



January 12, 2009

MEMORANDUM FOR RICHARD STICKLER
Acting Assistant Secretary for
Mine Safety and Health Administration

THROUGH: CHARLES J. THOMAS *Charles J. Thomas*
Director of Accountability for
Mine Safety and Health Administration

FROM: JERRY KISSELL *Jerry Kissell*
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Helena,
Montana, Field Office, and [REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Mine Files, MSHA field activities, level of enforcement, Field Activity Reviews (FAR's), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the week of [REDACTED] by Jerry Kissell, Charlie Thomas, and Anthony Webb. Positive findings and issues requiring attention are included in this audit report.

Overview

The audit team traveled to the Helena, Montana Field Office and to the East Boulder Mine to observe and evaluate enforcement activities and mine conditions. Prior to the field visit, the previous two quarters E-01 inspection reports were reviewed as well as time utilization and enforcement activities for the mine and field office. Accompanying the audit [REDACTED]

[REDACTED] Company personnel accompanying the audit team included [REDACTED]

[REDACTED]

[REDACTED] Underground areas traveled into the mine and areas of the mine examined during this audit included the # 1 tunnel entry, shifters office, shop areas, the 670 incline ramp from the 6500 level to the 7600 level, and the east 6500 foot wall lateral. Captive stopes were inspected including the 7400/670+670 slusher stope, and the 7400/665 slusher stope. Other areas inspected underground included powder magazines, primer magazines, laydown areas, (Organized storage locations), haulage ramps, and waste and ore pass areas. Equipment inspected included LHD's, utility vehicles, ventilation fans, rail haulage equipment and personnel haulers.

Surface areas inspected included the primary crusher, conveyor belts, and areas in the mill, laydown storage, surface fire taps and surface mobile equipment. Records reviewed included fire hose testing, ground and continuity records, pull test records (ground support), mine rescue records and explosive inventory records.

The Ventilation and Escape maps were reviewed and verified at the mine. Currently, the operator has eleven (11) refuge chambers developed and maintained throughout the mine.

The audit team conducted safety discussions underground with mine crews during the inspection and conducted a safety meeting with the dayshift crew of approximately 120 miners. Safety discussion topics included a review of mine accident history, accident classification and categories for the most common accidents at this mine, including material handling, ground falls, non-powered hand tools and machinery as well as hearing and respiratory protection. Safety "pocket card" best practice handouts were distributed during the inspection as well.

A headquarters peer reviews was not conducted in this district in 2008, the two required headquarter reviews were conducted in other districts. The Rocky Mountain District completed one peer review of the Green River, WY field office in January 2008.

The audit revealed positive findings in several categories, including the following:

1. The supervisor visited numerous high risk/high violation mines throughout the year.
2. The supervisor exceeded the minimum required AA's and FAR's for each inspector.

3. Inspection documentation well written and indicative of thorough and complete inspections.
4. Inspectors performed professionally and confidently exhibiting excellent knowledge of MSHA regulations and policy, as well as thorough review of citations issued and root cause review for each violation issued.
5. The 104(d) tracking system is obvious, maintained and up to date.
6. Ample time spent on mine site with excellent time management. Other time was below 4 % for the local inspection personnel on the previous inspection.
7. MSHA personnel set example for safety practices, ie: PPE usage, Tire Chalks on GOV's were always used, and safety discussions with miners on a one to one basis were consistently done.
8. Weekend and off-shift inspections regularly covered.
9. Records for self rescuer maintenance and ITX gas detectors well maintained, and readily available.
10. Very open and positive communications between MSHA and the operator. Miners, safety personnel, and management personnel demonstrated open and willing communications to all MSHA personnel during the audit.
11. The mine operator has pro-actively initiated a safety program to reduce the injury accidents related to the use of hand tools and knives in the mill. Kevlar gloves are being provided when employees are to use box/utility knives during work assignments to reduce exposure to slipping blades and hand injuries.
12. The company simplified safety programs, in that, they returned to a "5 Point" safety system and feel that it is working for them at this time.
13. Miners are provided with "Kevlar sleeves" to reduce soft tissue injuries related to falling ground. The KEVLAR sleeves were implemented many years ago due to the characteristics of the rock and have been successful in reducing these types of injuries.

The audit also revealed issues that require corrective actions, which include the following:

1. Inadequate supervisory review of inspection notes, and citations. (See Item 1 in attachment A).
2. ATF records keeping in underground magazines - no clear method of record keeping was observed for the underground magazines inspected during the audit. Citations # [REDACTED] was issued for improper storage of

explosives under 57.6102a2. After discussion with the Assistant Secretary's office, MSHA is currently in the process of rewriting the Memorandum of Understanding (MOU) with the ATF, these matters should be clarified and defined in this agreement. (The underground explosive storage magazines held explosives for more than one week's usage on average, per magazine.)

Recommendations for improving industry and MSHA relations:

- 1.) DM and ADM's select and visit high risk/problematic mining operations once quarterly. Logistics and total mine numbers make it impossible to visit all mines, but supporting field office activities with site visits can provide support, oversight, positive input, and receive feedback from miners, mine management, MSHA inspectors and supervisors.
- 2.) During interview discussion with the Helena MT field office staff, a recommendation to request having tech support evaluate ground conditions in some underground mining operations and provide training to the field office staff on ground integrity and inspection evaluation would be beneficial. This has been initiated by the District therefore no action required.

Recommendations made to the mine operator:

- 1.) Contact the Rocky Mountain District for assistance in training requests or contact the National Mine Academy for upcoming courses they may be offering. (Supervisory responsibility, training makes a difference, ATF, etc...)
- 2.) Provide safety policy changes to the underground that have been successfully implemented in the mill, which targeted the reduction of hand injuries related to the use of hand tools and knives.

Audit Results

The attached checklist (Attachment A) addresses the findings of the audit. Positive issues as well as issues requiring action are covered in detail in the checklist.

