The roof fall which occurred between 11/25/08 and 12/2/08 on Old LBB 2 section 1 crosscut inby Spad 21086 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. Per company records, the roof fall was reported verbally to MSHA.

See Continuation Form (MSHA Form 7000-3a)
The roof fall has now been reported to MSHA as required; therefore, the citation is terminated.
Mine Citation/Order

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

Section I—Violation Data

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Time (24 Hr. Clock)</th>
<th>3. Citation/Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo Da Yr</td>
<td>1019</td>
<td>8098213</td>
</tr>
</tbody>
</table>

4. Served To
Paul Thompson, Maintenance Chief

5. Operator
PERFORMANCE COAL COMPANY

6. Mine
UPPER BIG BRANCH MINE-SOUTH

7. Mine ID
46-08436

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

The roof fall which occurred between 11/25/08 and 12/2/08 on North Mains at Spad 18662 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. Per company records, the roof fall was reported verbally to MSHA.

See Continuation Form (MSHA Form 7000-3a)

Section II—Inspectors Evaluation

9. Violation
A. Health
Safety
Other

B. Section of Act

C. Part/Section of Title 30 CFR

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ✔

B. Injury or Illness could reasonably be expected to be: No Lost Workdays ✔

C. Significant and Substantial: Yes ☐

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 ✔

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

15. Area or Equipment

16. Terminated Date
07/30/2010

Section III—Termination Action

17. Action to Terminate

18. Termination Date
A. Date Mo Da Yr

B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code)
E25

20. Event Number
4122608

21. Primary or Mill

22. Signature

MSHA Form 7000-3, Apr 03 (revised) In accordance with the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 19 Regional Ombudsman 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.
The roof fall has now been reported to MSHA as required; therefore, the citation is terminated.
The roof fall which occurred on 9/30/08 on No. 1 section at Spad 22702 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. Per company records, the roof fall was reported verbally to MSHA.
The roof fall has now been reported to MSHA as required; therefore, the citation is terminated.
The roof fall which occurred on 9/11/08 on North Glory Mains, 1 crosscut inby Spad 20079, 124 crosscut, was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. Per company records, the roof fall was reported verbally to MSHA.

<table>
<thead>
<tr>
<th>9. Violation</th>
<th>A. Health □</th>
<th>Safety □</th>
<th>Other ✓</th>
<th>B. Section of Act</th>
<th>C. Part/Section of Title 30 CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.20(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Gravity:</th>
<th>A. Injury or Illness (has) is:</th>
<th>No Likelihood ✓</th>
<th>Unlikely □</th>
<th>Reasonably Likely □</th>
<th>Highly Likely □</th>
<th>Occurred □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Injury or Illness could reasonably be expected to be:</td>
<td>No Lost Workdays ✓</td>
<td>Lost Workdays or Restricted Duty □</td>
<td>Permanently Disabling □</td>
<td>Fatal □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Significant and Substantial:</td>
<td>Yes □</td>
<td>No ✓</td>
<td>D. Number of Persons Affected:</td>
<td>..000</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>12. Type of Action</th>
<th>104(a)</th>
</tr>
</thead>
</table>

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

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

| 15. Area or Equipment | |

| 16. Termination Due | A. Date | Mo Da Yr | 07/30/2010 | B. Time (24 Hr. Clock) | 0900 |

| 17. Action to Terminate | |

| 18. Terminated | A. Date | Mo Da Yr | |

| 19. Type of Inspection (activity code) | E25 |
| 20. Event Number | 4122608 |

| 21. Primary or Mill | |

| 22. Signature | |

MSHA Form 7000-3, Apr 08 (revised) | In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1006, 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, you may call 1-888-REG-FAIR (1-888-739-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Enforcement Actions or MSHA, you may call 1-888-REG-FAIR (1-888-739-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Enforcement Actions or MSHA. You may also file a comment with the Ombudsman 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.
The roof fall has now been reported to MSHA as required; therefore, the citation is terminated.
The roof fall which occurred on 5/11/08 on 002 section at Spad 21217 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. Per company records, the roof fall was reported verbally to MSHA.

