

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

RR
4-5-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 02/12/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET	CUBIC FEET
						AIR PER MINUTE	METHANE IN 24 HOURS
K9929	JARRELL'S BRANCH FAN	0.330	20.49	0.100	0.000	347475	500364

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

RR
4-5-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 02/15/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K7991	LOW BIG BRANCH ENTRY #5 RETURN	0.050	20.91	0.000	0.000	95400	0
K7994	ENTRY #3 - NORTH PORTAL	0.050	20.92	0.000	0.000	5400	0
K7992	ENTRY #2 - NORTH PORTAL	0.050	20.92	0.000	0.000	12220	0

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

RR
4-5-06

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

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

Mine ID: 4608436
Inspector: [REDACTED]

Date(s) Collected: 03/30/2006
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
M0457	SHIELD #160	0.080	20.80	0.100	0.000	0	0

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

RR
4-5-06


Rock Dust Sample Submission Form

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

Spot Survey

Collector [REDACTED] (23675) Field Office Mt. Hope, WV F.O. Code 0401

Inspector Email [REDACTED] Supervisor Email Richmond.Roger@DOL.GOV Clerk Email Brooks.Patricia@DOL.GOV Manager Email Selfe.Lincoln@DOL.GOV

Mine ID 46-08436 Mine UPPER BIG BRANCH MINE-SOUTH Company PERFORMANCE COAL COMPANY

Event Number 4110068 MMU #1 009-0 (A) Super-Section No MMU #2 Date Collected 3/8/06

Sampling Area entry #6 return Zero Point survey station #20

Collector's Comments

Advancing
 Retreating

Lab Number	Bag Number	Sample Type	Location in Mine	Intake/Return	Handheld CH4	Bottle No. (If App.)	Bottle Analysis	Dust Analysis	Required	Compliant
	A-1	Floor	ENTRY #1	I	0.0					
	A-2	Floor	ENTRY#1	I	0.0					
	B-1	Wet	ENTRY#2	I	0.0					
	B-2	Floor	ENTRY#2	I	0.0					
	C-1	Floor	ENTRY#3	I	0.0					
	C-2	Floor	ENTRY#3	I	0.0					
	D-1	Floor	ENTRY#4	I	0.0					
	D-2	Floor	ENTRY#4	I	0.0					
	E-1	Floor	ENTRY#5	I	0.0					
	E-2	Floor	ENTRY#5	I	0.0					
	F-1	Floor	ENTRY#6	R	0.0					
	F-2	Floor	ENTRY#6	R	0.0					

For Laboratory Use Only

Date Received Lab Numbers to Date Emailed

Lab Comments

Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection: Regular Technical Monitoring 2. Date: 1-18-06 3. Field Office Code: 20401

4. Mine I. D.: 4608436 5. Mine Name: Upper Big Branch Mine - shaft 6. Company Name: Performance Coal Company

7. MMU/DA/SA: 008 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months:

9. AR Signature: [Redacted] AR Number: 23675 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System: A. Longwall B. Continuous C. Conventional
Cut Sequence: i. Tail-Head i. Ripper ii. Head-Tail ii. Auger iii. Both iii. Borer
Other (specify):

12. Mining Ht.: 96 in.

Inches of Rock Mined: 30

13. Remote Operation of Miner?: Yes No

14. Type of Mining: I. Development II. Retreating
15. Physical Conditions:
Face Area: Wet Damp Dry
Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment: Electric Battery Diesel Other (specify):

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
Number of Bolters: 2
A. Ventilation: I. Operates on Separate Split of Air No II. Operates on Return-Side of DO No
B. Is Roof Bolter DA Established? Yes No
C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:
A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both
B. Face Ventilation Device: I. Curtain II. Tubing III. Both
C. Line Curtain/Tubing Distance: 50 ft.
D. Is Face Area Ventilated with Belt Air? Yes No
E. If, Yes, Quantity in Belt Entry: cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm	
Location	Observed
Headgate	N/A
Tailgate	N/A

Velocity (V), fpm		
Location	Plan	Observed
Headgate	N/A	
Tailgate	N/A	

Continuous/Conventional/Handloading

	Plan	CM #3 entry	CM #2 entry	CM #4 entry	Observed	CM #3 extra	CM #4
Face (Q)	6000	9,416	6,120	12,330	12,635	6,300	6,120
MEAV (V)							
Scrubber*							

MEAV (V) - for exhausting only

* - operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Head	22	22	75	75
side	18	18		
through	4	4		

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

20. Auxilliary Controls:

Scrubber Frequency Screen Checked: will be checked after each cut
 Frequency Ductwork Checked: each cut
 Fan Spray Sprays Located per Plan: Yes No Sprays Angled per Plan: Yes No
 Work Practices Describe: appeared adequate
 Enclosures Describe: _____
 Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

21. Are Approved Respirators Being Worn?: Yes No If Yes, By Whom: _____
 Make: _____ Model: _____

22. Do Miners Work Downwind of the Longwall Shearer?: Always Part of the Shift Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?: Yes No
 If Yes, specify: _____

24. Were Dust Control Parameters Changed During Sampling?: Yes No If Yes, specify: _____

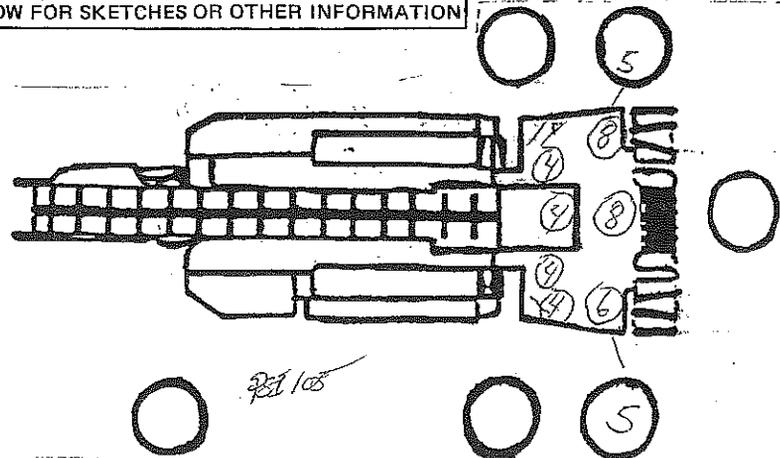
25. Production (tons): At Time of Sampling: 360 tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

26. Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

27. Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

28. Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

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

1. Type of Inspection: Regular Technical Monitoring 2. Date: 2/5/04 3. Field Office Code: 20401

4. Mine I.D.: 46-08436 5. Mine Name: _____ 6. Company Name: _____

7. MMU/DA/SA: _____ 8. Times Entry/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signature: _____ AR Number: _____ 10. Supervisor Signature: _____

11. Type Mining System:
 A. Longwall B. Continuous C. Conventional
 Cut Sequence: i. Tail-Head ii. Head-Tail iii. Both
 I. Single Drum II. Double Drum III. Plow
 I. Ripper II. Auger III. Borer
 Other (specify) _____

12. Mining Ht.: 72-89 in
 Inches of Rock Mined: 6-40"

13. Remote Operation of Miner?:
 Yes No

14. Type of Mining: I. Development II. Retreating
 15. Physical Conditions:
 Face Area: Wet Damp Dry
 Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment:
 Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
 Number of Bolters: N/A
 A. Ventilation:
 I. Operates on Separate Split of Air: Yes No
 II. Operates on Return-Side of DO: Yes No
 B. Is Roof Bolter DA Established? Yes No
 C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:
 A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both
 B. Face Ventilation Device: I. Curtain II. Tubing III. Both
 C. Line Curtain/Tubing Distance: _____ ft.
 D. Is Face Area Ventilated with Belt Air? Yes No
 E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm			Velocity (V), fpm		
Location	Observed		Location	Plan	Observed
Headgate	<u>57,510</u>		Headgate	<u>350</u>	<u>437</u>
Tailgate			Tailgate	<u>200</u>	<u>249</u>