Attachments

- A. Office of Accountability Checklist, with comments, recommendations, and references
 - B. Citations issued during this audit
 - C. Photo of rubber-tire stope workings
 - D. Photos GOV vehicles parked and tires chalked on mine property -Positive
 - E. Photo master switch lock-out device on mobile equipment
-

1. Coal Metal/Nonmetal

Evaluate supervisory review of inspection reports and documentation for completeness.

Adequate Inadequate Not Applicable Comments Below

The following citations had specific issues that appear to not be compliant with the M/NM Citation/Order writing handbook PH08-I-08, or were cited under the wrong standard of the CFR 30.

Citation [REDACTED] Negligence statement included;" More thorough work place exam needed checking area before & after moving material". (Reference PH-I-08, page 22, Section IX, Negligence Criteria)

Citation [REDACTED] Issued under 57.8529 for no air movement at face (72-222 Ramp) Negligence justification stated "Not a company practice, no cite history". How does this identify the knowledge or lack of knowledge by a company agent on this specific condition? (Reference PH-I-08, page 22, Section IX, Negligence Criteria)

Citation [REDACTED] Negligence statement reads ..."Review of storage procedures needed". How does this describe the company management/agents knowledge or lack of knowledge of the conditions cited? (Reference PH-I-08, page 22, Section IX, Negligence Criteria)

The following citations are the same issue associated with 56/57.12004 and 56/57.12008 being interchanged.

Citation [REDACTED] Issued under 57.12004 for the outer jacket on an electrical cable not being in the bushing to a electrical box exposing insulated electrical conductors was terminated with the following statement: "the electrical cable was properly bushed eliminating any exposure of the insulated conductors". This appears to be a violation of 57.12008.

Citation [REDACTED] Issued under 57.12004 for damaged electrical conductors. With review assistance from electrical inspector, the citation appears to be a violation of 57.12008, for electric power wires/cable not being properly bushed or insulated where it passes into the electrical box. The cable appears to have slipped out of the provided bushing or was not properly installed originally.

2. Coal Metal/Nonmetal

Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

When report deficiencies were identified the Supervisors are requesting corrections immediately from inspection staff.

4. Coal Metal/Nonmetal

Evaluate the quality of Field Activity Review reports (FARs)

Adequate Inadequate Not Applicable Comments Below

Positive Comment: FAR's very well documented, Supervisors have exceeded the minimum required FAR's for each inspector in the office.

5. Coal Metal/Nonmetal

Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted

Adequate Inadequate Not Applicable Comments Below

Well documented.

6. Coal Metal/Nonmetal

Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

Positive Comment: The supervisor has exceeded the minimum required AA's and has documented positives and areas for improvement.

7. Coal Metal/Nonmetal

Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate Inadequate Not Applicable Comments Below

8. Coal Metal/Nonmetal

Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities

Adequate Inadequate Not Applicable Comments Below

2nd level reviews identify the AA's and FAR's are being completed and reviewed at the district level.

17. Coal Metal/Nonmetal

Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector

Adequate Inadequate Not Applicable Comments Below

18. Coal Metal/Nonmetal

Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures

Adequate Inadequate Not Applicable Comments Below

19. Coal Metal/Nonmetal

Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of Citations.

Adequate Inadequate Not Applicable Comments Below

20. Coal Metal/Nonmetal

Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine

Adequate Inadequate Not Applicable Comments Below

The supervisor visits the high risk and high violation mines and keeps documentation identifying visits and discussions with industry.

21. Coal Metal/Nonmetal

Determine if District Manager is monitoring the ACRI program and using the Performance Management System to ensure that CLR's justify changes

Adequate Inadequate Not Applicable Comments Below

22. Coal Metal/Nonmetal

Determine if District Manager is using discretion in granting conferences

Adequate Inadequate Not Applicable Comments Below

23. Coal Metal/Nonmetal
Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions

Adequate Inadequate Not Applicable Comments Below

Well documented

24. Coal Metal/Nonmetal
Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance

Adequate Inadequate Not Applicable Comments Below

25. Coal Metal/Nonmetal
Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.

Adequate Inadequate Not Applicable Comments Below

26. Coal Metal/Nonmetal
Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations

Adequate Inadequate Not Applicable Comments Below

29. Coal Metal/Nonmetal
Determine if complete and thorough inspections are being conducted and adequately documented

Adequate Inadequate Not Applicable Comments Below

30. Coal Metal/Nonmetal
Determine if inspection notes, air samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety

Adequate Inadequate Not Applicable Comments Below

31. Coal Metal/Nonmetal
Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate Inadequate Not Applicable Comments Below

34. Coal Metal/Nonmetal
Determine if all mine record books, postings, and other required materials are examined during the inspection

Adequate Inadequate Not Applicable Comments Below

ATF records need addressed. Clear guidance from HQ will be coming in the MOU between MSHA and ATF.

| | | | |
|--|-------------------------------------|----------------|--------------------------|
| 36. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> | | | |
| Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| Comments Below | | | |

| | | | |
|---|-------------------------------------|----------------|--------------------------|
| 37. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> | | | |
| Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| Comments Below | | | |

| | | | |
|--|-------------------------------------|----------------|--------------------------|
| 38. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> | | | |
| Accompany and evaluate inspector's imminent danger run | | | |
| Adequate | <input checked="" type="checkbox"/> | Inadequate | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| Comments Below | | | |

loose ground, citation [REDACTED] The inspector took the appropriate enforcement action for the conditions found. Additionally, violations have been issued under 56/57.18002 in the past for inadequate work place examinations. Examinations need to be improved by the mine operator to identify and correct obvious hazards.

40. Coal Metal/Nonmetal

Evaluate inspector's observation of Back/Rib conditions

Adequate Inadequate Not Applicable Comments Below

Violations were issued for 57.3200 where loose unsupported ground materials were easily barred down in area's where persons work or traveled. (Citation # [REDACTED])

41. Coal Metal/Nonmetal

Evaluate operator's workplace examinations

Adequate Inadequate Not Applicable Comments Below

This item reflects the conduct of the mine operator and not MSHA. Violations for 57.18002 have been issued in previous inspections and will be issued during this inspection as well, based on the number of citations issued for conditions that proper work place examinations would have corrected prior to the inspectors observations of non-compliant conditions.

