

RR 10.7.08

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



Mine Activity Data

1. Action: a. New Entry b. Update 2. Activity Code: E08 3. Event Number: 4118295

4. Date Event Started: 9/30/2008 5. Date Event Finished: 10/1/2008 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 02 9. Company Name PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment) 20401 b. Work Group 02 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 3 b. Idle Sections

e. Outby Areas f. Shafts/Slopes g. Surface Areas (UG) h. Surface Workings i. Company Records j. ATF k. Impoundments l. Refuse Piles

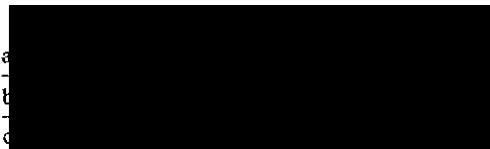
k. Major Construction (1) Shaft/Slope Sinking (2) Impoundment Construction (3) Buildings (4) Dragline/Shovel: (5) Other l. Miscellaneous

m. MMU/Pit Number (1) 029 (2) 040 (3) 041

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

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration	15. Prime Independent Contractor Codes (Major Construction)							
	16. Inspection Results							
	Citations		Orders		Safeguards		Other	
a. This Inspection	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
(1) New Issuances	00	00	1	00	00	00	00	00
(2) Terminations/Vacations	00	00	1/0	00	00	00	00	00
(3) Modifications/Extensions	00	00	00	00	00	00	00	00
(4) Left Pending	00	00	00	00	00	00	00	00
b. Previously Issued								
(1) Modifications/Extensions	00	00	00	00	00	00	00	00
(2) Terminations/Vacations	00	00	00	00	00	00	00	00

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

 Card Number
20643
24232

d.

19. Key Entered By _____ Date _____

17. Remarks:
E08 Roof Fall on Section.

Activity Calendar

Event Number: 4118295

Mine ID: 4608436

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 9/30/2008	<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"/>

Mine Citation/Order

Non-Assessable

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

RR
10-7-08



Section I--Violation Data

1. Date Mo Da Yr 09/30/2008	2. Time (24 Hr. Clock) 0950	3. Citation/ Order Number 7183944
4. Served To Homer Wallace, 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"/>

A Non-Injury Accident (Roof Fall) Occurred at this Operation on Sept. 30, 2008 in the Face Area of No.1 Entry on No.1 Section. This Order Prohibits Coal Production until such time when a Revision to the Roof Control Plan can be Submitted to the MSHA Office at Mt. Hope, WV and Approved.

See Continuation Form (MSHA Form 7000-3a)

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
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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 103(k) 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 Coal Production on No.1 Section.

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data


19. Type of Inspection (activity code) E08 20. Event Number 4118295 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 20643

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

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10-7-08


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 09/30/2008	3. Citation/ Order Number 7183944 - 01
4. Served To Homer Wallace, 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 To delete the word "when".

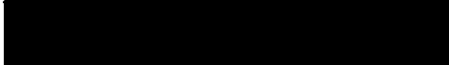
Order No. 7183944 is being modified.

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 T02	10. Event Number 9832268		
	AR Number 20643	12. Date Mo Da Yr 10/06/2008	13. Time (24 Hr. Clock) 1245

Mine Citation/Order
Continuation

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

RR
10-6-08


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 09/30/2008	3. Citation/Order Number 7183944 - 0102
4. Served To Homer Wallace, 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 operator is complying with the revised roof control plan on the #1 section MMU 030 in the #1 entry by installing 2 to 4 - 10 ft. cable bolts in every other row of bolts as supplemental support. Therefore, the order is terminated.

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 E08	10. Event Number 4118295		
11. Signa [Redacted]	AR Number 24232	12. Date Mo Da Yr 10/01/2008	13. Time (24 Hr. Clock) 1450