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

9. Dust Control Parameters - Water Spray System.

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Shear location	114	114	60	100

Sprays Located per Plan
 Yes No
 Sprays Angled per Plan
 Yes No

Auxilliary Controls:

Scrubber Frequency Screen Checked: N/A
 Frequency Ductwork Checked: _____
 Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No
 Work Practices Describe: _____
 Enclosures Describe: _____
 Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

Are Approved Respirators Being Worn?: Yes No If Yes, By Whom: _____
 Make: _____ Model: _____
 Do Miners Work Downwind of the Longwall Shearer?: Always Part of the Shift Never
 Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?: Yes No

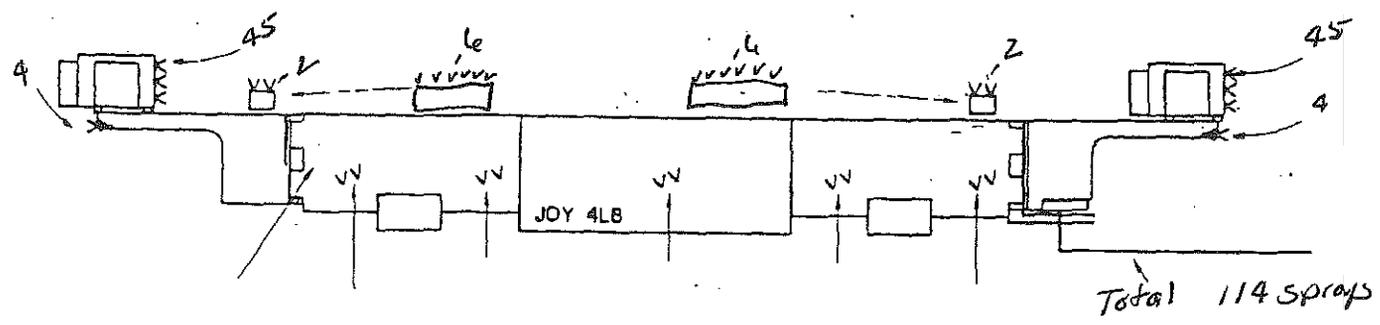
If Yes, specify: _____
 Were Dust Control Parameters Changed During Sampling?: Yes No If Yes, specify: _____

Production (tons): At Time of Sampling: N/A tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons
 Monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

Inspector Recommendations and Comments: Discussed plan with Bill Potter- President, [REDACTED]
 [REDACTED]

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection: Regular Technical Monitoring
 2. Date: 2-14-06
 3. Field Office Code: 20401

4. Mine I. D.: 4608436
 5. Mine Name: Upper Big Branch mine - south
 6. Company Name: Performance Coal Company

7. MMU/DA/SA: 015/030
 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signature: _____ AR Number: 23675
 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System:
 A. Longwall B. Continuous C. Conventional
 Cut Sequence: i. Tail-Head i. Ripper ii. Head-Tail ii. Auger iii. Both iii. Borer
 Other (specify) _____
 12. Mining Ht.: 78 in.
 Inches of Rock Mined: 47
 13. Remote Operation of Miner?: Yes No

14. Type of Mining: I. Development II. Retreating
 15. Physical Conditions:
 Face Area: Wet Damp Dry
 Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment:
 Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
 Number of Bolters: 2
 A. Ventilation: I. Operates on Separate Split of Air: Yes No
 II. Operates on Return-Side of DO: Yes No
 B. Is Roof Bolter DA Established? Yes No
 C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:
 A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both
 B. Face Ventilation Device: I. Curtain II. Tubing III. Both
 C. Line Curtain/Tubing Distance: 50 ft.
 D. Is Face Area Ventilated with Belt Air? Yes No
 E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity:

Location	Quantity (Q), cfm		Velocity (V), fpm	
	Plan	Observed	Plan	Observed
Headgate				
Tailgate				

Continuous/Conventional/Handloading

	Plan	Observed	Observed	Observed	Observed	Observed
Face (Q)	6000	7,020	6,125	8,464	7,540	11,820
MEAV (V)						
Scrubber*						

MEAV (V) - for exhausting only * - operational cfm only

Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Head	15	27	80	98
Dip	16	18		
Truck	4	4		

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

Auxiliary Controls:

Scrubber Frequency Screen Checked: will be checked after each cut

Frequency Ductwork Checked: each cut

Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No

Work Practices Describe: appeared adequate

Enclosures Describe: _____

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

Are Approved Respirators Being Worn? Yes No If Yes, By Whom: _____

Make: _____ Model: _____

Do Miners Work Downwind of the Longwall Shearer? Always Part of the Shift Never

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan? Yes No

If Yes, specify: _____

Were Dust Control Parameters Changed During Sampling? Yes No If Yes, specify: _____

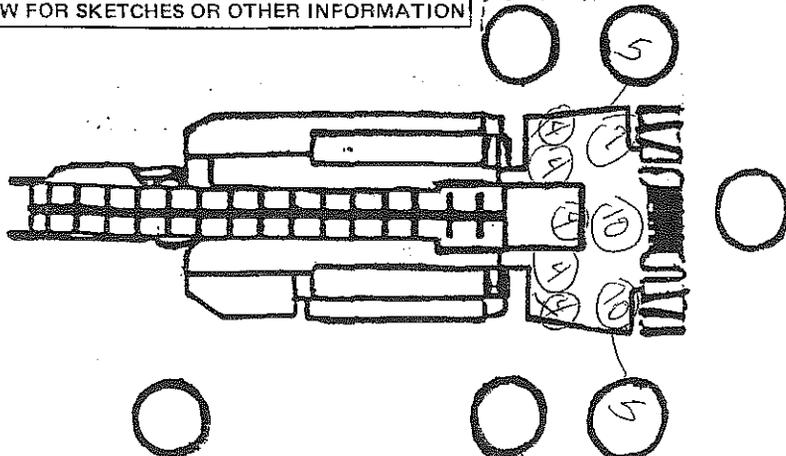
Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection: Regular Technical Monitoring 2. Date: 5-15-06 3. Field Office Code: 20401
W.M. Hope

4. Mine I. D.: 4608436 5. Mine Name: Upper Big Branch Mine - South 6. Company Name: Performance Coal Company

7. MMU/DA/SA: 009 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signa: [Redacted] AR Number: 23675 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System: A. Longwall B. Continuous C. Conventional
Cut Sequence: i. Tail-Head I. Ripper II. Auger III. Borer
 I. Single Drum II. Double Drum III. Plow ii. Head-Tail III. Borer
 iii. Both Other (specify) _____

12. Mining Ht.: 96 in.
Inches of Rock Mined: 42

13. Remote Operation of Miner?: Yes No

14. Type of Mining: I. Development II. Retreating

15. Physical Conditions:
Face Area: Wet Damp Dry
Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment: Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
Number of Bolters: 2

A. Ventilation: I. Operates on Separate Split of Air: Yes No
 II. Operates on Return-Side of DO: Yes No

B. Is Roof Bolter DA Established? Yes No C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both

B. Face Ventilation Device: I. Curtain II. Tubing III. Both

C. Line Curtain/Tubing Distance: 50 ft.

D. Is Face Area Ventilated with Belt Air? Yes No

E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm		Velocity (V), fpm		
Location	Observed	Location	Plan	Observed
Headgate		Headgate		
Tailgate		Tailgate		

Continuous/Conventional/Handloading

	Plan	<u>Esty</u>	<u>E. 2x</u>	Observed
Face (Q)	<u>6000</u>	<u>7020</u>	<u>6125</u>	
MEAV (V)				
Scrubber*				