42. Coal Metal/Nonmetal

Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

Observed multiple area's and production stopes. MSHA inspectors issued appropriate citations when hazards or violations were observed and unsafe conditions generally were corrected timely if not later than before the end of the

42. Coal Metal/Nonmetal

Evaluate conditions on working section and observe work cycle

Adequate Inadequate Not Applicable Comments Below

Observed multiple area's and production stopes. MSHA inspectors issued appropriate citations when hazards or violations were observed and unsafe conditions generally were corrected timely if not later than before the end of the same shift. Abatement times were correctly established and followed by the operator.

43. Coal Metal/Nonmetal

Observe air quantity, quality, and gas checks by inspector

Adequate Inadequate Not Applicable Comments Below

Air quality was good at every location traveled by inspection party as tested with Industrial Scientific ITX gas detectors. All readings were compliant.

44. Coal Metal/Nonmetal

Determine adequacy of Emergency Response Plan training (interview miners)/Escape and Evacuation plans.(M/NM)

Adequate Inadequate Not Applicable Comments Below

45. Coal Metal/Nonmetal

Determine adequacy of training regarding roof, ventilation, and other plans (interview miners)

Adequate Inadequate Not Applicable Comments Below

| |
|---|
| 46. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> |
| Self-Rescuer condition |
| Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below |
| |
| 48. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> |
| Examine electrical cables on several pieces of equipment |
| Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below |
| |

| |
|---|
| 51. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> |
| Examine escapeway map for compliance with regulations |
| Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below |
| |

| |
|---|
| 52. Coal <input type="checkbox"/> Metal/Nonmetal <input checked="" type="checkbox"/> |
| Evaluate integrity of primary and alternate escapeways |
| Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below |
| |

57. Coal Metal/Nonmetal

Observe and evaluate fire detection methods

Adequate Inadequate Not Applicable Comments Below

60. Coal Metal/Nonmetal

Determine if all required record are adequately completed and in compliance with applicable standards

Adequate Inadequate Not Applicable Comments Below

All records with the exception for underground explosives magazines were in order. The underground explosive magazine daily transaction summary records were not clear. This matter is being addressed through headquarters with a MOU rewrite with the ATF as there has been conflicting direction for MSHA enforcement personnel on this requirement in underground mines.

61. Coal Metal/Nonmetal

Examine mine map for accuracy of workings and escapeway locations

Adequate Inadequate Not Applicable Comments Below

62. Coal Metal/Nonmetal

Examine mine bulletin board and evaluate adequacy of all required postings

Adequate Inadequate Not Applicable Comments Below

63. Coal Metal/Nonmetal
Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes

Adequate Inadequate Not Applicable Comments Below

66. Coal Metal/Nonmetal
Determine if districts are conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

A peer review was completed in the Green River Wyoming Field office in 2008.

67. Coal Metal/Nonmetal
Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

No Headquarters Peer reviews done in the Rocky Mountain district in 2008. The required two (2) HQ reviews were conducted in CY2008 in other Districts.

68. Coal Metal/Nonmetal
Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.

Adequate Inadequate Not Applicable Comments Below

70. Coal Metal/Nonmetal

Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt, etc...

Adequate Inadequate Not Applicable Comments Below

77. Coal Metal/Nonmetal

Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate Inadequate Not Applicable Comments Below

Positive comment: Excellent notes, very detailed documentation of conditions observed, safety talks held with miners and operators, complete and thorough pre and post conference discussions daily and final. See Item 1 for issues found.

79. Coal Metal/Nonmetal

Citations, orders, and safeguards issued during previous two quarters

Adequate Inadequate Not Applicable Comments Below

Although citations were issued under an incorrect standard the conditions were corrected and the operator did not contest the citations. (See item 1)

80. Coal Metal/Nonmetal

Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date

Adequate Inadequate Not Applicable Comments Below

104(d) tracking is posted in the field office and current.

82. Coal Metal/Nonmetal

Determine if all applicable plan reviews were performed within six months, or within the timeframes required

Adequate Inadequate Not Applicable Comments Below

115. Coal Metal/Nonmetal

Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists

Adequate Inadequate Not Applicable Comments Below

116. Coal Metal/Nonmetal

Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues

Adequate Inadequate Not Applicable Comments Below

Meetings for staff are held consistently and are documented for agenda topics.

Attachment A: Citations issued during Audit

| Mine Citation/Order | | U.S. Department of Labor Mine Safety and Health Administration | |
|---|------------------------|---|--|
| Section I--Violation Data | | | |
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number | |
| 4. Special To | 5. Operator | | |
| 6. Mine | 7. Mine ID | | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) | |
| A small oxygen bottle was stored in the surface maintenance shop on a shelf with a small acetylene bottle. | | | |
| Oxygen cylinders shall not be stored in rooms or areas used or designated for storage of flammable or combustible liquids, including grease. | | | |
| See Continuation Form (MSHA Form 7000-3a) | | | |
| 9. Violation | A. Health Safety Other | B. Section of Act | C. Part/Section of Title 30 CFR 57.4601 |
| 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 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/Order Number |
| 15. Area or Equipment | | | F. Dated Mo Da Yr |
| 16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock) | | | |
| Section III--Termination Action | | | |
| 17. Action to Terminate The oxygen bottle was removed and placed in proper storage. This action terminates this citation. | | | |
| 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 | 21. Primary or Mill P | |
| 22. Signature | | 23. AR Number | |

MSHA Form 7000-3, Apr 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, 408 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.

Mine Citation/Order

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



Section I--Violation Data

| | |
|--|---|
| 1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To [redacted] | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) |

8. Condition or Practice 8a. Written Notice (103g)

The 480 volt power cord for the Miller welder did not pass thru a proper fitting. The power cable went thru a hole on the back (metal) and did not have any type of fitting provided. The welder was in the surface maintenance shop.

