

E01

Reg. Safety Health Insp.

12-29-2006 – 03-29-2007



**Mine Information Form**

**Mine Location Type 1-14**

<b>Change/New</b>	Change
<b>1. MSHA Mine ID Number:</b>	<b>2. Operating Company Name:</b>
4201715	Genwal Resources Inc

**3. Mine or Mill Name:**  
Crandall Canyon Mine

<b>3a. Mine Emergency Phone Number:</b>	<b>4. Type Of Operation</b>	<b>5. Portable Operation</b>	<b>6. Primary Mine Type</b>
(435)-687-5420	Coal	N	Underground

<b>7. MSHA Office Code</b>	<b>8a. Work Group</b>	<b>8b. Travel Area</b>	<b>9. Nearest Town, Landmark, or Post Office</b>
C0905 - Price UT Field Office	02		Huntington

<b>10. County Name Where Mine Is Located</b>	<b>11. State Abbreviation</b>	<b>12. Cong. Dist. (Coal Only)</b>	<b>13. Mileage from Field Office</b>
Emery	UT	03	35

**14. Directions to Operation from Field Inspection Office**  
1.5 miles West off State Highway 31, 15 miles NW of Huntington, Utah

**Mine Description 15-20**

<b>15. Total Employees:</b>	<b>16. Schedule Of Operation:</b>		
66	<b>a. Hours Per Production Shift</b> 8	<b>b. Production Shifts Per Day</b> 3	
	<b>c. Maint. Shifts Per Day</b> 3	<b>d. Work Days Per Week</b> 7	

**17. Longitude and Latitude (Coal Only)**

<b>a. Longitude:</b>	<b>Degrees</b> 111	<b>Minutes</b> 10	<b>Seconds</b> 1
<b>b. Latitude:</b>	<b>Degrees</b> 39	<b>Minutes</b> 27	<b>Seconds</b> 39

**18. Mine Status :** Active

**19. Status Date (mm/dd/yyyy)** 11/22/1983

**20. Types Of Mineral being Extracted or Processed:**

**a. Primary Commodity** Coal (Bituminous)

**b. Secondary Commodity**

**c. Other Commodities**

**Mine Characteristics**

**21. Mine Characteristics:**

Mill/Prep Plant/Loading Dock

**Other Mine Information**

**22. Other Mine Information: a. Applicable to all Mines**

**103(l) Status:** Removed **Date Entered 103(l) Status** 10/01/1981  
 Explosive Used  
 Explosives Stored on Surface  
 Treasury Permit/License  
**Methane Liberation** 0 cubic ft./24 hrs.

**b. Applicable to Coal Mines Only**

<b>No. Of Producing Pits</b>		<b>No. Of Non Producing Pits</b>	0
<b>No Of Drift Openings</b>	3	<b>No. Of Slope Openings</b>	0
<b>No. Of Shaft Openings</b>	0	<b>Avg. Daily Coal Prod. Tons</b>	2200
<b>Primary Coal Bed Name</b>	Hiawatha		
<b>Avg. Mine Height</b>	72		

**c. Applicable to Metal and Nonmetal Mines Only**

<b>Mine Gas Category</b>	<b>No. Of Impoundments</b>
<b>No. Of Escapeways to Surface</b>	<b>No. Of Holsts</b>
<b>No. Of Refuge Chambers</b>	

**Mailing Address**

**23. Quarterly Report Mailing Address**

<b>First Name</b> James	<b>Middle Initial</b> A	<b>Last Name</b> Poulson
<b>Street Address</b>	<b>OR</b>	<b>P.O. Box</b>
		1077
<b>City</b>	<b>State</b>	<b>Zip Code</b> <b>Zip Ext</b>
PRICE	UT	84501
<b>Country</b>	<b>Foreign State</b>	<b>Foreign Zip Code</b>
USA		
<b>Phone Number</b>		<b>Fax Number</b>





Mine Activity Data

1. Action: a. New Entry  b. Update  2. Activity Code: E01 3. Event Number: 4476407  
 4. Date Event Started: 12/29/2006 5. Date Event Finished: 3/29/2007 6. Mine ID: 42-01715  
 7a. Organization Code (Mine Assignment): 20905 b. Work Group Identifier: 02 9. Company Name: GENVAL RESOURCES INC  
 8a. Organization Code (AR Assignment): 20905 b. Work Group: 02 10. Mine Name: CRANDALL CANYON MINE  
 11. Report Type (check) a. First  b. Interim  c. Last  d. Not Applicable  12. Area of Inspections a. Active Sections: 1 b. Idle Sections: 0  
 c. Outby Areas  d. Shafts/Slopes  e. Surface Areas (UG)  f. Surface Workings  g. Company Records  h. ATF  i. Impoundments  j. Refuse Piles   
 k. Major Construction  (1) Shaft/Slope Sinking: 0 (2) Impoundment Construction: 0 (3) Buildings: 0 (4) Dragline/Shovel: 0 (5) Other: 0 l. Miscellaneous   
 m. MMU/Pit Number (1) 002 (2) 005

13. Number of Samples Collected a. Air Samples: 1 b. Rock Dust Spot: 0 c. Rock Dust Survey: 0 d. Respirable Dust: 1 e. Noise: 1 f. Other: 0

14. Impoundments/Refuse Piles:  
 a. Number b. FHC c. Configuration

15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

	Citations		Orders		Safeguards		Other	
	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
a. This Inspection								
(1) New Issuances	21		2					
(2) Terminations/Vacations	20/0		2/0					
(3) Modifications/Extensions	0/1							
(4) Left Pending	1							
b. Previously Issued								
(1) Modifications/Extensions								
(2) Terminations/Vacations								

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

Signature:  Card Number: 23943

19. Key Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

17. Remarks:

WMS ✓

921.DAT

54 Rec. 03/26/2007  
0&100

PAGE: 1

0&110 0(s4B UNITED STATES DEPARTMENT OF LABOR  
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA  
ANALYSIS OF AIR SAMPLES 0(s0B

Mine: CRANDALL CANYON MINE Mine ID: 4201715 Date(s) collected: 03/16/2007  
Company: GENWAL RESOURCES INCORPORATED Inspector: RANDY GUNDERSON Office: 905

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
P1915	75FT INBY FAN - RETURN	0.150	20.90	0.000	0.000	249956	0

92745

### Report of Violations

**Instructions**

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor	Street Address	City	State	ZIP Code	County	Page <u>1</u> of <u>1</u> Pages
Crandall Canyon Mine	15 miles NW Huntington		Utah		EMERY	
License/Permit/Registry Number (if any)	Expiration Date	Date(s) or Period of Inspection				

**Inspection Results**

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number	USC or CFR Citation	Nature of Violation	Corrective Action to be Taken (If not corrected immediately)	Date Corrections to be Made (If not corrected immediately)
		NO explosives stored at this mine NO citations issued		

**Signature**

23943

3/28/07



## SELF-RESCUER DATA SHEET

1. Mine ID Number: 42-01715      2. Mine Name: CRandall Canyon  
 3. Company Name: Genwal Resources Inc.  
 4. Inspector's AR Number: 23943      5. Date(s) of Insp: St. 3/20/07 End 3/21/07

6. Manufacturer	7. Model & Serial No.	8. Date of Manufacture	9. Method of Deployment	10. Location at the Mine	11. Date of Last 90-Day Insp.
<u>CSE 100</u>	<u>149134</u>	<u>1/07</u>	<u>cache</u>	<u>3<sup>rd</sup> North</u>	<u>3/16/07</u>
	<u>149149</u>	<u>1/07</u>	<u>cache</u>	<u>3<sup>rd</sup> North</u>	<u>3/16/07</u>
	<u>149102</u>	<u>1/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154131</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154105</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154133</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154176</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154149</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154107</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154124</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>52079</u>	<u>9/97</u>	<u>cache</u>	<u>M.W 7500</u>	<u>2/27/07</u>
	<u>100558</u>	<u>11/03</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>98101</u>	<u>6/03</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>83107</u>	<u>12/00</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>61929</u>	<u>7/98</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>110730</u>	<u>12/04</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>149190</u>	<u>1/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>106219</u>	<u>8/04</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>149185</u>	<u>1/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>149157</u>	<u>1/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>149121</u>	<u>1/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154100</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154158</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>58903</u>	<u>1/98</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>62409</u>	<u>8/98</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>102635</u>	<u>2/04</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>101204</u>	<u>8/04</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154181</u>	<u>2/04</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>154150</u>	<u>2/07</u>	<u>"</u>	<u>"</u>	<u>"</u>

The information on this Data Sheet should be entered in the District Self-Rescuer Database within 15 days of the completion of the inspection. A copy of this Data Sheet should be maintained with the completed Inspection Report.





1. MSHA Office

905-02, PAICE

2. Mine ID

42-01715

3. Mine Name

Crandall Canyon Mine

4. Company Name

Genwal Resources Inc.

Roof Control

Adequate

Deficiencies In Plan  
(Briefly Describe)

Ventilation

Adequate

Deficiencies In Plan  
(Briefly Describe)

Inspector Signature

Date

Supervisor Signature

Date

Signature

3/28/07

Signature

4/2/07

\*\*0905-0003  
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

*Price # 2 Report*

MARCH 22, 2007

MINE ID NUMBER

42-01715

MINE NAME - CRANDALL CANYON MINE

COMPANY NAME - GENWAL RESOURCES INC

*Mich Jila*  
*03/27/07*

ENTITY ID 005-0

SAMPLING DATE 03-20-2007

PRODUCTION THIS SHIFT  
300

SHIFT: 07

\*\*\*\*\*  
\*  
\* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) \_\_\_\_\_ \*  
\*  
\* SURVEY CONDUCTED BY \_\_\_\_\_ **Signature** \_\_\_\_\_ \*  
\*\*\*\*\*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	036	57665283	480	0.148	486.092	486.198	0.003		1.30		_____
2	012	57665284	480	0.208	492.388	492.536	0.003		1.30		_____
2	014	57665285	480	0.313	488.380	488.601	0.003		1.30		_____
2	053	57665287	480	0.186	492.843	492.976	0.003		1.30		_____
2	073	57665286	480	0.234	488.265	488.431	0.003		1.30		_____
7	000	57665288	480	0.063	492.229	492.276	0.003		1.00		_____

Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: 3-20-2007 3. Field Office Code: 905-02

4. Mine I. D.: 42-01715 5. Mine Name: Grandal Canyon Mine 6. Company Name: Genwall Resources, Inc.

7. MMU/DA/SA: MMU-005 8. Times Entry/Mine Cited for Excessive Dust Last 12 Months: 1

9. AR Signature: [Redacted] AR Number: 23943 10. Supervisor Signature: [Redacted]

11. Mining Method:  A. Longwall  B. Continuous  C. Conventional

Cut Sequence:  i. Tail-Head  I. Ripper  II. Auger  III. Borer

12. Mining Ht.: 64 in. Inches of Rock Mined: 0

13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating

15. Physical Conditions: Face Area  Wet  Damp  Dry Roadways  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment:  Electric  Battery  Diesel  Other (specify) \_\_\_\_\_

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral Number of Bolters: ONE

A. Ventilation: I. Operates on Separate Split of Air:  Yes  No II. Operates on Return-Side of DO:  Yes  No

B. Is Roof Bolter DA Established?  Yes  No C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both

B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both

C. Line Curtain/Tubing Distance: 5-15 ft. D. Is Face Area Ventilated with Belt Air?  Yes  No

E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Location	Quantity (Q), cfm		Velocity (V), fpm	
	Plan	Observed	Plan	Observed
Headgate	N/A		N/A	
Tailgate	N/A		N/A	

! st CHECK

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)	10,000 cfm	11,520			
MEAV (V)	60	94			
Scrubber*	6,200 cfm	7,100			
Last open	15,000 cfm	27,694			

Respirable Dust Sampling and Monitoring Data

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



1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: 3-20-2007 3. Field Office Code: 905-02

4. Mine I. D.: 42-01715 5. Mine Name: Crandal Canyon Mine 6. Company Name: Genwall Resources, Inc.

7. MMU/DA/SA: mmu-005 8. Times Entry/Mine Cited for Excessive Dust Last 12 Months: 1

9. AR Signature: [Signature] AR Number: 23943 10. Supervisor Signature: [Signature]

11. Mining Method:  A. Longwall  B. Continuous  C. Conventional  
 Cut Sequence:  i. Tail-Head  i. Ripper  ii. Head-Tail  ii. Auger  iii. Both  iii. Borer  
 12. Mining Ht.: 64 in. Inches of Rock Mined: 0  
 13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating  
 15. Physical Conditions:  
 Face Area:  Wet  Damp  Dry  
 Roadways:  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment:  Electric  Battery  Diesel  Other (specify) \_\_\_\_\_

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral Number of Bolters: ONE  
 A. Ventilation: I. Operates on Separate Split of Air:  Yes  No  
 II. Operates on Return-Side of DO:  Yes  No  
 B. Is Roof Bolter DA Established?  Yes  No  
 C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both  
 B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both  
 C. Line Curtain/Tubing Distance: 5-15 ft.  
 D. Is Face Area Ventilated with Belt Air?  Yes  No  
 E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Location	Quantity (Q), cfm		Velocity (V), fpm	
	Plan	Observed	Plan	Observed
Headgate	N/A		N/A	
Tailgate				

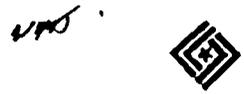
2nd check

Continuous/Conventional/Handloading

	Plan	Observed
Face (Q)	10,000 cfm	11,900
MEAV (V)	60	140
Scrubber*	6,200 cfm	8340
Last open	15,000 cfm	27,430

Mine Operator's Respirable  
Dust Sampling Program Survey

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



1. Date: 30 JAN 07  
2. District: 9  
3. Mine ID Number: 42-01715  
4. Mine Name: CANNON CANYON MINE

5. Company: GENWAL RESOURCES, INC  
6. Name (person responsible for calibration and maintenance of approved sampling devices): Jim Pruitt

7. Name (person qualified to conduct sampling program): Jim Pruitt  
8. Number of Dust Pumps (in use at mine): 10  
9. All Dust Pumps Have Been Calibrated within Last 200 Hours:  Yes  No (Aug 11, 2006)

10. Name(s) of Person(s) Assigned to Check Pumps During Sampling: Sids ATTACHED LIST

HAS SINCE LAST CALIB. 24 56 33 32 54 16 16 26 32 24 48

11. Results of at Least Six Checks by Soap Film Calibrator

Check	Pump Number											
	61	2	3	4	5	6	7	8	9	10	11	12
1	2051	2073		2040	2066		2029	2079	2059	2058	2043	2059
2	2050	2075	STOP/NOISE	2040	2072	STOP/NOISE	2023	2077	2045	2058	2087	2052
3	2043	2065	STOP/NOISE	2032	2056	STOP/NOISE	2032	2079	2045	2055	2075	2054
4	2051	2070	STOP/NOISE	2033	5056	STOP/NOISE	2028	2075	2043	2059	2082	2055
5	2048	2073	STOP/NOISE	2056	2070	STOP/NOISE	2029	2077	2040	2058	2083	2051
6	2039	2069	STOP/NOISE	2054	2058	STOP/NOISE	2024	2077	2040	2054	2070	2041
7			OUT			OUT	2					
8	4.93	4.95	OUT	5.02	4.99	OUT	4.87	4.81	4.90	4.98	4.91	5.07
9	0.01	0.00	OUT	0.00	0.00	OUT	0.00	0.00	0.00	0.00	0.00	0.00
10	25	17	OUT	14	21	OUT	22	13	18	11	15	10
Avg	2047	2071	OUT	2043	2063	OUT	2028	2077	2046	2057	2082	2052

12. Reverse May Be Used for Remarks

Signature

WMS



EMPLOYEE CERTIFICATIONS

(b) (7)(C)

EMPLOYEE NAME	CERTIFICATIONS HELD	NO.
	:METHANE DETECT (UG)	: N/A
	:DUST SAMPLING (UG/SUR)	: N/A
	:FIRE BOSS	: 8906
	:MINE FOREMAN	: 9279
	:FIRE BOSS	: 7379
	:MINE FOREMAN	: 7483
	:DUST SAMPLING	: N/A
	:METHANE DETECT (UG)	: N/A
	:FIRE BOSS	: 8704
	:MINE FOREMAN	: 8916
	:DUST	
	:MINE FOREMAN	: 4842
	:SURFACE FOREMAN	: 1175
	:FIRE BOSS	: 4702
	:DDST	
	:SURFACE FOREMAN	: 1281
	:DUST SAMPLING	: N/A
	:ELECTRICIAN -SUR	: 8313
	:ELECTRICIAN-UG	: 8284
	:FIRE BOSS	: 8389
	:DIESEL	: N/A
	:MINE FOREMAN	: 6715
	:FIRE BOSS	: 5452
	:ELECTRICIAN, (UG)	: 6164
	:BLASTER CERTIFICATION	: 784
	:NOISE	: N/A
	:DUST	: N/A
	:SURFACE FOREMAN	: 1386
	:INSTRUCTOR IS, IU, MR, FA	
	:METHANE	: N/A
	:DIESEL	
	:FIRE BOSS	:
	:MINE FOREMAN	:
	:DUST SAMPLING	: N/A
	:MINE FOREMAN	: 4864
	:FIRE BOSS	: 4327
	:ELECTRICIAN UG	: N/A
	:SURFACE FOREMAN	: 1482
	:DUST (UG/SUR)	: N/A
	:NOISE	: N/A
	:INSTRUCTOR IS, IU, MR	: N/A
	:FIRE BOSS	:
	:MINE FOREMAN	: 6401
	:INSTRUCTOR	
	:DUST UG/SUR	: N/A
	:FIREBOSS	:9167
	:DUST	
	:DIESEL	
	:ELECTRICIAN	
	:MINE FOREMAN	: 8356
	:DUST SAMPLING UG/SUR	
	:INSTRUCTOR - US/IU	: N/A
	:ELEC (UG)	: 8438
	:HIGH VOLT U/S	: 8569
	:ELEC (SUR)	: 8608
	:FIRE BOSS	: 7667
	:MINE FOREMAN	: 7684
	:DIESEL	: N/A
	:DUST SAMPLING	: N/A