MEAV (V) - for exhausting only * - operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
<i>Wet - Head</i>	<i>74</i>	<i>74</i>	<i>80</i>	<i>80</i>
<i>side</i>	<i>18</i>	<i>18</i>		
<i>throat</i>				

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

20. Auxilliary Controls:

Scrubber Frequency Screen Checked: _____

Frequency Ductwork Checked: _____

Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No

Work Practices Describe: *appears adequate*

Enclosures Describe: _____

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

21. Are Approved Respirators Being Worn? Yes No

If Yes, By Whom: _____

Make: _____ Model: _____

22. Do Miners Work Downwind of the Longwall Shearer? Always Part of the Shift Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan? Yes No

If Yes, specify: _____

24. Were Dust Control Parameters Changed During Sampling? Yes No If Yes, specify: _____

25. Production (tons): At Time of Sampling: *360* tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

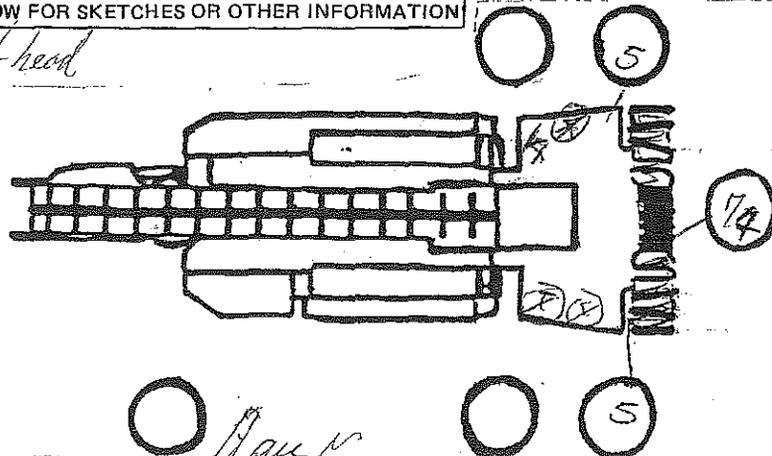
26. Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

27. Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

28. Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION

Wet head



Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection: Regular Technical Monitoring 2. Date: 2-15-06 3. Field Office Code: 20401
UMT Hope

4. Mine I. D. : 4608436 5. Mine Name: Upper Big Branch mine - south 6. Company Name: Performance Coal Company

7. MMU/DA/SA: 030 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signatur  AR Number: 23675 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System: A. Longwall B. Continuous C. Conventional
Cut Sequence: i. Tail-Head I. Ripper II. Auger III. Borer
 II. Double Drum III. Plow ii. Head-Tail Other (specify) _____
12. Mining Ht. : 78 in.
Inches of Rock Mined: 40
13. Remote Operation of Miner?: Yes No

14. Type of Mining: I. Development II. Retreating
15. Physical Conditions:
Face Area: Wet Damp Dry
Roadways: Wet Damp Dry Compacted

16. Type of Haulage Equipment: Electric Battery Diesel Other (specify) _____

17. Roof Bolter Type: I. Twin Head II. Single Head III. Integral
Number of Bolters: _____
A. Ventilation: I. Operates on Separate Split of Air: Yes No
II. Operates on Return-Side of DO: Yes No
B. Is Roof Bolter DA Established? Yes No
C. Type of Dust Control: I. Wet Head II. Dust Collector

18. Dust Control Parameters - Ventilation System:
A. Method of Face Ventilation: I. Blowing II. Exhausting III. Both
B. Face Ventilation Device: I. Curtain II. Tubing III. Both
C. Line Curtain/Tubing Distance: 50 ft.
D. Is Face Area Ventilated with Belt Air? Yes No
E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm		Velocity (V), fpm		
Location	Observed	Location	Plan	Observed
Headgate		Headgate		
Tailgate		Tailgate		

Continuous/Conventional/Handloading

	Plan	<u>Est #6</u>	<u>Est 5</u>	<u>Est 9</u>	Observed	<u>Est 6</u>	<u>Est 5X</u>
Face (Q)	<u>6000</u>	<u>13,050</u>	<u>11,820</u>	<u>7,540</u>	<u>7,280</u>	<u>11,460</u>	
MEAV (V)							
Scrubber*							

MEAV (V) - for exhausting only * - operational cfm only

Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
<i>Head</i>				
<i>"</i>	<i>20</i>	<i>27</i>	<i>60</i>	<i>150</i>
<i>Sides</i>	<i>16</i>	<i>26</i>		
<i>Throat</i>	<i>4</i>	<i>4</i>		

Sprays Located per Plan

Yes No

Sprays Angled per Plan

Yes No

Auxiliary Controls:

Scrubber Frequency Screen Checked: *Once per day*

Frequency Ductwork Checked: *will be cleaned after each cut*

Fan Spray Sprays Located per Plan Yes No Sprays Angled per Plan Yes No

Work Practices Describe: *appeared adequate*

Enclosures Describe: _____

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

Are Approved Respirators Being Worn? Yes No

If Yes, By Whom: _____

Make: _____ Model: _____

Do Miners Work Downwind of the Longwall Shearer? Always Part of the Shift Never

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan? Yes No

If Yes, specify: _____

Were Dust Control Parameters Changed During Sampling? Yes No If Yes, specify: _____

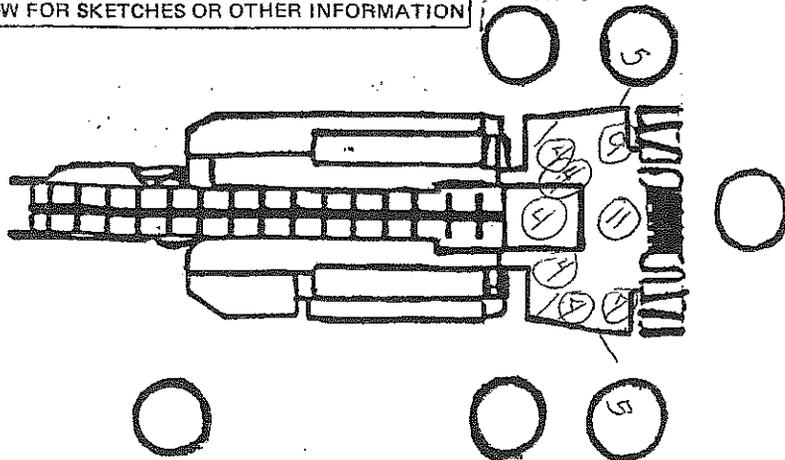
Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

Bi-monthly Sampling Conducted By: Operator Contractor Contractor I.D.: _____

Sampling Equipment: Provided By Operator Contractor Calibrated and Maintained By Operator Contractor

Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Inspect the applicable areas in all assigned mines.

Mine ID		Belts & Belt Drive Maint. 1	CO System Maint. & Alarm Records - 2	Battery Charging Stations 3	Escape and Evacuation Plans 4	Isolation of Escapeways 5	Explosion Proof Seals 6	SCSR's 7
4608436 #7 Belt	Date	1-12-06						
	Length of Belt	600						
	Number Citations Issued	1						
	Number Citations S&S	0						
4608436 Silo Belt	Date	1-23-06						
	Length of Belt	300						
	Number Citations Issued	2						
	Number Citations S&S	2						
4608436 #4 Belt Splitter Box	Date	2-17-06						
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							
4608436 #6 Belt	Date	2-17-06						
	Length of Belt							
	Number Citations Issued	1						
	Number Citations S&S							
4608436 #1 Belt	Date	2-9-06						
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							

- 1- Belts & Belt Drive Maint. Cleaning, Drives and Take-Up Maint, Sequence & Slippage Switches, belt clearance and means to cross belt, Ventilation, Escapeway Routes.
- 2- CO SYS. Maint. & Alarm Records CO Systems or other fire warning devices, examination record, alarm records and corrective action records.
- 3- Battery Charging Station Noncombustible housing or equipped with fire suppression, sensors CO or Smoke AMS, ventilation and battery maintenance.
- 4- Escape and Evacuation Plans Miners knowledge in proper evacuation, location of escapeway, exits and routes to surface, two miners proficient in use of fire suppression and participate in evacuation drill (90 days), Records.
- 5- Isolation of Escapeways Condition of separation stoppings, compliance with Ventilation Plan.
- 6- Explosion Proof Seals Condition, Constructed by type in accordance to A&CC Approvals.
- 7- SCSR's Storage, Inspection Records poll miners as to donning procedures.