Cables shall enter metal frames of motors, splice boxes, and electrical compartments only through proper fittings.

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 | 56.12008 |
|--------------|---|-------------------|---------------------------------|----------|

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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 [redacted] B. Time (24 Hr. Clock) [redacted]

Section III--Termination Action

17. Action to Terminate The cable was wrap with an insulated wrap, terminating this citation.

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

Section IV--Automated System Data

| | | | |
|--|-----------------------------|-----------------------|--------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number [redacted] | 21. Primary or Mill P | 23. AR Number [redacted] |
| 22. Signature [redacted] | | | |

MSHA Form 7000-3, A...visions 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 | 3. Citation/Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID (Contractor) | |

Section II--Justification for Action

| | | |
|--------------------|----------|----------|
| Change | From | To |
| 9. C. Part/Section | 56.12008 | 57.12008 |

Reason: Underground mine.

Correction of standard Change from 56.12008 to 57.12008.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV--Inspection Data

| | | | |
|-----------------------|-----|-------------------------|----------|
| 9. Type of Inspection | E01 | 10. Event Number | |
| 11. Signature | | 12. Date | Mo Da Yr |
| | | 13. Time (24 Hr. Clock) | |

MSHA Form 7000-30, Mar 88 (revised)

Mine Citation/Order

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



Section I--Violation Data

| | | |
|---------------------|----------------------------|------------------------------|
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Secord To | 5. Operator | |
| 6. Mine | 7. Mine ID (Contractor) | |

8. Condition or Practice 8a. Written Notice (103g)

A safe means of access was not provided on top of the offices on the upper level of the maintenance shop. A ladder was provided against the wall and a grab rail was welded on the I beam of the outer wall. On top of these offices were boxes, pipes, air conditioner, and metal straps, Also there were electrical panels that are accessed as needed for maintenance or repair. No handrails or tie offs were provided. Footprints were 12 to 15 inches from the side which indicated a miner had accessed this area. No safe means of access were provided to prevent a miner from falling off the top of the offices.

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 57.11001 |
|--------------|---|-------------------|---|

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 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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 | B. Time (24 Hr. Clock) |
|---------------------|------------------|------------------------|

Section III--Termination Action

17. Action to Terminate A tie off cable and block was installed providing safe access; terminating this citation.

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

Section IV--Automated System Data

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

MSHA Form 7000-3, April 1999. 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

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



Section I-Violation Data

| | | |
|-----------------------------------|--------------------------------------|--|
| 1. Date Mo Da Yr [REDACTED] | 2. Time (24 Hr. Clock) [REDACTED] | 3. Citation/ Order Number [REDACTED] |
| 4. Served To [REDACTED] | | 5. Operator [REDACTED] |
| 6. Mine [REDACTED] | | 7. Mine ID [REDACTED] (Contractor) |

8. Condition or Practice 8a. Written Notice (103g)

The outer jacket of the positive welding lead was split at the connector. This was on the Lincoln welder WE 006 located out side of the surface maintenance shop.

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 57.12004 |
|--------------|---|----------------------|--|

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 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number |
| 15. Area or Equipment | | | F. Dated Mo Da Yr |

| | | |
|---------------------|--------------------------------|--------------------------------------|
| 16. Termination Due | A. Date Mo Da Yr [REDACTED] | B. Time (24 Hr. Clock) [REDACTED] |
|---------------------|--------------------------------|--------------------------------------|

Section III-Termination Action

17. Action to Terminate The cable outer jacket was insulated and taped; terminating this citation.

| | | |
|----------------|--------------------------------|--------------------------------------|
| 18. Terminated | A. Date Mo Da Yr [REDACTED] | B. Time (24 Hr. Clock) [REDACTED] |
|----------------|--------------------------------|--------------------------------------|

Section IV-Automated System Data

| | | |
|---|--------------------------------|-----------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number [REDACTED] | 21. Primary or Mill P |
| 22. Signature [REDACTED] | | 23. AR Number [REDACTED] |

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 (1-888-754-3247), 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

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



Section I—Violation Data

| | | |
|---------------------|-------------------------|------------------------------|
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID (Contractor) | |

8. Condition or Practice 8a. Written Notice (103g)

A miner was observed coming down a steep hill side from the rail dump to the level below. The hill side was 55 to 70% grade. The hill side was muddy from recent snow melting. The hill side was composed of unconsolidated material. At the top (rail level) concrete barriers, signs, and berms were provided. Safe access was provided but the miner choose to go around the barriers; exposing the miner to a fall and roll into a large heavy metal box.

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 | 57.11001 |
|--------------|---|-------------------|---------------------------------|----------|

Section II—Inspector's Evaluation

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The miner was restructured by a MSHA Inspector on using proper access. The company has addressed the miner with disciplinary action.

| | | |
|----------------|------------------|------------------------|
| 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 | 21. Primary or Mill P |
| 22. Signature | | 23. AR Number |

MSHA Form 7000-3, April 1985 (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

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



Section I--Violation Data

| | |
|--|---|
| 1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To [redacted] | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) |

8. Condition of Practice 8a. Written Notice (109g)

The guards under the crusher were not secured at the bottom for the entire length on both sides. Also the guards at the transfer point were not secured. The length of these guards was over 40 feet in length on each side and ranged in height of 53 inches to over 6 feet in height. The guards were on pins at the top but not fixed at the bottom and could be lifted easily from the bottom. Part of this area did have warning signs and a chain across the walkway (the chains were only on pins and not locked).