4201715		Enter number of seals for each set in these columns.					Crandall Canyon	
Seal Location (Name of Set of Seals)	Standard (Mitchell) Seals	Omega Seals	Micon Seals	Pumpable Seals	Wooden Seals	Other	Last Inspection Date	Comments
Main North Intake Seals (15)					15		03/22/07	SEALS ARE ACCEPTABLE
Old Main East Seals (4)					4		03/15/07	"
1st Right Gate Seals (3)						3-Strata	03/21/07	"
2nd Right Gate Seals (3)						3 "	03/15/07	"
Main North Bleeder Seals Panel 22 (4)			4				03/15/07	"
3rd North/6 Right						3 "	03/15/07	"
3rd North/7 Right						2 "	03/15/07	"
X-Cut 45 & 46 Main West (2)			2				03/22/07	"
X-Cut 67 Intake (1)			1				03/22/07	"
1st East (3)					3		06/13/06	"
2nd East (3)					3		06/13/06	"
8th West (3)			3				06/13/06	"
9h West (3)			3				06/13/06	"
X-Cut 107 (1)			1				03/27/07	"
X-Cut 118 Main West (5)						5 "	03/22/07	"
X-Cut 118 Main West (4)				4			03/22/07	Installing at time of last Inspection
X-Cut 107 First Right (3)			3				03/21/07	"
1st North (4)					4		03/21/07	"

Sealing Plan South Mains Pillar District  
Crandall Canyon Mine MSHA ID#: 42-01715

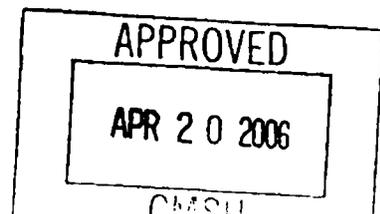
This site specific ventilation plan is for the sealing of the South Mains Pillar and Longwall District of the Crandall Canyon Mine. This district is ventilated with a flow through bleeder with the intake starting at the South Mains returning through evaluation points in the 1<sup>st</sup> South Mains. Two sets of seals will be needed to seal this area, one set in the South Mains and one set in the 1<sup>st</sup> South Mains. All seals will be constructed in accordance with the MSHA approved Crandall Canyon Ventilation Plan.

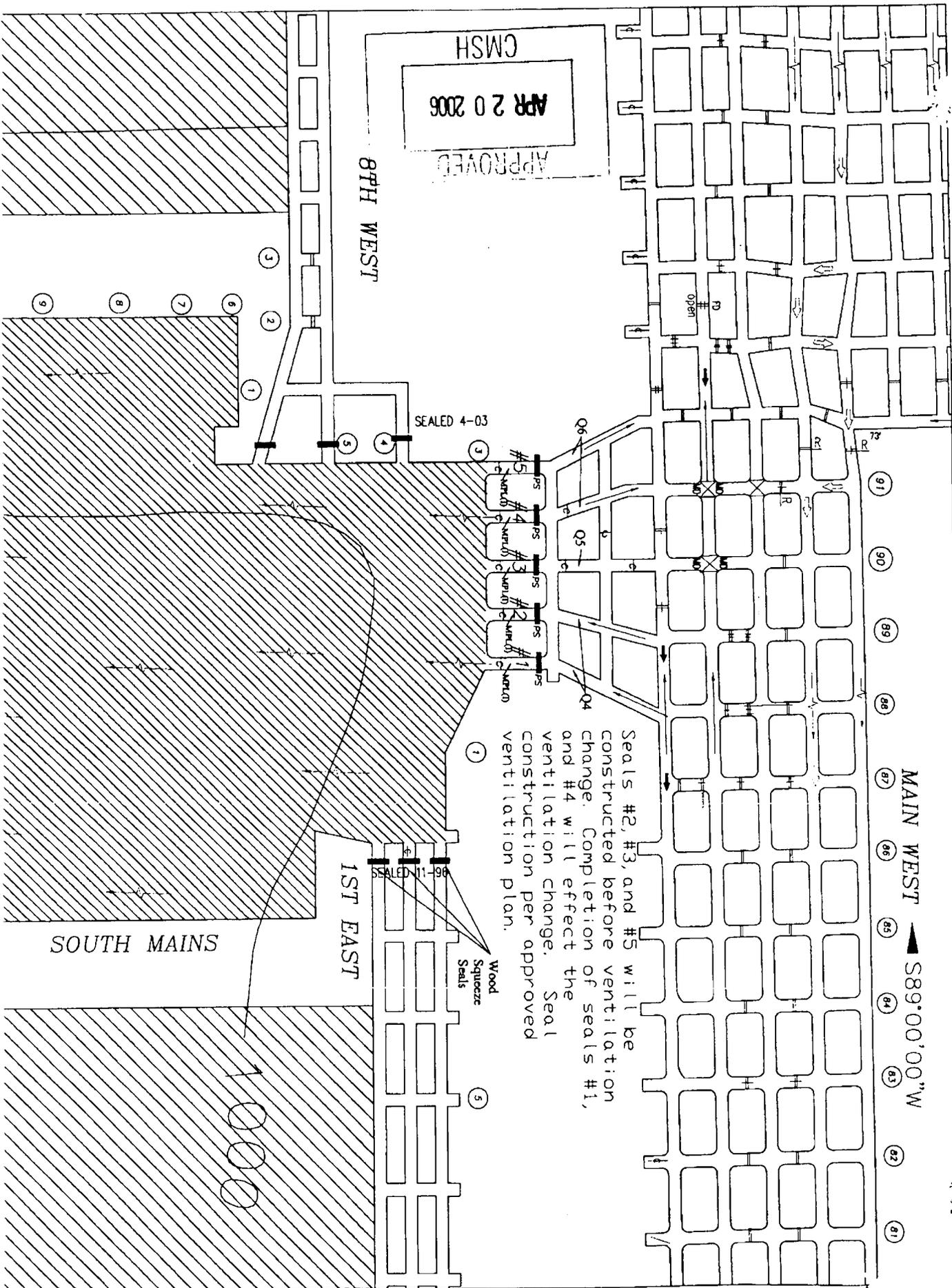
The seals located in entries #2, #3, and #5 entries in the South Mains will be constructed without regard to a particular sequence. The seals located in entries #2 and #3 entries in the 1<sup>st</sup> South Mains will be constructed without regard to a particular sequence. The construction of these 5 seals will not have a material affect on the ventilation of this area.

The construction/completion of the remaining three seals in both locations will effect the ventilation change for the South Mains Pillar and Longwall District. During the completion of seals # 1 and #4 in the South Mains and the simultaneous completion of the seal #1 in the 1<sup>st</sup> South Mains, only the mine personnel necessary to install the seals and make and evaluate ventilation changes will be allowed underground in the Crandall Canyon Mine.

MP points will be evaluated until sealing is complete.

The location of the seals in South Mains is illustrated on Plate #10, South Mains Sealing Plan. The location of the seals in 1<sup>st</sup> South Mains is illustrated on Plate #11, 1<sup>st</sup> South Mains Sealing Plan. The ventilation after the seals are complete is illustrated on Plate #12, South Mains Post Sealing Ventilation and Plate #13, 1<sup>st</sup> South Mains Post Sealing Ventilation.





Seals #2, #3, and #5 will be constructed before ventilation change. Completion of seals #1, and #4 will effect the ventilation change. Seal construction per approved ventilation plan.

Wood Squeeze Seals

SEALED 4-03

8TH WEST

1ST EAST

SOUTH MAINS

APPROVED  
APR 20 2006  
CM SH

MAIN WEST S89°00'00"W

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1010	3. Citation/ Order Number 7282825
4. Served To Bodee Allred		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Lose coal fines were allowed to accumulate just inby the #1 conveyor belt drive for a distance of 15 feet 48 inches in width and up to 6 inches deep. The coal fines were saturated with water

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 75.400
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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: 006	
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 12/30/2006	B. Time (24 Hr. Clock) 1900
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23277

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7282825 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The loose coal has been cleaned front inby the number 1 conveyor belt drive.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1435



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1035	3. Citation/ Order Number 7282826
4. Served To Bodee Allred		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The following conditions were observed along the #1 conveyor belt: (1) At cross cut #14 the top right roller, roller bearings had disintergrated, also the conveyor belt was cutting into the belt structure (2) At cross cut #16 the top middle belt roller, roller bearings had disintergrated (3) At cross cut #17 the conveyor was cutting into the belt structure (4) At cross cut #18 there were four places where the conveyor belt was cutting into the belt structure. There were a number of places where the edge of the conveyor belt had been cut leaving strings of belting around the end of the rollers by the bearings. All these conditions creat friction and heating which could result in a fire. The rollers at cross cut 14and 16 and where the structure was being cut into at cross cut #18 had red flaging material at the location. The conveyor belt was taken out of . . . . .

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 75.1725(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 type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 006		
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 12/29/2006	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)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23277

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 12/29/2006	3. Citation/ Order Number 7282826 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The bad rollers stated on this citation have been replaced with new ones and the conveyor belt has been trained to where it is no longer in contact with the belt structure.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1427



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1105	3. Citation/ Order Number 7282828
4. Served To Bodee Allred	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)

Float coal dust on rock dust surfaces as allowed to accumulate on the ribs, floor, belt structure and water lines in along the entire length of the #1 conveyor belt which is 35 cross cuts. The float dust ranged from light gray, gray, dark gray, and black in color.

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 <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: 006
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 12/30/2006	B. Time (24 Hr. Clock) 1900
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23277

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation	2. Dated (Original Issue)	Mo Da Yr 12/29/2006	3. Citation/ Order Number	7282828 - 01
4. Served To Bodie Allred Safety Director		5. Operator GENWAL RESOURCES INC		
6. Mine CRANDALL CANYON MINE		7. Mine ID	42-01715 (Contractor)	

Section II--Justification for Action

This entire belt line has been rock dusted.

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	E01	10. Event Number	4476407			
11. Signature	<b>Signature</b>		AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
			24125		01/03/2007	1446



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1056	3. Citation/ Order Number 7282827
4. Served To Bodee Allred		5. Operator GENVAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The guarding around the tail roller of the #1 conveyor belt drive did not extend a distance sufficient to prevent a person from coming in contact with the tail roller. The guarding that was in the area was had a 13 inch opening where a person could walk behind the guarding to get to a grease fitting or clean around the drive. Conveyor belt was running and a belt man had been working in the area prior to the issuance of this citation.

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 75.1722(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 12/29/2006	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)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23277

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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7282827 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The guarding has been properly installed on this tail roller.

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 E01	10. Event Number 4476407	11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1441
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Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1300	3. Citation/ Order Number 7282829
4. Served To Bodee Allred		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Accumulations of loose coal fines were observed between cross cut #109 and #110 in the #5 conveyor belt entry. The coal fines ranged in depth up to 9 inches, 161 inches wide and about 100 feet in length. The coal fines were saturated with water.

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: 006

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 12/30/2006	B. Time (24 Hr. Clock) 1900
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>	23. AR Number 23277	

MSHA Form 7000-3, Mar 05 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7282829 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II—Justification for Action

The coal accumulations have been cleaned up.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1451

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 03/13/2007	2. Time (24 Hr. Clock) 1015	3. Citation/ Order Number 7286434
4. Served To Bodee Allred, Safety		5. Operator GENVAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The Program Policy Letter #P06-V-10, stating that Crandall Canyon Mine will utilize two (2) hardwired communication system, routed through separate entries for protection of the system has not been implemented. There is only one communication line routed through the mine at this time. The effective date of implementing the two (2) separate communication lines should have been on 08/16/2006.

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 316(b)	C. Part/Section of Title 30 CFR
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input 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: 014
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
14. F. Dated Mo Da Yr				

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 03/28/2007	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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signa <b>Signature</b>		23. AR Number 23943

MSHA Form 7000-3, (Rev. 03/2007) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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

2/11/05 

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 03/13/2007	3. Citation/ Order Number 7286434 - 01
4. Served To Bodee Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II—Justification for Action

More time is granted, additional material has been ordered.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 04/11/2007	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 23943	12. Date Mo Da Yr 03/27/2007	13. Time (24 Hr. Clock) 1510

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Section I--Violation Data

1. Date Mo Da Yr 03/14/2007	2. Time (24 Hr. Clock) 0555	3. Citation/ Order Number 7286435
4. Served To Bodee Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 <span style="float: right;">(Contractor)</span>	
8. Condition or Practice		8a. Written Notice (103g)

The Smokers Search Plan, conducted at irregular intervals, on a weekly basis, is not being performed. The last recorded search was conducted for the week of 2/25/2007. Two crews did not record their weekly search for the week of 3/04/2007.

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 75.1702
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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: 014

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 03/14/2007	B. Time (24 Hr. Clock) 1800
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23943

MSHA Form 7000-3, Mar 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 03/14/2007	3. Citation/ Order Number	7286435 - 01
4. Served To Bodee Allred, Safety			5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE			7. Mine ID 42-01715 (Contractor)	

Section II--Justification for Action

A record of the Smokers Search has been entered in the record book.

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	E01	10. Event Number	4476407	
11. Signature	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
<b>Signature</b>	23943	03/15/2007		0700

WPS JA

Section I--Violation Data

1. Date Mo Da Yr 03/15/2007	2. Time (24 Hr. Clock) 1105	3. Citation/ Order Number 7286436
4. Served To Bodee Allred, Safety		5. Operator GENVAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The Old East Seals, are not being maintained to serve the purpose for which they were built. Leakage, through the middle of the seal, is blowing air into the return entry. Gas tests reveal no abnormal readings; Oxygen content is 20.4%.

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 checked="" type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input 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			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 03/15/2007	B. Time (24 Hr. Clock) 1800
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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)	E01	20. Event Number 4476407	21. Primary or Mill
22. Signature	Signature		23. AR Number 23943

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 businesses. 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.

Mine Citation/Order  
Continuation

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

WMS  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 03/15/2007	3. Citation/ Order Number 7286436 - 01
4. Served To Bodee Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The leakage has been repaired, and an on going gas sampling program, as per the Approved Ventilation Plan, on the atmosphere behind the seal is being implemented.

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4476407
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11. Signature	AR Number 23943	12. Date Mo Da Yr 03/16/2007	13. Time (24 Hr. Clock) 0930
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WMS JA  


Section I--Violation Data

1. Date Mo Da Yr 03/21/2007	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7286438
4. Served To Bodee Allred, Safety		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Oil and coal accumulations have been allowed to exist on the #3 double boom Fletcher roof bolter, located at #118 cross cut in the West Mains sealing project area. The accumulations are present on the bolters' frame, hoses, operators cab, hydraulic compartment and reservoir, as well as paper trash laying on top of the machine. The accumulations range in depth to 1/4 inch. This machine has been installing seal supports in the roof and floor, in preparation for Minova seals.

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 75.400
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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: 002

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 03/21/2007	B. Time (24 Hr. Clock) 1230
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Section III--Termination Action

17. Action to Terminate The accumulations have been removed from the #3 roof bolter.

18. Terminated	A. Date Mo Da Yr 03/21/2007	B. Time (24 Hr. Clock) 1210
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signat	<b>Signature</b>	23. AR Number 23943

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.

Mine Citation/Order

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

WMS JA

Section I--Violation Data

1. Date Mo Da Yr 03/27/2007	2. Time (24 Hr. Clock) 0730	3. Citation/ Order Number 7286439
4. Served To Bodee Allred, Safety		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

When activated, the water deluge did not function at the no.1 belt drive, located at cross cut #1 of North Mains. When tested, the main plunger, which trips the valve to the deluge system, did not have the adequate force to open the valve. This belt had been in operation prior to this inspection.

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 75.1101-1(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: 009

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  
03/27/2007 B. Time (24 Hr. Clock) 1100

Section III--Termination Action

17. Action to Terminate The water deluge system has been repaired, and is functional.

18. Terminated A. Date Mo Da Yr  
03/27/2007 B. Time (24 Hr. Clock) 1110

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4476407 21. Primary or Mill

22. Signature **Signature** 23. AR Number 23943

MSHA Form 7000-3, Mar 05 (rev 04) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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

NMS 7A

Section I--Violation Data

1. Date Mo Da Yr 03/27/2007	2. Time (24 Hr. Clock) 0845	3. Citation/ Order Number 7286440
4. Served To Bodee Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 <span style="float: right;">(Contractor)</span>	
8. Condition or Practice		8a. Written Notice (103g)

When activated, the water deluge did not function at the no.2 belt drive, located at cross cut #6 of 3rd North. When tested, the main plunger, which trips the valve to the deluge system, did not have the adequate force to open the valve. This belt had been in operation prior to this inspection.

