This presentation is for illustrative and general educational purposes only and is not intended to substitute for the official MSHA Investigation Report analysis nor is it intended to provide the sole foundation, if any, for any related enforcement actions.

Coal Mine Fatal Accident 2006-33



Operator: Wolf Run Mining Company

Mine: Sycamore Mine No. 2

Accident Date: May 24, 2006

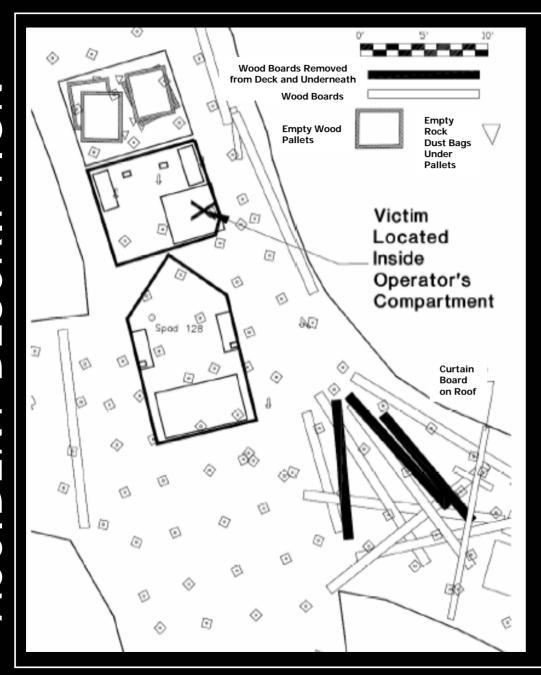
Classification: Powered Haulage

Location: Dist. 3, Harrison County, West Virginia

Mine Type: Underground Coal Mine

Employment: 94

Production: 1,200 Tons/Day



On Wednesday, May 24, 2006, at approximately 2:15 p.m., a 34-year old Utility Man operating a scoop was struck and fatally injured by two wooden planks that entered the deck of the scoop. The accident resulted from failure to follow an existing procedure for maintaining haulageways free of extraneous material and a lacking procedure or policy requiring physical protection for scoop operators.

ROOT CAUSE ANALYSIS

<u>Causal Factor</u>: Procedures, rules, policies required by safeguard No. 7098604, issued November 14, 2005, require that off track haulage roadways be maintained free of extraneous materials which could be contacted by the mobile equipment and cause injury to the equipment operators or bystanders or cause the equipment operator to lose control of the equipment.

<u>Corrective Action</u>: Mine management has reinstructed all persons on the existing safeguard that is in effect.

<u>Causal Factor</u>: No procedures, rules, or policies were in place to ensure mobile equipment operators are protected from extraneous materials in off track haulage roadways that could enter the operator's compartment. The scoop was not provided with doors or other effective means to prevent extraneous materials from entering the operator's compartment.

<u>Corrective Action</u>: Mine management has installed doors on the operator's compartment of the Fairchild 35C-WH scoops.

ENFORCEMENT ACTIONS

§104(a) Citation, No. 6602167, was issued to Wolf Run Mining Company

The operator failed to maintain the off-track haulage roadway free of extraneous material as required by safeguard number 7098604 issued on November 14, 2005. On Wednesday, May 24, 2006, at approximately 02:15 p.m., in the number 12 block of the number 3 roadway, a fatal accident occurred when three wooden planks, approximately 3 inches by 9 inches by 12 feet entered the deck of a Fairchild 35C-WH scoop. These two planks were pinned under another plank that was lodged underneath the scoop. The investigation also revealed that two other planks and a crib block were located on the right rib behind the scoop.

ENFORCEMENT ACTIONS cont'd

§314(b) Safeguard, No. 6602168, was issued to Wolf Run Mining Company. This is a notice to establish a safeguard requiring that all Fairchild 35C-WH scoops be equipped and maintained with a door.

On Wednesday, May 24, 2006, at approximately 2:15 p.m., three planks, from the roadway, measuring 3 inches by 9 inches by 12 feet, entered the operator's compartment of the Fairchild 35C-WH Scoop, causing multi crushing injuries to the victim. The accident occurred in the number 3 entry, at 12 block.

BEST PRACTICES

- Conduct thorough preshift examinations to determine the presence of any hazards in areas where mobile equipment is to be operated.
- Examine active roadways as often as necessary to ensure safety, particularly when hauling loose materials.
- Maintain all haulage ways and travel ways free of extraneous materials that may pose a hazard to equipment operators, passengers or miners.
- Emphasize safe operating procedures for equipment and maintenance of roadways in all training programs.