Inspect the applicable areas in all assigned mines.

Mine ID		Belts & Belt Drive Maint.	CO System Maint. & Alarm Records -	Battery Charging Stations	Escape and Evacuation Plans	Isolation of Escapeways	Explosion Proof Seals	SCSR's
		1	2	3	4	5	6	7
4608436	Date	2-8-06						
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							
	Date							
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							
	Date							
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							
	Date							
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							
	Date							
	Length of Belt							
	Number Citations Issued							
	Number Citations S&S							

- 1- Belts & Belt Drive Maint. Cleaning, Drives and Take-Up Maint, Sequence & Slippage Switches, belt clearance and means to cross belt, Ventilation, Escapeway Routes.

- 2- CO SYS. Maint.& Alarm Records CO Systems or other fire warning devices, examination record, alarm records and corrective action records.

- 3- Battery Charging Station Noncombustible housing or equipped with fire suppression, sensors CO or Smoke AMS, ventilation and battery maintenance.

- 4- Escape and Evacuation Plans Miners knowledge in proper evacuation, location of escapeway, exits and routes to surface, two miners proficient in use of fire suppression and participate in evacuation drill (90 days), Records.

- 5- Isolation of Escapeways Condition of separation stoppings, compliance with Ventilation Plan.

- 6- Explosion Proof Seals Condition, Constructed by type in accordance to A&CC Approvals.

- 7- SCSR's Storage, Inspection Records poll miners as to donning procedures.

Mine Safety and Health Administration
Coal Inspection Tracking Report



Mine ID: 46-08436
Company Name: PERFORMANCE COAL COMPANY
Mine Name: UPPER BIG BRANCH MINE-SOUTH
Activity Code: E01
Event Number: 4110068

Mining Height (inches): 58
Number Employees: 195
Number Production Shifts: 2
Number Maintenance Shifts: 1

The undersigned certify that they have completed the minimum inspection requirements as defined by the procedural requirements listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

AR Signature	AR #	Date
	23675	3/31/2006

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.

Roger D. Richmond
Reviewing Supervisor Signature

4 15 06
Date

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [Redacted]

Supervisor Initials: ROR

Coal Inspection Tracking System

General

Advised of Conference Rights (Miner Rep)

Required= Yes

Upon taking any enforcement action, the inspector advised the miners representative of procedures for requesting a conference under 30 CFR 100.6(b). The purpose of the conference is to submit any additional information relating to action taken by the inspector.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

Advised of Conference Rights (Operator)

Required= Yes

Upon taking any enforcement action, the inspector advised the operator of procedures for requesting a conference under 30 CFR 100.6(b). The purpose of the conference is to submit any additional information relating to action taken by the inspector.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

Check In And Out System

Required= Yes

The inspector has determined if the system being used at the mine complies with 30 CFR.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

First Day Arrival In Advance Of Starting Time

Required= Yes

During a regular inspection, the inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>
1/12/06	23675	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

General

Interim Conference

Required= Yes

Regularly scheduled interim conferences should be held to provide an overview of the inspection activities and also to provide opportunity for operator and miner representatives to express any concerns and provide comments where daily conferences are not possible.

Date	AR #	Shift	Complete
2/15/06	23675	2	<input checked="" type="checkbox"/>

Mine Map Reviewed (First Day For Hazards)

Required= Yes

The inspector, prior to going underground on the first day of the inspection, studied the mine map with special attention given to mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, surface water that could present an underground flood hazard, mines located adjacent to, above and below active workings and any danger that surface mining may present to underground miners.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>
1/9/06	23675	2	<input checked="" type="checkbox"/>

Notification of Inspection (Miner Representative)

Required= Yes

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and advised the representative of their rights under 103(f) of the Mine Act.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and advised the representative of their rights under 103(f) of the Mine Act.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

forema

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

General

Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

Date	AR #	Shift	Complete
1/12/06	23675	3	<input checked="" type="checkbox"/>

Day shift coming out, Evening shift going in.

Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with both the mine operator and miners representative (where applicable). The conference covered all enforcement action taken and conditions and practices observed during the inspection. Accidents that occurred at the mine (and in industry with similar mining conditions), a comparison to the national accident incident rates, and results of any samples or surveys taken during the inspection were also be discussed.

Date	AR #	Shift	Complete
3/20/06	23675	2	<input checked="" type="checkbox"/>

Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference covered enforcement actions and accident history at the mine (and in industry with similar mining conditions), a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

Date	AR #	Shift	Complete
1/9/06	23675	2	<input checked="" type="checkbox"/>

Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during his or her required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
9/12/06	23675	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

General

Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during his or her required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #		Shift	Complete
1/12/06	23675	James Griswold, mine foreman	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Travel With Mine Examiner - Weekly

Required= Yes

The inspector accompanied at least one mine examiner during his or her required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #		Shift	Complete
1/19/06	23675		2	<input checked="" type="checkbox"/>
1/23/06	23675		2	<input checked="" type="checkbox"/>
2/19/06	23675		2	<input checked="" type="checkbox"/>

Uniform Mine File Reviewed

Required= Yes

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

Date	AR #		Shift	Complete
1/9/06	23675		2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

Records

All Required Noise Exposure Records (Reviewed)

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Required= Yes

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>

ATRS Certification (Available)

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Required= Yes

Date	AR #	Record Location	Shift	Complete
2/18/06	23675	office <i>Equipment on the North Mains section.</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the Headgate #16 section</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the Headgate #18 section.</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the Headgate #15 section.</i>	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RDR

Coal Inspection Tracking System

Records

Canopies And Cabs; Self-Propelled Equipment

Required= Yes

The inspector determined if the operator had available a certification, by a registered engineer for each canopy or cab system at the mine, stating that it meets the structural capacity as required by 30 CFR 75.1710(d).

Date	AR #	Record Location	Shift	Complete
2/18/06	23675	office <i>Equipment on the Headgate #15 section.</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the Headgate #18 section.</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the Headgate #16 section.</i>	2	<input checked="" type="checkbox"/>
2/18/06	23675	office <i>Equipment on the 009-0 North Mains section.</i>	2	<input checked="" type="checkbox"/>

Certifications And Records Of Daily Hoist

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Clean Up Program

Required= Yes

The inspector reviewed the program and determined if it was posted.

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>
3/6/06	23675		3	<input checked="" type="checkbox"/>

Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Exhaust Gas Records (Exceeding The TLV)

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Training And Qualification List

Required= No

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSL

Coal Inspection Tracking System

Records

Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the electrical map and questioned the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine.

