

Citations / Orders & Inspector Notes

Fiscal Year 2004

Mine Citation/Order

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

MAR - 4 2004



Section I--Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 0745	3. Citation/ Order Number 7096104
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operating No. 2 conveyor belt drive is not provided with a properly installed and maintained fire suppression system. The drive was placed into service on 02/13/2004. The system is partially installed but has not yet been connected to the water supply. A miner is present at this time to work on the drive but does not have all the hardware to complete the installation.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 02/17/2004	B. Time (24 Hr. Clock) 1300
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4053992	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

*WPL
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ca*

Mine Citation/Order
Continuation

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

7770 2-2004



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 02/17/2004		3. Citation/ Order Number 7096104 - 01	
4. Served To Brad Hamrick			5. Operator ANKER WEST VIRGINIA MINING COMPANY		
6. Mine SAGO MINE			7. Mine ID 46-08791 (Contractor)		

Section II--Justification for Action

The fire suppression was installed on the NO.2 belt drive and maintained in operating condition.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection AAA		10. Event Number 4053992					
11. Signature <i>J B</i>		AR Number <i>2-167</i>		12. Date Mo Da Yr 02/18/2004		13. Time (24 Hr. Clock) 0835	

*Wpd
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Date 2-17-04

hardware to complete
the installation.

MINE management
stated that they were
keeping a miner at
the drive at all times
when the belt was in
operation until the
drive was properly
protected.

This drive is located
6 blocks out by the
001-0 mine. The
miner present does
not have any water
line connected to the
water supply to
readily fight a fire.

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 2Date 02-17-04CITA # 709610475-1107-16-B0745 operating

The #2 conveyor belt
drive is not provided
with a properly
installed & maintained
fire suppression system.

The drive was placed
into service 2-13-04.

The system is partially
installed but has not
yet been connected
to the water supply.

A miner is present
at this time to work
on the system but does
not have all the

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 1Date 2-17-04

Condition is unlikely
to cause an accident
as the miner is present
to monitor the drive.
If fire did occur
the resulting injury
would be serious.

at least 1 miner
exposed.

Set team time at
1300 to allow parts
to be delivered.

Brad Hamrick is
super & was aware
system was not ~~yet~~
complete.

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 3

Mine Citation/Order

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

MAR - 4 2004



Section I - Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 0950	3. Citation/ Order Number 7096105
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The methane monitor of the Joy 14cm15 remote control continuous mining machine, serial no. Jm 5530, approval no. 2g-4159a, being operated on the 001-0 mmu, is not properly maintained. (1) n tested with a known methane/air mixture of 2.5% methane the read out would only show 1.9% and would not de-energize the machine. (2) The strobe light that is provided to alert the machine operator when the methane reached the 1% level is covered with dirt and rock and can not be observed by the operator.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.342(a)(4)
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/17/2004	B. Time (24 Hr. Clock) 1030
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Section III - Termination Action

17. Action to Terminate Methane monitor was properly calibrated.

18. Terminated	A. Date Mo Da Yr 02/17/2004	B. Time (24 Hr. Clock) 1030
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Section IV - Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4053992	21. Primary or Mill
22. Signat	6	23. AR Number 1 b 7

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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CWA

Date 02-17-04

Cite # 7096105

0950 75.342-A(4)

The methane monitor of the Jay 14CM15 continuous mining machine serial # JM 5530 app. #26-4159A-00, being operated at the 001-0 mmu is not properly maintained when tested with a known methane / air mixture of 2.5% methane the read out would only show 1.9% and would not de-energize the machine

Remote control

Inspector's Initials [b]
Supervisor's Initials and Date _____

Date 2-17-04

The strobe light that is provided to alert the machine operator when the methane ~~read~~ reached the 1% level is covered with dirt & rock and can not be observed by the operator.

This mine does have a history of chylibration however none is detected at the present time.

Condition is unlikely to cause an accident however if an accident did occur the resulting

Inspector's Initials [b]
Supervisor's Initials and Date _____

Date 2-17-04

Injury would be serious - related to a face ignition. At least 1 person exposed. Machine was last calibrated 2-13-04 condition is not obvious, however the strobe light is easily obstructed because of position.

set term time at 1030 -

The monitor was calibrated to properly de-energize the machine & the strobe light was cleared. Term 1030

Inspector's Initials [b]
Supervisor's Initials and Date _____

Mine Citation/Order

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

MAR 4 2004



Section I--Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 1015	3. Citation/ Order Number 7096106
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

The approved ventilation plan is not being complied with on the 001-0 mmu. The shuttle car roadways are not being maintained damp. The roadways are dry and dust is being generated by the operating shuttle cars. Visible dust is suspended in the air currents of the section to the point visibility of the equipment operators is being reduced. The dust also exposes the miners to needless respirable dust.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 008

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr
02/17/2004 B. Time (24 Hr. Clock) 1045

Section III--Termination Action

17. Action to Terminate Watered the roadways to control the dust.

18. Terminated A. Date Mo Da Yr
02/17/2004 B. Time (24 Hr. Clock) 1045

Section IV--Automated System Data

19. Type of Inspection (activity code): A A A 20. Event Number 4053992 21. Primary or Mill

22. Signature [Signature] 23. AR Number [16]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

W

copy
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ces

Date 2-17-04

dust exposure.
Condition is obvious
and roadway condition
is part of or shaft
examination.

Section Foreman is
Jeff Simmons

Set form time at
30 minutes

The roadways were
watered down to control
the dust. Team - 1040

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 3
U.S.G.P.O. : 2001 - 609-238

Date 02-17-04

is being reduced.
This dust also exposes
the miners to needless
respirable dust.

to miners are present
on the section.

The dust visible in
the air was generated
after only a few
shuttle car trips -
(6-7) -

Condition is reasonably
likely to cause an
accident if allowed
to continue to exist
with serious injury
related to reduced
visibility or resp.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 2
U.S.G.P.O. : 2001 - 609-238

Date 02-17-04

Cita. # 7096106
1015 75.370-A-1

The approved ventilation
plan is not being
complied with on the
001-0 mmw. The
shuttle car roadways
are not being maintained
damp. The
roadways are dry
and dust is being
generated by the operating
shuttle cars. Visible
dust is suspended in
the air currents
of the section to the
point visibility of
the equipment operators

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 1
U.S.G.P.O. : 2001 - 609-238

MAR 4 2004



Section I—Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 7096107
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		

8a. Written Notice (103g)

The Fairchild battery powered scoop, serial no. T339-324 being operated on the 001-0 mmu is not maintained in a permissible condition. (1) No locking devices are provided for the battery cable connecting rings. (2) There are no locking devices for the battery covers.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II—Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 02/17/2004	B. Time (24 Hr. Clock) 1500
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Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code): AAA	20. Event Number 4053992	21. Primary or Mill
22. Signature I b		23. AR Number 6

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

4
Lyle
2/20
2004

Date 02-17-04 25.503
1040 01040 hrs
Cite. # 7096107

The Franchild scoop
Serial # T339-324 operating
on the 001-0 mmu was
not being maintained
in a permissible condition.
There is no locks
provided for the battery
covers and gable connecting
links

The condition is unlikely
to cause an accident. The
covers are hinged together
and a 1 inch lip surrounds
the covers.

The condition is obvious
and should have been
found by: [6]

Inspector's Initials [6]

Supervisor's Initials and Date _____

Page No. _____

Date 2-17-04

when doing
his pre-op.
Set term. time at 1500hr
To allow parts to be delivered
To mine property

In an accident did
occur. The resulting
injury would be serious
Related to equipment
fire or smoke inhalation
At least 1 person is
exposed.

Condition appears to have
existed for 1 week as holes
do not line up for locks.

The scoop has been on
mine property for 1
week

Inspector's Initials [6]


Supervisor's Initials and Date _____

Page No. _____

Mine Citation/Order
Continuation

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

FEB 18 2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 02/17/2004		3. Citation/Order Number 7096107-01	
4. Served To Brad Hamrick			5. Operator ANKER WEST VIRGINIA MINING COMPANY		
6. Mine SAGO MINE			7. Mine ID 46-08791 (Contractor)		

Section II—Justification for Action

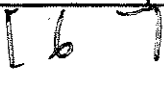
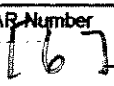
Locking devices are now provided for the battery lids and cable rings.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4053992		
11. Signature 	AP Number 	12. Date Mo Da Yr 02/18/2004	13. Time (24 Hr. Clock) 0755

WPH
2/20

Mine Citation/Order

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

MAR - 4 2004



Section I--Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 1115	3. Citation/ Order Number 7096108
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791

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

The S&S battery powered scoop, serial no. 488-1763 being operated on the 001-0 mmu is not maintained in a permissible condition. (1) No locking devices are being utilized for the battery cable connecting rings. (2) There are no locking devices for the battery covers.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 02/17/2004 B. Time (24 Hr. Clock) 1500

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) AAA 20. Event Number 4053992 21. Primary or Mill
 22. Signature [Signature] 23. AR Number [6]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

W

WPH
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COO

Mine Citation/Order
Continuation

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

MAR 14 2004

JP



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/17/2004	3. Citation/ Order Number 7096108 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Locking devices are now provided for the battery lids and cable rings.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4053992	
11. Signature [Signature]	12. Date Mo Da Yr 02/18/2004	13. Time (24 Hr. Clock) 0755

Wpl
2/20

Date 02-17-04 75-503Cita # 709 G 108

The SIS SCOOP SERIAL # 488-1763 being operated on the 001-0MMU is not being ~~operated~~ maintained in a PERMISSIBLE condition.