MSHA For

Accident Investigation Data



Event Number: 4 1 1 8 2 9 5

A. Mine Information

1. Mine ID Number: 4 6 - 0 8 4 3 6		2. Mine Name: Upper Blg Branch Mine-South		3. Operating Company Name: Performance Coal Company	
4. Mine Location: (Town, County, and State) Montcoal, Raleigh, WV 25140				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: U Underground		6a. Material Mined/Processed: 122200 BITUMINOUS COAL UNDERGROUND MI		b. Part 48? <input checked="" type="checkbox"/> X	7. Name Of Seam: (Coal Only) Eagle
6a. Part 46? <input type="checkbox"/>		b. Extraction Method: 0 3 Continuous Miner			
8. Mining Data a. Mining Method: 0 4 Cutting & Loading		c. Haulage Method(s): 0 6 Shuttle Car		d. Are explosives used in the extraction of material? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	
9. Employment: At Time of Accident: a. Underground: 44 b. Surface: 5		10. Production:(Coal only) Avg Tons per Day: 1200		11. Hours of Operation: a. Hours per Shift: 9 b. Shifts per Day: 3 c. Days per Week: 6	
Avg Mine Employment: a. Underground: 103 b. Surface: 8		13. Methane Liberation: Cubic Feet in 24 hours 200000		14. Average Mining Height: Feet: 6 Inches: 0 0	
12. Number of Active MMU's:(Coal Only) a. Development 0 3 b. Retreat: 0 0					
15. Management/Labor Officials:					
Title		Name		Address	
President		Chris Blanchard		PO Box 69, Naoma, WV 25140	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 09/30/2008 b. Time: 10:20		17. Type of Investigation: Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Non-Injury <input checked="" type="checkbox"/> X		18. Accident Classification: 0 7 Roof Fall		19. Number of Deg. 1-5 Injuries: 0	
20. Location of Accident/Injury/ill. a. Surface Location:				21. Number of Independent Contractor Companies Involved in Accident: 0			
b. Underground Location: 0 3 Face							
22. Equipment Involved: #1		a. Type:		b. Manufacturer:		e. Controls:	
c. Model No:		d. Serial Number:					
#2		a. Type:		b. Manufacturer:		e. Controls:	
c. Model No:		d. Serial Number:					

23. Description of the Accident:

A roof fall accident occurred in the No. 1 entry (face of the No. 1 section. The fall occurred above the bolt anchorage, approximately 7 to 8 feet in height for an undetermined distance. The fall's distance is undetermined. The 80 feet reported is based on the mine face distance to the sand jacks from spad No. 22702.

24. Conclusion:

I believe that the affected pillar area in the mine above contributed to the fall happening. The roof fall shows laminate sandstone.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
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C	71839444		
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Citation		Order	X	Type/Action:	103(k)	Summary of Violation:	103 (k) Order issued for control purposes.
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IC:

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Citation		Order		Type/Action:		Summary of Violation:	
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IC:

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Citation		Order		Type/Action:		Summary of Violation:	
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IC:

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Citation		Order		Type/Action:		Summary of Violation:	
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IC:

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Citation		Order		Type/Action:		Summary of Violation:	
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IC:

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Citation		Order		Type/Action:		Summary of Violation:	
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IC:

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:			27. Did Technical Support participate in this investigation ?			28. Part 50 Document Control Number:(Form 7000-1):		
Industry:	This Mine:	Contractor:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
4.28	0	0						
29. MSHA District Office:			30. MSHA Field Office:			31. Date Last Regular Inspection Completed:		
Mt. Hope			Mt. Hope WV			06/30/2008		
32. Lead Accident Investigator: Name; AR No; Date :			33. Date On-site Investigation Started:		34. Formal Report:		35. Report Release Date:	
Name: [REDACTED]			AR No.: 20643 Date: 09/30/2008		Date: 09/30/2008		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	



Event Number: 4 1 1 8 2 9 5

A. General Information

1. Type of Fall: a. Roof/Back b. Rib c. Face d. Outburst e. Rockburst M/NM Only

2. Dimension of Fall: a. Length: Feet 8 0 b. Width: Feet 2 0 c. Thickness: Feet 0 6 Inches | 3. Width of Entry, Room, etc: Feet | Inches

4. Immediate Roof/Back Information: a. Thickness: Feet 0 2 Inches 0 0 b. Strata Composition: *Laminated Sandstone*

5. Main Roof/Back Information: a. Thickness: Feet 1 0 b. Strata Composition: *Sandstone*

6. Was the fall above the anchorage horizon of the bolts? Yes No N/A | 7. Did the fall affect ventilation resulting in less than required quantity or quality? Yes No

8. Did the fall affect the passage of workers? (entrapment) Yes No

9. Did miners have indication of the pending fall? Yes No

10. If indication was given, what type? *On 09/29/08, the area started to work. Mine equipment was removed from the area. A 10' cable installed for suplm. Suppo*

B. Fall on Working Section/Active Face Area

11. Type of Roof Support: *6' torque tension bolts*

12. Type of ATRS (Coal only): *Fletcher*

13. Type of Original Support in Fall Area: *6' torque tension bolts*

14. Distance Between Fall and Face: Feet | Inches

C. Fall Outby Working Section/Previously Developed Area

15. Location and Type of Entry (intake, return, main haulage, etc.): _____

16. Approximate Date of Development (MM/DD/YYYY): a. Date: _____

17. Type of Original Support in Fall Area: _____

D. Operator's Investigation

18. Did the operator investigate the fall? Yes No

19. What did the operator determine to be the cause of the fall
Possibly caused from pillar worked out in mine above.

20. What steps did the operator take to prevent a similar occurrence?
Ten foot cable is to be incorporated into the bolt pattern.

E. Plan Revisions

21. Are plan revisions anticipated (Coal only)? Yes No