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Evaluate The Operator Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners installing the ventilation controls, equipment operators in the area, and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Evaluate The Operator's Roof Control Plan

Required= Yes

The inspector reviewed the operators current roof control plan and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners installing the roof support materials and the operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Examinations Of Impoundments

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Fire Doors

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: ADR

Coal Inspection Tracking System

Records

Fire Drills (90 Day)

Required= Yes

The inspector has reviewed the records to determine if required fire drills were recorded. The inspector compared the records with information obtained from polling the miners about the fire drills.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Fire Suppression Systems/Permanent Diesel Storage

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

First-Aid Training Supervisory Employees

Required= Yes

The inspector reviewed MSHA 5000-23 forms for supervisory personnel at the mine to determine if required training was provided. A representative number of supervisors were polled to determine the quality of the training.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Hazardous Conditions Postings And Corrections

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

Records

High Voltage Longwall Equipment

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Inspection And Test Of Automatic Fire Sensors

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Maintenance Record Diesel Engine Performance

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Methane Monitor Calibration Test

Required= Yes

The operator's compliance with recording required tests was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSP

Coal Inspection Tracking System

Records

Mine Emergency Evacuation and FF Program

Required= Yes

The inspector reviewed records of mine evacuation drills and polled miners to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their familiarity with the program.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

Date	AR #	Record Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>
1/12/06	23675	office	2	<input checked="" type="checkbox"/>

Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ASL

Coal Inspection Tracking System

Records

Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Monthly Testing Of UG High Voltage CB

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Records

Monthly Testing Of UG Low And Medium Voltage CB

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

Noise Program (Reviewed) (Surface)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Noise Program (Reviewed) (Underground)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Operator's Respirable Dust Program (Sur)

Required= No

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made of surface locations, miners were polled, and respirable dust samples collected pursuant to current health inspection procedures.

Operator's Respirable Dust Program (UG)

Required= Yes

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: ADK

Coal Inspection Tracking System

Records

Part 48 Training Records (5000-23 Forms)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with workers to evaluate the quality of the training.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Part 49 Training Records (Mine Rescue Teams)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Part 50 Records (7000-1) Accident Forms

Required= Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. Information obtained from accident forms was compared to information obtained from miners polled to determine if accidents were properly reported.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Part 50 Records (7000-2) Empl/Prod

Required= Yes

The inspector reviewed MSHA 7000-2 forms to determine if they were submitted in a timely manner and properly maintained at the mine office nearest to the mine.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Petitions For Modifications Granted For Mine

Required= Yes

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid and if they were posted on the mine bulletin board per 30 CFR 44.5(b) and 44.9.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials: RDR

RDR

Coal Inspection Tracking System

Records

Preshift & On-Shift Examination

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
3/6/06	23675		3	<input checked="" type="checkbox"/>

Preshift & On-Shift Examination (Belts)

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
3/6/06	23675		3	<input checked="" type="checkbox"/>

Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Record Of AMS Alarm Activation

Required= Yes

The AMS signal device or alarm activation records were reviewed back to the ending date of the last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(h).

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Record Of Certified And Qualified Persons Surface

Required= No

The inspector reviewed and compared the qualification list with copies of individual training records.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Records

Record Of Certified And Qualified Persons UG

The inspector reviewed and compared the qualification list with copies of individual training records.

Required= Yes

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Record Of Inspections For Thermal Dryers

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

Required= No

Recorded Measurements For Initial Rope Stretch

The inspector reviewed the record book and determined if the results of all required measurements were recorded.

Required= No

Required Hoist Rope Tests

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= No

Respirable Dust Control Plan (Posted)

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Required= Yes

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Roof Bolt Manufacturer's Certification (Available)

The inspector determined if the operator has available a certification stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Required= Yes

Date	AR #	Record Location	Shift	Complete
2/18/06	23675	office	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: *ROR*

Coal Inspection Tracking System

Records

Roof Bolt Torque Measurements Recorded

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Roof Control Plan (Available)

Required= Yes

The inspector determined if the current roof control plan was available to the miners and representative of miners at the mine.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Self-Rescue Devices (Records)

Required= Yes

The inspector reviewed the records and determined if the results of all required tests were recorded. If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Smokers Articles (Program)

Required= Yes

The inspector reviewed the records to evaluate compliance with the record keeping requirements of the current smoking program. The inspector compared the records with information obtained from polling the miners.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver.

Surface Safety Program Instruction (Posted)

Required= No

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RSA

Coal Inspection Tracking System

Records

Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Tests Of Fire Hydrants And Fire Hose

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Trolley Overcurrent Protection Tests/Examinations

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Ventilation Plan (Posted)

Required= Yes

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Weekly Examination For Methane And Hazards

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADD

Coal Inspection Tracking System

Records

Weekly Examination Record Of Diesel Equipment

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Weekly Inspection Of Fire Suppression Devices

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>

Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675	office	3	<input checked="" type="checkbox"/>
1/12/06	23675		3	<input checked="" type="checkbox"/>

X-Ray Plan

Required= Yes

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

Date	AR #	Record Location	Shift	Complete
1/12/06	23675		3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

Surface

Aerial Tramways

Required= No

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

All Shifts (Surface)

Required= No

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Auger Openings

Required= No

Auger openings were inspected for potential hazards.

Blasting Practices (Surface)

Required= No

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Coal Stock Pile

Required= No

The coal stockpile was inspected for adequate identification of underground coal feeders, persons working in close proximity to active underground feeders and any other potential hazards such as fires.

Communications Installations

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
2/27/06	23675	mine office	1	<input checked="" type="checkbox"/>

Draw-Off Tunnels

Required= No

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

Drilling Practices

Required= No

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

R.D.A.

Coal Inspection Tracking System

Surface

Dumping Facilities

Required= No

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

Electrical Installation

Required= Yes

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
2/13/06	23675	shop chargers #10 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #11 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #7 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #5 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #6 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #4 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #2 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers #12 charger	3	<input checked="" type="checkbox"/>
2/13/06	23675	shop chargers charger #13	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

EDA

Coal Inspection Tracking System

Surface

Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards, including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection.

Date	AR #	Location				Shift	Complete
3/1/06	23675	motors	Brookville	Locomotive	#2 motor	1	<input checked="" type="checkbox"/>
3/1/06	23675	motors	Brookville	Locomotive	#3 motor	1	<input checked="" type="checkbox"/>
3/1/06	23675	motors	Brookville	Locomotive	#6 motor	1	<input checked="" type="checkbox"/>
3/1/06	23675	motors	Brookville	Locomotive	#6 motor	1	<input checked="" type="checkbox"/>
3/1/06	23675	motors	Brookville	Locomotive	#4 motor	1	<input checked="" type="checkbox"/>
3/1/06	23675	motors	Brookville	Locomotive	#1 motor	1	<input checked="" type="checkbox"/>

Escapeways

Required= No

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

Explosives Storage

Required= Yes

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Date	AR #	Location				Shift	Complete
3/15/06	23675					2	<input checked="" type="checkbox"/>

Fire Fighting Equipment Surface

Required= Yes

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Date	AR #	Location				Shift	Complete
1/9/06	23675					2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Surface

Fuel Storage

Required= Yes

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Date	AR #	Location	Shift	Complete
3/15/06	23675		2	<input checked="" type="checkbox"/>

Ground Control

Required= Yes

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

Date	AR #	Location	Shift	Complete
1/9/06	23675	north mains portals	1	<input checked="" type="checkbox"/>

Haulage Facilities (Including Belts)

Required= No

An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

High Walls And Spoil Banks

Required= No

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

Hoisting Equipment

Required= No

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

Illumination Of Work Areas

Required= No

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Surface

Independent Contractors Observed And Listed

Required= Yes

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Date	AR #	Location	Shift	Complete
2/27/06	23675		1	<input checked="" type="checkbox"/>

Methane Tests In Required Locations (Surface)

Required= No

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

Non-Major Construction Sites

Required= No

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Other Places Where Miners Work Or Travel

Required= No

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Potable Water (Surface)

Required= Yes

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
1/9/06	23675		2	<input checked="" type="checkbox"/>

Preparation Plant

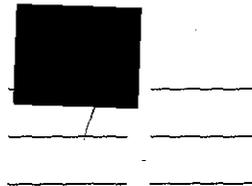
Required= No

An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

rdl

Coal Inspection Tracking System

Surface

Refuse Pile And Impoundments

Required= No

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

Safety Talks With Surface Crews

Required= No

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Sanitary Facilities (Bathhouse)

Required= Yes

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanness, safe access, and compliance with a bathing facilities waiver.