### Section I—Violation Data

1. Date: 07/28/2010
2. Time (24 Hr. Clock): 1046
3. Citation/Order Number: 8098216

4. Served To:
   - Paul Thompson, Maintenance Chief

5. Operator:
   - PERFORMANCE COAL COMPANY

6. Mine:
   - UPPER BIG BRANCH MINE-SOUTH

7. Mine ID: 46-08436

### Section II—Inspector's Evaluation

8. Condition or Practice: 

9. Violation:
   - A. Health [ ] Safety [ ] Other [ ]
   - B. Section of Act: 50.20(a)
   - C. Part/Section of Title 30 CFR: 

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: 000

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 [ ]
    - Written Notice [ ]

14. Initial Action:
    - A. Citation [ ] B. Order [ ] C. Safeguard [ ] D. Written Notice [ ]

15. Area or Equipment:

16. Termination Due:
    - A. Date: 07/30/2010
    - B. Time (24 Hr. Clock): 0900

### Section III—Termination Action

17. Action to Terminate:

### Section IV—Automated System Data

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

19. Type of Inspection (activity code): E25
20. Event Number: 4122608
21. Primary or Mill:
22. Signature:
23. AR Number: [ ]

MSHA Form 7000-3a (Rev 09-27-05): In accordance with the Small Business Regulatory Enforcement Flexibility Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Ombudsman Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW, MC 2123, 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.
The roof fall has now been reported to MSHA as required; therefore, the citation is terminated.
Mine Citation/Order

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

Section I—Violation Data

1. Date  
   Mo Da Yr  
   07/28/2010

2. Time (24 Hr. Clock)  
   1044

3. Citation/Order Number  
   8098217

4. Served To  
   Paul Thompson, Maintenance Chief

5. Operator  
   PERFORMANCE COAL COMPANY

6. Mine  
   UPPER BIG BRANCH MINE-SOUTH

7. Mine ID  
   46-08436

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

The accident which occurred to [Redacted] on 3/23/10 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in restricted duty; therefore, the accident is reportable.

Section II—Inspector's Evaluation

9. Violation  
   A. Health  
   Safety  
   Other [✓]

B. Section of Act  
C. Part/Section of Title 30 CFR  
   50.20(a)

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  
   Written Notice

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

15. Area or Equipment

16. Termination Due  
   A. Date  
   Mo Da Yr  
   07/30/2010

   B. Time (24 Hr. Clock)  
   0900

Section III—Termination Action  

17. Action to Terminate

Section IV—Automated System Data

19. Type of Inspection  
   (activity code)  
   E25

20. Event Number  
   4122608

21. Primary or Mill

22. Signature

MSHA Form 7000-3, Apr 08 (revised)  
In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Enforcement, Office of the National Ombudsman, 400 S. Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a complaint 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.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 1/12/10 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in sutures; therefore, the accident is reportable.

<table>
<thead>
<tr>
<th>Section I - Violation Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Data</td>
</tr>
<tr>
<td>2. Time (24 Hr. Clock)</td>
</tr>
<tr>
<td>3. Citation/Order Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Served To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Thompson, Maintenance Chief</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERFORMANCE COAL COMPANY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Mine</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPER BIG BRANCH MINE-SOUTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Mine ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>46-08436</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Condition or Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Health</td>
</tr>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Gravity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Injury or Illness (has) (is):</td>
</tr>
<tr>
<td>No Likelihood ✓</td>
</tr>
<tr>
<td>Unlikely</td>
</tr>
<tr>
<td>Reasonably Likely</td>
</tr>
<tr>
<td>Highly Likely</td>
</tr>
<tr>
<td>Occurred</td>
</tr>
</tbody>
</table>