There were no locks provided for the battery covers, and cable locking connecting ropes.

The condition is unlikely to cause an accident.

The covers are hinged together and have a 1 inch lip around the covers. The condition is obvious and should have been found by the [6]

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 25Date 02-17-04

when doing his pre-op.

The condition appears to have existed several shifts.

If an accident did occur the resulting injury would be serious related to equipment fire or smoke inhalation.

At least 1 person exposed set team. Time at 1500 hrs to allow locking devices to be delivered to section

Inspector's Initials [6]

Supervisor's Initials and Date

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MAR - 4 2004



Section I--Violation Data

1. Date Mo Da Yr 02/17/2004	2. Time (24 Hr. Clock) 1055	3. Citation/ Order Number 7096109
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

The S&S battery powered scoop serial no. 488-1763 being operated on the 001-0 mmu is not maintained in safe operating condition. The emergency stop switch (Panic Bar) can not be operated to de-energize the system. The panic bar will bottom out and not work. The automatic emergency parking brake is also supposed to be activated by the emergency stop/panic bar but will not set either.

Mine management removed the machine from service.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

13. Type of issuance (check one) Citation Order Safeguard

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/17/2004	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code): AAA	20. Event Number 4053992	21. Primary or Mill
22. Signature [Signature]		23. AR Number 167

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

W

Wpl
2/20
col

Date 02-17-04Cite 70961091055 75,1725 A

The S+S BATTERY powered scoop serial # 488-1763 being operated on the 100-0 mmu is not maintained in safe operating condition. The Emergency Stop switch (panic bar) can not be operated to de-energize the system. The panic bar will bottom out & not work.

The automatic emergency parking brake is also supposed to be

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 1Date 2-17-04

ACTIVATED by the Emergency Stop & Panic bar but will not set either.

MIW MANAGEMENT removed the machine from service.

Condition is reasonably likely to cause a serious accident as persons routinely work in close proximity to this scoop to load & unload wire supplies.

Even the slightest movement would cause serious crushing

Inspector's Initials [6] Injury.

Supervisor's Initials and Date

Page No. 2Date 02-17-04

AT LEAST ONE person would be exposed. The condition is obvious and should have been found by the [6] when doing his pre-op. The condition appears to have existed several shifts.

Set Term Time at 1400 hrs - while parts are being delivered to mine property

Inspector's Initials

Supervisor's Initials and Date

Page No.

Mine Citation/Order
Continuation

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

2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/17/2004	3. Citation/ Order Number 7096109 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)

Section II—Justification for Action

The scoop is now maintained in a safe operating condition.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4053992		
11. Signature [Signature]	AR Number [16]	12. Date Mo Da Yr 02/18/2004	13. Time (24 Hr. Clock) 0800

upl
2/20

MAR - 4 2004



Section I--Violation Data

1. Date Mo Da Yr 02/18/2004	2. Time (24 Hr. Clock) 0745	3. Citation/ Order Number 7096110
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

Line brattice is not being maintained to within 10' of the deepest point of penetration of the face in the cross cut of 3 to 4 on the 001-0 mmu. The mine roof of the cross cut is bolted to plan. The existing line brattice is a measured distance of 30' back from the face. No ch4 detected.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/18/2004	B. Time (24 Hr. Clock) 0755
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Section III--Termination Action

17. Action to Terminate Line brattice was installed to within 10' of the face.

18. Terminated	A. Date Mo Da Yr 02/18/2004	B. Time (24 Hr. Clock) 0800
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4053992	21. Primary or Mill
22. Signat		23. AR Number [6]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

upl
3/20
red

Date 02-18-04

To face ignition
The condition has
existed for 1 shift.
The section Foreman
is required to examine
this area thru out
the shift. Jeff Simmons
is the section Foreman.
At least 1 person would
be exposed to the danger.

Set Team Time For
15 minutes.

Inspector's Initials _____

Supervisor's Initials and Date _____ Page No. _____

Date 02-18-04

C/A # 7096110 (0745)

Line brattice is not
being maintained to within
10 ft of the deepest
penetration of the face in
the X-cut of 3704 on
the 001-mm. The roof
of the X-cut is bolted
to plan. The existing
line curtain is a measured
distance of 30 ft. back
from the face. No CH4
was detected.

Condition is unlikely to
cause an accident.
However if accident did
occur, the resulting serious
injury would be related

Inspector's Initials _____

Supervisor's Initials and Date _____ Page No. _____

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 02/19/2004	2. Time (24 Hr. Clock) 0715	3. Citation/ Order Number 7096111
4. Served To Jeff Simmons	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

The approved ventilation plan is not being complied with on the 001-0 mmu. The approved ventilation plan requires that the ventilating line brattice be maintained to within 10' of the point of deepest penetration of the faces. The no. 3 and 4 places are fully roof bolted to plan and the line brattice is a measured distance from the faces of 36' in no.3 place and 20' in no.4 place. Condition was left by midnight shift as inspector arrived on section with the day shift crew. A similar condition was cited by this inspector on 2/18/2004 citation no. 7096110. The requirement of the ventilation plan was discussed at length with mine management at that time. No ch4 was detected in any of the faces.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <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"/>
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"/>
12. Type of Action 104(a)			
13. Type of Issuance (check one)		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>
14. Initial Action		E. Citation/ Order Number	F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 02/19/2004	B. Time (24 Hr. Clock) 0730
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Section III--Termination Action

17. Action to Terminate Both faces were properly ventilated and the requirement of the ventilation plan was reviewed with the midnight shift foreman.

18. Terminated	A. Date Mo Da Yr 02/19/2004	B. Time (24 Hr. Clock) 0730
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4053992	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Handwritten initials and date: 1/21/200

Date 2-19-04CITA # 7096111

0715

The approved ventilation plan is not being complied with in the #3 & #4

Faces of the 001-0 main,

The approved ventilation requires that the brace battens be maintained to within 10' of the idle faces. The #3

and #4 ^{places} ~~faces~~ mine

roof have been bolted

to plan and the zone

brattice is a measured

distance of 36' in #3

& 20' in #4 places

Inspector's Initials L.B.J.

Supervisor's Initials and Date _____

Page No. _____

*U.S.G.P.O.: 2001 - 609-236

Date 2-19-04~~0715~~ (neglect High)

A similar condition was cited by this inspector on 2/18/04 CITA #

The ventilation plan requirement was reviewed with mine management at that time.

Condition was present at the start of day shift.

midnight shift foreman Butch ?

Inspector's Initials L.B.J.

Supervisor's Initials and Date _____

Page No. _____

*U.S.G.P.O.: 2001 - 609-236

Date 2-19-04

Day Shift Foreman had
not yet been to
Races.

no chx was detected
in places. no chx
has yet been detected
on this section.

unlikely to cause
an accident because
of lack of chx.

How ever if accident
did occur the resulting
injury would be serious -
related to face ignition
at least 1 person
exposed

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

U.S.G.P.O. : 2001 - 609-238

Date 2-19-04

curtains were installed
in place of [6]
caught the mid night
shift foreman Butch?
& reviewed plan with
him as he was foreman
responsible for leaving
condition.

Term Cite at 0830

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

U.S.G.P.O. : 2001 - 609-238

Mine Citation/Order

U.S. Department of Labor 12 MAY 2004
 Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr 02/24/2004	2. Time (24 Hr. Clock) 1550	3. Citation/ Order Number 7096004
4. Served To Sam Holcomb	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The windshield wipers on the Ingersoll Rand fork lift VR-636B serial number 173354 failed to operate when tested. The parts will have to be ordered for repairs on this machine.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.404(a)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 02/26/2004	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4053992	21. Primary or MII
22. Signature		23. AR Number [6]

MSHA Form 7000-1, May 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 activities. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement activities of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at 500 W. Madison Street, Suite 1240, Chicago, Illinois 60681. 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.

OC SH 2-24-04

Date 2-24-04

- ① TIME OF VIOLATION 1550
- ② The violation is a 45:404(a). The WINDSHIELD WIPERS FAILED TO OPERATE WHEN TESTED.
- ③ The violation occurred at the DISPATCHER TRAILER.
- ④ The DISPATCHER KNEW that the violation existed
- ⑤ The violation HAS EXISTED FOR MORE THAN A SHIFT.
- ⑥ ONE PERSON would BE EXPOSED TO THIS HAZARD

Inspector's Initials _____

Supervisor's Initials and Date _____ Page No. _____

Date 2-24-04

- ⑦ There would BE Lost WORKDAYS / Restricted Duty IF THIS accident were TO OCCUR
- ⑧ IT would Be UNLIKELY that THIS TYPE OF accident would OCCUR AS ITS NOT RAINING AND machine could Be shut DOWN TILL RAIN would STOP

Inspector's Initials _____

Supervisor's Initials and Date _____ Page No. _____

Mine Citation/Order
Continuation

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

12 MAR 2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 02/24/2004	3. Citation/ Order Number 7096004 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to the windshield wipers being repaired and made operable.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4053992	11. Signal [6]	AFR Number [6]	12. Date Mo Da Yr 03/04/2004	13. Time (24 Hr. Clock) 0758
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MSHA Form 7000-3a, Mar 85 (revised)

CC BH 3-04-04

MC
3/09

Mine Citation/Order

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

29 JUN 2004

Section I--Violation Data

1. Date Mo Da Yr 06/08/2004	2. Time (24 Hr. Clock) 1545	3. Citation/ Order Number 7096341
4. Served To Jim Swartz Superintendent		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition of Practice 8a. Written Notice (103g) <input type="checkbox"/>		

The company number 2 9-man mantrip operating on the 1st NE Mains track is not being maintained in a safe operating condition. The sanding devices would not work properly when activated. Three out of four would not work and the fourth one would not sand on the ball of the rail. The track to be traveled is on a down hill grade to the track end and has several water holes along the track. The track rail is damp to wet. There is also a set of air lock doors on a steep grade that the mantrip must go through. Mine mangement took the mantrip out of service. A miner had just brought the trip out for the evening shift crew to use.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 009	
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>		C. Moderate <input checked="" type="checkbox"/>		D. High <input type="checkbox"/>
E. Reckless Disregard <input type="checkbox"/>						
12. Type of Action		104(a)		13. Type of Issuance (check one)		
				Citation <input checked="" type="checkbox"/>		
				Order <input type="checkbox"/>		
				Safeguard <input type="checkbox"/>		
14. Initial Action						
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>
				E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 06/09/2004	B. Time (24 Hr. Clock) 1200
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	20. Event Number 4054425	21. Primary or Mill
22. Signer [Signature]	23. AR Number [6]	

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.