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 |
| | | | 57.14112b |

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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 [redacted] B. Time (24 Hr. Clock) [redacted]

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

| | | |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection (activity code) 101 | 20. Event Number [redacted] | 21. Primary or Mill P |
| 22. Signature [redacted] | 23. AR Number [redacted] | |

MSHA Form 7000-3, 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, 400 3rd Street, SW MC 2120, Washington, DC 20410. 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

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



Section I - Violation Data

| | |
|--|---|
| 1. Date Mo Da Yr [redacted] 12 Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Operator [redacted] | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) |
| 8. Condition or Practice | |

8a. Written Notice (103g)

The concrete pad at the back of the crusher had no handrail provided at an opening to prevent a miner from falling off the pad to the ground below. The ground was 47 inches from the concrete pad and the opening was 9 feet 6 inches in length. This area is not accessed on a regular basis and a sign (authorized persons) was provided.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---------------------------------|
| 8. 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 |
| | | | 57.11002 |

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 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/Order Number | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | |

| | | |
|---------------------|-----------------------------|-----------------------------------|
| 16. Termination Due | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |
|---------------------|-----------------------------|-----------------------------------|

Section III - Termination Action

| | | |
|-------------------------|-----------------------------|-----------------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |

Section IV - Automated System Data

| | | |
|---|-----------------------------|-----------------------|
| 19. Type of Inspection (activity code) [redacted] | 20. Event Number [redacted] | 21. Primary or Mill P |
| 22. Signature [redacted] | 23. AR Number [redacted] | |

MSHA Form 7000 (Rev. 05-2002) Pursuant to 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

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



Section I--Violation Data

| | | |
|--------------|------------------------|--------------------------|
| 1. Date | 2. Time (24 Hr. Clock) | 3. Citation/Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID | (Contractor) |

8. Condition or Practice

8a. Written Notice (103g)

The return roller guards (13) on the side of the walkway for the stacker conveyor did not adequately cover the roller. The guards were ranged in length of 24 to 28 inches in length and were centered over the rollers. The return rollers can be accessed from the side with a reach of 12 inches. These return rollers were not secured on the bottom. Emergency cords were in place within 15 inches in reach.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|------------------------|-------------------|---------------------------------|--------------------------|
| 9. Violation | A. Health Safety Other | B. Section of Act | C. Part/Section of Title 30 CFR | D. Citation/Order Number |
| | | | | 57.14107a |

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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 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) | 20. Event Number | 21. Primary or Mill | 23. AR Number |
| E01 | | P | |

MSHA Form 7000-3, April 06 (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

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



| | | |
|--------------------------|------------------------|------------------------------|
| Section I-Violation Data | | |
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Signed To | 5. Operator | |
| 6. Mine | 7. Mine ID | |
| 8. Condition or Practice | | 8a. Written Notice (103g) |

The brakes on the Scat Track Skid loader were not maintained in functional condition. The brakes when tested would not hold with no load in the bucket on a slight incline. The brakes should hold whenever the controls are in the neutral position. This skid loader is used as needed basis at the mill area. This condition exposes miner on the ground to a crushing hazard in not knowing the brakes were not properly functioning. This also exposes a equipment operator to a crushing hazard exiting the equipment and not knowing the brakes were not properly functioning. Crushing hazards of this type has caused fatal injuries in the mining industry.

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 | 57.14101a3 |
|--------------|---|----------------------|------------------------------------|------------|

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 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number | |
| 15. Area or Equipment | | F. Dated Mo Da Yr | | |

| | | |
|---------------------|---------|------------------------|
| 16. Termination Due | A. Date | 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) E01 | 20. Event Number | 21. Primary or Mill p |
| 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 (1-888-724-3247), 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

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



Section I--Violation Data

| | | |
|-----------------------------------|---------------------------------------|--|
| 1. Date Mo Da Yr [redacted] | 2. Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To [redacted] | 5. Operator [redacted] | |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) | |

8. Condition or Practice 8a. Written Notice (103g)

A diesel fuel fired heater was stored next to oxygen/acetylene torches and within 10 feet of the cutting/welding tables in the mill shop. The tank of the heater was approximately half full of diesel fuel. The heater was a Master brand 165,000 BTU.

Heat sources capable of producing combustion shall be separated from combustible materials if a fire hazard could be created.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 57.4500 |
|--------------|---|-------------------|--|

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 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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 B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The heater was moved from the area and placed in proper storage. This action terminates this citation.

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

Section IV--Automated System Data

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

U.S. Department of Labor
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Section I - Violation Data

| | | |
|---------------------|-------------------------|----------------------------|
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation / Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID (Contractor) | |

8. Condition or Practice
 8a. Written Notice (103g)

A service truck belonging to [redacted] was parked on an incline and was not chocked. The incline was 3 to 4%. The truck was parked at the core shed parking area adjacent to a busy mine road with foot and equipment traffic. Chocks were provided and were in the bed of the truck. This hazardous condition exposes persons on the ground and in mobile equipment to a crushing hazard. Hazards of this type has caused severe to fatal injuries in the mining industry.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 57.14207 |
|--------------|---|-------------------|---|

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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
 B. Time (24 Hr. Clock)

Section III - Termination Action

17. Action to Terminate: The service truck was properly chocked; terminating this citation.

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 | 21. Primary or Mill p |
| 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 1-866-REG-FAIR (1-866-734-3247), 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

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



| | | | |
|--------------------------|-------------|------------------------|---------------------------|
| Section I-Violation Data | | | |
| 1. Date | Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/Order Number |
| 4. Served To | 5. Operator | | |
| 6. Mine | 7. Mine ID | | |
| 8. Condition of Practice | | | 8a. Written Notice (103g) |

Explosive materials in the 6500 Main Powder Magazine were not being stored according to brand and grade. The following were found in the same powder box; nine sticks of 1 1/2 powder, nine - C - 10 Boosters and a roll of primer cord. This exposes a miner to a exposure hazard that has resulted in fatal injury in the mining industry.