| 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                      |

<table>
<thead>
<tr>
<th>11. Negligence (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. None</td>
</tr>
<tr>
<td>B. Low</td>
</tr>
<tr>
<td>C. Moderate</td>
</tr>
<tr>
<td>D. High ✓</td>
</tr>
<tr>
<td>E. Reckless Disregard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>104(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Type of Issuance (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation ✓</td>
</tr>
<tr>
<td>Order</td>
</tr>
<tr>
<td>Safeguard</td>
</tr>
<tr>
<td>Written Notice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Initial Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Citation</td>
</tr>
<tr>
<td>B. Order</td>
</tr>
<tr>
<td>C. Safeguard</td>
</tr>
<tr>
<td>D. Written Notice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Area or Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Termination Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Date</td>
</tr>
<tr>
<td>B. Time (24 Hr. Clock)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Action to Terminate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Date</td>
</tr>
<tr>
<td>B. Time (24 Hr. Clock)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Type of Inspection (activity code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Event Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4122608</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Primary or Mill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. AR Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
</tr>
</tbody>
</table>
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [REDACTED] on 9/13/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost time; therefore, the accident is reportable.

Section II—Inspector’s Evaluation

10. Gravity:
   A. Injury or Illness has (has) (a): 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 [ ] Written Notice [ ]

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

15. Area or Equipment

16. Termination Due
   A. Data 07/30/2010
   B. Time (24 Hr. Clock) 0900

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E25

20. Event Number 4122608

21. Primary or Mill

22. Signature [REDACTED]

MSHA Form 7000-3, April 1996. (R&R) 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 complaints 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 (1-888-734-3347), 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.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
Mine Citation/Order

1. Date       07/28/2010
2. Time (24 Hr. Clock)    1105
3. Citation/Order Number    8098220

4. Served To
Paul Thompson, Maintenance Chief

5. Operator
PERFORMANCE COAL COMPANY

6. Mine
UPPER BIG BRANCH MINE-SOUTH

7. Mine ID
46-08436

8. Condition or Practice

The accident which occurred to [redacted] on 9/12/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in restricted duty (degree 5) for 1 week; therefore, the accident is reportable.

9. Violation
A. Health [ ]
   Safety [ ]
   Other [ ]

B. Section of Act
C. Part/Section of Title 30 CFR
   50.20(a)

10. Gravity:
A. Injury or Illness (has) (is):
   No Likelihood [x]
   Unlikely [ ]
   Reasonably Likely [ ]
   Highly Likely [ ]
   Occurred [ ]

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

C. Significant and Substantial:
   Yes [ ]
   No [x]

D. Number of Persons Affected:
   001

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

12. Type of Action
A. Notice [ ]
B. Warning [ ]
C. Citation [ ]
D. Order [ ]
E. Writ of Attachment [ ]

13. Type of Issuance (check one)
A. Citation [x]
B. Order [ ]
C. Written Notice [ ]

14. Initial Action
A. Citation [ ]
B. Order [ ]
C. Written Notice [ ]

15. Area or Equipment

16. Termination Due
A. Date       07/30/2010
B. Time (24 Hr. Clock)    0900

17. Action to Terminate

18. Terminated
A. Date       07/30/2010
B. Time (24 Hr. Clock)

19. Event Number

20. Event Number
4122608

21. Primary or Mill

22. Signature

MSHA Form 7005-3, Apr 99 (Rev. 05) TheSmall Business Regulatory Enforcement Fairness Act of 1998, 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-REGFAIR (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.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 9/08/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in days away from work and restricted duty; therefore, the accident is reportable.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to a miner on 8/19/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in days away from work; therefore, the accident is reportable.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred on 6/02/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in days away from work and restricted duty; therefore, the accident is reportable.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 5/25/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in sutures and a fracture; therefore, the accident is reportable.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred on 4/28/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost time; therefore, the accident is reportable.

See Continuation Form (MSHA Form 7000-3a)

A. Health ☑ Safety ☐ Other ☐

B. Section of Act

C. Part/Section of Title 30 CFR 50.20(a)

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 ☐ Written Notice ☐

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 07/30/2010 B. Time (24 Hr. Clock) 0900

17. Action to Terminate

18. Terminated A. Date Mo Da Yr

19. Type of Inspection (activity code) E25

20. Event Number 4122608

21. Primary or Mill

22. Signature

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. 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, MC2120, 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.
The accident which occurred to [redacted] on 4/16/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost time; therefore, the accident is reportable.