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 75.1101-1(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: 007

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 03/27/2007	B. Time (24 Hr. Clock) 0900
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Section III--Termination Action

17. Action to Terminate The water deluge system has been repaired, and is functional.

18. Terminated	A. Date Mo Da Yr 03/27/2007	B. Time (24 Hr. Clock) 0900
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signat <b>Signature</b>		23. AR Number 23943

MSHA Form 7000-5, Mar 03 (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.

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Section I--Violation Data

1. Date Mo Da Yr 03/27/2007	2. Time (24 Hr. Clock) 0915	3. Citation/ Order Number 7286441
4. Served To Bodee Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Coal accumulations have been allowed to exist on the 3rd North #1 belt, from just inby the belt drive, to the tailpiece. The accumulations exist under the return rollers for approximately six (6) cross cuts. When measured, the damp to dry roller piles, ranged up to 18 inches high, and 3 feet in diameter. The roller piles were just short of running in the belt.

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 75.400
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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: 007	
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 03/27/2007	B. Time (24 Hr. Clock) 1100
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Section III--Termination Action

17. Action to Terminate The coal accumulations have been removed.

18. Terminated	A. Date Mo Da Yr 03/27/2007	B. Time (24 Hr. Clock) 1125
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signa <b>Signature</b>		23. AR Number 23943

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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

AMS TA

Section I--Violation Data

1. Date Mo Da Yr 03/27/2007	2. Time (24 Hr. Clock) 0750	3. Citation/ Order Number 7286442
4. Served To Bodee Allred, Safety		5. Operator GENVAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The ventilation controls, separating the intake and belt line entry of 3rd North development section, (MMU 005), are not being maintained to serve the purpose for which they were built. The ventilation controls, located at cross cuts #3 and #4, have used excessive amounts of the Polyurethane Foam material in the stoppings, to isolate the two entries. The Mine Safety & Health Administration Approval & Certification Center, has recommendations for applying the foam on any rib openings larger than 2", to use steel side extensions and panels. The Kennedy brand stopping, located at #3 cross cut, has utilized the foam only, to plug a hole measuring 18" wide, and 15" high. The #4 cross cut stopping has an opening measuring approximately 8" high and 7" wide, with nothing but polyurethane foam as a sealant.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	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  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: 007

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 03/27/2007	B. Time (24 Hr. Clock) 1000
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Section III--Termination Action

17. Action to Terminate Steel panels have been installed on the ventilation controls in cross cut #3, and #4.

18. Terminated	A. Date Mo Da Yr 03/27/2007	B. Time (24 Hr. Clock) 1000
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signat	Signature	
		23. AR Number 23943

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.

92715  TA

Section I--Violation Data

1. Date Mo Da Yr 03/27/2007	2. Time (24 Hr. Clock) 0805	3. Citation/ Order Number 7286443
4. Served To Bodec Allred, Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Coal accumulations have been allowed to exist at the 3rd North development section (MMU 005) belt tailpiece and feeder. The coal has accumulated on the off walkway side of the tailpiece, measuring up to approximately 7' long, 2 1/2' high and 2' wide. The coal at the feeder, measures up to approximately 14' long, 5' high, and 2' wide. Spillage from the shuttle cars has made travel along the feeder nearly impossible. No coal accumulations are in contact with the moving 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 75.400
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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: 007	
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 03/27/2007	B. Time (24 Hr. Clock) 1130
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Section III--Termination Action

17. Action to Terminate The accumulations have been removed from around the tailpiece and feeder breaker.

18. Terminated	A. Date Mo Da Yr 03/27/2007	B. Time (24 Hr. Clock) 1135
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>			23. AR Number 23943

MSHA Form 7000-3, Mar 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 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.



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1645	3. Citation/ Order Number 7286500
4. Served To Benney Allred, Shift foreman		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input checked="" type="checkbox"/>

A inadequate pre shift examination had been conducted on MUM 002. This mining section was found to have several hundred feet of intake entry that was not being maintained to less than 65% incombustible content of the combined coal and rock dust. This condition was obvious and extensive. Mining was taking place in this area of the mine and there were no references of this condition in the mine records of examination. This condition had existed for more than several shifts.

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 75.360(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: 006

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

12. Type of Action 104(d)(1) 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 7286499 F. Dated Mo Da Yr 12/29/2006

15. Area or Equipment MMU 002, intake roadway entries #1, #2. From crosscut 116 to the last open crosscut at crosscut 135.

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

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 24125

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286500 - 01
4. Served To Benney Allred, Shift foreman	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

Meetings have been conducted with both certified and non certified people about hazardous conditions needing to be listed in the books and reported so action can be taken. Also reaffirmed that hazardous conditions found on preshift examinations must be listed in the books.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1513

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286500 - 02
4. Served To Benney Allred, Shift foreman	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

Change	From	To
10. B. Injury Expected	Lost Workdays	Fatal

Reason The type of injuries that would result from a coal dust explosion would be fatal.

The type of injuries that would result from a coal dust explosion would be fatal.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/05/2007	13. Time (24 Hr. Clock) 1235



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1125	3. Citation/ Order Number 7286499
4. Served To Benney Allred, Shift foreman	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)

The incombustible content of the combined coal and rock dust in the number 1 and number 2 entries of the intake air course from crosscut 116 to crosscut 135 were not being maintained to be less than 65% incombustible. This condition was obvious and extensive. There was also 6 inches of rock being cut in the left side of the last open crosscut ( X cut 135) in both entries. With the dust generated during the mining cycle and the bounces that occur this could be a ignition source. Coal had been mined on this shift in these conditions. Also these conditions have existed for several previous shifts.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.403
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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: 006

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

12. Type of Action 104(d)(1)

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 12/29/2006	B. Time (24 Hr. Clock) 1800
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 24125

MSHA Form 7000-3, Mar 85 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation ✓	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286499 - 01
4. Served To Benney Allred, Shift foreman	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason It needs to be stated that this citation has been issued to MMU 002.

It needs to be stated that this citation has been issued to MMU 002.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 12/29/2006	13. Time (24 Hr. Clock) 1638

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation ✓	2. Dated (Original Issue) 12/29/2006	Mo Da Yr	3. Citation/ Order Number 7286499 - 02
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC		
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)	

Section II--Justification for Action

The number one and two entries of the 002 MMU have been rock dusted extensively from cross cut number 116 to crosscut 135.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/03/2007	13. Time (24 Hr. Clock) 1409

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286499 - 03
4. Served To Benney Allred, Shift foreman	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

Change	From	To
10. B. Injury Expected	Lost Workdays	Fatal

Reason Most likely a coal dust explosion would result in fatal injuries.

B<sup>2</sup>

The type of injury that would result from a coal dust explosion would fatal.

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 24125	12. Date Mo Da Yr 01/05/2007	13. Time (24 Hr. Clock) 1229

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr 01/03/2007	2. Time (24 Hr. Clock) 1115	3. Citation/ Order Number 7286501
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Two roof bolts that were installed at the corner of the number 0 crosscut, in Main West did not have bearing plates in contact with coal top. These plates were 1 and 2 feet away from the coal top. This allowed for a section of rib that was not supported for 8 feet 9 inches.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR 75.204(c)(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 01/03/2007	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate Three timbers have been set under this brow to correct this condition.

18. Terminated	A. Date Mo Da Yr 01/03/2007	B. Time (24 Hr. Clock) 1325
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 24125

MSHA Form 7000-3, (Rev. 05/19/99) 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.

7A

Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1050	3. Citation/ Order Number 7286898
4. Served To Bodee Allred - Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)

An area of unsupported roof was observed on no.2 roadway x-cut 74 where a previously installed roofbolt had been damaged and the roofbolt plate was bent and not in solid contact with the roof.

The roof was solid and no cracks could be seen.

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 75.202(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  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 12/31/2006	B. Time (24 Hr. Clock) 0700
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23807

MSHA Form 7000-3a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation	2. Dated (Original Issue)	Mo Da Yr	3. Citation/Order Number
	12/29/2006		7286898 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC		
6. Mine CRANDALL CANYON MINE	7. Mine ID	(Contractor)	
	42-01715		

Section II--Justification for Action

A roof bolt has been installed next to the damaged bolt.

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	E01	10. Event Number	4476407	
11. Signature	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
<b>Signature</b>	24125	01/03/2007		1456



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1145	3. Citation/ Order Number 7286899
4. Served To Bodee Allred - Safety	5. Operator GENVAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The mandoor located in stopping at x-cut 133 was not marked either in the return (secondary escapeway) or the belt entry, on Main West mmu-002. The location of all personnel doors in stoppings along escapeways shall be clearly marked so that the doors may be easily identified by anyone traveling in the escapeway.

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 75.333(c)(2)
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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: 006

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 12/29/2006	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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23807

MSHA Form 7000-3a (Rev. 10-2005) 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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286899 - 01
4. Served To Bodee Allred - Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The proper marking was placed in both entries at the mandoor.

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 E01	10. Event Number 4476407
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11. Signature	AR Number 23807	12. Date Mo Da Yr 12/29/2006	13. Time (24 Hr. Clock) 1600
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**Signature**



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1150	3. Citation/ Order Number 7286900
4. Served To Bodee Allred - Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)

Accumulations of combustibile material were allowed to exist in the belt entry and return on Main West mmu-002. The accumulations in the belt entry were at x-cut 133, and the accumulations in the return entry were from x-cut 125 inby to 135. These accumulations consisted of paper, and wood.

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 75.400
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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: 006	
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 Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 12/29/2006	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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>	23. AR Number 23807	

MSHA Form 7000-3a (Rev. 10-2005) All Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888 REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286900 - 01
4. Served To Bodee Allred - Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The accumulations were removed.

Section III--Subsequent Action Taken

See Continuation Form

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 E01	10. Event Number 4476407		
11. Signature <b>Signature</b>	AR Number 23807	12. Date Mo Da Yr 12/29/2006	13. Time (24 Hr. Clock) 1500



Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1215	3. Citation/ Order Number 7286901
4. Served To Bodee Allred - Safety		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)

8a. Written Notice (103g)

Excessive accumulations of brake fluid existed on the master cylinder, hoses, and floor of the Joy shuttle car company no. 12-11 on Main West mmu-002. This condition could cause an accident by getting the slick fluid on the operators boots and causing a foot to slip injuring the shuttle car operator or someone else.

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 12/29/2006	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)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>	23. AR Number 23807	

MSHA Form 7000-3a (Rev. 10-2005) All 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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286901 - 01
4. Served To Bodee Allred - Safety	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715	(Contractor)

Section II--Justification for Action

The accumulations were 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 E01	10. Event Number 4476407
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**Signature**

AR Number 23807	12. Date Mo Da Yr 12/29/2006	13. Time (24 Hr. Clock) 1450
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Mine Citation/Order

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

TK

Section I--Violation Data

1. Date Mo Da Yr 12/29/2006	2. Time (24 Hr. Clock) 1320	3. Citation/ Order Number 7286902
4. Served To Bodee Allred - Safety		5. Operator GENWAL RESOURCES INC
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715
8. Condition or Practice		(Contractor)

8a. Written Notice (103g)

Accumulations of combustible material were observed on no. 7 belt and in some adjoining x-cuts. The accumulations under the belt (coal) were from tailpiece to the headroller with the worst accumulations from x-cut 120 to headroller, including at the drive/ takeup, inside the guarding. Other combustible material located in the belt entry were at x-cuts 127 / 124 / 121 / 116 / 115 / and 114, These materials consisted of wood, plastic, cardboard and discarded pieces of shredded belting. None of the accumulations were in contact with an ignition source.

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: 006

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 12/30/2006	B. Time (24 Hr. Clock) 1900
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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) E01	20. Event Number 4476407	21. Primary or Mill
22. Signature <b>Signature</b>		23. AR Number 23807

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

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 12/29/2006	3. Citation/ Order Number 7286902 - 01
4. Served To Bodie Allred Safety Director	5. Operator GENWAL RESOURCES INC	
6. Mine CRANDALL CANYON MINE	7. Mine ID 42-01715 (Contractor)	

Section II--Justification for Action

The area of the conveyor belt described in this citation has been cleaned. The coal has been shoveled and the trash has been 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
9. Event Number		4476407			
11. Signature	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)		
<b>Signature</b>	24125	01/03/2007	1502		

Bottle No. P1915 Mine ID 42-01715

Number  TL

Mine Crandall Canyon mine

Company Genwal Resources Inc

Incomplete

Complete

Collector (name and mailing address) \_\_\_\_\_

RANDY E. GUNDERSON  
CMS&H Inspector  
MSHA 215 East Main  
Price UT 84501-3035

Field Office responsible for AAA Inspection - (F.O. Code) 905-02

Location in Mine 75' inby fan, Return

Date 3-16-07

Air Quantity 249,956 cfm

CH4 0%

No. of Sampling Points required to calculate TL \_\_\_\_\_

Last TL Sample

Date Rec. \_\_\_\_\_

Rpt. No. \_\_\_\_\_

FOR LAB USE ONLY Lab No. \_\_\_\_\_  
No. of Samples \_\_\_\_\_

Mine Safety and Health Administration  
Coal Inspection Tracking Report



Mine ID: 42-01715  
 Company Name: GENWAL RESOURCES INC  
 Mine Name: CRANDALL CANYON MINE  
 Activity Code: E01  
 Event Number: 4476407

Mining Height (inches): 72  
 Number Employees: 60  
 Number Production Shifts: 3  
 Number Maintenance Shifts: 3

The undersigned certify by signature that they have completed the minimum requirements as defined by the inspection procedures listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

AR Signature

AR #

Date

Lead AR →

Signature

23807

12/29/06

23943

3/29/07

24125

12/29/06

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.

Signature

Reviewing Supervisor Signature

4/13/2007

Date

Date 12-29-06

12-29-06 4476407  
PRE-SHIFT / ON-SHIFT  
NONE -  
MAIN WEST mmw-002

X-OUT 74 AND 2 ROADWAY  
A PREVIOUSLY INSTALLED  
ROOF BOLT HAS BEEN  
DAMAGED AND BOLT HEAD  
AND PLATE ARE BENT  
AND NOT IN CONTACT  
WITH ROOF - LEAVING  
A 10' X 10' AREA OF  
UNSUPPORTED ROOF -  
CITATION ISSUED - 10510  
75.201(a)  
ASKED (b)(7)(C) IF  
ANY BIG EQUIPMENT HAS  
BEEN MOVED THROUGH  
HERE - HE SAID A MINER  
HEAD WAS TAKEN IN

Inspector's Initials MS

Supervisor's Initials and Date \_\_\_\_\_ Page No. 2  
U.S.G.P.O. : 2001 - 609-238

ms

Date 12-29-06

LAST NIGHT - DAMAGE  
APPEARS TO HAVE BEEN  
RECENT -  
CAME DETERMINANT WHO  
KNEW -  
AREA WAS DANGERED  
OFF -  
ROOF IS SOLID AND NO  
VISIBLE CRACKS -  
(b)(7)(C) ALSO SAID  
THAT A WASTE WAGON  
AND MATERIAL TRAILER  
HAVE WENT THROUGH HERE  
TRAVELED INTO SECTION -

Inspector's Initials MD

Supervisor's Initials and Date \_\_\_\_\_ Page No. 3  
U.S.G.P.O. : 2001 - 609-238

Date 12-29-06

TRAVELING INTO SECTION  
 ON NO. 2 INTAKE ROADWAY  
 FROM X-CUT 116 TO SECTION  
 LOCK ~~115~~<sup>135</sup> VISIBLE BLACK  
 AREAS WHERE P/B HAVE  
 SLICKED AND NOT BEEN  
 ROCK DUSTED OR WERE NOT  
 ROCK DUSTED ORIGINALLY -  
 I ASKED (b) (7)(C) TO TAKE  
 BAY SAMPLES AND CITE  
 AREA AFFECTED -

MINE IS IN A/C FACE  
 WITH FACE 1/2 CUT OUT  
 AND THEY SAID THEY  
 STOPPED MINING BECAUSE

Inspector's Initials MS

Supervisor's Initials and Date \_\_\_\_\_

Page No. 4

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

Date 12-29-06

OF PLANETARY PROBLEMS -  
 IT IS OBVIOUS THAT THEY  
 HAVE BEEN CLEANING  
 IT -

ROOF BOLTER IS IN X-CUT  
 135 BETWEEN 1 & 2  
 ENTRY AND HAS BEEN  
 SPRAYED WITH DEGREASER  
 AND IS BELT WASHED -

X-CUT 133 RETURN &  
 SECONDARY ESCAPEWAY  
 HAS A MANDOOK WHICH  
 HAS NO DESIGNATION  
 EITHER IN NO. 4 RETURN

Inspector's Initials MS

Supervisor's Initials and Date \_\_\_\_\_

Page No. 5

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

Date 12-29-06

ENTRY NOR IN THE BELT  
 ENTRY ON THE OTHER  
 SIDE OF DOOR -  
 BELT WAS MOVED ON  
 NIGHT SHIFT LAST NIGHT -  
 CITATION ISSUED - 1145  
 75.333(C)(4)

CANNOT DETERMINE WHO  
 KNEW -  
 ROOT CAUSE - NO INSTA-  
 LATION -

ACCUMULATIONS OF COMBUST-  
 IBLE MATERIAL IN X-CUT  
 133 BELT AND RETURN

Inspector's Initials MS

Supervisor's Initials and Date \_\_\_\_\_

Page No. 6

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

Date 12-29-06

WOOD AND PAPER AND  
IN NO. 4 ENTRY FROM  
135 INBY TO 135 -  
BROKEN TIMBERS AND  
BRATTLE BOARDS THAT  
HAVE BEEN USED AND  
LEFT LYING ON FLOOR  
SURFACE -

