



Section I--Violation Data

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| 1. Date Mo Da Yr 04/05/2010 | 2. Time (24 Hr. Clock) 0730 | 3. Citation/ Order Number 8087608 |
| 4. Served To Rick Foster (Mine Foreman) | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

A permanent cable splice in the trailing cable of the No.2 Joy continuous miner s/n JM5924 used on the right side of the Barrier Section was not effectively insulated and sealed so as to exclude moisture. The permanent cable splice located 40 feet from the continuous miner had insulated wires exposed.

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 75.604(b) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

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

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|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 04/05/2010 | B. Time (24 Hr. Clock) 0800 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The cable splice was reinsulated and sealed.

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| 18. Terminated | A. Date Mo Da Yr 04/05/2010 | B. Time (24 Hr. Clock) 0750 |
|----------------|--------------------------------|--------------------------------|

Section IV--Automated System Data

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| 19. Type of Inspection (activity code) E01 | 20. Event Number 6284327 | 21. Primary or Mill |
| 22. Signal | | 23. AR Number |

MSHA Form 7000-3a (Rev. 12-2009) 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 04/05/2010 | 2. Time (24 Hr. Clock) 1000 | 3. Citation/ Order Number 8087609 |
| 4. Served To Rick Foster (Mine Foreman) | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | |

8a. Written Notice (103g) ☐

The emergency escape way map located on the Barrier Section was not an up to date map. The emergency escape way for the Barrier Section was not marked on the map.

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 75.1505(b) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

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

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 04/05/2010 | B. Time (24 Hr. Clock) 1200 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

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

| | | |
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| 19. Type of Inspection (activity code) E01 | 20. Event Number 6284327 | 21. Primary or Mill |
| 22. Sig | | 23. AR Number |

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