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 | 57.6102a2 |
|--------------|---|-------------------|---------------------------------|-----------|

| | | | | |
|---|--|---|--|------------------------------------|
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | | |
| 14. Initial Action | | | | 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"/> | | | | E. Citation/Order Number |
| 15. Area or Equipment | | | | |

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

| | |
|---|--|
| Section III-Termination Action | |
| 17. Action to Terminate The noted materials were placed in their proper boxes. This hereby terminate this citation. | |

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

| | | |
|--|------------------|---------------------|
| Section IV-Automated System Data | | |
| 19. Type of Inspection (activity code) | 20. Event Number | 21. Primary or Mill |
| E01 | | P |
| 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 1-866-REG-FAIR (1-866-734-3247), 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 | 3. Citation/Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID | (Contractor) |

Section II--Justification for Action

Change From To

8. Condition Or Practices

Reason Incorrect word used in the last sentence; it should read as follows. This exposes a miner to a explosion hazard that has resulted in fatal injury in the mining industry.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|---|
| 6. 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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV--Inspection Data

| | | |
|-----------------------|-----|------------------|
| 9. Type of Inspection | E01 | 10. Event Number |
|-----------------------|-----|------------------|

| | | | |
|---------------|-----------|-------------------|-------------------------|
| 11. Signature | AR Number | 12. Date Mo Da Yr | 13. Time (24 Hr. Clock) |
|---------------|-----------|-------------------|-------------------------|

MSHA Form 7000-34

Mine Citation/Order

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



Section I--Violation Data

| | | |
|--------------------------|-------------------------|--|
| 1. Date Mo Da Yr | 12. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The temporary container for the damage explosives was not labeled for its contents. This container is located in the Main Anfo. Magazine. The operator must mark the temporary, portable container with at least the common name of its contents.

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 47,44b |
|--------------|---|-------------------|---|

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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

B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The noted container was labeled "Damaged Explosives". This hereby terminates this citation.

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 | 21. Primary or Mill P |
| 22. Signature | 23. AR Number | |

MSHA Form 7000-3, Apr 02 (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

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



Section I--Violation Data

| | |
|--|--|
| 1. Date Mo Da Yr [redacted] To Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To [redacted] | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) |
| B. Condition or Practice | |
| Ba. Written Notice (103g) <input type="checkbox"/> | |

There was (not) sign posted at the bottom access of the new secondary escapeway from the 6600 E ramp system to the bottom of the 6600 E decline. A sign was posted at the top access to this escapeway. The sign stated; " This ladder way is still under construction. Top ladder not fully secured to raise wall, inadequate toe clearance. Remaining ladder are secured". This exposes a miner traveling up the raise to a falling hazard by not knowing the noted hazards that would be encountered. The miner working in this area, stated that they knew that the escapeway was there, but had not been commissioned.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---------------------------------|
| 9. Violation | A. Health Safety Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
| | | | 57.20011 |

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 104a | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/Order Number | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | |

| | | |
|---------------------|-----------------------------|-----------------------------------|
| 16. Termination Due | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |
|---------------------|-----------------------------|-----------------------------------|

Section III--Termination Action

17. Action to Terminate A sign was posted at the bottom of the escapeway. The noted ladder was secured to the raise wall, giving the ladder rung the correct clearance. This hereby terminates this citation.

| | | |
|----------------|-----------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr [redacted] | Time (24 Hr. Clock) [redacted] |
|----------------|-----------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|--------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number [redacted] | 21. Primary or Mill P |
| 22. Signature [redacted] | | 23. AR Number [redacted] |

MSHA Form 7000-3. Pursuant to 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 20410. 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 [Redacted] | 3. Citation/Order Number [Redacted] |
| 4. Sailed To [Redacted] | 5. Operator [Redacted] | |
| 6. Mine [Redacted] | 7. Mine ID [Redacted] (Contractor) | |

Section II-Justification for Action

Change From To

8. Condition Or Practice

Reason Incorrect spelling in first sentence. It should read as follows. There was no sign posted at the bottom access of the new secondary escapeway from the 6600 E ramp system to the bottom of the 6600 E decline.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV-Inspection Data

| | |
|---------------------------|--|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] |
| 11. Signature [Redacted] | 12. Date Mo Da Yr 13. Time (24 Hr. Clock) [Redacted] |

MSHA Form 7000-2 (Rev. 10/2000)

Mine Citation/Order

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



Section I--Violation Data

| | | |
|--------------------------|------------------------|------------------------------|
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Served To | 5. Operator | |
| 6. Mine | 7. Mine ID | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) |

The 6600 E lay down area at the bottom of the decline was not kept orderly. The following pallets of materials were noted. (1) Monster mats, (1) Ventilation bag, (1) power cable extension cables, and (2) pallets of bolting plates. This exposes a miner to a tripping hazard that has resulted in serious injury in the mining industry.

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 | 57.20003a |
|--------------|---|-------------------|---------------------------------|-----------|

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 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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

B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The noted materials were arranged in an orderly manner to eliminates the tripping hazard. This hereby terminates this citation.

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

21. Primary or Mill P

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 [Redacted] | 3. Citation/Order Number [Redacted] |
| 4. Served To [Redacted] | 5. Operator [Redacted] | |
| 6. Mine [Redacted] | 7. Mine ID [Redacted] | (Contractor) |

Section II-Justification for Action

Change From To

17. Action To Terminate

Reason Incorrect spelling of word. The first sentences should read. The noted materials were arranged in an orderly manner to eliminate the tripping hazard.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV-Inspection Data

| | | | |
|-----------------------------|--------------------------------|-------------------|-------------------------|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] | | |
| 11. Signature [Redacted] | AR Number [Redacted] | 12. Date Mo Da Yr | 13. Time (24 Hr. Clock) |

MSHA Form 7000-38, Mar 85 (revised)

Mine Citation/Order

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



| | | |
|--------------------------|------------------------|------------------------------|
| Section I-Violation Data | | |
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/ Order Number |
| 4. Spared To | 5. Operator | |
| 6. Mine | 7. Mine ID | (Contractor) |
| 8. Condition of Practice | | 8a. Written Notice (103g) |

Loose ground conditions were located on the left rib of the 7500/670+262 ore pass. The material was of various sizes and was removed by hand scaling with minimal effort. The largest piece measured approximately 36 inches by 24-31 inches by 7-1/2 - 10 inches and the top of the largest piece was 5 feet from the ground level. The material landed up to 4 feet into the ore pass roadway and 10 feet from the ramp roadway. An LHD uses the ore pass at least every other shift. This exposes a miner to a hazard of being struck by falling rock resulting in lacerations, contusions and fractures. The condition was not readily visible.