CITATION ISSUED - 1150

FINISHED CHECKING FACES  
NO ROOF OR AIR HAZARDS  
OBSERVED - ALL AREAS  
DIT'S NOIR EXAMINATION  
ROCK DUST IS SPOTTY

Inspector's Initials MB

Supervisor's Initials and Date \_\_\_\_\_

Page No. 7

U.S.G.P.O. : 2001 - 800-238

Date 12-29-06

INBY LOC X-CUT 136 -

JOY SHUTTLE CAR NO -  
12-11 SETTING IN X-CUT  
136 BETWEEN 3 & 4  
ENTRY HAS ACCUMULATION  
OF WHAT APPEARS TO  
BE BARE FLUID WITH  
SOAKED COAL - IT APPEARS  
TO BE COMING FROM  
MASTER CYLINDER WHICH  
IS ALSO HEAVILY COATED  
AS ARE THE HOSES TO  
CYLINDER -

CITATION ISSUED 1215

Inspector's Initials MB

Supervisor's Initials and Date \_\_\_\_\_

Page No. 8

U.S.G.P.O. : 2001 - 800-238

Date 12-29-06

CANNOT DETERMINE  
WHO KNEW OR HOW  
LEAK CONDITION WAS  
EXISTS -

CHECKED SECTION POWER  
CENTRE -

TALKED WITH (b) (7)(C)  
WHO IS TAKING DUST  
SAMPLES - HE IS GOING  
TO BE AWAKE AND WITH  
NO MINING COMING ON I  
WILL WALK OUT SELF -

STEPPINGS BETWEEN INTAKE

Inspector's Initials MB

Supervisor's Initials and Date \_\_\_\_\_

Page No. 9

U.S.G.P.O. : 2005-541-054/20910

Date 12-29-06

BELT AND RETURN ARE UP TO 134 - WHERE LOADING POINT IS - WALKED NO. 7 BELT LOADING POINT X-CUT 134 TO X-CUT 110 HEADROLLER - EXCESSIVE ACCUMULATIONS OF COAL UNDER BELT FROM TAKE-UP TO HEADROLLER - ESPECIALLY BAD FROM 120 X-CUT TO HEADROLLER - EXCESSIVE ACCUMULATIONS UNDER DRIVE AND TAKE-UP INCLUDING STRIPS OF SHREDDED BELT -

Inspector's Initials W

Supervisor's Initials and Date \_\_\_\_\_ Page No. 10

Date 12-29-06

WOOD, PLASTIC, CARDBOARD, IN X-CUTS 127, 124, 121, 116, 115, 114, NO ACCUMULATIONS IN CONTACT WITH BELT OR ROLLERS - CITATION ISSUED 1320

Inspector's Initials W

Supervisor's Initials and Date \_\_\_\_\_ Page No. 11

Date: 12-29-06

Citation Number: 7286902

Time violation observed: 1320

What is the violation? Accum. of Combustible Material

Where is the violation located or observed? No. 7 BELT

Who knew the violation existed? COULD NOT DETERMINE - WAS NOT A HAZARD HAD NOT BEEN REPORTED

How long has the violation existed?: COULD NOT DETERMINE

How many people are exposed to the condition? 6

If an accident should occur how serious would it be?  
 No Lost Work days |  Lost Workday Or Restricted Dut.  
 Permanently Disabling |  Fatal

What is the likelihood this type of accident will occur at this mine?  
 No Likelihood  Unlikely |  Reasonably Likely  
 Highly Likely |  Occurred

Why? NO CONTACT WITH IGNITION SOURCE -

Inspector Initials: W Page No. 12

Date: 12-29-06  
Citation Number: 7286848  
Time violation observed: 1050

What is the violation? UNSUPPORTED ROOF

Where is the violation located or observed? No. 2 ROAD  
W-1 X-CUT 74

Who knew the violation existed? COULD NOT  
DETERMINE

How long has the violation existed?: COULD NOT  
DETERMINE

How many people are exposed to the condition? 1

If an accident should occur how serious would it be?  
 No Lost Work days | | Lost Workday Or Restricted Dut  
| | Permanently Disabling | | Fatal

What is the likelihood this type of accident will occur at this mine?  
| | No Likelihood  Unlikely | | Reasonably Likely  
| | Highly Likely | | Occurred

Why? ROOF WAS SOUND - WAS  
SOLID - NO VISIBLE CRACKS

Inspector Initials: mi Page No. 13

Date: 12-29-06  
Citation Number: 7286849  
Time violation observed: 1145

What is the violation? NO MARKING FOR  
HANDSIR ALONG ESCAPEWAY

Where is the violation located or observed? X-CUT 133  
MAIN WEST - MAIN - 852

Who knew the violation existed? COULD NOT  
DETERMINE

How long has the violation existed?: COULD NOT  
DETERMINE

How many people are exposed to the condition? 6

If an accident should occur how serious would it be?  
| | No Lost Work days | | Lost Workday Or Restricted Dut  
| | Permanently Disabling | | Fatal

What is the likelihood this type of accident will occur at this mine?  
 No Likelihood | | Unlikely | | Reasonably Likely  
 Highly Likely | | Occurred

Why? COULD (COULD BE) VIEWED  
NOT A HAZARD AT THIS  
TIME

Inspector Initials: mi Page No. 14

Date: 12-29-06  
Citation Number: 7286900  
Time violation observed: 1150

What is the violation? ACCUMULATION OF  
COMBUSTIBLE MATERIAL

Where is the violation located or observed? MAIN  
WEST MAIN - 002 RETURN &  
SELF ENTRY X-CUT 125 TO 135

Who knew the violation existed? COULD NOT  
DETERMINE

How long has the violation existed?: COULD NOT  
DETERMINE

How many people are exposed to the condition? 6

If an accident should occur how serious would it be?  
 No Lost Work days | | Lost Workday Or Restricted Dut  
| | Permanently Disabling | | Fatal

What is the likelihood this type of accident will occur at this mine?  
| | No Likelihood  Unlikely | | Reasonably Likely  
| | Highly Likely | | Occurred

Why? NOT A HAZARD

Inspector Initials: mi Page No. 15

Date: 12-29-06

Citation Number: 7286901

Time violation observed: 1215

What is the violation? ACCUMULATION OF  
COMBUSTIBLE MATERIAL -  
ROCK FILL

Where is the violation located or observed? SHUTTLER  
LOZ 12-11 MAIN WTR  
AREA - 502

Who knew the violation existed? COULD NOT  
DETERMINE

How long has the violation existed? COULD NOT  
DETERMINE

How many people are exposed to the condition? 1

If an accident should occur how serious would it be?  
 No Lost Work days |  Lost Workday Or Restricted Dut  
 Permanently Disabling |  Fatal

What is the likelihood this type of accident will occur at this mine?  
 No Likelihood |  Unlikely |  Reasonably Likely  
 Highly Likely |  Occurred

Why? CONDITION COULD CONTRIBUTE  
TO SLIP FORTUNE AND  
CAUSE UNWANTED OPERATION  
OF CAR

Inspector Initials: iv

Page No. 16

## DAILY COVER SHEET

Date 12-29-06 Event No. 4476407

Arrived at the Mine \_\_\_\_\_ Departed from the Mine \_\_\_\_\_

List Records Books Checked General MCoBelts, Main West

Accompanied By: Company Representative \_\_\_\_\_

Gary PercockMiners Representative Morse

## AREAS OF INSPECTION ACTIVITY:

Checked books and called  
Conspic and ask that they  
inform mine management  
that 3 inspectors need a  
ride into the mine 10:00  
10:15 talked to [?] he is headed  
out - 10:25 talked again he  
was having truck trouble needed  
15 min

Inspector's Initials RBSupervisor's Initials and Date 1-6-07 Page No. 1Date 12-29-06

traveled into Main west section  
noticed lack of rock dust  
on ribs in #2 entry  
Walked into entry 1 at Xcut  
#128 and again noted  
the lack of dust - some  
dust had been spread but  
not near 65% incombustible

(11:25) Started sampling in #1  
entry - band sample  
between #128 & 129  
Sample A entry 1 bag  
entry was wet in the  
roadway surface - cross  
cut was more looking

(11:45) Took band sample in  
entry #2 between #128-129  
roadway wet ribs sloughed

Inspector's Initials RBSupervisor's Initials and Date 1-6-07 Page No. 2Date 12-29-06

Entry B Bag 2  
very little visible dust  
mainly on top - floor wet  
in center of roadway - ribs  
sloughed off - Gas check  
O<sub>2</sub>: 20.8 CO + CH<sub>4</sub>: 0

(12:25) Entry A Bag 2  
very little visible <sup>partly</sup> dust on  
ribs or floor took band  
sample - some wet on  
floor - ribs sloughed  
and dusty about 5 to 6'  
off floor - thin dust  
on roof. Gas Check  
O<sub>2</sub>: 20.8 CO + CH<sub>4</sub>  
Sample taken between  
Xcut 129 & 130.

Inspector's Initials RBSupervisor's Initials and Date 1-6-07 Page No. 3

Date 12-29-06

Took Band sample (12:45)  
Entry A Bag 3  
between X 130 + 131  
gas Check  $O_2 = 20.8$  CO + CH<sub>4</sub> = 0.

Took Band Sample  
Entry B Bag 3  
between X cut 130 + 131  
Gas Check  $O_2 = 20.8$   
CO + CH<sub>4</sub> = 0 (12:50)  
center of roadway had  
been with down

(1:00) Took Band Sample  
between X cut 131 + 132  
in B entry Bag 4  
Gas check  $O_2 = 20.8$  CO + CH<sub>4</sub>  
= 0 floor wet - some visible  
dust on to - very thin

Inspector's Initials

RB

Supervisor's Initials and Date

Page No. 4

Date 12-29-06

Sample A bag 4  
Taken between 131 + 132  
entry at 1:15 gas check  
 $O_2 = 20.8$  CO + CH<sub>4</sub> = 0  
entry did show some dust  
but not much - roadway  
damp.

Sample A entry bag 5  
taken between X cut 132 +  
X cut 133 - black very  
little visible dust - roadway  
damp - Gas Check 0  
 $O_2 = 20.8$  CO + CH<sub>4</sub> = 0 PM

1:30 PM Band Sample  
Sample A entry bag 6  
taken between X cut 133 +  
134 at 1:50 PM  
Entry showed some dust

Inspector's Initials

RB

Supervisor's Initials and Date

Page No. 5

Date 12-29-06

but ribs sloughed 6' high  
very dark - Band Sample  
Gas Check  $O_2 = 20.8$   
CO + CH<sub>4</sub> = 0 - center

of roadway very damp  
Took band sample  
between X cut 132 + 133  
Sample B entry 5 Bag  
Gas Check  $O_2 = 20.8$   
CO + CH<sub>4</sub> = 0 Time 2:05

entry very black  
some dust high on ribs  
and top very thin  
ribs sloughed 6' high  
2/3 of floor too wet to  
sample.

Did not take band  
sample between X

Inspector's Initials

RB

Supervisor's Initials and Date

Page No. 6

Date 12-29-06

133 + 134 The transformer in in this B or #2 entry and the X Entry has been freshly dusted.

Took band sample A entry Bag 7 between X cut

134 + 135 entry was very black no dust on to some dust on top

of rib - rib sloughed about 5' off of floor, no visible dust - this is the last open X cut. 2:20 PM

Floor was too wet to sample also 6" of rock had been cut

Took band sample between X cut 134 + 135 in B entry

Inspector's Initials RB

Supervisor's Initials and Date F1-6-07 Page No. 7

Date 12-29-06

this is the last open X cut in the intakes,

Bag # B 6 - no dust at all in this X cut for more than 1/2 the entry

length - some in outby end where transformer had been dusted - Time 2:35

Gas Check  $O_2 = 20.8$   $CO + CH_4$

= 0 Also this entry had a 6" rock band that was cut on the Right side of the entry

Trashed to 3 entry and looked at In # 12-11 SC for (b) (7)(C) the oil

accumulation had been cleaned from the master cylinder of floor (2:50)

Inspector's Initials RB

Supervisor's Initials and Date F1-6-07 Page No. 8

Date 12-29-06

checked return from 25X cut to LOC - track and combustible material had been removed (3:00)

Checked

Checked Man door marked at X cut 130 to about 115 citation dust was not in concentration of 65% incombustible from about X cut 116 - 135 in both #1 and #2 intakes air entries - the outby entries were mostly result of rib

sloughage but test were gathered inby where there was less evidence that enough dust was ever applied.

Inspector's Initials RB

Supervisor's Initials and Date F1-6-07 Page No. 9

DAILY COVER SHEET

Date 12-29-06 Event No. 4476407

Arrived at the Mine \_\_\_\_\_ Departed from the Mine \_\_\_\_\_

List Records Books Checked Pre-shift on shift

Accompanied By: Company Representative \_\_\_\_\_

No one available

Miners Representative None at mine

AREAS OF INSPECTION ACTIVITY:

#1, #2, #3, #4,  
#5 and #6 conveyor belt  
entry

Inspector's Initials OTF

Supervisor's Initials and Date \_\_\_\_\_ Page No. 1

Date 12-29-2006

Traveled to Crandall  
Canyon Mine 42-01715. No  
ONE on surface to contact. Last  
CONSPEC person knew that Inspectors  
are on mine property.

Traveled up to the book room  
where **(b) (7)(C)**

looked at the Pre-shift/on shift  
record books.

Belt book shows accumulation  
at #1 belt drive shown working on  
and then cleared up 12/28/2006  
Belt Pre-shift was 12/29/2006.

I started down the portal  
and the belt line.

DT&I's 12/29/06 LR

Inspector's Initials OTF

Supervisor's Initials and Date \_\_\_\_\_ Page No. 2  
\*U.S.G.P.O.: 2001 - 609-238

Date 12-29-2006

at 0312 hrs.  
1010 hours citation issued 7282825

Loose coal fines are  
accumulation just under the  
#1 belt drive for a distance  
of 15 feet 48 inches wide  
and up to 6 inches deep  
coal fines are saturated with  
water. If did catch on fire  
it would be unlikely an I/O  
injury occurred and 4  
people affected. (b) (7)(C)

(b) (7)(C) I should have seen  
it. Conditions had to  
be there for some period of time weeks.  
Lack of incentive Root  
cause analysis. No question  
source by accumulation and accumulation

Inspector's Initials OTF

Supervisor's Initials and Date \_\_\_\_\_ Page No. 3  
\*U.S.G.P.O.: 2001 - 609-238

Date 12-29-2006

are saturated with water.

1035 hours - Citation Issued # 7282826

Cross-cut # 14 # 1 belt. Top right center belt roller the roller bearings have disintegrated and the belt is rubbing against the belt structure. Flagging at this location

Cross-cut # 16 # 1 belt.

Top Center roller the roller bearings have disintegrated. Flagging at this location

Cross-cut # 17 # 1 belt.

Belt cutting into belt structure flagging at this location

Cross-cut # 18 # 1 belt

4 locations where the belt is cutting into the belt structure one was cut in about 1 1/2 inches.

Inspector's Initials STP

Supervisor's Initials and Date \_\_\_\_\_ Page No. 34

Date 12-29-2006

there are strings of belting material around bearing areas and on structure that are flammable. It is reasonably likely a fire could occur because of friction and heating places were worn to the touch. affect the 6 persons working in which could cause inhalation permanently disabling. Shall have been observed by the mine examiner been this way for a few weeks.

1056 hours Citation issued # 7282827

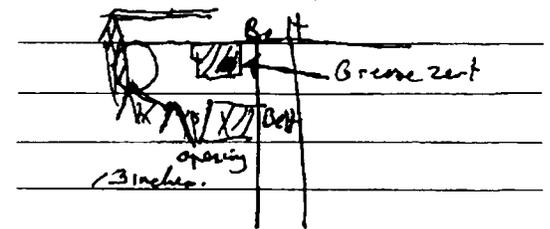
The guarding around the left side of the # 1 belt tail roller was left open

Inspector's Initials STP

Supervisor's Initials and Date \_\_\_\_\_ Page No. 5

Date 12-29-2006

where a person could come in contact with the tail roller



persons could enter to grease the area bearing and come in contact with the roller and belt that could reasonably likely cause a disabling permanent injury. One person would be affected not sure how long had been left open and could not determine with the knee.

Inspector's Initials STP

Supervisor's Initials and Date \_\_\_\_\_ Page No. 6

Date 12-29-2006

110.5 hours citation claimed # 7282828

Float coal dust on rock lined surface was allowed to accumulate along the entire length of the #1 belt line with its 35 cross cuts. Float dust was on the ribs, floor, belt structure and water line. Color was light gray, gray, dark gray and black. The black was at locations underneath the conveyor belt and ~~the~~ between cross-cuts #27 and #28. #1 drive area did not have float dust in any amount to cause a problem.

(b) (7)(C) I should have observed. 6 people only would be affected. Unlikely

Inspector's Initials JOH

Supervisor's Initials and Date \_\_\_\_\_ Page No. 1  
U.S.G.P.O. : 2001 - 600-238

Date 12-29-2006

because face work is around 12,000 feet away. Root cause leak of maintenance. Sunde inhalation last work days.

walked the #2 belt was able to contact (b) (7)(C) and the conveyor belt was shut off to replace the roller.