Date 6-8-0425.17250 1545Citation # 7096341Persons Affected 9

The #CO2 9 MAN MAN BUS operating on the main track transporting miners to the working face is not being maintained in a safe operating condition. The sanding devices would not work properly when activated. 3 of the 4 would not work and 1 would not dump on the

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 6Date 9-8-04

ball of the Rail. The track to be traveled is on a downhill grade to the track end. And has several ~~holes~~ along the track water holes along the track. The track Rail is damp to wet with the humidity causing moisture. There is also a set of air lock doors to go through on a steep grade. Mine Management took man trip out of service. Parts must be ordered.

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 7

Date 6-7-04

A Miner (M) brought the trip out for Eve. Shift Crew.

Who knew. The person responsible for prep. Check should have known. How long. This trip was put into service on 6-7-04 day shift.

very likelihood injury

it is reasonably likely that an accident would occur due to this condition. The miner was not able to

Inspector's Initials

[b]

Supervisor's Initials and Date

Page No. 8

U.S.G.P.O. : 2001 - 809-238

Date 6-8-04

Show down on stop with slick rails. There has been injuries as a result of this condition. If an accident would have occurred the result would have been serious injury.

Team. Parts had to be ordered. There for team is set for 12:00 pm on 6-9-04. Man trip will stay out of service until sanders are properly working. Management.

Inspector's Initials

[b]

Supervisor's Initials and Date

Page No. 9

U.S.G.P.O. : 2001 - 809-238

Mine Citation/Order
Continuation

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

22 JUN 2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/08/2004 Mo Da Yr	3. Citation/ Order Number 7096341 - 01
4. Served To Jim Swartz Superintendent	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)

Section II—Justification for Action

The sanders were restored to proper working condition.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425	
11. Signature [Signature]	12. Date Mo Da Yr 06/14/2004	13. Time (24 Hr. Clock) 0605

upl
6/18

Section I--Violation Data

1. Date Mo Da Yr 06/14/2004	2. Time (24 Hr. Clock) 0610	3. Citation/ Order Number 7096342
4. Served To Brent Wolfe Safety director		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The primary escapeway for the 001-0 mmu is not being maintained in a safe condition to assure passage of anyone, including disabled persons. The walkway is obscured by water rib to rib and extending approximately 30 feet long and measured 13 inches along the edge to deeper in the middle. This condition is located 1 block inby the fan.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(d)(1)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/16/2004	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Sign: [67]	23. AR Number [67]	

MSHA Form 7000-1 (Rev. 10/2003) 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.

up
6/18

Date 6-14-0425.380 (2)(1) 06107096342

The Primary Escapeway for the community is not being maintained in a safe condition to assure passage of anyone, including disabled persons. The walkway is obscured by water rich to rib ore extending approx 30' long and up to 13" deep with soft bottom location 1 block in by far.

Inspector's Initial LB7

Supervisor's Initials and Date

Page No. 5

U.S.G.P.O. : 2001 - 609-238

Date 6-14-04

Who knew The weekly exam should have known.

Newby: This condition has existed for more than 15 shift due to the amount of water accumulated in entry

very likelyhood injury

It is likely this condition would cause an accident but it would cause a delay of a miner trying to

Inspector's Initial LB7Supervisor's Initials and Date 6Date 6-14-04

get out of the mine in the event of an mine emergency.

Team Team is being provided until 6-15-04 to get supplies in and build a bridge.

Inspector's Initials LB

Supervisor's Initials and Date

Mine Citation/Order
Continuation

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

9 JUL 2004

Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/14/2004	3. Citation/ Order Number 7096342 - 01
4. Served To Brent Wolfe Safety director	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

A 6' wide unobscured walkway has been provided in the primary escapeway 1 block inby the fan.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425	
11. Signatu [Signature]	12. Date Mo Da Yr 06/17/2004	13. Time (24 Hr. Clock) 0815

*upl
6/22*

9 JUL 2004



Section I--Violation Data

1. Date Mo Da Yr 06/14/2004	2. Time (24 Hr. Clock) 0815	3. Citation/ Order Number 7096343
4. Served To Brent Wolfe Safety director		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)

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

The company number 1 Fletcher Roof Bolter, approval # 2G-3715-1, operating on the 001-0 mmu is not being maintained in a permissible condition. The area light located on the helper side near the front of the machine allowed a .007 filler gauge to penetrate to 3/4 inch across the flame path. The maximum gauge should only be .003 inch. This area light has less than 123 square inches.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/14/2004	B. Time (24 Hr. Clock) 0825
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Section III--Termination Action

17. Action to Terminate The area light was tightened to prevent the penetration of the .003 filler gauge.

18. Terminated	A. Date Mo Da Yr 06/14/2004	B. Time (24 Hr. Clock) 0825
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]		23. AR Number [67]

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

WPL 6/18

Date 6-14-04

25.503

0815

Person Affected 1
Cit.# 7096343

The ~~company~~ ^{company} ~~at~~ #1 Section Roof
bolter, approx #

2B-3715A-1, approx
on the 001-0 mmu is
not being maintained in
a permissible condition.

The area light located
on the Helpex side
front would allow
a .007 ~~filler~~ ^{filler}
gauge to penetrate to
3/4 of an inch across
the frame path.

Inspector's Initial LB

Supervisor's Initials and Date

Page No. 16

U.S.G.P.O.:2001 709-135

Date 6-14-04

This area light has
less than 1/83 of an inch.

Who knew The person
Responsible for the weekly
permissibility check

How long According to the
exam (weekly) it was last
done on 6-11-04. It has
been like this for at least
one shift.

any likelihood injury

It is reasonably likely that
this condition would
cause an accident in the
event that methane would

Inspector's Initial LB

Supervisor's Initials and Date

Page No. 17

* U.S.G.P.O.:2001 709-135

Date 6-14-04

Accumulate around this
area. An injury from this
would be serious resulting
in an explosion or burn.
This section is approaching an area
of the mine with known ch4 due to a fault area.

Item: The area light
was lighted to prevent
the penetration of
the .003 filler gauge.
At 0825 hrs.

Inspector's Initial: LB

Supervisor's Initials and Date

Page No. 18

* U.S.G.P.O.:2001 709-135

- 9 JUL 2004



Section I—Violation Data

1. Date Mo Da Yr 06/14/2004	2. Time (24 Hr. Clock) 0845	3. Citation/ Order Number 7096564
4. Served To Brent Wolfe Safety director		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The water spray type fire suppression on the Joy 14cm15 remote control continuous mining machine, serial number JM 5530, approval # 2G-4159A being operated on the 001-0 mmu section is not properly maintained. When tested, only 2 of the 8 sprays were working. This machine operates under a 40' deep cut plan.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/14/2004	B. Time (24 Hr. Clock) 0935
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Section III—Termination Action

17. Action to Terminate The sprays were cleaned and restored to proper operating condition.

18. Terminated	A. Date Mo Da Yr 06/14/2004	B. Time (24 Hr. Clock) 0935
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Section IV—Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]		23. AR Number 167

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 Regulatory Enforcement Fairness Act of 1996, the 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.

WPL
6/11/04

Date 6-14-04

75.1107-16(b) 8245

Circle # 7096564

Person Affected 1

The water spray type fire suppression on the Joy 14cm15 Remote Control Continuous Mining Machine H 3M5530 App #22-4159A being operated in the DD1-0mm section is not properly maintained. When tested only 2 of the 8 sprays were working. This machine operates under a 40' deep cut plan

Inspector's Initials [6]

Supervisor's Initials and Date _____ Page No. 19
* U.S. G.P.O.:2001 709-135

Date 6-14-04

Who knew The mine operator should have known. He does a fire of check & promotion check

How long - existed for at least one shift.

Very likelyhood injury

Condition is likely to cause an accident if it were allowed to continue. if the fire suppression was needed while out in an extended cut.

Injury would be smoke inhalation & or possible

Inspector's Initials [6]

Supervisor's Initials and Date _____ Page No. 20
* U.S. G.P.O.:2001 709-135

Date 6-14-04

explosion on fire by these sprays not working.

