

Mine Activity Data



1. Action: a. New Entry b. Update 2. Activity Code: E08 3. Event Number: 6288658

4. Date Event Started: 11/24/2009 5. Date Event Finished: 11/30/2009 6. Mine ID: 46-08436

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

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

11. Report Type (check) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 1 b. Idle Sections 0

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 0 (2) Impoundment Construction 0 (3) Buildings 0 (4) Dragline/ Shovel 0 (5) Other 0 l. Miscellaneous

m. MMU/Pit Number
 (0) 0500

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

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

a.  Card Number 

b. _____

c. _____

d. _____

17. Remarks:

19. Key Entered By _____ Date _____

Activity Calendar

Event Number: 6288658

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 11/22/2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Week 2 11/29/2009	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section I--Violation Data

1. Date Mo Da Yr 11/24/2009	2. Time (24 Hr. Clock) 0532	3. Citation/ Order Number 8080105
4. Served To Chris Blanchard, President		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"/>

An accident occurred at this operation on November 24, 2009 at approximately 0241 hours. This order is being issued, under Section 103 (j) of the Federal Mine Safety and Health Act of 1977, to prevent the destruction of any evidence which would assist in the investigation, the cause or causes of the accident. It prohibits all activity at or inby 050-0 MMU #50 break except to prevent or eliminate imminent danger and breaker the fall until MSHA has determined that it is safe to resume normal mining operations in this area. This order was initially issued orally to the mine operator at 0301 hours and has now been reduced to writing.

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 <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"/>				
12. Type of Action 103(j)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number
15. Area or Equipment This order prohibits all activity at or inby the 050-0 MMU break #50.				

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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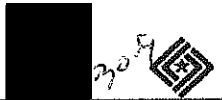
Section IV--Automated System Data

19. Type of Inspection (activity code) E08	20. Event Number 6288658	21. Primary or Mill
22. Signature		23. AR Number

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

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 11/24/2009	3. Citation/Order Number 8080105 - 01
4. Served To Chris Blanchard, President	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	The initial order is modified to reflect that MSHA is now proceeding under the authority of Section 103 (k) of the Federal Mine Safety and Health Act of 1977. This Section 103(k) Order is intended to protect the safety of all persons on-site, including those involved in rescue and recovery operations or investigation of the accident. The mine operator shall obtain prior approval from an Authorized Representative of the Secretary for all actions to recover and/or restore operations in the affected area. Additionally, the mine operator is reminded of its existing obligations to prevent the destruction of evidence that would aid in investigating the cause or causes of the accident.	
12. Type of Action1	103(j)	103(k)
Reason		

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 E08	10. Event Number 6288658		
11. Signature [Redacted]	AR Number [Redacted]	12. Date Mo Da Yr 11/24/2009	13. Time (24 Hr. Clock) 0614

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 11/24/2009	3. Citation/ Order Number 8080105 - 02
4. Served To Chris Blanchard, President	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 The operator has submitted a clean-up plan and the District Manger has approved it. Therefore this order is modified to allow the operator to begin the clean-up of the roof fall.

Modify to begin the clean-up plan.

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 E08	10. Event Number 6288658		
11. Signature [Redacted]	AR Number [Redacted]	12. Date Mo Da Yr 11/24/2009	13. Time (24 Hr. Clock) 1118

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 11/24/2009	3. Citation/ Order Number 8080105 - 03
4. Served To Chris Blanchard, President	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID (Contractor) 46-08436	

Section II--Justification for Action

Change **From** **To**

8. Condition Or Practice

Reason The operator has developed a required clean-up plan addressing the clean-up of fall area in the #2 entry @ spad#22944 on the MMU 050-0 Section, Therefore this 104 (k) order is hereby modified to allow the operator to implement the plan procedures to clean-up the fall.

To delete the sentences from 8080105-02 modification to read.

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 E08	10. Event Number 6288658		
11. Signature [Redacted]	AR Number [Redacted]	12. Date Mo Da Yr 11/24/2009	13. Time (24 Hr. Clock) 1429

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 11/24/2009	3. Citation/ Order Number 8080105 - 04
4. Served To Longwall Coordinator	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Order #8080105 is terminated. The roof fall has been cleaned up and additional roof supports has been installed in the roof fall. Additional roof supports has been installed inby and outby the roof fall and normal mining operations can resume.