Met with (b) (7)(C) and he got a list of location from me. It also had tag the areas with bright pink flagging so there would be no confusion. This was at cross-cut #38 the call met (b) (7)(C) at #3 belt tail.

Inspector's Initials JOH

Supervisor's Initials and Date \_\_\_\_\_ Page No. 2  
U.S.G.P.O. : 2001 - 600-238

Date 12-29-2006

Also talked with belt man along the #3 belt who stated he had been cleaning around the #1 belt tail piece but had not seen the guarding opening.

Kept in contact with Conspec as to my location. Walked the #3, #4, #5 and #6 conveyor belt.

Areas traveled were adequately rock dusted, roof ribs ok fire valves operational fire protection ok. Communications ok, DTI's current. Fire protection <sup>weebs</sup> examination at drive last day on 12-28-06.

Inspector's Initials JOH

Supervisor's Initials and Date \_\_\_\_\_ Page No. 9

Date 12-29-2006

Citation issued 1300hrs #7242829

Accumulations of loose coal fines were allowed to exist between cross cuts # 109 and #110 about 400 feet in length and 162 inches wide and up to 9 inches deep. Accumulations were wet. A person affected should have been observed by Mine Examiner. Existed at least a month. Unlikely because of the content of moisture in the fines. Root cause lack of incentive lost work days because of smoke inhalation.

Mok (b)(7)(C)

(b)(7)(C)

Inspector's Initials CTP

Supervisor's Initials and Date \_\_\_\_\_ Page No. 10

Date 12-29-06

(b)(7)(C) held conference on citation issued also told them this was the start of 2<sup>nd</sup> Quarter FY 07 inspection.

(b)(7)(C) had issued citation on section (b)(7)(C) was getting Rock test samples on section to substantiate citation on lack of rock test.

Draw out of mine with (b)(7)(C) in diesel issue pick up and along intake air haulage way.

Issued citation the draw back to findel of fuel

Inspector's Initials CTP

Supervisor's Initials and Date \_\_\_\_\_ Page No. 11

Date: 12-29-06

Except as previously noted, in all areas traveled during today's inspection, no imminent dangers noted. O<sub>2</sub> & CH<sub>4</sub> sufficient and up to date. No low O<sub>2</sub>, CH<sub>4</sub>, NO<sub>2</sub> or CO detected beyond normal range. Roof and Rib supports appear adequate. Ventilator Controls in place, Air flowing in the proper direction and Velocities are adequate. Clear up and Rock D.S. adequate with no combustible materials present. Fire

suppression equipment in place as required.

Inspector's Initials: CTP

Supervisor's Initials & Date: \_\_\_\_\_ Page No 12

DAILY COVER SHEET

DATE 1-3-07

EVENT NO. 4476407

ARRIVED AT THE MINE \_\_\_\_\_ DEPARTED FROM THE MINE \_\_\_\_\_

LIST RECORD BOOKS CHECKED Pre/on Shift General Mine for Crandall  
Pre/Shift for Main West, Pre Shift on belts

ACCOMPANIED BY: COMPANY REP. Bodie Allred

MINERS REP. None

AREAS OF INSPECTION ACTIVITY:

10:25

Traveled to #1 drive and abated citation 7292825  
did not have any accumulations and was well  
dusted

10:40

Traveled to Xcut 14 along #1 drive and verified that  
rollers had been changed.

traveled to Xcut 16 along #1 belt and verified that  
the top middle belt roller had been changed to abate  
citation 7282826

traveled to Xcut 16, 17, 18 and abated citation  
dust in this area also looked good

11:00

- Traveled to Xcut 29 and went into belt line  
to check rock dust to terminate citation # 7282828  
looked good

Traveled to Tail pulley to check guarding

PAGE NO 1 INSP INITIAL RB SUPERVISOR D&I F1607

DATE 1-3-07

11:15  
Abated at  
1:25

West Maine X cut 0 in the parking area to get into #1 tail roller - also parking area for battery cluster 2 bolts have had the coal fall away from the bearing plates leaving the corner unsupported for 8' 9". This is in an area where people usually park on intake roadway to access #1 tailpiece also parking area for battery cluster. One bolt sloughed 2' from front plate other sloughed 1' from plate - Battery cluster has not been used and is parked

11:20

Traveled into #1 tail roller and checked guarding (b)(7)(C) installed around the tail roller - it was good  
Terminated citation # 7282827

11:45

Traveled to #2 entry at cross cut 74 on Main west - saw bolt installed next to bad bolt cited in citation # 7286398

12:00

Traveled to 109 & 110 on #5 belt and terminated citation # 7282829

Traveled to #7 belt to terminate citation # 7286902 - entered beltline at Xcut 122 - traveled back to Xcut 114 and all trash has been cleared up traveled to head roller

12:50

Traveled #1 and #2 entries from 116 to X135 on MMU #002 all has been dusted extensively terminated citation # 7286499.

126 15  
126 25

DATE 1-3-07

3:10

Talked with (b) (7)(C) about his meeting with all certified people about doing adiguit inspections everyone was instructed that hazardous conditions will be listed in the shift report books - All were required to sign book indicating their participation in these meetings - this meeting also included non certified people

Date 30 JAN 07

30 JAN 07 4476407

Pump CALIBRATIONS,  
EMPLOYEE CERTIFICATION LIST.

- OCCURS -

TRAVEL TO MINE SITE

MEET WITH (b) (7)(C)  
(b) (7)(C)

ONLY 1 SECTION ACTIVE -  
ADVISE OF PARALLEL TO  
CIL PUMP CALIBRATIONS.

CIL CERTIFIED LIST.

*[Signature]*  
NMS 2/2/07

CIL RESPIRATOR TEST PUMPS -  
ELF'S

2 OUT OF SERVICE -  
10 IN SERVICE -

CIL PUMPS -  
CIL - OK -

REVIEW SAMPLING & MAINTENANCE  
CERTIFICATIONS WITH  
SAFETY DEPT.

RETURN TO OFFICE -

Inspector's Initials *[Signature]*

Supervisor's Initials and Date

Page No.

2

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12/29/00

SECTION/AREA Main w.

TIME OF EXAMINATION START 302 AM/PM

END 415 AM/PM

EXAM. CALLED OUT — YES/NO NO

CALL OUT TIME \_\_\_\_\_ AM/PM

CALLED OUT BY \_\_\_\_\_ REPORT RECEIVED BY \_\_\_\_\_

SIGNATURE

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
LOX/INTAKE	20.9	0	0	38320		None ob	
HEADGATE #10							
TAILGATE #126							
BELTLINE							
RETURN	20.9	0	0				
#1 ENTRY	20.9	0	0			None ob	
#2 ENTRY	20.9	0	0			None ob	
#3 ENRTY	20.9	0	0			None ob	
#4 ENTRY	20.9	0	0			None ob	
#5 ENTRY						None ob	
#6 ENTRY							
Tram.	20.9	0	0			None ob	
Charger	20.9	0	0			None ob	

V = VIOLATION  
H = HAZARD

### ON-SHIFT HAZARDS IDENTIFIED

LOCATIONS	HAZARDS	ACTION

PRE-SHIFT REMARKS All areas appeared safe at time of exam

PRE-SHIFT/MINE EXAMINER (b) (7)(C) CERT. # (b) (7)(C)  
 COUNTER SIGNATURE \_\_\_\_\_ CERT. # L  
 SECTION SUPERVISOR \_\_\_\_\_

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12-29-06

SECTION/AREA Main West

DATE OF EXAMINATION START 11.10 AM/PM

END 12:15 AM/PM

CALLER CALLED OUT — YES/NO

CALL OUT TIME 1:34 AM/PM

REPORTED OUT BY (b) (7)(C)

REPORT RECEIVED BY (b) (7)(C)  
SIGNATURE

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
BOSS INTAKE	20.8	0	0	38680		None observed	
HEADGATE #10							
TAILGATE #126							
MELTLINE							
RETURN							
#1 ENTRY	20.8	0	0			None observed	
#2 ENTRY	20.8	0	0			None observed	
#3 ENTRY	20.8	0	0			None observed	
#4 ENTRY	20.8	0	0			None observed	
#5 ENTRY							
#6 ENTRY							
Trans.	20.8	0	0			None observed	
Charger	20.8	0	0			None observed	

V = VIOLATION  
H = HAZARD

**ON-SHIFT HAZARDS IDENTIFIED**

LOCATIONS	HAZARDS	ACTION

PRE-SHIFT REMARKS Areas reported reasonably safe at time of exam

PRE-SHIFT/MINE EXAMINER (b) (7)(C) CERT. # (b) (7)(C)

COUNTER SIGNATURE \_\_\_\_\_

SECTION SUPERVISOR \_\_\_\_\_

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12 29 06

SECTION/AREA Main West

TIME OF EXAMINATION START 705 AM/PM (AM)

END 742 AM/PM (AM)

EXAM. CALLED OUT (YES)/NO

CALL OUT TIME 9:30 AM/PM (AM)

CALLED OUT BY (b) (7)(C)

REPORT RECEIVED BY (b) (7)(C)

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
LOX/INTAKE	20.9	0	0	35,376		NONE OBSERVED	
HEADGATE #10							
TAILGATE #126							
BELTLINE							
RETURN	20.9	0	0			NONE OBSERVED	
#1 ENTRY	20.9	0	0			NONE OBSERVED	
#2 ENTRY	20.9	0	0			NONE OBSERVED	
#3 ENRTY	20.9	0	0			NONE OBSERVED	
#4 ENTRY	20.9	0	0			NONE OBSERVED	
#5 ENTRY							
#6 ENTRY							
TRANS/CHARGER	20.9	0	0			NONE OBSERVED	

V = VIOLATION  
H = HAZARD

**ON-SHIFT HAZARDS IDENTIFIED**

LOCATIONS	HAZARDS	ACTION

PRE-SHIFT REMARKS AREAS REPORTED REASONABLY SAFE AT  
TIME OF EXAMINATION

PRE-SHIFT/MINE EXAMINER (b) (7)(C) CERT. # (b) (7)(C)  
 COUNTER SIGNATURE \_\_\_\_\_ CERT. # \_\_\_\_\_  
 SECTION SUPERVISOR \_\_\_\_\_

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12-28-06

SECTION/AREA Main West

DATE OF EXAMINATION START 7:18 AM/PM

END 8:30 AM/PM

W. CALLED OUT — YES/NO

CALL OUT TIME \_\_\_\_\_ AM/PM

REPORT RECEIVED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
BOSS/INTAKE	20.9	0	0	29,995		None	
HEADGATE #10							
TAILGATE #126							
BELTLINE							
RETURN	20.9	0	0			None	
ENTRY	20.9	0	0			None	
ENTRY	20.9	0	0			None	
ENRTY	20.9	0	0			None	
ENTRY	20.9	0	0			None	
ENTRY							
ENTRY							
BOSS	20.9	0	0			None	
WAGON	20.9	0	0			None	

V = VIOLATION  
H = HAZARD

ON-SHIFT HAZARDS IDENTIFIED

LOCATIONS	HAZARDS	ACTION

SHIFT REMARKS Area appeared safe at time of Exam

EXAMINER SIGNATURE (b) (7)(C) CERT. # (b) (7)(C)  
SUPERVISOR \_\_\_\_\_ CERT. # \_\_\_\_\_

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12-28-06

SECTION/AREA Main West

TIME OF EXAMINATION START 12:25 AM/PM

END 1:06 AM/PM

EXAM. CALLED OUT  YES/NO

CALL OUT TIME 2:00 AM/PM

CALLED OUT BY (b) (7)(C)

REPORT RECEIVED BY (b) (7)(C)

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
LOX/INTAKE	20.9	0	0	31642		None Observed	
HEADGATE #10							
TAILGATE #126							
BELTLINE							
RETURN	20.9	0	0			None Observed	
#1 ENTRY	20.9	0	0			None Observed	
#2 ENTRY	20.9	0	0			None Observed	
#3 ENRTY	20.9	0	0			None Observed	
#4 ENTRY	20.9	0	0			None Observed	
#5 ENTRY							
#6 ENTRY							

V = VIOLATION  
H = HAZARD

**ON-SHIFT HAZARDS IDENTIFIED**

LOCATIONS	HAZARDS	ACTION

PRE-SHIFT REMARKS All areas appeared reasonably safe at time of exam

PRE-SHIFT/MINE EXAMINER (b) (7)(C) CERT. # (b) (7)(C)  
 COUNTER SIGNATURE \_\_\_\_\_ CERT. # \_\_\_\_\_  
 SECTION SUPERVISOR \_\_\_\_\_

# PRE-SHIFT SECTIONS

DATE OF EXAMINATION 12/28/06

SECTION/AREA Main W

DATE OF EXAMINATION START 3:21  AM /  PM

END 4:44  AM /  PM

EXAMINER CALLED OUT — YES  NO

CALL OUT TIME \_\_\_\_\_ AM/PM

REPORT RECEIVED BY \_\_\_\_\_

SIGNATURE

LOCATIONS	O <sub>2</sub>	CH <sub>4</sub> %	CO	CFM/AIR DIRECTION	V or H	HAZARD CONDITIONS	ACTION TAKEN
OX/INTAKE	20.9	0	0	31070		None ob	
HEADGATE #10							
TAILGATE #126							
BELTLINE							
RETURN	20.9	0	0			None ob	
ENTRY	20.9	0	0			None ob	
ENTRY	20.9	0	0			None ob	
ENTRY	20.8	0	0			None ob	
ENTRY	20.9	0	0			None ob	
ENTRY							
ENTRY							
From -	20.9	0	0			None ob	
Bygon	20.9	0	0			None ob	

V = VIOLATION  
H = HAZARD

ON-SHIFT HAZARDS IDENTIFIED

LOCATIONS	HAZARDS	ACTION

SHIFT REMARKS Sections reasonably safe at time of exam.

EXAMINER SIGNATURE (b) (7)(C) CERT. (b) (7)(C)

SUPERVISOR \_\_\_\_\_ CERT. \_\_\_\_\_

1-01-06

Inspector Meeting

Name

~~1/1/11~~

Signature

1/1/11

(b) (7) (C)

Date 3-13-07

# 1015 # 286434 316(b)

The Program Policy Letter # PO6-V-10, stating that Crandall Canyon Mine will utilize Two (2) hardwired communication system, Routed through separate entries for protection of the system, has not been implemented. There is only one communication line routed through the mine at this time. The effective date of implementing the two (2) separate communication lines should have been 8/14/06.

4/ could not determine

Inspector's Initials REG

Supervisor's Initials and Date WMS 3/20/07 Page No. 1

Date 3-13-07

5/ 14 people exposed

6/ 6 months

7/ No Lost Time

8/ NOT SERIOUS

DUE 3-28-07 0800

WIRE HAS BEEN ORDERED.

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

IDENTIFICATION NUMBER 7286434

DATE 3/13/07

**TYPE OF PROBLEM**

- Did the condition or practice exist because of:
  - No examination
  - Deficient examination
  - Improper examination

**INSTALLATION**

- Did the condition or practice exist because of:
  - Lack of required installation
  - Improper installation

**CORRECTION**

- Did the condition or practice exist because of:
  - Not being recognized
  - Not reported
  - Not corrected if reported

**INFORMATION**

- Was the right information:
  - Given to the miner
  - Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

- Was the task made difficult because of the miners:
  - Physical ability
  - Concentration
  - Habits

Inspector's Initials REG 3

Supervisor's Initials and Date \_\_\_\_\_ Page No. \_\_\_\_\_

Date 3-14-07

\* 0555 7286435 75-1702

The Smokers Search, conducted  
at irregular intervals on a  
weekly basis is not being  
performed. The last recorded  
search was conducted for the  
week of 2/25/2007. Two crews  
did not record their weekly  
search for the week of 3/4/07.

1/ could not determine

5/ 14 people

6/ over one week

7/ no last time

8/ not serious

Due 3-14-07 1800

Inspector's Initials REG  
Supervisor's Initials and Date WMS 3/20/07 Page No. 1

**ROOT CAUSE**

**IDENTIFICATION NUMBER** 7286435

**DATE** 3-14-07

**TYPE OF PROBLEM**

Did the condition or practice exist because of:

- No examination
- Deficient examination
- Improper examination

**INSTALLATION**

Did the condition or practice exist because of:

- Lack of required installation
- Improper installation

**CORRECTION**

Did the condition or practice exist because of:

- Not being recognized
- Not reported
- Not corrected if reported

**INFORMATION**

Was the right information:

- Given to the miner
- Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

Was the task made difficult because of the miners:

- Physical ability
- Concentration
- Habits

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_

Date 3-15-07

#1105 #7286436 75.333h)  
The Old East Seals, <sup>(#4)</sup> are not being maintained to serve the purpose for which they were built, leakage, through the middle of the seal, is blowing air into the return entry. No abnormal gas readings are detected. The quality of air is 20.4% Oxygen. A small crack, measuring approximately 12" in length is the cause. No HAZARDS appear to be present.

4/ could not determine  
5/ has existed approx. 1 week  
6/ one person exposed

Inspector's Initials REG  
Supervisor's Initials and Date NPS 3/20/07 Page No. 1

Date 3-15-07

7/ No last time  
8/ Not serious  
  
DUE 3/15/07 1800

Note: This seal is located close to the surface/fan - A lot of pressure - Area that is sealed was mined and/or broke through to the surface -

Inspector's Initials REG  
Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

CITATION NUMBER 7286436

DATE 3-15-07

**TYPE OF PROBLEM**

- Did the condition or practice exist because of:
  - No examination
  - Deficient examination
  - Improper examination

**INSTALLATION**

- Did the condition or practice exist because of:
  - Lack of required installation
  - Improper installation

**CORRECTION**

- Did the condition or practice exist because of:
  - Not being recognized
  - Not reported
  - Not corrected if reported

**INFORMATION**

- Was the right information:
  - Given to the miner
  - Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
  - Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
  - Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
  - Was correct performance rewarded?
    - Were consequences suitable?