Team: 0935

Sprays were cleaned and restored to proper operating condition

Inspector's Initials [6]

Supervisor's Initials and Date _____ Page No. 21
* U.S. G.P.O.:2001 709-135

9 JUL 2004

Section I—Violation Data

1. Date Mo Da Yr 06/14/2004	2. Time (24 Hr. Clock) 0945	3. Citation/ Order Number 7096565
4. Served To Brent Wolfe Safety director	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

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

The methane monitor for the Joy 14cm15 remote control continuous mining machine, serial # JM5530, approval #2G-4159A, being operated on the 001-0 mmu is not properly maintained. 1) when tested with a known methane/air mixture of 2.5% methane, the read out at 2.0 would knock the power but when the read out reached 2.4 and 2.5 the power is trying to come on. The lights are going on and off. The power is not fully restoring itself. 2) The strobe light that is provided to alert the machine operator when the methane reached the 1% level is covered with dirt and rock and cannot be observed by the operator

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.342(a)(4)
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 06/14/2004 B. Time (24 Hr. Clock) 1000

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) AAA 20. Event Number 4054425 21. Primary or Mill

22. Signatu [Signature] 23. AR Number [6]

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, Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

upl
6/18

Date 6-14-0475.342 (2) 0945
cit # 7076565

Person Affected 1

The methane monitor for the Joy 14 cm 15 machine
 Im 5530 App. # 86-4057A
 operating on the 001-0 area
 is not properly maintained
 1) when tested with a known
 methane-air mixture of
 2.5% the Read out
 at 2.2 would knock the
 power out when the Read
 out reaches 2.4 & 2.5 the
 power is trying to come on.

Inspector's In

[67]

Supervisor's Initials and Date

Page No. 27

* U.S. G.P.O.:2001 709-135

Date 6-14-04

The lights are going out
 The power is not fully
 restoring itself 2) The
 strobe light that is
 provided to alert the
 machine operator when
 the methane reaches the
 1% level is covered with
 dirt & rock and cannot
 be observed by the operator

Who knew The operator
 should have seen the
 Rock & dirt on the strobe
 and the methane monitor
 should have been detected
 by the methlog camera

Inspector's In

[67]

Supervisor's Initials and Date

Page No. 23

* U.S. G.P.O.:2001 709-135

Date 6-14-04

How long condition
has existed for at
least one shift.

Neg Likelihood injury
condition is reasonably
likely to cause an accident
by not being able to have
An early warning of
methane to adjust your
ventilation. If an
accident would occur
the result would be
serious.

Condition could cause
An explosion of methane
This section is approaching a fault
area with known ch 4

Inspector's Initials [67]

Supervisor's Initials and Date _____ Page No. 24

Date 6-14-04

Time 6-14-04
1000 AM

Management took the
machine out of service
until the monitor is
working properly.

Inspector's Initials [67]

Supervisor's Initials and Date _____ Page No. 25

Mine Citation/Order
Continuation

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

- 9 JUL 2004



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/14/2004	3. Citation/ Order Number 7096565 - 01
4. Served To Brent Wolfe Safety director	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

The methane monitor for the Joy 14cm15 miner has been repaired to an operative condition and the strobe light had the rock and dirt removed.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signature [Signature]	AP Number [Signature]	12. Date Mo Da Yr 06/17/2004	13. Time (24 Hr. Clock) 0730

Upl
6/22

Section I—Violation Data

1. Date Mo Da Yr 06/15/2004	2. Time (24 Hr. Clock) 0800	3. Citation/ Order Number 7096566
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The water spray type fire suppression on the Joy 14cm15 continuous miner, company #2, approval #2G-41594-00, operating on the 001-0 mmu is not being maintained. When tested the front spray block on the operators side did not activate. This mines operates under a 40' deep cut plan.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 0815
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Section III—Termination Action

17. Action to Terminate The fire suppression sprays were cleaned and restored to operative condition.

18. Terminated	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 0815
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Section IV—Automated System Data

19. Type of Inspection (activity code) A A A	20. Event Number 4054425	21. Primary or Mill
22. Signature <i>[Signature]</i>		23. AR Number 167

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.

up 6/15

Date 6-15-04
 Cit # 7096566 815
75-1107-16(b)
3+3 yrs

The water spray type fire
 suppressor on the Joy 1415
 miner CO. #2 approval #
 29-41594-00 operating on
 the 001-D mine is not being
 maintained. When tested
 the front spray block on
 the operator side did not
 activate. This mine operates
 on a 40' deep cut plan.

Who knew the miner
 operator should have
 known from his pre-op
 check list.

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 8

Date 6-14-04
 How long was bld
 by [6] that
 it was working on
6-14-04 existed for
1 shift

My Likelihood Injury

Condition is likely to
 cause injury of smoke
 inhalation if a fire/ignition/explosion of gas/dust
 would occur while out
 in an extended cut.

Person affected /
Team:

spray was checked
and returned to operator
condition.

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 9

Mine Citation/Order

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

29 JUN 2004



Section I--Violation Data

1. Date Mo Da Yr 06/15/2004	2. Time (24 Hr. Clock) 0830	3. Citation/ Order Number 7096567
4. Served To Brad Hamrick Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Disconnecting devices for the equipment being operated on the 001-0 mmu are not properly identified in conjunction with the circuit breaker to provide visual evidence that the power is disconnected. The #2 shuttle car disconnecting device is plugged into the #8 shuttle car circuit breaker, the #1 scoop charger disconnecting device is plugged into an unidentified circuit breaker, the #5 shuttle car disconnecting device is plugged into the #3 shuttle car circuit breaker.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.903
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 0900
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Section III--Termination Action

17. Action to Terminate Disconnecting devices were properly identified in conjunction with the circuit breakers.

18. Terminated	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 0900
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [67]		23. AR Number [6]

MSHA Form 7000-3, Mgr 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.

6/18

Date 6-15-04Cil # 7096567 083075-903S&S noPerson affected 1

The disconnecting devices for the equipment being operated on the 001-0 mine ARE NOT properly identified in conjunction with the circuit breaker to provide visual evidence that the power is disconnected. The #2 5/8 cat head is plugged into the #8 5/8 circuit breaker. The #1 scoop Chasen cat head is plugged into an unidentified

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 11

U.S.G.P.O.: 2001 - 609-238

Date 6-15-04

circuit breaker. The #5 5/8 cat head is plugged into the #3 5/8 circuit breaker.

who knew

The electrician should have known.

History - The last power move was on 6-12-04

This existed for several shifts

Very likelihood injury

it is unlikely that an injury would result in the condition is that the disconnecting devices were properly identified

Inspector [b]

Supervisor's Initials and Date

Page No. 12

U.S.G.P.O.: 2001 - 609-238

Date 6-15-04

to the equipment being operated. And the breaker was directly above each disconnecting device. The electrician would be the only one to lock tag on equipment.

Team: the breaker were properly ID to match the disconnecting devices.

Inspector's Initials [b]

Supervisor's Initials and Date

Page No. 13

U.S.G.P.O.: 2001 - 609-238

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 06/15/2004	2. Time (24 Hr. Clock) 0905	3. Citation/ Order Number 7096568
4. Served To Brad Hamrick Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

An adequate supply of potable drinking water is not provided for the 001-0 mmu section. There is no drinking water on the section.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1718
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 1125
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Section III--Termination Action

17. Action to Terminate
mmu section. Six gallon of water and cups were provided for the 001-0

18. Terminated	A. Date Mo Da Yr 06/15/2004	B. Time (24 Hr. Clock) 1125
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]		23. AR Number [67]

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.

upl
6/18

Date 6-15-04
Citation # 7096568 0905
75-1718
ITS NO
person affected 1

An Adequate supply of potable drinking water is not provided for the 001-0 mm section. There is no drinking water on the section.

Who knew The miner should have known And foreman

Inspector's Initials [67]
Supervisor's Initials and Date _____ Page No. 14
* U.S. G.P.O.:2001 709-135

Date 6-15-04
How long for AT
least 1 shift. There
was an empty 1 gal
Jug on the power center.

not likely to injure
it is unlikely that
this condition would
cause an injury to the
miner.

Team: water was
provided. Six gallon
4 cups

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 15
* U.S. G.P.O.:2001 709-135



Section I--Violation Data

1. Date Mo Da Yr 06/15/2004	2. Time (24 Hr. Clock) 0930	3. Citation/ Order Number 7096569
4. Served To Brad Hamrick Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

There is no permanent tag attached to the fire extinguishers to show that a 6 month examination has been done. Locations of the extinguishers(at the 110 pump 1 break inby #3 belt drive 2) at the #3 belt drive KVA box 3) at the #3 belt drive starter box.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-3
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

12. Type of Action 104(a) 13. Type of issuance (check one) Citation Order Safeguard

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 06/15/2004 B. Time (24 Hr. Clock) 1200

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 4054425 21. Primary or Mill

22. Signature [Signature] 23. AR Number [6]

MSHA Form 7000-3, (Rev. 10/2003) 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.

Wol
6/11

Date 6-15-04

C.I. # 7096569 0930

CFR 75.1100-3

543 no

Person affected 1

There is no permanent tag attached to the fire extinguishers to show that a 6 month examination has been done. Locations of extinguishers: 1) at the #10 sump pump 16K in by the #3 belt drive 2) at the #3 belt drive KVA box 3) at the #3 belt drive starter box

Inspector's Ini

[67]

Supervisor's Initials and Date

Page No. 16

Date 6-15-04

Who Knows The person responsible for the exam

How long The last exam done on other extinguishers in AREA was in May

any likelihood injury

it is unlikely that the condition would cause injury to the workers The extinguishers were properly charged.

Inspector's Ini

[67]

Supervisor's Initials and Date

Page No. 17

Date 6-15-04

Term 6-15-04

At 1200

Tags were to be brought in AND AN EXAM would be done. Had to go and get extinguisher tags.

