COMPLAINT TRACKING FORM
(for internal use only)
To be completed by the Supervisor

1. Place/Office where Complaint received: MOUNT HOPE DISTRICT OFFICE

2. Mine I. D. Number: 46-08436

3. Time and date received: 5/26/10

4. Type of complaint: ☑ 103(g) ☐ Code-a-Phone ☐ Anonymous ☐ Other

5a. Received by: ☑ Mail ☐ Fax ☐ Telephone ☐ Hand Delivered ☐ In Person ☐ Other

5b. Complaint No. D4-121 342457

6. Assigned to:
   Supervisor: Date: 5/26/10
   Inspector: Date: 5/27/10

7a. Date Investigation began: 5/27/10 Event No. 6287628

7b. Date Investigation completed: 6/2/10

8. Date Response received in District: 6/15/10

Distribution: District Manager
             Assistant District Manager
             Pending File

Status: Resolved
Findings Reported? Yes
Decision: Negative Findings

6/11/2010 – Complaint Tracking Form.doc
May 26, 2010

Via Facsimile (304-877-3927) and Regular Mail

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880

Re: Performance Coal Co., Upper Big Branch Mine
MSHA ID: 46-08 436

Dear

As a representative of the miners at the Upper Big Branch Mine, we request a 103(g)(1) inspection in accordance with the Federal Mine Safety and Health Act of 1977. We are being denied access by security guards to travel to MSHA's mobile office at the portal while authorized representatives of the Secretary are gathering gas samples and performing inspections on the surface areas.

If you have any questions regarding this request, please feel free to contact me at your earliest convenience.

Respectfully,

[Signatures]
SUBJECT: MINERS' REPRESENTATIVES

1. WHEN THE MINERS' REPRESENTATIVE ARRIVES AT THE SECURITY GATE, DIRECT HIM TO THE UBB MINE OFFICE AND INSTRUCT HIM TO CONTACT ONE OF THE FOLLOWING;

2. CONTACT THE UBB MINE OFFICE AND INFORM OF THE MINERS' REPRESENTATIVE'S PRESENCE.

PLEASE ENSURE THIS IS REVIEWED WITH ALL SECURITY OFFICERS.
NOTIFICATION OF HAZARDOUS CONDITIONS

Complaint ID: D4-121
Date of Complaint: 5/26/10

System Assigned ID: ____________________________  Mine ID: 46-08436
Name: ____________________________  Operator: Performance Coal Company
Address: ____________________________  Mine Name: Upper Big Branch Mine-South
Phone: ____________________________  Contractor ID: ____________________________
Contractor: ____________________________

COMPLAINT: Representatives of the miners are being denied access by security guards to travel to MSHA's mobile office at the portal while authorized representatives of the Secretary are gathering gas samples and performing inspections on the surface areas.

MSHA FORM 7000-34, Nov. 2002
Compliant ID: D4-121

Date of Complaint: 05/26/10

System Assigned ID: 

Event No. 6287628

Operator: Performance Coal Company

Mine Name: Upper Big Branch Mine-South

Contractor ID: 

Contractor: 

Allegation/s: Representatives of the miners are being denied access by security guards to travel to MSHA's mobile office at the portal while authorized representatives of the Secretary are gathering gas samples and performing inspections on the surface areas.

Findings: This was assigned to CMS&H Inspector [Redacted] After his investigation, the following were his findings:

After discussions with security guards, company personnel and the complainant, it was found that the miners' representatives were not being denied entry. NEGATIVE FINDINGS.