**CAPACITY**

- Was the task made difficult because of the miners:
  - Physical ability
  - Concentration
  - Habits

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_

3-20-07

3<sup>rd</sup> NORTH - (mmu 005)

#	Property #							
I-1	008000	665283	036	miner op	0700	✓	✓	1500
I-2	008001	665284	012	R.B Int.	0700	✓	✓	1500
I-3	008002	665285	014	R.B - Ret.	0700	✓	✓	1500
I-4	008003	665286	073	S.C. & FF	0700	✓	✓	1500
I-5	008004	665287	053	utility	0700	✓	✓	1500
I-6	011826	665288	7	Intake	0700	✓	✓	1500
	Control	665289	9					

REG

3-20-07

3<sup>rd</sup> NORTH (mmu 005)

144994 - C06

144900	miner	036	0700	1900	NO	
144901	R.B Int.	012	0700	1900	YES	muFF
144902	R.B Ret	014	0700	1900	YES	Plug
144903	S.C. #2	050	0700	1900	NO	
144904	utility	053	0700	1900	NO	

REG

NMS 3/28/07

Date 3-21-07

★ 0900 <sup>A</sup> 7286438 75.400  
 Oil and Coal, coupled with  
 paper TRash, has been  
 allowed to exist on the  
 #3 double Boom Sletcher  
 Roof batter located at the  
 Seal project of West  
 mains, cross cut #118.  
 The accumulations are  
 present, on the machine  
 frame, bases, operators  
 cab, hydraulic compartment  
 and Reseviar. Accumulation  
 range up to approximately  
 1/4" deep. This machine  
 has been in operation  
 PRIOR To this inspection.

Inspector's Initials REG  
 Supervisor's Initials and Date REG 3/21/07 Page No. 1

Date 3-21-07

1/ could not determine  
 5/ has existed one shift  
 6/ 2 people  
 7/ last time  
 8/ serious injury

DUE 3-21-07 1230  
 Terminated 3-21-07 1210  
 The Accumulations have  
 been cleaned.

note: meetings have been  
 set up with individuals  
 responsible for the lack of  
 pre operation check and/or  
 allowing accumulations to exist.

Inspector's Initials REG  
 Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

IDENTIFICATION NUMBER 7286438  
 DATE 3-21-07

**TYPE OF PROBLEM**

Did the condition or practice exist because of:

- No examination
- Deficient examination
- Improper examination

**INSTALLATION**

Did the condition or practice exist because of:

- Lack of required installation
- Improper installation

**CORRECTION**

Did the condition or practice exist because of:

- Not being recognized
- Not reported
- Not corrected if reported

**INFORMATION**

Was the right information:

- Given to the miner
- Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

Was the task made difficult because of the miners:

- Physical ability
- Concentration
- Habits

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_

Date 3-27-07\* 0730 7286439 75-1101-1A)

When activated, The water deluge did not function at the No. 1 BELT DRIVER, located at the #1 X-cut of North Main 5. The main plunger would not activate the water supply directed at the sprays. When tested, The main plunger, which trips the valve to the deluge system, did not have the adequate force to open the valve. The belt had been in operation prior to this inspection. Anti seize ointment had been applied to the mechanism/plunger, thinking this would improve the function of the plunger - But it did not.

Inspector's Initials REGSupervisor's Initials and Date NMS 4/2/07 Page No. 1Date 3-27-07

This is the first belt drive in by the Portal, which is un-attended, making the danger of a fire, to the miners in by more serious. With no water to be a factor in helping to extinguish a belt/drive fire  
Danger Looms.

4/ could not determine, last activation record was 3/24/07

5/ 9 miners exposed

6/ since last known activation of 3/24/07

7/ last time

8/ serious injury expected

Due 3-27-07 1100

Inspector's Initials REGSupervisor's Initials and Date \_\_\_\_\_ Page No. 2

Date 3-27-07

Terminated 3-27-07 1110

The water deluge system  
has been repaired, and  
is functional.

Inspector's Initials REG

Supervisor's Initials and Date WMS 4/8/07 Page No. 3

**ROOT CAUSE**

INCIDENT NUMBER 7286439

DATE 3-27-07

**TYPE OF PROBLEM**

Did the condition or practice exist because of:

- No examination
- Deficient examination
- Improper examination

**INSTALLATION**

Did the condition or practice exist because of:

- Lack of required installation
- Improper installation

**CORRECTION**

Did the condition or practice exist because of:

- Not being recognized
- Not reported
- Not corrected if reported

**INFORMATION**

Was the right information:

- Given to the miner
- Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

Was the task made difficult because of the miners:

- Physical ability
- Concentration
- Habits

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_

Date 3-27-07

\* Q845 7286440 751101-1(a)  
 when activated, the water deluge system, for the 3rd NORTH, #2 BELT DRIVE, located at #6 X-CUT, did not function. The activation plunger, which operates the water deluge, would not allow the water flow to function when tested. The plunger had to be lubricated in order to release, which allows water to be directed through the deluge. An anti seize treatment had been applied to the plunger mechanism believing this would enhance the plunger's operation.

Inspector's Initials REG  
 Supervisor's Initials and Date WMS 4/2/07 Page No. 1

Date 3-27-07

A crew of 7 miners work in by this belt drive, which is unattended, and with the deluge's water inoperable a belt/drive fire becomes a dangerous liability

5/ Last deluge activation 3/24/07  
 4/ could not determine who knew  
 7/ Last time  
 8/ serious injury

DUE 3-27-07 0900  
 terminated 0900 3-27-07

The water deluge system has been repaired, and is functional

Inspector's Initials REG  
 Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

IDENTIFICATION NUMBER 7286440

DATE 3-27-07

**TYPE OF PROBLEM**

Did the condition or practice exist because of:

- No examination
- Deficient examination
- Improper examination

**INSTALLATION**

Did the condition or practice exist because of:

- Lack of required installation
- Improper installation

**CORRECTION**

Did the condition or practice exist because of:

- Not being recognized
- Not reported
- Not corrected if reported

**INFORMATION**

Was the right information:

- Given to the miner
- Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

Was the task made difficult because of the miners:

- Physical ability
- Concentration
- Habits

Inspector's Initials REG  
 Supervisor's Initials and Date \_\_\_\_\_

Date 3-27-07

\* 0915 7286441 75400

Coal accumulations have been allowed to exist on the 3<sup>rd</sup> NORTH #1 belt, from Inby The belt Drive, to the tail piece. The accumulations are located under the return rollers for approximately SIX (6) cross cuts. When measured, the damp to dry roller piles, ranged up to 18" high, and 3' in diameter. The roller piles were not touching the running belt.

- 4/ could not determine
- 5/ 7 miners on section
- 6/ existed for 2 days

Inspector's Initials REG  
Supervisor's Initials and Date WMS 4/2/07 Page No. 1

Date 3-27-07

- 7/ NOT SERIOUS
- 8/ NO LAST TIME

ONE 3-27-07 1100  
TERMINATED 3-27-07 1125  
The coal accumulations have been removed.

Inspector's Initials REG  
Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

IDENTIFICATION NUMBER 7286441

DATE 3-27-07

**TYPE OF PROBLEM**

Did the condition or practice exist because of:

- No examination
- Deficient examination
- Improper examination

**INSTALLATION**

Did the condition or practice exist because of:

- Lack of required installation
- Improper installation

**CORRECTION**

Did the condition or practice exist because of:

- Not being recognized
- Not reported
- Not corrected if reported

**INFORMATION**

Was the right information:

- Given to the miner
- Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

Was the task made difficult because of the miners:

- Physical ability
- Concentration
- Habits

Inspector's Initials REG  
Supervisor's Initials and Date \_\_\_\_\_

Date 3-27-07

A 0750 7286442 75.333(b)

The ventilation controls, separating the intake and belt line entry of 3<sup>rd</sup> NORTH development section (mmu005) are not being maintained to serve the purpose for which they were built. The ventilation controls, located at cross cut #3 and #4, have used excessive amounts of the polyurethane foam material in the stoppings, to isolate the two entries. The MSHA Approval & Certification Center, has recommendations for applying the foam on any rib openings larger than 2 inches, to use steel side extensions

Inspector's Initials REG  
Supervisor's Initials and Date NMS 4/3/07 Page No. 1Date 3-27-07

and panels. The Kennedy brand stoppings, located at #3 x-cut, has utilized the foam only, to plug a hole measuring 18" wide and 15" high. The #4 stopping/x-cut has an opening measuring approximately 8" high and 7" wide with nothing but polyurethane foam as a sealant.

4/ could not determine  
5/ 7 miners in by an section  
6/ one week  
7/ no lost time  
8/ not serious

Due 3/27/07 1000  
Terminated 3/27/07 1000

Flagging has replaced the polyurethane only hole pluggers.

Inspector's Initials REG  
Supervisor's Initials and Date \_\_\_\_\_ Page No. 2**ROOT CAUSE**CITATION NUMBER 7286442DATE 3-27-07**TYPE OF PROBLEM**

- Did the condition or practice exist because of:
- No examination
  - Deficient examination
  - Improper examination

**INSTALLATION**

- Did the condition or practice exist because of:
- Lack of required installation
  - Improper installation

**CORRECTION**

- Did the condition or practice exist because of:
- Not being recognized
  - Not reported
  - Not corrected if reported

**INFORMATION**

- Was the right information:
- Given to the miner
  - Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
- Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
- Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
- Was correct performance rewarded?
- Were consequences suitable?

**CAPACITY**

- Was the task made difficult because of the miners:
- Physical ability
  - Concentration
  - Habits

Inspector's Initials REG

Supervisor's Initials and Date \_\_\_\_\_

Date 3-27-07

\* 0805 <sup>R</sup> 7286443 75.400  
Coal accumulations have been allowed to exist at the 3<sup>rd</sup> NORTH development section (mmu eas) tailpiece and feeder breaker. The coal has accumulated on the off walkway side of the tailpiece and on both sides of the feeder. When measured the coal pile at the tailpiece was approximately 7' long, 2 1/2' high and 2' wide. The coal at the feeder, measured 14' long, 5' high and 2' wide. No coal accumulations have come in contact with the moving

Inspector's Initials REG  
Supervisor's Initials and Date WMS 4/2/07 Page No. 1

Date 3-27-07

belt. The spillage has made travel along the off walkway side nearly impossible.  
4/ could not determine - but the crew claims the next project was to clean the feeder - no mention of the tailpiece.  
5/ 7 miners exposed  
6/ over one shift (12 hr shift)  
7/ no last time  
8/ NOT SERIOUS  
DUG 3-27-07 1130  
TERMINATED 3-27-07 1135  
The accumulations have been removed from around the tailpiece and feeder

Inspector's Initials REG  
Supervisor's Initials and Date \_\_\_\_\_ Page No. 2

**ROOT CAUSE**

IDENTIFICATION NUMBER 7286443  
DATE 3-27-07

**TYPE OF PROBLEM**

- Did the condition or practice exist because of:
  - No examination
  - Deficient examination
  - Improper examination

**INSTALLATION**

- Did the condition or practice exist because of:
  - Lack of required installation
  - Improper installation

**CORRECTION**

- Did the condition or practice exist because of:
  - Not being recognized
  - Not reported
  - Not corrected if reported

**INFORMATION**

- Was the right information:
  - Given to the miner
  - Understood by the miner

**KNOWLEDGE/TRAINING**

- Did the miner know how to do the task?
  - Could the miner apply the knowledge to do the task?

**TOOLS/EQUIPMENT**

- Were the appropriate tools/equipment available?
  - Were appropriate tools/equipment used?

**INCENTIVE**

- Was correct performance punished?
  - Was correct performance rewarded?
  - Were consequences suitable?

**CAPACITY**

- Was the task made difficult because of the miners:
  - Physical ability
  - Concentration
  - Habits

Inspector's Initials \_\_\_\_\_

Supervisor's Initials and Date \_\_\_\_\_



MineID: 4201715    Event Number: 4476407    Activity Code: E01

Inspector(s) Initials: REG 3/29/07    Supervisor Initials: WMS

Coal Inspection Tracking System  
**General**

**Advised of Conference Procedures (Miner Rep)**  
*Required= Yes*

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
3/14/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>

**Advised of Conference Procedures (Operator)**  
*Required= Yes*

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
3/14/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/15/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/27/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>

**Check In And Out System**  
*Required= Yes*

The inspector determined the system being used at the mine complied with 30 CFR 75.1715.

Date	AR #		Shift	Complete
3/14/07	23943	Bathhouse	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WAS

Coal Inspection Tracking System

# General

## First Day Arrival In Advance Of Starting Time

Required= Yes

The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. If a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property.

Date	AR #	Shift	Complete
3/14/07	23943	2	<input checked="" type="checkbox"/>

## Independent Contractors

Required= No

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

## Interim Conference

Required= No

When daily conferences were not possible, regularly scheduled interim conferences were conducted. These conferences provided an overview of the inspection activities and an opportunity for the operator and miners' representatives to express any concerns.

## Mine Map Reviewed (First Day For Hazards)

Required= Yes

The inspector, prior to going underground on the first day of the inspection, studied the mine map for consistency with approved mining methods, mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, bodies of water that could present an underground flood hazard, mines located adjacent to, above and below active workings, and any danger that surface mining may present to underground miners.

Date	AR #	Shift	Complete
3/14/07	23943	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# General

### **Notification of Inspection (Miner Representative)**

**Required= Yes**

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #		Shift	Complete
3/14/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# General

### Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #		Shift	Complete
3/14/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/16/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/18/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/20/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/21/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/22/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/27/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>
3/28/07	23943	Bodie Allred	2	<input checked="" type="checkbox"/>

### Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

Date	AR #		Shift	Complete
3/20/07	23943		2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

g/45

Coal Inspection Tracking System

# General

### Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with the mine operator and miners representative (where applicable). The conference included a summary of all enforcement actions (including root causes) and any observations concerning conditions or practices. Accidents at the mine and any samples or surveys taken during the inspection were discussed.

Date	AR #	Shift	Complete
3/28/07	23943	2	<input checked="" type="checkbox"/>

Attendees; Gary Peacock, Superintendent. Lyle Christensen, Maintenance Manager. Bodee Allred, Safety. Discussed raising their standards on (1) Rock Dust, (2) Accumulations, (3) Dry Roads, (4) Preoperation checks. Up your company's standards, don't wait for MSHA to do your inspections, it will cost more!

### Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference was conducted on or soon after the first day of inspection and covered enforcement actions, the accident history at the mine, a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

Date	AR #	Shift	Complete
3/14/07	23943	2	<input checked="" type="checkbox"/>

Discussed, with Bodee Allred-Safety, (1) Accumulations, (2) Proper examinations, (3) Rock Dust, (4) Escape ways, (5) Pre operational checks on equipment.

### Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during a required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
3/18/07	23943	2	<input checked="" type="checkbox"/>

### Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during a required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
3/20/07	23943	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

NMS

Coal Inspection Tracking System

# General

### Travel With Mine Examiner - Weekly

Required= Yes

The inspector accompanied at least one mine examiner during a required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
3/15/07	23943	2	<input checked="" type="checkbox"/>
3/19/07	23943	2	<input checked="" type="checkbox"/>

### Uniform Mine File Reviewed

Required= Yes

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

Date	AR #	Shift	Complete
12/29/06	23807	2	<input type="checkbox"/>
1/10/07	23943	2	<input checked="" type="checkbox"/>
3/14/07	23943	2	<input checked="" type="checkbox"/>



MineID: 4201715    Event Number: 4476407    Activity Code: E01    Inspector(s) Initials: REG 3/28/07    Supervisor Initials: [Signature]  
 Coal Inspection Tracking System

## Records

### All Required Noise Exposure Records ( Reviewed )

Required= Yes

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

### ATRS Certification ( Available )

Required= Yes

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Date	AR #	Record For	Shift	Complete
3/19/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

### Canopies And Cabs; Self-Propelled Equipment

Required= Yes

The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator had evidence of certification by a registered engineer for each canopy or cab system at the mine, stating that it met the required structural capacity.

Date	AR #	Record For	Shift	Complete
3/19/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

### Certifications And Records Of Daily Hoist

Required= No

The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 & 77.1404 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Records

## Clean Up Program

Required= Yes

The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Daily Inspection of Active Areas (Surface Mine)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Diesel Exhaust Gas Records (Exceeding The TLV)

Required= Yes

The operator's compliance with recording Diesel Engine Performance examinations required by 30 CFR 75.1914(g)(5) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Records

## Diesel Training And Qualification List

Required= Yes

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the map of the electrical system required by 30 CFR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Evaluate The Approved Mine Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Records

## Evaluate The Approved Roof Control Plan

Required= Yes

The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Examinations Of Impoundments

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.216-3 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Fire Doors

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

## Fire Suppression Systems/Permanent Diesel Storage

Required= No

The operator's compliance with recording examinations required by 75.1911 and 75.1912 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

## First-Aid Training Supervisory Employees

Required= Yes

The inspector reviewed MSHA 5000-23 forms at the mine sufficient to determine if training was provided in accordance with 30 CFR 75.1713-3. A representative number of supervisors were polled to determine the quality of the training.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Records

## Hazardous Conditions Postings And Corrections

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## High Voltage Longwall Equipment

Required= No

The operator's compliance with recording of examinations required by 30 CFR 75.821 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Independent Contractor Register

Required= No

The inspector reviewed the production operator's independent contractor register required by 30 CFR 45.4(b). Any new data or updates to MSHA's Contractor Database were noted and submitted on MSHA Form 2000-205.