Inspector's I

[67]

Supervisor's Initials and Date

Page No. 18

Mine Citation/Order
Continuation

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

JUN 2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/15/2004 Mo Da Yr	3. Citation/ Order Number 7096569 - 01
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)

Section II—Justification for Action

Permanent tags were attached and an examination was done and recorded.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signatur [Signature]	AP Number [6]	12. Date Mo Da Yr 06/17/2004	13. Time (24 Hr. Clock) 0615

*wpl
6/22*

12 JUL 2004



Section I--Violation Data

1. Date Mo Da Yr 06/20/2004	2. Time (24 Hr. Clock) 0610	3. Citation/ Order Number 7096570
4. Served To Lonnie Short Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The air lock doors, in the track entry two breaks inby the track portal, is not being maintained for the propose that they were built. The outby set of doors were damaged and laying against the rib. The 9 man mantrip was observed going in the mine with both sets of doors open.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(d)(3)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 06/20/2004	B. Time (24 Hr. Clock) 1500
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature 167		23. AR Number 167	

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.

upl
6/22

Date 6-20-04Cit # 7096570 D610
30 CFR 25.333(d)(3)sys no
Person Affected 1

The air lock doors, in the track entry tunnel were in by the track portal is not being maintained for the purpose that they were built. The out by set of doors were damaged and lying against the Rib. The G man mantrip was observed going

Inspector's Iniz

[6]

Supervisor's Initials and Date

Page No. 4

U.S.G.P.O. : 2001 - 609-238

Date 6-20-04

in the mine with both sets of doors open.

Who knew the [6] should have known

Houlihan - was told that it happened sometime in the morn. of 6-20-04

It is unlikely that this condition would cause an accident with the additional Backup checks, the Air Chrg of the Section would be very little

Inspector's In

[6]

Supervisor's Initials and Date

Page No. 5

U.S.G.P.O. : 2001 - 609-238

Date 6-20-04

Also there is no detection of methane in face areas.

Team. Time is set for 6-20-04 at 3:00pm A door has been sent to the mine. The crew started at 12:00pm Repairing the door.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 6

U.S.G.P.O. : 2001 - 609-238

Mine Citation/Order
Continuation

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

12 JUN 2004



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/20/2004	3. Citation/ Order Number 7096570 - 01
4. Served To Lonnie Short Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

The air lock doors in the track entry have been repaired to it intended purpose.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signature <i>[Signature]</i>	AR Number <i>[Signature]</i>	12. Date Mo Da Yr 06/21/2004	13. Time (24 Hr. Clock) 0810

upl 6/22

Section I—Violation Data

1. Date Mo Da Yr 06/20/2004	2. Time (24 Hr. Clock) 0730	3. Citation/ Order Number 7096571
4. Served To Lonnie Short Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		

8a. Written Notice (103g)

The 001-0 mmu non permissible power center, the 001-0 non-permissible feeder, the non-permissible scoop chargers are being ventilated with return air. The intake air ventilated number 8 working face and then it was coursed towards the common entries where the non-permissible equipment was setting. An air reading was taken with an anemometer and the results were 22,230 cfm of return air. There is no detection of methane and there was no extracting of coal being done at the time of this condition. Back up checks were installed and positive ventilation was restored.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.507
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Section II—Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 06/20/2004	B. Time (24 Hr. Clock) 0745
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Section III—Termination Action

17. Action to Terminate back up checks were installed and positive ventilation was restored

18. Terminated	A. Date Mo Da Yr 06/20/2004	B. Time (24 Hr. Clock) 0800
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Section IV—Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]		23. AR Number 167

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.

upl
6/22

Date 6-20-04
 Cit # 7056571 0730
75.507
545 no
Densum affected 1

The 001-D non-v non-permissible power center the non-permissible feeder, the non-permissible scoop change are being ventilated with RT Air. The intake air ventilating #8 working free and then it was coursed towards the common entrance where the non-permissible equipment was setting.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 13

U.S.G.P.O.: 2001 - 609-238

Date 6-20-04
 An Air Reading was taken with an Anemometer and the Results were 22,200 CFM of Return air. There is no ductwork of methanone and there was no extraction of coal being done at time of this condition. Backup checks were installed and positive vent was restored.

Who knew the pre shift examiner should have known that a belt move was put in last night and some of the backup

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 14

U.S.G.P.O.: 2001 - 609-238

Date 6-20-04
 Checks were down. Also ~~to~~ two other air lock doors were damaged & citations were written.

This condition is unlikely to cause an accident due to the lack of methanone & float coal dust generated by a minor extracting comb

Term. 0745

Backup checks were installed + positive vent was restored.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 15

U.S.G.P.O.: 2001 - 609-238

Date 6-20-04

0730

7.5 141 W

19 115 C

156

142.5

156

142.5

22,230 CFM

#7 entry

1 block outby

709657

goes with citation

7096571

Inspector's Ini [6]

Supervisor's Initials and Date

Page No. 16

Section I—Violation Data

1. Date Mo Da Yr 06/20/2004	2. Time (24 Hr. Clock) 0930	3. Citation/ Order Number 7096572
4. Served To Lonnie Short Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The air lock doors, in the #3 entry 2 breaks in by the portal, is not being maintained for the purpose that they were constructed. The in by set of doors were damaged and laying against the rib. A scoop was observed going through the doors with both sets of doors open.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(d)(3)
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

18. Termination Due	A. Date Mo Da Yr 06/20/2004	B. Time (24 Hr. Clock) 1730
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Section III—Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature <i>[Signature]</i>		23. AR Number 161

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.

*Upl
1.1.22*

Date 6-20-04
7096572 0930

75.333(d)(3)
545 no
Person affected 1

The air lock doors in the #3 entry 2 bks in by the portal is not being maintained for the purpose that they were constructed. The in by set of doors were damaged and laying against the rib. A scoop was observed going through the doors with both sets

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 18
 U.S.G.P.O.: 2001 - 609-238

Date 6-20-04
of doors open.

Who know the pre-shift examination should have known.

this condition is undetermined amount of time it has existed.

It is unlikely that this condition would cause an accident with the additional back up. Checks curtains if the air change on the section would be very little

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 19
 U.S.G.P.O.: 2001 - 609-238

Date 6-20-04

There has been no detection of methane in working face.

Turn Time is set for 1730 hrs. The first set of doors had to be finished. And another door brought in.

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 20
 U.S.G.P.O.: 2001 - 609-238

Mine Citation/Order
Continuation

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

12 JUL 2004



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 06/20/2004	3. Citation/Order Number 7096572 - 01
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID (Contractor) 46-08791	

Section II—Justification for Action

The air lock doors in the #3 entry have been repaired to its intended purpose.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signa L b 7	AP Number 7-167	12. Date Mo Da Yr 06/21/2004	13. Time (24 Hr. Clock) 1010

*upl
6/22*

Section I—Violation Data			
1. Date	Mo Da Yr 06/21/2004	2. Time (24 Hr. Clock) 0925	3. Citation/ Order Number 7096573
4. Served To	5. Operator		
Brad Hamrick Mine Foreman	ANKER WEST VIRGINIA MINING COMPANY		
6. Mine	7. Mine ID		
SAGO MINE	46-08791 (Contractor)		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The compressed gas cylinder, (oxygen), located at the #3 coal conveyor belt drive is not secured in the upright position against being accidentally tipped over.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1106-3(a)(2)
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Section II—Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	
F. Dated Mo Da Yr				
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 06/21/2004	B. Time (24 Hr. Clock) 0930
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Section III—Termination Action	
17. Action to Terminate	The gas cylinder was secured against being tipped over.

18. Terminated	A. Date Mo Da Yr 06/21/2004	B. Time (24 Hr. Clock) 0930
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Section IV—Automated System Data			
19. Type of Inspection (activity code)	AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]			23. AR Number 161

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.

upl
4/22

Date 6-21-04
75-1106-3a.2 7096523
Th 0925
Person Affected 1
S&S no

The compressed gas
 cylinder oxygen
 located at 5 belt deck
 is not secured in the
 upright position ^{and}
 being tipped over ^{accidentally}.

Who knew the belt
 extimer should have
 known.

Inspector's Initials [6]
 Supervisor's Initials and Date _____

Date 6-21-04
How long
Had been used
previous shift.

it is unlikely that
 this condition would
 cause an accident
 or injury. The cap
 was in place ~~of~~ over
 the valve.

Term.
 The cylinder was
 secured.

Inspector's Initials [6]
 Supervisor's Initials and Date _____



Ki

Section I--Violation Data

1. Date Mo Da Yr 06/27/2004	2. Time (24 Hr. Clock) 2350	3. Citation/ Order Number 7096574
4. Served To Brad Hamrick Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Two separate and distinct travelable escapeways is not provided for the 001-0 mmu working section. The primary escapeway was blocked by a roof fall located 20' out-by spad #5107. There was no equipment involved in the fall. Measurements are as follows: 15' wide by 6' long by 4 1/2' high.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(a)
--------------	--	-------------------	--

Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0500
---------------------	-----------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate The stopping line was moved over and a new escapeway was established and properly marked.

18. Terminated	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0500
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature <i>[Signature]</i>		23. AR Number 167

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 20415. 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.