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 6288658		
11. Signature	AR Number	12. Date Mo Da Yr 11/29/2009	13. Time (24 Hr. Clock) 1100

Preliminary Report of Accident



1. Accident Type: No Injuries		2. Accident Classification: Fall of Roof or Back		3. Date/Time of Accident: 11/24/2009 02:41 AM		4. Date/Time of Death:		5. Fatal Case No.:		
6. Mine Information:										
a) Mining Company Name Performance Coal Company			b) Mine Name Upper Big Branch Mine-South			c) Parent of Mining Company Massey Energy Company				
7. Mine Location:		a) City Montcoal		b) County Raleigh		c) State WV		8. Mine ID Number: 46-08436		9. Union: NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 210	b) Underground 203	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 7
12. Contractor Name:						13. Union:		14. Contractor ID Number:		
15. Contractor Address:										
a) City		b) County			c) State			d) Zip Code		
16. Number of Contractor Employees:										
a) Total 12		b) Underground 11		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other 1		
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:				
a) Mine Employees: 13		b) Contractor Employees: 3		a) Mine Employees:		b) Contractor Employees:				
19) Location of Accident:									20. Mining Height:	
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet 6	Inches 0
21. Nonfatal Injuries:		22. Fatal Injuries:								
23. Victim Information:										
a) Name		b) Age								
No Victims Reported for this Accident Investigation										
c) Regular Job Title:						d) Activity at Time of Accident:				
						<input type="checkbox"/> Mine Employee				
						<input type="checkbox"/> Contractor Employee				
24. Experience:										
Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total:		b) at the mine:		c) at activity (23d)		d) with Contractor				
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (304) 854-3563				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The roof fell in an intersection that has fallen before. The top in this area is slack rock with coal streaks. The roof fall occurred about 2 feet above anchorage.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:				29. Model:	
30. District: C0400 Mt. Hope		32. Field Office: Mt. Hope WV		33. Event Number: 6288658	
34. Accident Investigator:		35. MSHA Person Notified:		Date 11/24/2009	Time 03:05 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared:		Date 11/24/2009	
38. Reason For Amendment:					

Accident Investigation Data

Event Number: 6 2 8 8 6 5 8



A. Mine Information

1. Mine ID Number: 4 6 - 0 8 4 3 6		2. Mine Name: Upper Big 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 Part 46? <input type="checkbox"/>	7. Name Of Seam: (Coal Only) Eagle
8. Mining Data a. Mining Method: 0 8 Longwall		b. Extraction Method: 0 2 Shearer			
c. Haulage Method(s): 0 1 Conveyor Belt					
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: 16 b. Surface: 1 Avg Mine Employment: a. Underground: 203 b. Surface: 7		10. Production:(Coal only) Avg Tons per Day: 7290	11. Hours of Operation: a. Hours per Shift: 9 b. Shifts per Day: 3 c. Days per Week: 7		
12. Number of Active MMU's:(Coal Only) a. Development 0 6 b. Retreat: 0 1		13. Methane Liberation: Cubic Feet in 24 hours 660118		14. Average Mining Height: Feet: 6 Inches: 0 6	
15. Management/Labor Officials:					
Title Superintendent		Name Everett Hager		Address PO Box 457, Whitesville, WV 25209	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 11/24/2009 b. Time: 2:41		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 #50 Break Intersection in #2 entr		19. Number of Deg. 1-5 Injuries: 0
20. Location of Accident/Injury/Ill. a. Surface Location: b. Underground Location: 0 4 Intersection				21. Number of Independent Contractor Companies Involved in Accident: 0		
22. Equipment Involved: a. Type: #1 c. Model No:		b. Manufacturer: d. Serial Number:		e. Controls:		
a. Type: #2 c. Model No:		b. Manufacturer: d. Serial Number:		e. Controls:		

23. Description of the Accident:
 An unintentional roof fall occurred above the anchorage zone of the six foot torque tension bolts and eight foot cable bolts. The six foot torque tension bolts were used as primary support when the longwall panel was developed. The eight foot cable bolts were installed later for additional support. The fall occurred at the #50 break in the #2 entry at spad #22944. The fall occurred right at the eight foot cable bolts. The roof fall fell approximately eight feet from the immediate roof. The whole intersection fell in.