## Inspection And Test Of Automatic Fire Sensors

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-8 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Maintenance Record Diesel Engine Performance

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Records

## Methane Monitor Calibration Test

Required= Yes

The operator's compliance with recording tests required by 30 CFR 75.342(a)(4) was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Mine Emergency Evacuation and FF Program

Required= Yes

The inspector reviewed mine evacuation drills records required by 30 CFR 75.1502(c)(2) to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their participation and familiarity with the program.

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map required by 30 CFR 75.1200 relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.502 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG

3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Records

## Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.800-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.900-2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Testing Of UG High Voltage CB

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.800-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Testing Of UG Low And Medium Voltage CB

Required= Yes

The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: RMS

Coal Inspection Tracking System

# Records

## **Movement of HV Power Centers and Transformers** *Required= No*

The operator's compliance with recording examinations required by 30 CFR 75.812 was evaluated by comparing information recorded in the record book with on site observations and information obtained during discussions with the miners and the mine operator.

## **Noise Program (Reviewed) (Surface)** *Required= No*

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

## **Noise Program (Reviewed) (Underground)** *Required= Yes*

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## **Operator's Respirable Dust Program (Sur)** *Required= No*

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made of surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

## **Operator's Respirable Dust Program (UG)** *Required= Yes*

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## **Part 47 Hazcom Records** *Required= Yes*

The inspector reviewed the written HazCom program, material safety data sheets, and chemical inventory.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/28/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Records

## Part 48 Training Records (5000-23 Forms)

Required= Yes

The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was provided and discussed the contents of the training with a representative number of workers to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Part 49 Training Records (Mine Rescue Teams)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

Equipment and training facility located at the "sister mine" of Westridge. Some team members are stationed at this mine.

## Part 50 Records (7000-1 and 7000-2 Forms)

Required= Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Petitions For Modifications Granted For Mine

Required= Yes

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/28/07

Supervisor Initials:

UMS

Coal Inspection Tracking System

# Records

## Preshift & On-Shift Examination

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.360 & 75.362 were evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/15/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/18/07	23943	Entire Mine	1	<input checked="" type="checkbox"/>
3/19/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/20/07	23943	Entire Mine	3	<input checked="" type="checkbox"/>
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/21/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/22/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/27/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Records

## Record Of Certified And Qualified Persons Surface

Required= Yes

The inspector reviewed and compared the qualification list required by 30 CFR 75.159 and 77.106 with copies of individual training records.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Record Of Certified And Qualified Persons UG

Required= Yes

The inspector reviewed and compared the qualification list with copies of individual training records.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Record Of Inspections For Thermal Dryers

Required= No

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

## Recorded Measurements For Initial Rope Stretch

Required= No

The inspector reviewed the record book and determined if the results of all required measurements were recorded.

## Required Hoist Rope Tests

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Respirable Dust Control Plan (Posted)

Required= Yes

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required by 30 CFR 71.210(b) and 71.301(d)..

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Records

## Roof Bolt Manufacturer's Certification (Available)

Required= Yes

The inspector determined if the operator has available a certification per 30 CFR 75.204(a) stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Roof Bolt Torque Measurements Recorded

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Roof Control Plan (Available)

Required= Yes

The inspector determined if the current roof control plan per per 30 CFR 75.220(e) was available to the miners and representative of miners at the mine.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Self-Rescue Devices (Records)

Required= Yes

The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

*Transfer from one SCSR to another SCSR drills, with miners, have been held and witnessed, as well as the required shake tests.*

## Smokers Articles (Program)

Required= Yes

The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702. The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG

3/29/07

Supervisor Initials: NMS

Coal Inspection Tracking System

# Records

## Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver per 30 CFR 71.403(c)..

## Surface Safety Program Instruction (Posted)

Required= No

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

## Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1400-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Tests Of Fire Hydrants And Fire Hose

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-11 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## Trolley Overcurrent Protection Tests/Examinations

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1001-1 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Ventilation Plan (Posted)

Required= Yes

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/21/07 Supervisor Initials: WMS

Coal Inspection Tracking System

# Records

### Ventilation Plan (Posted)

Required= Yes

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record For	Shift	Complete
3/20/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

### Weekly Examination For Methane And Hazards

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.364 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/14/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/15/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/19/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/21/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>
3/22/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

### Weekly Examination Record Of Diesel Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REC 3/29/07

Supervisor Initials:

NMS

Coal Inspection Tracking System

# Records

## Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.512 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
3/28/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>

## X-Ray Plan

Required= Yes

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

Date	AR #	Record For	Shift	Complete
3/16/07	23943	Entire Mine	2	<input checked="" type="checkbox"/>



MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/27/07

Supervisor Initials: WMS

Coal Inspection Tracking System

## Surface

### ***Aerial Tramways***

*Required= No*

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

### ***All Shifts (Surface)***

*Required= No*

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

### ***Auger Openings***

*Required= No*

Auger openings were inspected for potential hazards.

### ***Blasting Practices (Surface)***

*Required= No*

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

### ***Coal Stock Pile***

*Required= Yes*

Coal stockpiles were inspected for potential hazards such as fires or persons working in close proximity to active underground feeders.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Truck load out belt	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Surface

## Communications Installations

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Bathouse	2	<input checked="" type="checkbox"/>
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## Draw-Off Tunnels

Required= Yes

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## Drilling Practices

Required= No

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.

## Dumping Facilities

Required= No

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

## Electrical Installation

Required= Yes

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: [Signature]

Coal Inspection Tracking System

# Surface

## Equipment

Required= Yes

An inspection was conducted of this piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards, including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
3/28/07	23943	Surface	Caterpillar	Bulldozer	#48w37034	2	<input checked="" type="checkbox"/>
		<i>D9</i>					
3/28/07	23943	Surface	Other Type Not Listed	Forklift	#508-40	2	<input checked="" type="checkbox"/>
		<i>Loadall brand</i>					
3/28/07	23943	Surface	Komatsu	Forklift	#1179	2	<input checked="" type="checkbox"/>
3/28/07	23943	Surface	Other Type Not Listed	Load-Haul-Dump	#0188	2	<input checked="" type="checkbox"/>
		<i>OUT OF SERVICE</i>					
3/28/07	23943	Surface	Other Type Not Listed	Transformer	#1,	2	<input checked="" type="checkbox"/>
		<i>Control Room for Silo Belt and Main Fan</i>					

## Escapeways

Required= Yes

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

Date	AR #	Location				Shift	Complete
3/28/07	23943	Surface				2	<input checked="" type="checkbox"/>

## Explosives Storage

Required= Yes

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Date	AR #	Location				Shift	Complete
3/28/07	23943	Surface				2	<input checked="" type="checkbox"/>
		<i>No explosives stored on this property, at this time.</i>					

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/27/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Surface

## Fire Fighting Equipment Surface

Required= Yes

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## Fuel Storage

Required= Yes

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## Ground Control

Required= No

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

## Haulage Facilities (Including Belts)

Required= Yes

An inspection was conducted of this haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## High Walls And Spoil Banks

Required= No

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

## Hoisting Equipment

Required= No

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials: VMS

Coal Inspection Tracking System

# Surface

## ***Illumination Of Work Areas***

***Required= Yes***

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## ***Methane Tests In Required Locations (Surface)***

***Required= Yes***

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Reclaim draw off tunnel	2	<input checked="" type="checkbox"/>
<i>No abnormal gas tests detected. Oxygen=20.8% Methane=0% CO=0ppm</i>				

## ***Non-Major Construction Sites***

***Required= No***

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

## ***Other Places Where Miners Work Or Travel***

***Required= Yes***

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## ***Potable Water (Surface)***

***Required= Yes***

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Surface

## Refuse Pile And Impoundments

Required= No

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

## Safety Talks With Surface Crews

Required= No

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

## Sanitary Facilities (Bathhouse)

Required= Yes

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanliness, safe access, and compliance with a bathing facilities waiver.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Bathouse	2	<input checked="" type="checkbox"/>

## Shop

Required= Yes

An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
3/28/07	23943	shop	2	<input checked="" type="checkbox"/>

## Surface First Aid Kit

Required= Yes

An inspection was conducted of all surface first-aid kits.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

## Thermal Dryer

Required= No

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

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Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: NMS

Coal Inspection Tracking System

# Surface

### Travelways And Active Roadways

Required= Yes

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>

### Ventilation Facilities

Required= Yes

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

Date	AR #	Location	Shift	Complete
3/28/07	23943	Surface	2	<input checked="" type="checkbox"/>



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Inspector(s) Initials: REG 3/22/07      Supervisor Initials: NMS

Coal Inspection Tracking System

## Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
3/14/07	8:00	2	23943	Last open cross cut, #0, 3rd North, (MMU	266	45,220	20.9	0.0	0.0	0.0	<input type="checkbox"/>	
3/15/07	8:00	2	23943	Return, outby 3rd north regulator, x-cut #11	316	40,448	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
3/16/07	8:00	2	23943	75' inby Fan, Return	2212	249,956	20.8	0.0	0.0	0.0	<input checked="" type="checkbox"/>	P1915
3/19/07	8:50	2	23943	Main East return regulator @MP #1	870	212,750	20.4	0.0	0.0	0.0	<input type="checkbox"/>	
3/19/07	9:05	2	23943	3 1/2 East Return entry	366	37,332	20.5	0.0	0.0	0.0	<input type="checkbox"/>	
3/20/07	8:10	2	23943	3rd North( MMU 005), Last open cross cut	227	27,694	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
3/20/07	8:20	2	23943	no.5 Face, 3rd North, (mmu 005)	768	11,520	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
3/20/07	14:30	2	23943	NO.1 face, 3rd North (MMU 005)	700	12,225	20.8	0.0	0.0	0.0	<input type="checkbox"/>	



MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/27/07

Supervisor Initials: NMS

Coal Inspection Tracking System

**Underground MMU** *Inspection Progress - All MMU's for this Mine ID and Event*

**Air Measurements Taken**  
*Required= Yes*

The inspector measured air quantity at locations on this working section as required within the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
3/28/07	23943	002-0	2	<input checked="" type="checkbox"/>
This section is in nonproducing status. Seals are being erected inby #118 cross cut.				
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

**Air Measurements Taken**  
*Required= Yes*

The inspector measured air quantity at locations on this working section as required within the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
3/28/07	23943	002-0	2	<input checked="" type="checkbox"/>
This section is in nonproducing status. Seals are being erected inby #118 cross cut.				
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

**All Shifts (Working Section)**  
*Required= Yes*

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
3/28/07	23943	002-0	2	<input checked="" type="checkbox"/>
The West Mains section is in nonproducing status. Seals are being erected inby #118 cross cut.				

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
3/28/07	23943	002-0	2	<input checked="" type="checkbox"/>

The West Mains section is in nonproducing status. Seals are being erected inby #118 cross cut.

## Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on this section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

## Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on this section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

## Boreholes In Advance Of Mining

Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

## Boreholes In Advance Of Mining

Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

## Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations on this working section for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations on this working section for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on this working section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on this working section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance on this section with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

NMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance on this section with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Dates, Times, and Initials

Required= Yes

*The mine work 2 twelve hour shifts*

The inspector examined all faces on this working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	005-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Dates, Times, and Initials

Required= Yes

The inspector examined all faces on this working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	005-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG

3/21/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on this working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0 3rd North section.	1	<input checked="" type="checkbox"/>

## Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on this working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0 3rd North section.	1	<input checked="" type="checkbox"/>

## Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on this active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on this active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WAS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location
3/18/07	23943	005-0

Shift Complete

1

## Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location
3/18/07	23943	005-0

Shift Complete

1

## First-Aid Equipment Checked

Required= Yes

An inspection was conducted of the underground first-aid kit on this working section for compliance with applicable standards.

Date	AR #	Location
3/14/07	23943	002-0
3/18/07	23943	005-0

Shift Complete

2

1

## First-Aid Equipment Checked

Required= Yes

An inspection was conducted of the underground first-aid kit on this working section for compliance with applicable standards.

Date	AR #	Location
3/14/07	23943	002-0
3/18/07	23943	005-0

Shift Complete

2

1

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: NYS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

### Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality on this working section at locations required in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
3/14/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0 CO=0ppm NO2=0ppm	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0% Co=0ppm NO2=0ppm	2	<input checked="" type="checkbox"/>

### Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality on this working section at locations required in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
3/14/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0 CO=0ppm NO2=0ppm	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0 No abnormal gas readings detected. Oxygen=20.8% Methane=0% Co=0ppm NO2=0ppm	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/21/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Location Of Last Open Crosscut

Required= Yes

The last open crosscut was identified on this working section on each inspection date by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
3/14/07	23943	005-0	2	<input checked="" type="checkbox"/>
		Last open cross cut #17		
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
		Last open cross cut #17		
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>
		Last open cross cut #17		

## Location Of Last Open Crosscut

Required= Yes

The last open crosscut was identified on this working section on each inspection date by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
3/14/07	23943	005-0	2	<input checked="" type="checkbox"/>
		Last open cross cut #17		
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
		Last open cross cut #17		
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>
		Last open cross cut #17		

## Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on this working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: JMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on this working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Observed Haulage Practices

Required= Yes

The inspector observed haulage practices on this working section and determined compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Observed Haulage Practices

Required= Yes

The inspector observed haulage practices on this working section and determined compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Potable Water (Working Section)

Required= Yes

The inspector determined if potable water was available on this working section. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# Underground MMU *Inspection Progress - All MMU's for this Mine ID and Event*

## **Potable Water (Working Section)**

**Required= Yes**

The inspector determined if potable water was available on this working section. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

## **Required Ventilation Controls Adequate**

**Required= Yes**

Temporary and permanent ventilation controls were inspected on this working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

## **Required Ventilation Controls Adequate**

**Required= Yes**

Temporary and permanent ventilation controls were inspected on this working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WAS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Rock Dust Applications Checked

Required= Yes

The inspector examined this working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

## Rock Dust Applications Checked

Required= Yes

The inspector examined this working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
12/29/06	23807	002-0	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on this advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
12/29/06	24125	002-0	2	<input checked="" type="checkbox"/>

Band samples taken from crosscut 128 to LOC at 135 in the intake air course entries 1 and 2 on MMU 002. D1 citation written on lack of dust in these entries where mining had been taking place.

## Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on this advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
12/29/06	24125	002-0	2	<input checked="" type="checkbox"/>

Band samples taken from crosscut 128 to LOC at 135 in the intake air course entries 1 and 2 on MMU 002. D1 citation written on lack of dust in these entries where mining had been taking place.

## Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on this active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, supplies required by 30 CFR 75.214, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: RZG 3/20/07

Supervisor Initials: NMS

Coal Inspection Tracking System

# Underground MMU *Inspection Progress - All MMU's for this Mine ID and Event*

## Roof & Ribs Evaluated

**Required= Yes**

The inspector observed roof and rib conditions on this active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, supplies required by 30 CFR 75.214, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

## Safety Talks With Miners

**Required= Yes**

The inspector held safety discussions with miners on this working section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

Discussed applying as much rock dust as possible, preoperational checks on machinery, and gas checks. 7 miners in attendance.

## Safety Talks With Miners

**Required= Yes**

The inspector held safety discussions with miners on this working section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

Discussed applying as much rock dust as possible, preoperational checks on machinery, and gas checks. 7 miners in attendance.