[Handwritten signature]
6/29

Date 6-27-0475.380(a) 23507096574person affected
545 no

Two separate & distinct travelable escapeways is not provided for the 001-0mmu working section. The primary escapeway was blocked by a roof fall located 20' out by spud #5107. There was no equipment involved in the fall. Measurements are as follows: 15' wide by 6' long x 4 1/2' high.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 9

U.S.G.P.O. : 2001 - 609-238

Date 6-28-04

who knew. This area is traveled on a weekly exam and had been traveled on 6-24-04 by BRAD HAMRICK. A date board was present in by the fall area. The air velocity was not changed on the section. Resum gauge on the fan was also not changed.

Worklog - undetermined

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 10

U.S.G.P.O. : 2001 - 609-238

Date 6-28-04

very likelihood injury

The men were removed from the working face and brought to the fall area and began to create a primary escapeway from the working section. The stoppage here was moved over. It is unlikely the the condition would cause an accident due to an alternate escapeway was open for travel.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 11

U.S.G.P.O. : 2001 - 609-238

Date 6-28-04

if an accident of
fire would have
happened in the secondary
escapeway in by the
fall in primary -
the crew could have
traveled the Return
from the section using
their SCSR's that
are worn at all
times. The distance
from the section to
surface would take
about 30 min to walk.

Jensen, A. H.

TEAM 0500

Inspector's Initials [b]

Supervisor's Initials and Date _____ Page No. 12

Date 6-28-04

The Stopping Line
was set over the
A primary escapeway
was reestablished.

Inspector's Initials [b]

Supervisor's Initials and Date _____ Page No. 13



K

Section I--Violation Data

1. Date Mo Da Yr 06/28/2004	2. Time (24 Hr. Clock) 0800	3. Citation/ Order Number 7096575
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator failed to submit a bimonthly sample for the designated area sampling point I. D. 90.10, for the sampling cycle of APR-MAY, according to advisory no.0020, dated JUNE 7, 2004

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 71.208(a)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0800
---------------------	--------------------------------	--------------------------------

Section III--Termination Action

17. Action to Terminate NO termination, since the bimonthly period has passed.

18. Terminated	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0800
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [Signature]		23. AR Number 167

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.

Upe
6/29

Date 6-28-04

C.I.T.# 7096576 0805

71.208(2)

page 1

The operator failed to submit
a bi-monthly sample for the
designated area sampling
point I.D. 9011, for the
sampling cycle of Apr-May,
according to advisory #
2019 dated 6-7-04

no termination, since the
bi-monthly period has passed.

Inspector's Initial: 167

Supervisor's Initials and Date _____ Page No. 22

+*0303-001

---ADVISORY OF NONCOMPLIANCE, FAILURE TO SUBMIT---
(DESIGNATED AREA SAMPLING POINT)
ADVISORY NO 0020

K1

JUN 07, 2004

ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE

MINE I.D.46-08791
DESIGNATED AREA SAMPLING POINT I.D. 9010
ROOF BOLTER - RETURN

CURRENT BIMONTHLY SAMPLING CYCLE JUN-JUL 2004

ACCORDING TO MSHA RECORDS A VALID RESPIRABLE DUST SAMPLE, RELATIVE TO THE DESIGNATED
AREA SAMPLING POINT IDENTIFIED ABOVE, WAS NOT RECEIVED AS REQUIRED BY 30 CFR 70 FOR THE
BIMONTHLY SAMPLING CYCLE OF APR-MAY 2004.

CASSETTE NO.	DATE	SAMPLING START TIME (24-HR CLOCK)	MRE EQUIV CONCENTRATION
-----------------	------	--------------------------------------	----------------------------

---0303---097---46-08791---B ---A
ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE
ATTN: JAMES L SWARTZ
ROUTE 9, BOX 507
BUCKHANNON WV 26201

**Producing Since
3/29/2004**

Mine Citation/Order
Continuation

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

12 JUL 2004



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 06/28/2004	3. Citation/Order Number 7096575 - 01
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change	From	To
9. C. Part/Section	71.208(a)	70.208(a)

Reason

issued wrong standard in error.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signature [Signature]	AR Number [Signature]	12. Date Mo Da Yr 06/29/2004	13. Time (24 Hr. Clock) 1318

me
v/29

Section I--Violation Data

1. Date Mo Da Yr 06/28/2004	2. Time (24 Hr. Clock) 0805	3. Citation/ Order Number 7096576
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator failed to submit a bimonthly sample for the designated area sampling point I. D. 9011, for the sampling cycle of APR-MAY, according to advisory no.0019, dated JUNE 7, 2004

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 71.208(a)
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Section II--Inspector's Evaluation

10. Gravity:							
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input 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)					E. Reckless Disregard <input type="checkbox"/>		
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one)			Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>	
15. Area or Equipment							

16. Termination Due	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0805
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Section III--Termination Action

17. Action to Terminate No termination, since the bimonthly period has passed.

18. Terminated	A. Date Mo Da Yr 06/28/2004	B. Time (24 Hr. Clock) 0805
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054425	21. Primary or Mill
22. Signature [b]		23. AR Number [b]

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.

Handwritten signature/initials

Date 6-28-04

0800

Cit # 7096575

Person 1 71.208(e)

The operation failed to submit
A bimonthly sample for the
designated Area Sampling
point ID 9010 for the
sampling cycle of APR-May
according to Advisory #020
dated 6-7-04

no termination

since bimonthly period
has passed.

Inspector's Initials LB

Supervisor's Initials and Date

Page No. 23

---ADVISORY OF NONCOMPLIANCE, FAILURE TO SUBMIT---
(DESIGNATED AREA SAMPLING POINT)
ADVISORY NO 0019

JUN 07, 2004

ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE

MINE I.D.46-08791
DESIGNATED AREA SAMPLING POINT I.D. 9011
ROOF BOLTER - INTAKE

CURRENT BIMONTHLY SAMPLING CYCLE JUN-JUL 2004

ACCORDING TO MSHA RECORDS A VALID RESPIRABLE DUST SAMPLE, RELATIVE TO THE DESIGNATED AREA SAMPLING POINT IDENTIFIED ABOVE, WAS NOT RECEIVED AS REQUIRED BY 30 CFR 70 FOR THE BIMONTHLY SAMPLING CYCLE OF APR-MAY 2004.

CASSETTE NO.	DATE	SAMPLING START TIME (24-HR CLOCK)	MRE EQUIV CONCENTRATION
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---0303---097---46-08791---B ---A
ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE
ATTN: JAMES L SWARTZ
ROUTE 9, BOX 507
BUCKHANNON WV 26201

**Producing Since
3/29/2004**

Mine Citation/Order
Continuation

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

12 JUL 2004

12/

Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/28/2004	3. Citation/ Order Number 7096576 - 01
4. Served To Brad Hamrick Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change	From	To
9. C. Part/Section	71.208(a)	70.208(a)

Reason

issued wrong standard in error

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054425		
11. Signatur [Signature]	AR Number [Signature]	12. Date Mo Da Yr 06/29/2004	13. Time (24 Hr. Clock) 1326

MC
429

Mine Citation/Order

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

26 JUL 2004

Section I-Violation Data

1. Date Mo Da Yr 07/12/2004	2. Time (24 Hr. Clock) 1515	3. Citation/ Order Number 7096649
4. Served To Brent Wolfe	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	

(Contractor)

8a. Written Notice (103g)

The operator failed to submit a Mine Accident, Injury and Illness Report, 7000-1, to MSHA within 10 working days after the occurrence of a 03-05-2004 occupational injury to an underground employee, [redacted], that resulted in lost work days and medical treatment that required surgery. This employee is still not back to work.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 50.20(a)
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Section II-Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/12/2004	B. Time (24 Hr. Clock) 1530
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Section III-Termination Action

17. Action to Terminate Terminated due to the 7000-1 being submitted by the operator.

18. Terminated	A. Date Mo Da Yr 07/12/2004	B. Time (24 Hr. Clock) 1528
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Section IV-Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Sr [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 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.

CC BW 7-12-04

UP 7/14

Mine Accident, Injury and Illness Report
 U.S. Department of Labor
 Mine Safety and Health Administration



Post Marked
 Mailed
 6/30/04

8

Section A— Identification Data

Approved for Use Through September 30, 2002, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category Metal/Nonmetal Mining Coal Mining Check here if report pertains to contractor.

Mine Name SAGO MINE Company Name ANKER WEST VIRGINIA MINING CO.

Section B— Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code—see instructions)

04 – Inundation	05 – Gas or Dust Ignition	01 – Death	02 – Serious Injury	03 – Entrapment
09 – Outburst	10 – Impounding Dam	06 – Mine Fire	07 – Explosives	08 – Roof Fall
		11 – Hoisting	12 – Offsite Injury	

2. Name of Investigator JEFF STEPHLE 3. Date Investigation Started 03 17 04 4. Steps Taken to Prevent Recurrence of Accident USE PROPER BODY MECHANICS WHEN LIFTING MATERIALS.

Section C— Complete for Each Reportable Accident, Injury or Illness

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)

(a) Surface Location: 02—Surface at Underground Mine 30—Mill, Preparation Plant, etc. 03—Strip/Open Pit Mine 04—Surface Auger Operation 05—Culm Bank/Refuse Pile 06—Dredge Mining 12—Other Surface Mining 17—Independent Shops (with own MSHA ID) 99—Office Facilities

(b) Underground Location: 01—Vertical Shaft 02—Slope/Inclined Shaft 03—Face 04—Intersection 05—Underground Shop/Office 06—Other BELT

(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident 03 05 04 7. Time of Accident 2:00 am pm 8. Time Shift Started 8:00 am pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

INSTALLING BELT STRUCTURE & CARRYING STRUCTURE, A KNOT DEVELOPED IN [6] GROIN

HELPING TO INSTALL THE NEW BELT INTO THE MINE. HAD BELT'S STRUCTURE AT THE TIME, FELT A SHARP PAIN IN [6] GROIN & NOTIFIED [6] SUPERVISOR (JEFF SIMMONS) OF THIS ON THAT DAY.