Date	AR #	Location	Shift	Complete
2/27/06	23675		1	<input checked="" type="checkbox"/>

SCSR's In Required Locations (Surface)

Required= No

An inspection was conducted of all locations where SCSR's were required to be maintained and/or carried and compliance evaluated, including: comparing the data from inspection records with inspector observations and physical inspection of each unit. The Inspector discussed donning of the devices with a sufficient number of miners to determine if they were knowledgeable in the donning procedures.

Shop

Required= Yes

An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
2/27/06	23675		1	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Surface

Surface First Aid Kit

Required= Yes

An inspection was conducted of all surface first-aid kits.

Date	AR #	Location	Shift	Complete
1/9/06	23675	office	2	<input checked="" type="checkbox"/>

Thermal Dryer

Required= No

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Travelways And Active Roadways

Required= No

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

Ventilation Facilities

Required= No

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: ROK

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/13/06	19:15	3	23675	#2 entry CM/015-0	354	14,878	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/23/06	12:40	2	23675	eastmains portal entry#3	184	18,768	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	K6603
1/23/06	12:50	2	23675	eastmains punch out entry#1 return	353	30,005	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	K6629
1/23/06	12:30	2	23675	entry #2 southeast punch out	129	25,800	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	K6607
1/12/06	18:15	3	23675	ENTRY #3	107	9,416	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/12/06	18:15	3	23675	entry #3 / CM	107	9,416	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/15/06	8:55	3	23675	entry #3RT/030-0	145	3,770	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/12/06	19:55	3	23675	entry #4	411	12,330	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/12/06	17:55	3	23675	entry #4 / line curtain	340	11,560	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/12/06	19:55	3	23675	entry #4 / CM	411	12,330	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/12/06	17:55	3	23675	entry #4 / RB	340	11,560	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/14/06	21:48	3	23675	entry #4 CM/030-0	368	8,464	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/9/06	18:00	3	23675	entry #4 XRT.CM/030-0	521	12,504	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/9/06	19:05	3	23675	entry #4 XRT/RB 030-0	200	7,200	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/9/06	19:35	3	23675	entry #5 /CM 030-0	294	9,702	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/23/06	14:55	2	23675	entry#1 north portal return	814	17,094	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	k6604

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/14/06	20:30	3	23675	entry#1 RB/015-0 headgate #18	110	3,300	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	8:45	2	23675	entry#1/RB	121	3,388	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/15/06	9:20	3	23675	entry#2 CM/030-0	290	7,540	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	9:30	2	23675	entry#2/CM	225	6,300	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	13:10	2	23675	entry#2/CM	255	6,120	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	9:30	2	23675	entry#2/CM	225	6,300	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/18/06	13:10	2	23675	entry#2/CM	255	6,120	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	11:10	2	23675	entry#2/RB	113	3,164	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/19/06	11:55	2	23675	entry#2/RB	175	4,287	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/18/06	11:10	2	23675	entry#2/RB	113	3,164	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/19/06	11:55	2	23675	entry#2/RB	175	4,287	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/14/06	22:40	3	23675	entry#4 RB/030-0	179	4,161	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/15/06	9:10	2	23675	entry#5/CM 030-0	394	11,820	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ROR

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/19/06	12:25	2	23675	entry#6/CM	275	14,575	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/13/06	19:55	3	23675	Ep43 RT/return	3231	14,539	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/10/06	19:15	3	23675	Ep50	3078	4,617	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/10/06	19:37	3	23675	Ep55	2896	5,212	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/10/06	19:30	3	23675	Ep56	3165	4,113	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/9/06	13:43	2	23675	intake on the longwall	390	63,180	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/12/06	6:10	2	23675	Jarrell Branch Fan	3075	347,475	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	K9929

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/12/06	18:00	3	23675	LOB	223	28,098	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/13/06	19:40	3	23675	LOB 030-0	44	9,240	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
1/18/06	7:45	2	23675	LOB between entry 1&2.	107	17,120	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/15/06	9:30	2	23675	LOB/LT/015-0	80	10,640	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/15/06	8:15	3	23675	LOB/RT 030-0	85	14,110	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/13/06	19:00	3	23675	LOB/rt.030-0	68	11,560	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	
2/15/06	11:30	2	23675	low big branch return	3180	95,400	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	K7991

MineID: 4110068

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROH

Coal Inspection Tracking System

Air Quality/Quantity

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
2/9/06	18:05	3	23675	section intake	358	59,607	20.9	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
1/19/06	11:40	2	23675	section intake at last stoppins.	245	32,585	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0 Entry #4 CM/12,330CFM	3	<input checked="" type="checkbox"/>
1/12/06	23675	009-0 Entry #3 CM/9416CFM.	3	<input checked="" type="checkbox"/>
1/12/06	23675	009-0 LOB/ 28,098 CFM.	3	<input checked="" type="checkbox"/>

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
2/15/06	23675	009-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/17/06	23675	009-0	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Evaluated Operator's Smoker Search Program

Required= Yes

The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
2/17/06	23675	009-0	2	<input checked="" type="checkbox"/>

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: PRR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
2/17/06	23675	009-0	2	<input checked="" type="checkbox"/>

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0 28,098CFM	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: PSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Date	AR #	Location	Shift	Complete
3/8/06	23675	009-0	2	<input checked="" type="checkbox"/>

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanness.

Date	AR #	Location	Shift	Complete
1/12/06	23675	009-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RRR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Date	AR #	Location				Shift	Complete
2/17/06	23675	009-0	Fairchild	Scoop	T339-184	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Fletcher	Roof Bolting Machine	#3	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Fletcher	Roof Bolting Machine	#5	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Other Type Not Listed	Transformer	north mains section	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Other Type Not Listed	Feeder	13018	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Fairchild	Scoop	T339-184	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	#3 JM4657	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Fletcher	Roof Bolting Machine	#3	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0	Fletcher	Roof Bolting Machine	#5	2	<input checked="" type="checkbox"/>
1/12/06	23675	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#6	3	<input checked="" type="checkbox"/>
1/12/06	23675	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#5	3	<input checked="" type="checkbox"/>
1/12/06	23675	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#4	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 009-0

Self-Rescue Devices (Working Section)

Required= Yes

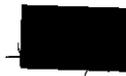
The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent. A higher percentage should be inspected when devices are worn, carried, or machine-mounted. These inspections should be conducted in accordance with the manufacturer's approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to ascertain their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Date	AR #	Location	Shift	Complete
1/19/06	23675	009-0 Dayshift coal crew.	2	<input checked="" type="checkbox"/>
2/17/06	23675	009-0 2nd.shift coal crew.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0 entry#5xRT11466cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	030-0 entry#5CM/`11820cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	030-0 LOB/RT030-0 14,110CFM	2	<input checked="" type="checkbox"/>

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18/ 015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/16/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	030-0	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18/ 015-0	3	<input checked="" type="checkbox"/>

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 / 015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDL

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Evaluated Operator's Smoker Search Program

Required= Yes

The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 / 015-0	3	<input checked="" type="checkbox"/>

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

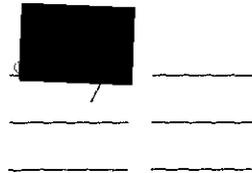
All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROB

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/16/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: R&R