**Section I-Violation Data**

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Time (24 Hr. Clock)</th>
<th>3. Citation/Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/28/2010</td>
<td>1122</td>
<td>8098226</td>
</tr>
</tbody>
</table>

**6. Mine**

**UPPER BIG BRANCH MINE-SOUTH**

**5. Operator**

**PERFORMANCE COAL COMPANY**

**8a. Written Notice (103g)**

**Section II-Inspector's Evaluation**

9. **Violation**

<table>
<thead>
<tr>
<th>A. Health Safety</th>
<th>B. Section of Act</th>
<th>C. Part/Section of Title 30 CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>50.20(a)</td>
</tr>
</tbody>
</table>

10. **Gravity:**

<table>
<thead>
<tr>
<th>A. Injury or Illness (has) (is): No Likelihood</th>
<th>Unlikely</th>
<th>Reasonably Likely</th>
<th>Highly Likely</th>
<th>Occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Injury or Illness could reasonably be expected to be: No Lost Workdays</th>
<th>Lost Workdays Or Restricted Duty</th>
<th>Permanently Disabling</th>
<th>Fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Significant and Substantial: Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

11. **Negligence (check one)**

<table>
<thead>
<tr>
<th>A. None</th>
<th>B. Low</th>
<th>C. Moderate</th>
<th>D. High</th>
<th>E. Reckless Disregard</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

12. **Type of Action**

<table>
<thead>
<tr>
<th>104(a)</th>
</tr>
</thead>
</table>

13. **Type of Issuance (check one)**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Order</th>
<th>Safeguard</th>
<th>Written Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

14. **Initial Action**

<table>
<thead>
<tr>
<th>A. Citation</th>
<th>B. Order</th>
<th>C. Safeguard</th>
<th>D. Written Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

15. **Area or Equipment**

16. **Termination Due**

<table>
<thead>
<tr>
<th>A. Date</th>
<th>B. Time (24 Hr. Clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/30/2010</td>
<td>0900</td>
</tr>
</tbody>
</table>

**Section III-Termination Action**

17. **Action to Terminate**

18. **Terminated**

<table>
<thead>
<tr>
<th>A. Date</th>
<th>B. Time (24 Hr. Clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section IV-Automated System Data**

19. **Type of Inspection (activity code)**

<table>
<thead>
<tr>
<th>20. Event Number</th>
<th>21. Primary or Mill</th>
</tr>
</thead>
<tbody>
<tr>
<td>E25</td>
<td></td>
</tr>
<tr>
<td>4122608</td>
<td></td>
</tr>
</tbody>
</table>

22. **Signature**

[Redacted]
Additional evidence was received which shows the accident happened on 4/17/09 between 00:01 and 00:45. [Redacted] arrived on the surface at 00:45. He was allowed to return to work at full duty on 4/18/09 per doctor's excuse; therefore, there would not have been any missed time or further medical treatment making this a nonreportable accident.
Mine Citation/Order

Section I—Violation Data

1. Date Mo Da Yr 07/28/2010
2. Time (24 Hr. Clock) 1125
3. Citation/Order Number 8098227

4. Served To Paul Thompson, Maintenance Chief
5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH
7. Mine ID 46-08436 (Contractor)
8. Condition or Practice

The accident which occurred on 2/13/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost time; therefore, the accident is reportable.

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) A. Citation □ B. Order □ C. Safeguard □ D. Written Notice □

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 07/30/2010 B. Time (24 Hr. Clock) 0900

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr

19. Type of Inspection (activity code) E25

20. Event Number 4122608

21. Primary or Mill

22. Signature

MSHA Form 7000-3, Apr 1, 2010 (effective). 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, 400 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.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 1/22/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in sutures; therefore, the accident is reportable.