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 |
| | | | 57.3200 |

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 104a | | 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 | |
| 15. Area or Equipment | | F. Dated Mo Da Yr | |

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

Section III-Termination Action

17. Action to Terminate The material was removed by hand scaling with minimal effort, terminating this citation.

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

Section IV-Automated System Data

| | | | |
|--|------------------|-----------------------|---------------|
| 19. Type of Inspection (activity code) | 20. Event Number | 21. Primary or Mill P | 23. AR Number |
| | | (b) (6) | |
| 22. Signature | | | |

MSHA Form 7000-3a (10-2003) 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

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



Section I-Violation Data

| | | | |
|---------|----------|------------------------|--------------------------|
| 1. Date | Mo Da Yr | 2. Time (24 Hr. Clock) | 3. Citation/Order Number |
|---------|----------|------------------------|--------------------------|

| | |
|---------|---------|
| 4. Mine | (b) (6) |
|---------|---------|

| | | |
|---------|------------|--------------|
| 5. Mine | 7. Mine ID | (Contractor) |
|---------|------------|--------------|

| | |
|--------------------------|---------------------------|
| 8. Condition of Practice | 8a. Written Notice (103g) |
|--------------------------|---------------------------|

Loose ground conditions were located on the left rib of the 7500/670+220 waste pass. The material was of various sizes and removed by hand scaling, some with minimal effort. The largest pieces measured approximately 30-34 inches by 23-31 inches by 5 inches and 24 inches by 21 inches by 6 inches. The top of the material was about 9 feet from ground level. The material fell about 5 feet from the rib. MineCat (UV148) and Atlas-Copco drill jumbo (JS004) were parked in the waste pass. The right rear corner of the MineCat was under the loose material. This exposes a miner to a hazard of being struck by falling rock resulting in lacerations, contusions and fractures. The condition was readily visible.

See Continuation Form (MSHA Form 7000-3g)

| | | | | |
|--------------|---|-------------------|---------------------------------|---------|
| 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 | 57.3200 |
|--------------|---|-------------------|---------------------------------|---------|

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 | 104a | 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 | B. Time (24 Hr. Clock) |
|---------------------|---------|----------|------------------------|

Section III-Termination Action

17. Action to Terminate: The material was removed by hand scaling, some with minimal effort, terminating this citation.

| | | | |
|----------------|---------|----------|------------------------|
| 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 | 21. Primary or Mill | P |
|--|-----|------------------|---------------------|---|

| | |
|---------------|---------------|
| 22. Signature | 23. AR Number |
|---------------|---------------|

MSHA Form 7000-3g, revised 10/1997. Under 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

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



Section I—Violation Data

| | |
|---|--|
| 1. Date Mo Da Yr [redacted] 2. Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To [redacted] | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] (Contractor) |
| 8. Condition or Practice | |
| Ba. Written Notice (103g) [] | |

Three (3) inches of toe clearance was not provided at the seventh full section ladder from the top of the metal manway ladder in 7400/670+670 slusher stope. The toe clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs. This exposes a miner to a slip/fall hazard while climbing the ladder that would result in fatal blunt force trauma. The condition was readily visible.

See Continuation Form (MSHA Form 7000-3a) []

| | | | | |
|--------------|------------------------------------|-------------------|---------------------------------|----------|
| 9. Violation | A. Health Safety Other [] [] [] | B. Section of Act | C. Part/Section of Title 30 CFR | 57.11005 |
|--------------|------------------------------------|-------------------|---------------------------------|----------|

Section II—Inspector's Evaluation

| | | | | |
|--|--|---|--|------------------------------------|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): No Likelihood [] Unlikely [x] 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 [x] | | | | |
| C. Significant and Substantial: Yes [] No [x] | | | | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) A. None [] B. Low [] C. Moderate [x] D. High [] E. Reckless Disregard [] | | | | |
| 12. Type of Action 104a | | 13. Type of Issuance (check one) Citation [x] 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 [redacted] | B. Time (24 Hr. Clock) [redacted] |
|---------------------|-----------------------------|-----------------------------------|

Section III—Termination Action

17. Action to Terminate

| | | |
|----------------|-----------------------------|-----------------------------------|
| 18. Terminated | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |
|----------------|-----------------------------|-----------------------------------|

Section IV—Automated System Data

| | | | |
|--|-----------------------------|-----------------------|------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number [redacted] | 21. Primary or Mill P | [redacted] |
| 22. Signature [redacted] | 23. AR Number [redacted] | | |

MSHA Form 7000-3a is required by 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. [Redacted] | 3. Citation/Order Number [Redacted] |
| 4. Sent To [Redacted] | 5. Operator [Redacted] | |
| 6. Mine [Redacted] | 7. Mine ID (Contractor) [Redacted] | |

Section II--Justification for Action

Change From To
8. Condition Or Practice

Reason The second sentence read: The toe clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs. The sentence should have read: The toe clearance was approximately 2-1/2 inches and 2-3/4 inches from the center of the rebar rungs to the manway lacing on two rungs.