10. Equipment Involved BELT STRUCTURE Type ROLLERS Manufacturer PIONEER Model Number N/A

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [6] 14. Sex 7 15. Date of Birth _____

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title SHUTTLE CAR OPERATOR

18. Check if this Injury/Illness resulted in death. 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness? LIFTING 21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected LOWER ABDOMEN (L+R) 23. Occupational Illness (circle applicable code—see instructions)

22—Dust Diseases of the Lungs	23—Respiratory Conditions (toxic agents)	21—Occupational Skin Diseases
25—Disorders (physical agents)	26—Disorders (repeated trauma)	24—Poisoning (toxic materials)
		29—Other

24. Employee's Work Activity When Injury or Illness Occurred CARRYING BELT STRUCTURE

Experience	Years	Weeks
25. Experience in This Job Title	<u>[6]</u>	<u>[6]</u>
26. Experience at This Mine	<u>[6]</u>	<u>[6]</u>
27. Total Mining Experience	<u>[6]</u>	<u>[6]</u>

Section D— Return to Duty Information

28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) _____ 30. Number of Days Away from Work (if none, enter 0) 10 31. Number of Days Restricted Work Activity (if none, enter 0) 10

Person Completing Form (name) Brian Wolfe Title Asst. Safety Director
 Date This Report Prepared (month, day, year) 6-28-04 Mine Code and Phone Number 304-472-8602

For Official Use Only

Degree _____

Accident Type _____

Accident Class _____

Mine Citation/Order

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

Ink

Section I—Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 0800	3. Citation/ Order Number 7147614
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	

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

The roof was not adequately supported or other wise controlled to protect persons from the hazards related to the falls of the roof in the main return of the Sago Mine at 21 x-cut. The top was dislodged from bolt allowing a area to be exposed that measured 8 feet wide, 8 feet long. The bolt was out of the roof 13 inches. This top was loose, gapping, and seperated from the solid top. A second area that was exposed in the same return at 5 to 6 x-cut was 12 feet wide and 6 feet 10 inches from the rib. This return is traveled once a week by the mine examiner.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood 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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 07/27/2004 B. Time (24 Hr. Clock) 0800

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code) AAA 20. Event Number 4054300 21. Primary or Mill

22. Signature [Signature] 23. AR Number 6

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Jed 7/26/04

Date 7/22/2004

People opposed - one
 likelihood - reasonably
 likely due to the
 condition of the roof
 in affected area
 Broken, separated from
 solid top, gapping. The
 fire boss had tracks
 in affected area.

How Serious - had work
 days or restricted
 duty due to roof
 falls and rock
 pieces falling from
 rock roof.

Inspector's Inj. [67]

Supervisor's Initials and Date

Page No. 9Date 7/22/2004CID# 7147614

Location #1 place - at
 21 x-cut BX-RET.
 #2 Place - 22 x-cut and
 5 x 6 - x-cut.

Who Knows - Mine Engineer
 should of known of
 the condition due to
 his weekly Run.

How long Uo existed -
 at least a week.
 Due to old post were
 in return and covered
 with other Rock

Inspector's

Supervisor's Initials and Date

Page No. 8Date 7/22/2004CID# 7147614

Time - 0800

Location - home roof
 not adequately supported
 to protect people and
 left Ret. of 8 x 8 mm
 Bolt design hanging out
 of roof. 13" open area
 8 x 8 - Roof broken,
 loose, gapping, and
 separated from solid
 coal top.

2nd place - exposed area
 same return 22 x-cut
 5 x 6 x-cut. over 12 ft.
 wide, 6 ft. 10 inches
 from rib back -
 Top same as above

Inspector's Inj. [67]

Supervisor's Initials and Date

Page No. 7

Mine Citation/Order
Continuation

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

16 AUG 2004 *W.E.*

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 07/22/2004	3. Citation/Order Number 7147614 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID (Contractor) 46-08791	

Section II—Justification for Action

Post were set in the affected area.

See Continuation Form

Section III—Subsequent Action Taken

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

Section IV—Inspection Data

9. Type of Inspection AAA	10. Event Number 4054300		
11. Sign <i>[Signature]</i>	ARR Number <i>[Signature]</i>	12. Date Mo Da Yr 08/03/2004	13. Time (24 Hr. Clock) 1000

[Handwritten initials]
864

5 AUG 2004 JAL

Section I--Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 0850	3. Citation/ Order Number 7147615
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The stopping at spad # 3157 located in the main left return was not maintained to serve the purpose for which it was built. The stopping had a hole in the left side measuring 4 inches wide and 8 inches long.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(h)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 0915
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Section III--Termination Action

17. Action to Terminate Terminated due to the stopping hole being sealed.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 0915
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature [Signature]		23. AR Number [67]

MSHA Form 7000-3a (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

JAL 7-26-04

Date 7/22/2004

CD # 7147615

Time - 0850.

116 - Hole in stopping
and left return between
field and return of Spad

3157 - 4x8 Hole

2x3 entry. 2nd hole

was one stopping only

3157 measured 6" wide

8 inch long.

Hole found kept in

stopping #1 #2

[X] Hole

[] Field

2nd Hole Center kept.

next to Rib.

Inspector's Initials

[67]

Supervisor's Initials and Date

Page No. 10

Date 7/22/2004

CD # 7147615

Who knew and how
long the violation existed
Can not be determined

People affected - me

Hand saw - how long
day or rectifiability
due to a fire on belt
would go down with
sooner

Relephod - unlikely.

Inspector's Initials

[67]

Supervisor's Initials and Date

Page No. 11

Mine Citation/Order

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

- 5 AUG 2004

Section I--Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 0905	3. Citation/ Order Number 7147616
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The # 3 scoop located in the NE Mains MMU 001-0 section was not being maintained in a safe operating condition due to the winch cable had a strand completely broken away from the main cable. The cable was also broken apart at the location where the hook attaches to the cable. This cable winch is used every other night to pull tail pieces on the belt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 0930
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Section III--Termination Action

17. Action to Terminate Terminated due to the broken part of the cable being cut out of the cable.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 0930
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature [Signature]		23. AR Number [67]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Jul 7-26-04

Date 2/22/2004
 CID# 7147614
 Location: NE Main
on section 001-0-MMU.

Who knew - Can not be
determined

How long - It has been
some time due to
sud on the cable when
it had broken.

How Serious Cable Could
 Break - Post work
days a restorer duty

Labeling - reasonably high
due to belt being moved
every other day

Inspector's Initials [Signature]

Supervisor's Initials and Date

Page No. 16

Date 2/22/2004
 CID# 7147616
 Time - 0905
~~Date~~

Violation - #3 scoop
in U.E. Main Section
not being maintained
in operating condition
due to the control
cable had a rope way
broken. And at the
attach area where
the hook connects
the cable was frayed
this cable used to be
used every other day to pull
the tail piece had just
more left to 2/24/2004

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 15

Mine Citation/Order

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

5 AUG 2004 *[Signature]*

Section I--Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 1045	3. Citation/ Order Number 7147617
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

The currently approved roof control plan is not being complied with in the NE Mains MMU 001-0 section. The plan stated that their will be 20 post readily accessible only 16 were available and sufficient cap pieces and wedges were not readily accessible also.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.220(a)(1)
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Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1100
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Section III--Termination Action

17. Action to Terminate Terminated due to the post ,wedges, and caps being supplied at a accessible location.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1100
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Section IV--Automated System Data

19. Type of Inspection (activity code)	AA A	20. Event Number / 4054300	21. Primary or Mill
22. Sign	<i>[Signature]</i>		23. AR Number [6]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Jul 26 04

Date 7/22/2004

OS # 7147617

Person affected - one

How person - Lost work days or restricted duty due to delay in taking care of a condition.

Prevention - Unlikely due to there was some supplies on the case

Inspector's Initials

[b7]

Supervisor's Initials and Date

Page No. 18

Date 7/22/2004

OS # 7147617

Time 1045

Violation - Currently Roof Center not being completed with ^{Emergency of Post} ~~Group~~ on case on had 16 Post need 20, no wedges, only a few braces, not readily accessible, location NE main, 001-0.-

What knew and later how long the Viol exists how not be determined

Inspector's Initials

[b7]

Supervisor's Initials and Date

Page No. 17

Mine Citation/Order

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

- 5 AUG 2004 *[Signature]*

Section I--Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7147618
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

Loose coal and coal fines were allowed to accumulate at the tail piece on the NE Mains section. A belt roller was turning in the loose coal and black coal fines when the violation was observed. The accumulations when measured were 5 feet long, 4 feet wide and 18 inches deep.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1130
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Section III--Termination Action

17. Action to Terminate Terminated due to the loose coal and black coal fines being cleaned up at the tail piece.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1130
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Section IV--Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature	23. AR Number 6	

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

[Handwritten]
7-26-04

Date 7/22/2004
CD# 7147618

Time - 1100
 Violation - loose coal
 and blast coal fines
 accumulated under the
 belt - with a roller
 turning and loose blast
 coal fines also on
 1st side of the feeder
 accumulations - the belt
 hump accumulations were as
 following - 5 ft long
 4 ft wide, 18 inches deep.
 The feeder accumulations
 were 15 ft wide, 10 inches
 deep, and 12 ft long.