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0 section to wet. #18 headgate	2	<input checked="" type="checkbox"/>

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
2/15/06	23675	030-0	2	<input checked="" type="checkbox"/>
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18 /015-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: PRK

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 030-0

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Date	AR #	Location				Shift	Complete
2/16/06	23675	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	#2cm	2	<input checked="" type="checkbox"/>
2/15/06	23675	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#1 ET17082	2	<input checked="" type="checkbox"/>
2/15/06	23675	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#3 ET17108	2	<input checked="" type="checkbox"/>
2/14/06	23675	030-0	Fletcher	Roof Bolting Machine	95067	3	<input checked="" type="checkbox"/>
2/14/06	23675	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#2 S/C ET17016	3	<input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent. A higher percentage should be inspected when devices are worn, carried, or machine-mounted. These inspections should be conducted in accordance with the manufacturer's approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to ascertain their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Date	AR #	Location	Shift	Complete
2/9/06	23675	030-0 headgate #18 / 015-0 (2nd. Shift coal crew.)	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

PSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0 intake longwall /63,175cfm.	2	<input checked="" type="checkbox"/>

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
2/15/06	23675	031-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	031-0	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Evaluated Operator's Smoker Search Program

Required= Yes

The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RAK

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ADR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0 section retreating.	2	<input checked="" type="checkbox"/>

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	1	<input checked="" type="checkbox"/>
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDA

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 031-0

Sanitary Facilities

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Required= Yes

Date	AR #	Location	Shift	Complete
2/6/06	23675	031-0	2	<input checked="" type="checkbox"/>

Section Equipment (Including Face Equipment)

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Required= Yes

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0 Joy Machinery Co. (Joy, Joy Manufacturing Co.) checked permissibility, stage loader, tailgate, headgate,	1 Longwall Shearer 7LS	1 <input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)

The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent. A higher percentage should be inspected when devices are worn, carried, or machine-mounted. These inspections should be conducted in accordance with the manufacturer's approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to ascertain their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Required= Yes

Date	AR #	Location	Shift	Complete
2/22/06	23675	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 #4 entry / CM / 12330	3	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 #4 entry / RB / 11560 cfm	3	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 #3 entry / CM / 9416 cfm	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0 Entry #2 CM/6120cfm	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0 Entry #2 RB/3,164cfm	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0 Entry #1 RB/3,388cfm.	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0 Entry #2 CM/6,300cfm	2	<input checked="" type="checkbox"/>
2/17/06	23675	008-0 Entry#1 RB/3,388cfm.	2	<input checked="" type="checkbox"/>
2/17/06	23675	008-0 Entry #2 CM/6300cfm.	2	<input checked="" type="checkbox"/>

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
3/20/06	23675	008-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ROR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 #16 headgate	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Evaluated Operator's Smoker Search Program

Required= Yes

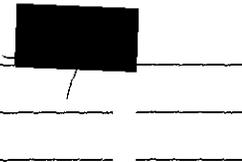
The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0	2	<input checked="" type="checkbox"/>
		008-0/009-0		
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0	2	<input checked="" type="checkbox"/>
		008-0/009-0		
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

LOL

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

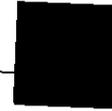
The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
1/18/06	23675	008-0 LOB between 1 and 2 entries./ 17,120cfm	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0 008-0/009-0	2	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
2/21/06	23675	008-0	2	<input checked="" type="checkbox"/>
		008-0/009-0		
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0	2	<input checked="" type="checkbox"/>
		008-0/009-0		
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
2/21/06	23675	008-0	2	<input checked="" type="checkbox"/>
		008-0/009-0		
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 porta-potti	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0	2	<input checked="" type="checkbox"/>

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car #5 shuttle car	3 <input checked="" type="checkbox"/>
1/12/06	23675	008-0 Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car #4 shuttle car	3 <input checked="" type="checkbox"/>
1/18/06	23675	008-0 Other Type Not Listed	Transformer 008-0 section	2 <input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but less than ten percent. A higher percentage should be inspected when devices are worn, carriage-mounted. These inspections should be conducted in accordance with the manufacturer approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to assess their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Date	AR #	Location	Shift	Comp
2/22/06	23675	008-0 #16 headgate	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 2nd. Shift coal crew	3	<input checked="" type="checkbox"/>
1/18/06	23675	008-0 Day shift coal crew.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/15/06	23675	015-0 entry#1CM/18025CFM	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 entry#2RB/5,070cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 entry#2/CM7280cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 entry#2 RB/3720cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 LOB/LT. 10640CFM	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 entry #2CM/7,540cfm	2	<input checked="" type="checkbox"/>
2/15/06	23675	015-0 entry#3RB/3770CFM	2	<input checked="" type="checkbox"/>

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
2/15/06	23675	015-0	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0 has been checked.	2	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/15/06	23675	015-0	2	<input checked="" type="checkbox"/>
2/16/06	23675	015-0 has been checked.	2	<input checked="" type="checkbox"/>

Dates, Times, and Initials

Required= Yes

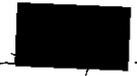
The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Evaluated Operator's Smoker Search Program

Required= Yes

The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: SOE

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

#18 headgate, no rock dust to wet.

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: _____

Supervisor Initials: _____

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 015-0

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0	2	<input checked="" type="checkbox"/>

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Date	AR #	Location	Equipment	Ident	Shift	Complete
2/16/06	23675	015-0	Fletcher	Roof Bolting Machine	#96062	2 <input checked="" type="checkbox"/>
2/16/06	23675	015-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	#1cm	2 <input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent. A higher percentage should be inspected when devices are worn, carried, or machine-mounted. These inspections should be conducted in accordance with the manufacturer's approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to ascertain their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Date	AR #	Location	Shift	Complete
2/16/06	23675	015-0 the scsr's were checked.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ROR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Air Measurements Taken

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Required= Yes

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009 section intake at lats stoppings/ 32,584	2	<input checked="" type="checkbox"/>
1/19/06	23675	008-0 031-0 030-0 009 entry #6/ 14575cfm/continuous miner/mmu009	2	<input checked="" type="checkbox"/>
1/19/06	23675	008-0 031-0 030-0 009 entry #2 /4,287 cfm/ roof bolter/mmu 009	2	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031/ intake 63,180, #17 shield/ 506 FPM, #160 shield/ 250 LPM/ 0.0% CH4, 20.8 O2.	2	<input checked="" type="checkbox"/>

All Shifts (Working Section)

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Required= Yes

Date	AR #	Location	Shift	Complete
2/15/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>

Blasting Practices (Working Section)

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Required= No

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
1/23/06	23675	008-0 031-0 030-0 009 Headgate #15 031-0	2	<input checked="" type="checkbox"/>
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 longwall section	2	<input checked="" type="checkbox"/>

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable dust samples were collected pursuant to current health inspection procedures.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Location	Shift	Complete
2/15/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
1/23/06	23675	008-0 031-0 030-0 009 Headgate #15, 031-0	2	<input checked="" type="checkbox"/>
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
1/23/06	23675	008-0 031-0 030-0 009 Headgate #15,031-0	2	<input checked="" type="checkbox"/>
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Evaluated Operator's Smoker Search Program

Required= Yes

The inspector determined compliance by observing an operator's smoking program and compared information in the record book with information obtained from discussions with the miners.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working faces on each active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Face Illumination

Required= Yes

An inspection was conducted of illumination in all working places to determine compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
2/15/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: RDL

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Location Of Last Open Crosscut

Required= No

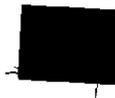
The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009 009/LOB 28,098 CFM	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROL

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the mining cycle on each working section to determine compliance with applicable standards and evaluated work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
		009		
1/12/06	23675	008-0 031-0 030-0 009	3	<input checked="" type="checkbox"/>
		009		
1/9/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
		031		

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
		009		

Potable Water (Working Section)

Required= Yes

The inspector determined that potable water was available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009	3	<input checked="" type="checkbox"/>
		009		
1/9/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>
		031		

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: 

Supervisor Initials: ROR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. All previously surveyed wet areas were revisited to determine if samples could be collected.