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 |
|----------------|------------------|------------------------|--|

Section IV--Inspection Data

| | | | |
|---------------------------|-----------------------------|------------------------------|------------------------------------|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] | | |
| 11. Signature [Redacted] | AP Number [Redacted] | 12. Date Mo Da Yr [Redacted] | 13. Time (24 Hr. Clock) [Redacted] |

MSHA Form 7000-3a, Mar 85 (revised)

Mine Citation/Order

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



Section I--Violation Data

| | | |
|-----------------------------------|--------------------------------------|--|
| 1. Date Mo Da Yr [redacted] | 2. Time (24 Hr. Clock) [redacted] | 3. Citation/ Order Number [redacted] |
| 4. Served To (b) (6) | | 5. Operator [redacted] |
| 6. Mine [redacted] | 7. Mine ID [redacted] | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose ground conditions were located throughout the 7400/670+670 slusher stope. The material was of various sizes and removed by hand scaling with minimal effort. The largest piece measured approximately 21 inches by 4-11 inches by 5 inches. The back height near the manway was approximately 14 feet. The miners passed under the loose material on this shift. This exposes a miner to a hazard of falling rock that would result in fatal blunt force trauma. The condition was readily visible.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|---------|
| 9. Violation | A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 57.3200 |
|--------------|---|-------------------|---------------------------------|---------|

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 104a | | 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 |
| 15. Area or Equipment | | | | |

| | | |
|---------------------|--------------------------------|--------------------------------------|
| 16. Termination Due | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |
|---------------------|--------------------------------|--------------------------------------|

Section III--Termination Action

17. Action to Terminate The material was removed by hand scaling with minimal effort, terminating this citation.

| | | |
|----------------|--------------------------------|--------------------------------------|
| 18. Terminated | A. Date Mo Da Yr [redacted] | B. Time (24 Hr. Clock) [redacted] |
|----------------|--------------------------------|--------------------------------------|

Section IV--Automated System Data

| | | |
|------------------------------|--------------------------------|--------------------------|
| 19. Type of Inspection (act) | 20. Event Number [redacted] | 21. Primary or Mill P |
| 22. Sign [redacted] | 23. AR Number [redacted] | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1990, 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

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



| | |
|---------------------------|---------------------------|
| Section I--Violation Data | |
| 1. Date Mo Da Yr | 2. Time (24 Hr. Clock) |
| 3. Citation/Order Number | |
| 4. Served To | 5. Operator |
| 6. Mine | 7. Mine ID (Contractor) |
| 8. Condition or Practice | 8a. Written Notice (103g) |

The fixed metal manway ladder in the 7400/670+670 slusher stope did not extend at least three (3) feet above the landing or have substantial handrails provided. The ladder measured approximately 22 inches from manway lacing and 21 inches vertically from a lagging platform. This exposes a miner to a slip/fall hazard while climbing the ladder and exiting into the stope. The condition was readily visible.

See Continuation Form (MSHA Form 7000-3a)

| | | | | |
|--------------|---|-------------------|---------------------------------|----------|
| 9. Violation | A. Health Safety Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 57.11006 |
|--------------|---|-------------------|---------------------------------|----------|

| | | | | |
|---|--|---|--|------------------------------------|
| 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 104a | | 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 |
| 15. Area or Equipment | | | | |

| | | |
|---------------------|------------------|------------------------|
| 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) E01 | 20. Event Number | 21. Primary or Mill p |
| 22. Signature | 23. AR Number | |

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.

Attachment C



Rubber tire Stope workings, Left side - hanging wall; Right side Footwall -
Ground support - split set roof bolts with - Dewydag rebar (epoxy-resin) point-
anchor support, Steel mat.

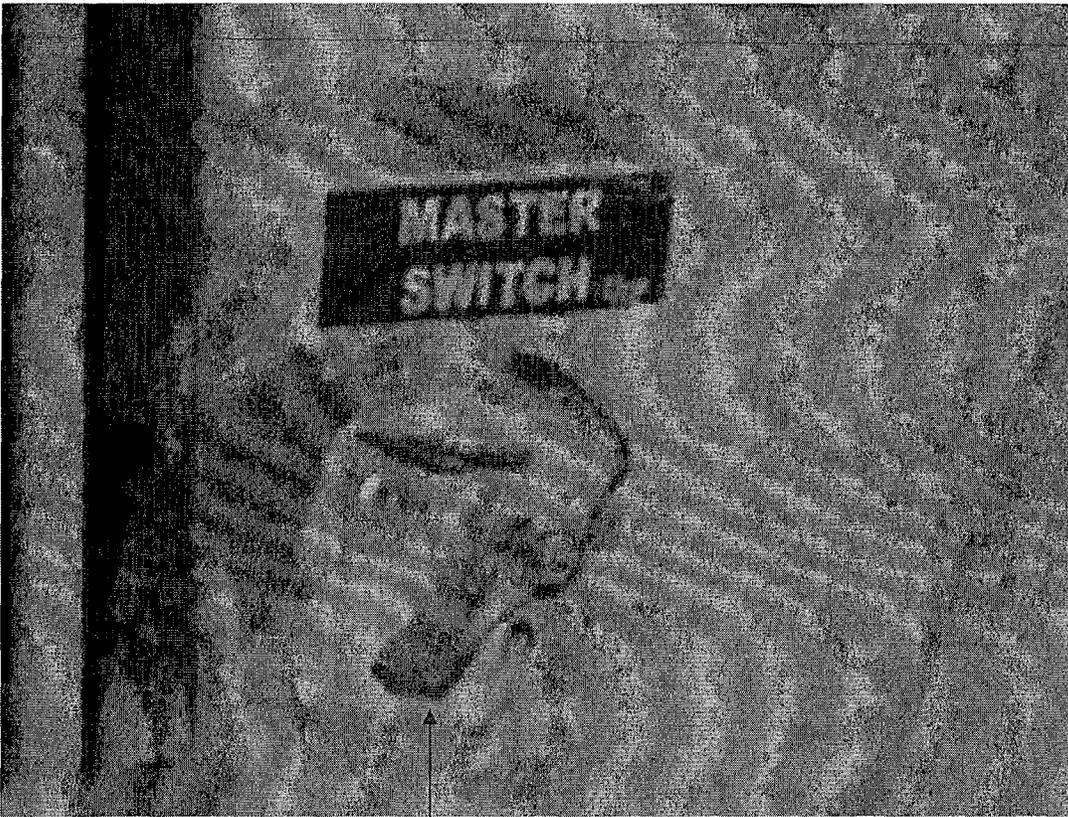
Attachment D



Positive - GOV's parked and, chalked on mine property at all times when unattended.



Attachment E



Master switch designed for lock placement on mobile equipment.