Inspector's Initials: [6]
Supervisor's Initials and DatePage No. 19Date 7/22/2004
CD# 7147618Location - Tail Race
at NE main.Who Knew - Can't determine
How long - at least
a shift.People affected - oneSeverity - lost work Day
or restricted dutyTotalled - unlikely
any thing would happen
No injuries & such.Inspector's Initials: [6]

Supervisor's Initials and Date

Page No. 20

Mine Citation/Order

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

5 AUG 2004

MSH

Section I - Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 1110	3. Citation/ Order Number 7147619
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

The currently approved ventilation plan is not being complied with in the NE Mains section. The co sensor device at the tail piece exceeded the 40 foot outby. The co device was located 127 feet outby the tail piece on the belt line.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1120
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Section III - Termination Action

17. Action to Terminate Terminated due to the co sensor device being moved up to the tail piece.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1120
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Section IV - Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature		23. AR Number [67]

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Jul 26 04

Date 7/22/2004

Case # 7147619

Time - U:10.

Via - Current Vest Plan
no being complied with
Co-Sensors device
used (only ^{specified} 40 ft.
The Co. was at 127'
and Y. And Canvas used
Canvas Canvas.

Location - Belt line
001-0 N.E. main

Who knew - Can't determine
How long - Semi last
belt move

Inspector's Initials [67]

Supervisor's Initials and Date _____ Page No. 25

Date 7/22/2004

Case # 7147619

How long did the
Via - ~~exist~~ - at least
~~at~~ a shift. according to
the mine foreman

People affected are

How serious - had work
day a lost work day
due to delay in fire
in mine.

Recovery - unless ducts
~~are~~ air was
still under able to
travel under Canvas

Inspector's Initials [67]

Supervisor's Initials and Date _____ Page No. 26

- 5 AUG 2004

Section I--Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 1120	3. Citation/ Order Number 7147620
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)

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

The fire stand located 127 feet out by the feeder in the NE Mains section was not in a useable operative condition due to the nipple missing in the fire stand.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-3
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1140
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Section III--Termination Action

17. Action to Terminate Terminated due to a nipple being placed in the fire stand on the belt line.

18. Terminated	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1140
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Section IV--Automated System Data

19. Type of Inspection (activity code) 1 A A A A	20. Event Number 4054300	21. Primary or Mill
22. Sign <i>[Signature]</i>		23. AR Number 167

MSHA Form 7
 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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

Jul 26 04

Date 7/22/2004
Case # 7147620

Person affected

Likelihood - unlikely due to used mine.

Inspector's Initials

[67]

Supervisor's Initials and Date

Page No.

28

Date 7/22/2004
Case # 7147620

Time - 11:20

Violation - Fire Start
muffle put in place
~~and~~ (missing)

Could not be used.

Location = 127' out y.

Fire feeder in NE main

What knew - Can't determine
How long - since had been
mover. (They move belt
every other day.

How seen - last work
day - due to delay in
fire fighting

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

27

Mine Citation/Order

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

WAB

Section I - Violation Data

1. Date Mo Da Yr 07/22/2004	2. Time (24 Hr. Clock) 1125	3. Citation/ Order Number 7147621
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

The tail piece located in the NE Mains MMU 001-0 was not provided with a fire stand

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-2(b)	See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/22/2004	B. Time (24 Hr. Clock) 1600
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Section III - Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature <i>[Signature]</i>		23. AR Number <i>[67]</i>

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

JUL 26 2004

Date 7/22/2004

Lokehat - unlikely
due to wet ground.

Inspector's Initial

[6]

Supervisor's Initials and Date

Page No.

36

Date 7/22/2004

7147621

Time - 11:25
Violator - no fire
stand provided at tail
Pile. Located - at NE
manure (001-0)
Who knew - can't determine
Hawley - some heat
held more (more held
every other day.
Person affected one
New ~~State~~ Service
lost work days
due to delay in
fire fighting.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

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Mine Citation/Order
Continuation

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

16 AUG 2004

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 07/22/2004	3. Citation/ Order Number 7147621 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

The tail piece was provided with a fire tap for the NE Mains MMU 001-0.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054300		
11. Signat [Signature]	AP Number [Signature]	12. Date Mo Da Yr 08/03/2004	13. Time (24 Hr. Clock) 0922

22 SEP 2004



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

Citation/Order

Section I - Violation Data

1. Date Mo Da Yr 09/07/2004	2. Time (24 Hr. Clock) 0745	3. Citation/ Order Number 7147814
4. Served To AI SCHOONOVER, SAFETY		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator is not complying with his approved Smoker's Search Program, according their record book, a search was not was not conducted for the week of 08/29/2004 thru 09/04/2004 for the weekend crew on the afternoon shift. The approved program requires weekly searches and records maintained of such. Terminated time is set, due to the crew only works weekend.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1702
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

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

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 09/10/2004	B. Time (24 Hr. Clock) 1530
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Section III - Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or MII
22. Signature [Signature]		23. AR Number 167

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

CC.

9/8/2004

9-10-4

Date 9-7-2004

T 0745

7147814

The operator is not complying with his approved Snickers SERT program, according their record book, A SERT was not conducted for the week of 8/29/04 thru 9-4-2004 for the weekend crew on the afternoon shift the approved program requires weekly SERTS and records maintained of SERT

Inspector's Initial [b]

Supervisor's Initials and Date _____ Page No. 3
U.S.G.P.O. : 2001 - 509-238

Date 9-7-2004

Who Knew

[b]
Foreman of the crew

How long 1-week.

Affected 1 person

Inspector's Initial [b]

Supervisor's Initials and Date _____ Page No. 4
U.S.G.P.O. : 2001 - 509-238

Date 9-7-2004

Injuries,

Unlikely Injury would occurred. due SERTS was being made except for this week.

[b]

next week, they have been doing except this week.

~~Time~~ Time set, due to this weekend crew.

9/10/2004 - 1530

Inspector's Initial [b]

Supervisor's Initials and Date _____ Page No. 5
U.S.G.P.O. : 2001 - 509-238

TCA

Citation/Order
Continuation

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

88 37 TCM

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 09/07/2004	3. Citation/ Order Number 7147814 - 01
4. Served To AI SCHOONOVER, SAFETY	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason take out one (was not) in bodily of citation on line (2).

The words (was not) duplicated in the body of citation.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054300	
11. <i>[Handwritten]</i>	12. Date Mo Da Yr 09/08/2004	13. Time (24 Hr. Clock) 0719

[Handwritten signature]

[Handwritten initials]
9-10-4

Mine Citation/Order Continuation

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

TGA 

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 09/07/2004	3. Citation/Order Number 7147814 - 02
4. Served To AI SCHOONOVER, SAFETY	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change	From	To
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8. Condition Or Practice

Reason The words (was not) duplicated in the body of citation.

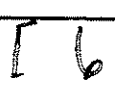
Take out one (was not) in the body of citation on line (2)

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054300		
11. Signature 	AR Number 116	12. Date Mo Da Yr 09/08/2004	13. Time (24 Hr. Clock) 1118

AWW
9-10-04

Mine Citation/Order
Continuation

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

117 

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 09/07/2004	3. Citation/Order Number 7147814 - 03
4. Served To Al Schoonover	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II-Justification for Action


A smokers search was conducted for the weekend crew afternoon shift and properly recorded in the book used for that purpose.

See Continuation Form

Section III-Subsequent Action Taken

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

9. Type of Inspection AAA	10. Event Number 4054300		
11. Signature 	AR Number [67]	12. Date Mo Da Yr 09/13/2004	13. Time (24 Hr. Clock) 1247

MC
9/14

Mine Citation/Order

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

83 SEP 2004 TWA 

Section I—Violation Data

1. Date Mo Da Yr 09/07/2004	2. Time (24 Hr. Clock) 0800	3. Citation/ Order Number 7147815
4. Served To AI SCHOONOVER, SAFETY		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator's record of the required daily examination of the Main fan was not conducted on the following day the mine work: 09/06/2004. Men traveled underground to Pre-shift the mine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.312(a)
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Section II—Inspector's Evaluation

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


16. Termination Due	A. Date Mo Da Yr 09/07/2004	B. Time (24 Hr. Clock) 1045
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Section III—Termination Action

17. Action to Terminate Terminated due to the Main fan being checked and recorded in the book for that purpose.

18. Terminated	A. Date Mo Da Yr 09/07/2004	B. Time (24 Hr. Clock) 1045
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Section IV—Automated System Data

19. Type of Inspection (activity code) AAA	20. Event Number 4054300	21. Primary or Mill
22. Signature 		23. AR Number 167

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 500 W. Madison Street, Suite 1240, Chicago, Illinois 60661. 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.

CC

9/7/2004

WJ 9/14

Date 9-7-2004

T 0800

7147815

The operator's record of the required circuit examination of the main fan was not conducted on the following day the mine work 9/6/2004.

men traveled underground to pre-shift the mine

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 6

Date 9-7-2004

Who knew

The Mine Foreman & Maintenance Foreman should have known

How long 1-shift
M. daylight shift

Affected 1 person

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 7

Date 9-7-2004

Injuries

Unlikely Injury would occurred, due to the fan is

Running and the fan has been examined every day except w/ cited day.

Next moderate, they have been doing it last recorded date 9/1/2004
Testing Time set.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 8

TCA

**Citations
7096971 & 7096972
being withheld
under FOIA
Exemption 7(A)**