Date	AR #	Location	Shift	Complete
2/15/06	23675	008-0 031-0 030-0 009	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

NR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 031	2	<input checked="" type="checkbox"/>

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009 009	2	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009 009	3	<input checked="" type="checkbox"/>
1/9/06	23675	008-0 031-0 030-0 009 held safety talk with the 2nd shift outby crew.	2	<input checked="" type="checkbox"/>

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009 009/ Porta potti	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

Underground MMU

MMU Number(s): 008-0 031-0 0

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), and safety devices.

Date	AR #	Location				Shift	Complete
1/12/06	23675	008-0 031-0 030-0 009	Stamler	Feeder	009 section	3	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#5 ET16945	3	<input checked="" type="checkbox"/>
1/12/06	23675	008-0 031-0 030-0 009	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#4 ET17095	3	<input checked="" type="checkbox"/>

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements shall be evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent. A higher percentage should be inspected when devices are worn, carried, or machine-mounted. These inspections should be conducted in accordance with the manufacturer's approved daily inspection procedures. The inspector shall evaluate the adequacy of SCSR training by discussing donning procedures with a representative number of individual miners to ascertain their understanding of how to use the SCSR. If inspectors are made aware of any self-rescuer training deficiencies, they should report them to the District training/liaison/specialist.

Date	AR #	Location				Shift	Complete
1/19/06	23675	008-0 031-0 030-0 009				2	<input checked="" type="checkbox"/>
		009					
1/12/06	23675	008-0 031-0 030-0 009	checked 2nd. Shift coal crew/009			3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RAR

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during his observation with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
2/27/06	23675	<i>east mains,north mains 1,2,3,</i>	1	<input checked="" type="checkbox"/>
3/1/06	23675	<i>north mains 4,5,6,7,</i>	1	<input checked="" type="checkbox"/>
3/6/06	23675	<i>Headgate #18,51,70,71,72,53,(intake) 77,Headgate #15,26,44,96,(intake)106,127,Headgate #16, 25</i>	3	<input checked="" type="checkbox"/>

Belts, Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of each belt flight, skip shaft, or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: Supervisor Initials: RSR

Coal Inspection Tracking System

Haulage

Outby Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available for use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance.

Date	AR #	Location				Shift	Complete
2/6/06	23675		Other Type Not Listed	Transformer	#1 south belt	2	<input checked="" type="checkbox"/>
2/9/06	23675		Other Type Not Listed	Transformer	splitter box #2 northwest belt	3	<input checked="" type="checkbox"/>
2/9/06	23675		Other Type Not Listed	Transformer	KVA 1000	3	<input checked="" type="checkbox"/>
		<i>at #20 headgate.</i>					
2/13/06	23675					3	<input checked="" type="checkbox"/>
		<i>Checked chargers in the shop: Nos. 1, 2, 4, 5, 7, 11, 10, 12, 13.</i>					
3/1/06	23675		Brookville	Locomotive	No's. 1, 2, 3, 4, 6, 8.	2	<input checked="" type="checkbox"/>
		<i>locomotives were finished on this date.</i>					
3/1/06	23675		Other Type Not Listed	Mantrip	jeep's 2, 3, 4, 6, 10, 11, 12,	2	<input checked="" type="checkbox"/>
		<i>jeep's were completed by this date.</i>					
3/1/06	23675		Other Type Not Listed	Mantrip	MT's 1, 2, 3, 4, 5, 7, 8, 10.	2	<input checked="" type="checkbox"/>
		<i>mantrips were complete by this date.</i>					

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROB

Coal Inspection Tracking System

Haulage

Trackways

Required= Yes

The inspector made an inspection of each track way to determine if a hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location		Shift	Complete
1/12/06	23675	outside track entry	North Mains end of track.	3	<input checked="" type="checkbox"/>
1/18/06	23675	end of track #15 headgate	to outside	2	<input checked="" type="checkbox"/>
1/18/06	23675	outside track entry	end of track longwall section.	2	<input checked="" type="checkbox"/>
1/18/06	23675	outside track entry	#16 headgae end of track.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

PDR

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
1/9/06	23675	#16 headgate	track entry portal.	to end of track #16 headgate.	2	<input checked="" type="checkbox"/>
1/12/06	23675	outside	track portal	North Mains Section	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:

[Redacted]

Supervisor Initials:

ROR

Coal Inspection Tracking System

UG Outby Areas

Belt Entries

Required= Yes

Belt entries were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the belt aircourse. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
2/9/06	23675	#1 northwest belt.	started at the tail	head	3	<input checked="" type="checkbox"/>
2/6/06	23675	#1south tail roller.	at the tail	outside eastmains portal.	2	<input checked="" type="checkbox"/>
2/9/06	23675	#2 northwest	started at the tail	head	3	<input checked="" type="checkbox"/>
1/12/06	23675	#7 belt	tail roller	head roller and drive	3	<input checked="" type="checkbox"/>
1/12/06	23675	#7 belt	tail piece	head	3	<input checked="" type="checkbox"/>
2/9/06	23675	030-0/015-0	started at the tail of #18, #2 belt	head	3	<input checked="" type="checkbox"/>
2/9/06	23675	030-0/0150-0	started at the tail #18, #1 belt.	head	3	<input checked="" type="checkbox"/>
2/6/06	23675	plumley track	#1 north belt crosscut 32	#1 north head	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials: [REDACTED]Supervisor Initials: LSR

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point

Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
1/19/06	23675	EP20 <i>58,975cfm.</i>	coming off old north mains	cut through	2	<input checked="" type="checkbox"/>
2/8/06	23675	headgate #12	at the mouth #12	ep22	2	<input checked="" type="checkbox"/>
2/8/06	23675	headgate 11	at headgate #11	ep33	2	<input checked="" type="checkbox"/>
2/8/06	23675	headgate#11 <i>finished walking #1 north belt.</i>	32 crosscut on #1north b elt	#3 north 6' belt.	2	<input checked="" type="checkbox"/>
2/8/06	23675	north mains	at the mouth	ep20	2	<input checked="" type="checkbox"/>

Intake Air Courses

Required= Yes

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
2/14/06	23675		at the mouth of #18 headgate	to the section.	2	<input checked="" type="checkbox"/>
1/23/06	23675	intake air course.	north west split	to the #18 headgae section.	2	<input checked="" type="checkbox"/>
1/19/06	23675	north portal fan	north portal fan	north mains section.	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

UG Outby Areas

Non-Pillared Out Area (List Each)

Required= Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
2/13/06	23675	#20 headgate	walk off #18 headgate	to #20 headgate	2	<input checked="" type="checkbox"/>

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
1/19/06	23675	fan <i>traveled the intake escapeway.</i>	outside portal	mmu/009 section	2	<input checked="" type="checkbox"/>
2/9/06	23675	Headgate #18	the mouth of the section.	section	3	<input checked="" type="checkbox"/>

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
1/23/06	23675	return	east mains portal	north portal	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4110068

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
1/23/06	23675	east mains return seals	#31 seal	#1seal	2	<input checked="" type="checkbox"/>

Track Entries

Required= Yes

Track entries were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the track aircourse. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
2/6/06	23675	end of the track eastmains portal	end of the track eastmains	outside north portal.	2	<input checked="" type="checkbox"/>
1/12/06	23675	track entry	outside portal	north mains	3	<input checked="" type="checkbox"/>