<table>
<thead>
<tr>
<th>Section I: Violation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date: 07/28/2010</td>
</tr>
<tr>
<td>2. Time (24 Hr. Clock): 1127</td>
</tr>
<tr>
<td>3. Citation/Order Number: 8098228</td>
</tr>
</tbody>
</table>

| 4. Served To: Paul Thompson, Maintenance Chief |
| 5. Operator: PERFORMANCE COAL COMPANY |
| 6. Mine: UPPER BIG BRANCH MINE-SOUTH |
| 7. Mine ID: 46-08436 (Contractor) |

The accident which occurred to [redacted] on 1/22/09 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in sutures; therefore, the accident is reportable.

<table>
<thead>
<tr>
<th>Section II: Inspector's Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Gravity:</td>
</tr>
<tr>
<td>A. Injury or Illness (has) (is):</td>
</tr>
<tr>
<td>B. Injury or Illness could reasonably be expected to be:</td>
</tr>
<tr>
<td>C. Significant and Substantial:</td>
</tr>
<tr>
<td>D. Number of Persons Affected:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Negligence (check one):</th>
<th>A. None</th>
<th>B. Low</th>
<th>C. Moderate</th>
<th>D. High</th>
<th>E. Reckless Disregard</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12. Type of Action: 104(a)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>14. Initial Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Citation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Area or Equipment</th>
</tr>
</thead>
</table>

| 16. Termination Due: A. Date 07/30/2010 B. Time (24 Hr. Clock) 0900 |

<table>
<thead>
<tr>
<th>17. Action to Terminate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>18. Terminated: A. Date</th>
<th>B. Time (24 Hr. Clock)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section IV: Automated System Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Type of Inspection (activity code): E25</td>
</tr>
<tr>
<td>20. Event Number: 4122608</td>
</tr>
<tr>
<td>21. Primary or Mill</td>
</tr>
<tr>
<td>22. Signature</td>
</tr>
<tr>
<td>23. AR Number</td>
</tr>
</tbody>
</table>

MSHA Form 7000-3, Apr 07 (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-RES-FAIR (1-888-737-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20410. Please note, however, that your right to file a complaint 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.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred on 8/19/08 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost time; therefore, the accident is reportable.

9. Violation
A. Health [ ] Safety [ ] Other [x]
B. Section of Act [ ]
C. Part/Section of Title 30 CFR [ ] 50.20(a)

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood [x] Unlikely [ ] Reasonably Likely [ ] Highly Likely [ ] Occurred [ ]
B. Injury or Illness could reasonably be expected to be: No Lost Workdays [x] Lost Workdays Or Restricted Duty [ ] Permanently Disabled [ ] Fatal [ ]
C. Significant and Substantial: Yes [ ] No [x]
D. Number of Persons Affected: 001

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

12. Type of Action 104(a)

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

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

E. Citation/Order Number [ ]

F. Dated Mo Da Yr [ ]

15. Area or Equipment [ ]

16. Termination Due
A. Date Mo Da Yr 07/30/2010 B. Time (24 Hr. Clock) 0900

17. Action to Terminate [ ]

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

19. Type of Inspection (activity code) E25

20. Event Number 4122608

21. Primary or Mill [ ]

22. Signature [ ]

23. AR Number [ ]
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 3/18/08 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in temporary total disability; therefore, the accident is reportable.
The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 1/02/08 was not reported on Mine Accident, Injury and Illness Report (7000-1) as required. The accident resulted in lost work days; therefore, the accident is reportable.

### Section II—Inspector's Evaluation

<table>
<thead>
<tr>
<th>9. Violation</th>
<th>A. Health ☐</th>
<th>Safety ☑</th>
<th>Other ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Section of Act</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Part/Section of Title 30 CFR</td>
<td>50.20(a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section III—Termination Action