## Sanitary Facilities

**Required= Yes**

An inspection was conducted of sanitary facilities on this working section for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities on this working section for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
3/14/07	23943	002-0	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

RMS

Coal Inspection Tracking System

## Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

**Section Equipment (Including Face Equipment)**

Required= Yes

An inspection was conducted of this piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
3/14/07	23943	002-0	Other Type Not Listed	Air Compressor	#2	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM4978 C	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Feeder	Co#54-1827, s/n 716	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#8	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#5	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#7	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#6	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Rock Dusting Machine	Section #1	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Fletcher	Roof Bolting Machine	#3	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#9	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#8	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Transformer	s/n 42906-1103, co#30	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

3/14/07	23943	002-0	Other Type Not Listed	Welding Machine	#353649	2	<input checked="" type="checkbox"/>
3/15/07	23943	005-0	Simmons-Rand	Battery Charger	s/n L1970-3	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	#4590	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Stamler	Feeder	#3	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#44	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#45	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Other Type Not Listed	Transformer	#29	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	Other Type Not Listed	Scoop	17-7	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG

3/29/12

Supervisor Initials:

WMS

Coal Inspection Tracking System

**Underground MMU**

Inspection Progress - All MMU's for this Mine ID and Event

**Section Equipment (Including Face Equipment)**

Required= Yes

An inspection was conducted of this piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
3/14/07	23943	002-0	Other Type Not Listed	Air Compressor	#2	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM4978 C	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Feeder	Co#54-1827, s/n 716	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#8	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#5	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#7	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Mobile Bridge Carrier System	#6	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Rock Dusting Machine	Section #1	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Fletcher	Roof Bolting Machine	#3	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#9	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#8	2	<input checked="" type="checkbox"/>
3/14/07	23943	002-0	Other Type Not Listed	Transformer	s/n 42906-1103, co#30	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/20/07

Supervisor Initials: WMS

Coal Inspection Tracking System

**Underground MMU** *Inspection Progress - All MMU's for this Mine ID and Event*

3/14/07	23943	002-0	Other Type Not Listed	Welding Machine	#353649	2	<input checked="" type="checkbox"/>
3/15/07	23943	005-0	Simmons-Rand	Battery Charger	s/n L1970-3	2	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	#4590	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Stamler	Feeder	#3	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#44	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	#45	1	<input checked="" type="checkbox"/>
3/18/07	23943	005-0	Other Type Not Listed	Transformer	#29	1	<input checked="" type="checkbox"/>
3/20/07	23943	005-0	Other Type Not Listed	Scoop	17-7	2	<input checked="" type="checkbox"/>

**Self-Rescue Devices (Working Section)**

**Required= Yes**

The operator's compliance with approved self-rescuer condition-of-use requirements on this working section was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>

**Self-Rescue Devices (Working Section)**

**Required= Yes**

The operator's compliance with approved self-rescuer condition-of-use requirements on this working section was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
3/18/07	23943	005-0	1	<input checked="" type="checkbox"/>



MineID: 4201715    Event Number: 4476407    Activity Code: E01

Inspector(s) Initials: REG 3/27/07    Supervisor Initials: WJH

Coal Inspection Tracking System

# Haulage

## AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
3/28/07	23943	3rd North <i>Did not observe a calibration procedure.</i>	2	<input checked="" type="checkbox"/>
3/28/07	23943	General Mine <i>Did not observe a required calibration procedure.</i>	2	<input checked="" type="checkbox"/>

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WJS

Coal Inspection Tracking System

# Haulage

## Belts

Required= Yes

An inspection was conducted of this belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
12/29/06	23943	#1 Belt	Portal	#39 cross cut	2	<input checked="" type="checkbox"/>
		<i>Fire deluge system checked on 03/27/2007.</i>				
12/29/06	23943	#2 belt	#1 cross cut	#40 cross cut	2	<input checked="" type="checkbox"/>
		<i>Fire deluge system checked on 03/27/2007.</i>				
12/29/06	23943	#3 belt	#41 cross cut	#71 cross cut	2	<input checked="" type="checkbox"/>
		<i>Fire deluge system checked on 03/27/2007.</i>				
12/29/06	23943	#4 belt	#72 cross cut	#106 cross cut	2	<input checked="" type="checkbox"/>
		<i>Fire deluge system checked on 03/27/2007.</i>				
12/29/06	23943	#5 belt	#107 cross cut	#127 cross cut	2	<input checked="" type="checkbox"/>
		<i>Fire deluge system checked on 03/27/2007.</i>				
12/29/06	23943	#6	Tailpiece	Headroller	2	<input checked="" type="checkbox"/>
		<i>Inspection completed by Ted Farmer. Belt line is non existent, area has been sealed as of 3/27/07.</i>				
12/29/06	23807	no.7	x-cut 134 section loading point	Headroller	2	<input checked="" type="checkbox"/>
3/27/07	23943	3rd North	#7 cross cut/belt drive	#16 cross cut/tailpiece	2	<input checked="" type="checkbox"/>
3/27/07	23943	3rd North	#0 cross cut/belt drive	#6 cross cut/tailpiece	2	<input checked="" type="checkbox"/>

## Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of this skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

## Trackways

Required= No

The inspector made an inspection of this trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.



MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/28/07

Supervisor Initials: WMS

Coal Inspection Tracking System

## UG Outby Areas

### Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/15/07	23943	3rd North	#14 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/15/07	23943	Main North	#32 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/15/07	23943	West Mains	#39 cross cut	Portal	2	<input checked="" type="checkbox"/>

MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: NMS

Coal Inspection Tracking System

# UG Outby Areas

### Bleeders Including Each Check Point

Required= Yes

At least one entry in this set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/19/07	23943	1st South <i>MP does not register any problems.</i>	#1 cross cut	#16 cross cut	2	<input checked="" type="checkbox"/>
3/19/07	23943	1st West <i>MP registers no problem.</i>	#1 cross cut	#14 cross cut	2	<input checked="" type="checkbox"/>
3/19/07	23943	3 1/4 East <i>MP does not register any problems.</i>	#1 cross cut	#15 cross cut	2	<input checked="" type="checkbox"/>
3/19/07	23943	3rd Left <i>MP does not register any problems.</i>	#1 cross cut	#10 cross cut	2	<input checked="" type="checkbox"/>

### Each Approved SCSR Storage Location

Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/21/07	23943	Main West <i>#75 cross cut/return, 20 CSE/SCSR</i>			2	<input checked="" type="checkbox"/>

MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: NPO

Coal Inspection Tracking System

# UG Outby Areas

## Intake Air Courses

Required= Yes

At least one entry in this intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/22/07	23943	3rd North	#17 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/22/07	23943	Main West	#128 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/22/07	23943	North Mains	#34 cross cut	Portal	2	<input checked="" type="checkbox"/>
3/21/07	23943	South Mains	#1 entry Breaker Row	#5 entry breaker row	2	<input checked="" type="checkbox"/>

No abnormal gas readings detected at the pillar line.

## Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/22/07	23943	3rd North	#17 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/22/07	23943	Main West	#128 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/22/07	23943	North Mains	#34 cross cut	Portal	2	<input checked="" type="checkbox"/>

MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials:

REG 3/29/07

Supervisor Initials:

WMS

Coal Inspection Tracking System

# UG Outby Areas

## Return Air Courses

Required= Yes

At least one entry in this return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/15/07	23943	3rd North	#14 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/15/07	23943	Main North	#32 cross cut	#1 cross cut	2	<input checked="" type="checkbox"/>
3/15/07	23943	West Mains	#39 cross cut	Portal	2	<input checked="" type="checkbox"/>

MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WMS

Coal Inspection Tracking System

# UG Outby Areas

## Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
3/21/07	23943	1st North	#1 Seal	#4 Seal	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.5% Methane=0% CO=0ppm NO2=0ppm</i>						
3/21/07	23943	1st Right @ #105 to #107 cross cut	Seal #1	Seal #3	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/15/07	23943	1st Right Gate	Seal #1	Seal #3	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/15/07	23943	2nd Right Gate	Seal #1	Seal #3	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/15/07	23943	3rd North	#1 Seal	#5 Seal	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen 20.8% Methane 0% CO 0ppm NO2 0ppm</i>						
3/15/07	23943	3rd North bleeder connection-4seals	Seal #1	Seal #4	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/22/07	23943	Main North	#1	#15	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.9% Methane=0% CO=0ppm NO2=0ppm</i>						
3/22/07	23943	Main West	At #67 cross cut	At #67 cross cut	2	<input checked="" type="checkbox"/>
<i>No abnormal readings detected at this single seal. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/22/07	23943	Main West	#1 Seal	#4 Seal	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/22/07	23943	Main West	At #45 cross cut	At #46 cross cut.	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.9% Methane=0% CO=0ppm NO2=0ppm</i>						

MineID: 4201715 Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/07

Supervisor Initials: WAS

Coal Inspection Tracking System

## UG Outby Areas

3/27/07	23943	Main West	Seal #107	Seal #107	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm one(1) Seal</i>						
3/22/07	23943	Main West @ #118 cross cut	Seal #6	Seal #9	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Seals are under construction at the time of this inspection.</i>						
3/22/07	23943	Main West @ #118 cross cut	Seal #1	Seal #5	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen=20.8% Methane=0% CO=0ppm NO2=0ppm</i>						
3/15/07	23943	Old East	#1 Seal	#4 Seal	2	<input checked="" type="checkbox"/>
<i>No abnormal gas readings detected. Oxygen 20.4% Methane 0% CO 0ppm NO2 0ppm</i>						



MineID: 4201715    Event Number: 4476407    Activity Code: E01

Inspector(s) Initials: REG 3/24/07    Supervisor Initials: WAS

Coal Inspection Tracking System

# UG Outby Equipment

**Outby Equipment**  
 Required= Yes

An inspection was conducted of this piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

Date	AR #	Location	Manufacturer	Type Equipment	Serial #	Shift	Complete
3/21/07	23943	3rd North	Other Type Not Listed	Transformer	s/n 43420-12/03, co#3	2	<input checked="" type="checkbox"/>
		<i>For #1 Belt</i>					
3/21/07	23943	Main West	Other Type Not Listed	Transformer	#1,#3, and #5	2	<input checked="" type="checkbox"/>
		<i>#40 cross cut, #1 and #3 are Feed Thru units-For 3rd West Belt Drive.</i>					
3/21/07	23943	South Mains	Long-Airdox	Battery Charger	co#1058, s/n24832-2	2	<input checked="" type="checkbox"/>
		<i>Cross cut #1</i>					
3/21/07	23943	South Mains	Other Type Not Listed	Scoop	#17-4	2	<input checked="" type="checkbox"/>
		<i>Out of service @ #1 cross cut.</i>					
3/21/07	23943	South Mains	Other Type Not Listed	Transformer	#23	2	<input checked="" type="checkbox"/>
		<i>Located At #1 cross cut.</i>					
3/22/07	23943	Main West	Other Type Not Listed	Pump	#1, #2, #3	2	<input checked="" type="checkbox"/>
		<i>Pump station location @ 45 to 46 cross cut.</i>					
3/22/07	23943	Main West	Other Type Not Listed	Transformer	#17	2	<input checked="" type="checkbox"/>
		<i>Power supply to #5 belt drive.</i>					
3/22/07	23943	Main West	Other Type Not Listed	Transformer	#4	2	<input checked="" type="checkbox"/>
		<i>Feed Thru</i>					
3/22/07	23943	Main West	Isuzu	Truck	#15-12	2	<input checked="" type="checkbox"/>
3/27/07	23943	3rd North	Other Type Not Listed	Transformer	#14	2	<input checked="" type="checkbox"/>
		<i>#5 cross cut</i>					

MineID: 4201715

Event Number: 4476407

Activity Code: E01

Inspector(s) Initials: REG 3/29/17

Supervisor Initials: WMS

Coal Inspection Tracking System

# UG Outby Equipment

3/27/07	23943	3rd North	Isuzu	Truck	#2	2	<input checked="" type="checkbox"/>
3/27/07	23943	3rd North	Isuzu	Truck	#1	2	<input checked="" type="checkbox"/>
3/27/07	23943	Main West	Other Type Not Listed	Transformer	#19 transformer/#8 switch gear	2	<input checked="" type="checkbox"/>

#69 cross cut

Dust Data Card

1. Cassette Number

57 665286

2. Mine ID Number

4 2 5 1 7 1 1

(min)

3. Contractor Code

4. Mine Name

5. Company Name

6. Date Sampled

Mo. 3 Da. 2 Yr. 07

7A. Sampling Start Time

7

(24 hr. clock)

7B. Sampling Time (min)

470

8. Tons This Shift

300

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

2

10. MMU DA/SA

11. Occ Code

077

12. Part 90 Miner Sampled

SSN

13. Certified Person: NOTICE - Knowingly making any false statement, representation, or certification on this document is a violation of the federal criminal code which may be punished by a fine or by imprisonment or both.

SSN

(b) (6)

Sig

X

Lab

Signature

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code

Date Processed

KEEP THIS FOR YOUR RECORDS

Dust Data Card

1. Cassette Number

57 665285

2. Mine ID Number

4 2 5 1 7 1 1

(min)

3. Contractor Code

4. Mine Name

5. Company Name

6. Date Sampled

Mo. 3 Da. 2 Yr. 07

7A. Sampling Start Time

7

(24 hr. clock)

7B. Sampling Time (min)

470

8. Tons This Shift

300

9. Type of Sample (select one)

- (1) designated occ (ug)
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- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

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11. Occ Code

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12. Part 90 Miner Sampled

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SSN

(b) (6)

Sig

X

Lab

Signature

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code

Date Processed

KEEP THIS FOR YOUR RECORDS



Dust Data Card

1. Cassette Number

57 665284

2. Mine ID Number

3. Contractor Code

(min)

4. Mine Name

5. Company Name

6. Date Sampled

Mo. Da. Yr.

7A. Sampling Start Time

(24 hr. clock)

7B. Sampling Time (min)

8. Tons This Shift

*WMS*

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

10. MMU DA/SA



11. Occ Code

12. Part 90 Miner Sampled

SSN

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SSN [ (b) (6) ]

Sig [ X Signature ]

Lab

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Processed

KEEP THIS FOR YOUR RECORDS

Dust Data Card

1. Cassette Number

57 665283

2. Mine ID Number

3. Contractor Code

(min)

4. Mine Name

5. Company Name

6. Date Sampled

Mo. Da. Yr.

7A. Sampling Start Time

(24 hr. clock)

7B. Sampling Time (min)

8. Tons This Shift

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

10. MMU DA/SA



11. Occ Code

12. Part 90 Miner Sampled

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SSN [ (b) (6) ]

Signature [ X Signature ]

Lab

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Processed

KEEP THIS FOR YOUR RECORDS

Dust Data Card

1. Cassette Number

57 665287

2. Mine ID Number

1 0 1 7 1 7

3. Contractor Code

(min)

4. Mine Name

5. Company Name

6. Date Sampled

Mo. Da. Yr.

7A. Sampling Start Time

(24 hr. clock)

7B. Sampling Time (min)

4 2 0

8. Tons This Shift

- - 7 0 9

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

2

10. MMU DA/SA



11. Occ Code

12. Part 90 Miner Sampled

SSN

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SSN (b) (6)

Signature

Laboratory Analysis

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code

Date Processed

KEEP THIS FOR YOUR RECORDS

Dust Data Card

1. Cassette Number

57 665288

2. Mine ID Number

1 0 1 7 1 7

3. Contractor Code

(min)

4. Mine Name

5. Company Name

6. Date Sampled

Mo. Da. Yr.

7A. Sampling Start Time

(24 hr. clock)

7B. Sampling Time (min)

4 2 0

8. Tons This Shift

- - 7 0 9

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

7

10. MMU DA/SA



11. Occ Code

12. Part 90 Miner Sampled

SSN

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SSN (b) (6)

Signature

Laboratory Analysis

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code

Date Processed

KEEP THIS FOR YOUR RECORDS

Dust Data Card

1. Cassette Number

57 665289

2. Mine ID Number

--	--	--	--	--	--	--	--

3. Contractor Code

--	--	--	--

(min)

4. Mine Name

5. Company Name

6. Date Sampled

Mo.	Da.	Yr.			

7A. Sampling Start Time

(24 hr. clock)	

7B. Sampling Time (min)

--	--	--

8. Tons This Shift

--	--	--	--	--	--

9. Type of Sample (select one)

- (1) designated occ (ug)
- (2) nondesignated occ (ug)
- (3) designated area (ug)
- (4) designated work position (sur)
- (5) part 90 miner

--

10. MMU DA/SA

--	--	--	--	--

11. Occ Code

--	--	--

12. Part 90 Miner Sampled

SSN

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SSN

(b) (6)

Signature

X

Lab

Final Weight

Initial Weight

Weighed By	OSP Checked By	Void Code

Date Processed

KEEP THIS FOR YOUR RECORDS

*W440*



A. Mine ID/Contractor ID Number 42-01715				B. Event Number 4476407				C. AR Number 23943			D. Office Code 90502			E. Survey Date Mo: 03, Day: 20, Year: 07			F. Activity Code E01		
G. Mine Name Crandall Canyon Mine										H. Company Name Genwal Resources, Inc.									
I. Survey Sample Number	1			2			3			4			5			6			
J. Survey Type	Initial	Follow-up		Initial	Follow-up		Initial	Follow-up		Initial	Follow-up		Initial	Follow-up		Initial	Follow-up		
	X			X			X			X			X						
K. P-Code																			
L. MMU/Pit/Area Surveyed	0050			0050			0050			0050			0050						
M. Instrument Property Number	144900			144901			144902			144903			144904						
N. Calibrator Property Number	144994			144994			144994			144994			144994						
O. Miner's Last Name/First Initial	(b) (7)(C)			(b) (7)(C)			(b) (7)(C)			(b) (7)(C)			(b) (7)(C)						
P. Occupation Code	036			012			014			050			053						
Q. Machine Code	06			30			30			37			38						
R. Manufacturer's Code	058			039			039			058			119						
S. Time Start (24 Hr. Clock)	0700			0700			0700			0700			0700						
T. Total Survey Time (Minutes)	0720			0720			0720			0720			0720						
U. Production this Shift	580 <sup>ton</sup>			580 <sup>ton</sup>			580 <sup>ton</sup>			580 <sup>ton</sup>			580 <sup>ton</sup>						
V. 85 Action Level Dose (Dosimeter I) (no decimals)	53			60			81			18			16						
W. 90 PEL Dose (Dosimeter II) (no decimals)	35			40			78			12			14						
X. 90 PEL Max (no decimals)	109			119			108			102			117						
Y. UCL (117 dBA) Time (Minutes)	000			000			000			000			000						
Z. Calibration Check (Y or N)	Before	After		Before	After		Before	After		Before	After		Before	After		Before	After		
	X		X	X		X	X		X	X		X	X		X	X		X	
AA. Type of PHP	Muff	Plug	Cap	Muff	Plug	Cap	Muff	Plug	Cap	Muff	Plug	Cap	Muff	Plug	Cap	Muff	Plug	Cap	
				X				X											
	YES			YES			YES			YES			YES						
AC. Citation Number																			
Comments:	no hearing protection worn by any of the tested miners, except Reef bolters																		