24. Conclusion:

The roof fall most likely occurred due to the stack rock with coal streak being thicker than the anchorage of the eight foot cable bolts.

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
<input type="checkbox"/> C <input type="checkbox"/>	8080105		
Citation	Order	Type/Action:	Summary of Violation:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	103(j)	A 103(j) order was issued and modified to a 103(k) order upon arrival at the mine site.. This order is being issued to prevent the destruction of any evidence which would assist in the investigation of the cause or causes of the accident.
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	Type/Action:	Summary of Violation:
			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"/>		<input type="text"/>					
4.27	7.84									
29. MSHA District Office:			30. MSHA Field Office:		31. Date Last Regular Inspection Completed:					
Mt. Hope			Mt. Hope WV		09/30/2009					
32. Lead Accident Investigator: Name; AR No; Date :			AR No.:		33. Date On-site Investigation Started:		34. Formal Report:		35. Report Release Date:	
Name: <input type="text"/>			Date: 11/30/2009		11/24/2009		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			



Event Number:

6	2	8	8	6	5	8
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A. General Information

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

2. Dimension of Fall: 3. Width of Entry, Room, etc

Feet		Feet		Feet		Inches		Feet		Inches	
a. Length	3 0	b. Width	3 0	c. Thickness	0 8	0 0			2 0	0 0	

4. Immediate Roof/Back Information:
 a. Thickness

0	2
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 | b. Strata Composition: *0-2' Shale*

5. Main Roof/Back Information:
 a. Thickness

	1	2
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 | b. Strata Composition: *Sandstone*

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

B. Fall on Working Section/Active Face Area

11. Type of Roof Support:

12. Type of ATRS (Coal only):

13. Type of Original Support in Fall Area:

14. Distance Between Fall and Face:

Feet	Inches
1 1	0

C. Fall Outby Working Section/Previously Developed Area

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

16. Approximate Date of Development (MM/DD/YYYY): a. Date: *12/31/2008*

17. Type of Original Support in Fall Area:
Six foot torque tension

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
Fault in the top.

20. What steps did the operator take to prevent a similar occurrence?
Additional supports in the area with fault in the roof.

E. Plan Revisions

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

The following safety precautions shall be followed when cleaning up the roof fall that occurred at the #50 crosscut in the intake (Spad No. 22944) at Upper Big Branch Mine:

- All approaches to the fall will have loose rock and brows scaled and will be dangered off with signs and barriers to entry.
- All persons working in the affected area will be instructed in the rehabilitation plan.
- A certified foreman shall oversee all work.
- No inexperienced miners will be allowed to work in the immediate area.
- A copy of this rehabilitation plan will be posted at all approaches to the work area and in the mine office.
- No person shall work inby the second row of permanent support except to install permanent or temporary roof support.
- Damaged roof bolts shall be installed in accordance with the approved Roof Control Plan.
- A Fletcher Roof Bolter with ATRS will be used to bolt in the fall area.
- A Joy 12CM-12 continuous miner or scoops will be used to clean up or move the fall material.
- Beginning 80' outby the fall in the intake entry, 8' cable bolts will be spotted with two cable bolts installed between each row of permanent support.
- 10' test holes shall be drilled no further than 20' apart while approaching the fall. If a separation is located in the top, the bolts shall be sized so that each bolt is anchored at least one foot above the separation.
- Fall material may be ramped up upon with scoop or miner to allow loose material to be taken down and to establish a working surface for the roof bolter to install permanent support.
- Any brows or offsets in the roof shall be supported with supplemental support in accordance with the approved roof control plan.
- After the roof fall is cleaned and resupported, the following supplemental support shall be installed prior to production commencing:
 - Five (5) nine point cribs shall be installed in the #50, #51, and #52 intersections in the track entry. These cribs shall be installed in a star pattern in the intersection.
 - The LOC for the longwall section shall have additional four point cribs installed to narrow the travel way down to 6' in width.