<table>
<thead>
<tr>
<th>16. Termination Due</th>
<th>A. Date</th>
<th>Mo Da Yr</th>
<th>07/30/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Time (24 Hr. Clock)</td>
<td>0900</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section IV—Automated System Data

| 19. Type of Inspection (activity code) | E25 |
| 20. Event Number | 4122608 |
| 21. Primary or Mill |
| 22. Signature [redacted] |
| 23. AR Number | [redacted] |
A miner chose to exercise his Part 90 rights on 3/1/10; therefore, the occupational illness is reportable.
The illness has now been reported to MSHA as required; therefore, the citation is terminated.
A miner chose to exercise his Part 90 rights on 7/14/08; therefore, the occupational illness is reportable.
The illness has now been reported to MSHA as required; therefore, the citation is terminated.
An employee was awarded a hearing loss claim on 1/5/09; therefore, the occupational injury is reportable.
The injury has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred on 10/21/09 was not reported until 11/17/09 exceeding the 10-day allowable timeframe.

9. Violation
   A. Health [ ] Safety [ ] Other [ ]
   B. Section of Act
   C. Part/Section of Title 30 CFR 50.20(a)

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 [x] Lost Workdays Or Restricted Duty [ ] Permanently Disabling [ ] Fatal [ ]
    C. Significant and Substantial: Yes [ ] No [x]
    D. Number of Persons Affected: 000

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

12. Type of Action 104(a)
    13. Type of Issuance (check one) Citation [x] Order [ ] Safeguard [ ] Written Notice [ ]

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

15. Area or Equipment

16. Termination Due
    A. Date Mo Da Yr 07/28/2010
    B. Time (24 Hr. Clock) 1300

17. Action to Terminate The requirements were discussed with mine management; therefore, the citation is terminated.

18. Terminated
    A. Date Mo Da Yr 07/28/2010
    B. Time (24 Hr. Clock) 1205

19. Type of Inspection (activity code) E25
    20. Event Number 4122608
    21. Primary or Mill

22. Signature [ ]

MSHA Form 7000-3a is a Federal government form that must be completed 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.
The accident which occurred to [REDACTED] on 2/05/09 was not reported until 3/25/09 exceeding the 10-day allowable timeframe.
The incident which occurred to [redacted] on 4/5/10 resulted in lost time and was not reported as required.

The accident which occurred to [redacted] has now been reported to MSHA as required; therefore, the citation is terminated.
The incident which occurred to [REDACTED] on 4/5/10 resulted in lost time and was not reported as required.
Mine Citation/Order

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

Section I—Violation Data

1. Date  Mo Da Yr  08/10/2010  2. Time (24 Hr. Clock)  1300  3. Citation/Order Number  8098243

4. Served To
Berman Cornett, Safety Director

5. Operator
PERFORMANCE COAL COMPANY

6. Mine
UPPER BIG BRANCH MINE-SOUTH

7. Mine ID  46-08436

8. Condition or Practice
8a. Written Notice (103g)  1

The incident which occurred to [REDACTED] on 4/5/10 resulted in lost time and was not reported as required.

Section II—Inspector’s Evaluation

9. Violation  50.20(a)

Section III—Termination Action

17. Action to Terminate
The accident has now been reported to MSHA as required; therefore, the citation is terminated.

Section IV—Automated System Data

MSHA Form 7000-3A, 12/2004

The Ombudsman is an independent entity and is not part of or subject to the control 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.
The incident which occurred to [redacted] on 4/5/10 resulted in lost time and was not reported as required.

The accident has now been reported to MSHA as required; therefore, the citation is terminated.
The accident which occurred to [redacted] on 02/26/2010 was not reported as required within the 10-day timeframe. The accident was not reported until 6/28/2010.

9. Violation
A. Health ☐ Safety ☑ Other ☑
B. Section of Act
C. Part/Subpart of Title 30 CFR
50.20(a)

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 ☐ Written Notice ☐

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

15. Area or Equipment

16. Termination Due
A. Date 08/11/2010 B. Time (24 Hr. Clock) 1200

17. Action to Terminate
The requirements were discussed with Jim Gump, director of operations.

18. Terminated
A. Date 08/11/2010 B. Time (24 Hr. Clock) 1508

19. Type of Inspection (activity code) E25
20. Event Number 4122608
21. Primary or Mill

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