MSHA FORM 7000-35, Nov. 2002
## Condition Complaint

<table>
<thead>
<tr>
<th>Complaint Information</th>
<th>Edit Complaint</th>
<th>View Full Complaint</th>
<th>Refer to a Non-MSHA Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Id</td>
<td>362457</td>
<td>Entered by</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Resolved</td>
<td>Is 103(g)?</td>
<td>No</td>
</tr>
<tr>
<td>Source</td>
<td>Written</td>
<td>Received</td>
<td>5/27/2010</td>
</tr>
<tr>
<td>Complainant is a:</td>
<td>Miner's Rep</td>
<td>Anonymous User</td>
<td>Yes</td>
</tr>
<tr>
<td>Complaint Type:</td>
<td>Technical (T)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mine Name</td>
<td>Upper Big Branch Mine-South, Operated by Performance Coal Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mine ID</td>
<td>4608436</td>
<td>Came from HQ?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Assignments

- **Current District Assignment**: Coal District 4
- **Current Field Office Assignment**: None Assigned
- **Current User Assignment**: Assign/Send Complaint

### Allegations (1)

1. Representatives of the miners are being denied access by security guards to travel to MSHA's mobile office at the portal while authorized representatives of the Secretary are gathering gas samples and performing inspections on the surface areas.

**Status**: Resolved
**Findings Reported?**: Yes
**Decision**: Negative Findings
Complaint #362457

General Information

Complaint Date 5/27/2010  Person Entering Complaint

Source Written

Code-A-Phone File

Complaint Representatives of the miners are being denied access by security guards to travel to MSHA’s mobile office at the portal while authorized representatives of the Secretary are gathering gas samples and performing inspections on the surface areas.

Notes D4-121 (Letter mailed to DM)

Type of complaint • Technical (T)

Mine and Contractor Information

Mine: Upper Big Branch Mine-South, operated by Performance Coal Company

Mine ID 46-08436  Type Underground/Coal

Status NonProdActive  District - Field Office Mt. Hope, WV(C0400) - Mt. Hope WV Field Office(C0401)

Address 130 Frontier Street, Montcoal, WV 25140

Contractor Name  Contractor Id

Complainant Information

Preferes to Remain Anonymous Yes

First Name  Last Name

Title

Address 1300 Kanawha Boulevard  City Charleston

State WV  Zip 25301

Phone 3043430259  Email Address

Submitted by: Miner's Rep  # of Miners Represented

Union Affiliation
## Mine Activity Data

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4. Date Event Started:</td>
<td>5/27/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Date Event Finished:</td>
<td>6/2/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Mine ID:</td>
<td>46-08436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Organization Code (Mine Assignment):</td>
<td>20401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a. Organization Code (AR Assignment):</td>
<td>20401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Company Name:</td>
<td>PERFORMANCE COAL COMPANY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Mine Name:</td>
<td>UPPER BIG BRANCH MINE-SOUTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Area of Inspections:</td>
<td>a. Active Sections [ ] b. Idle Sections [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Prime Independent Contractor Codes (Major Construction):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Inspection Results:</td>
<td>Citations ORders Safeguards Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. This Inspection:</td>
<td>(1) New Issuances [ ] (2) Terminations/Vacations [ ] (3) Modifications/Extensions [ ] (4) Left Pending [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Previously Issued:</td>
<td>(1) Modifications/Extensions [ ] (2) Terminations/Vacations [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Remarks:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Signature and Card Number of Authorized Representative/Right of Entry Person(s) Responsible for Activity:</td>
<td>Card Number [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Key Entered By:</td>
<td>Date [ ]</td>
<td></td>
<td></td>
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 tel: MSHA Form 2000-22. Oct. 85 (Revised) Previous editions are Obsolete
<table>
<thead>
<tr>
<th>Shift</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
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<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5/23/2010</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/30/2010</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</table>

Week 1:
- Sun: 1, 2, 3
- Mon: 3, 1, 2
- Tue: 1, 2, 3
- Wed: 3, 2, 1
- Thur: 2, 1, 3
- Fri: 1, 2, 3
- Sat: 3, 2, 1

Week 2:
- Sun: 1, 2, 3
- Mon: 3, 1, 2
- Tue: 1, 2, 3
- Wed: 3, 2, 1
- Thur: 2, 1, 3
- Fri: 1, 2, 3
- Sat: 3, 2, 1

Key Codes: 1- Owl Shift, 2- Day Shift & 3- Evening Shift (Mark "X" in appropriate Block to Indicate Shift)
Legal ID Report

**Notice Type:** Update  **Effective Date:** 04/22/2010

### Mine Information 1-8

1. **Federal Mine Identification Number:** 4608436

2. **Mine Name:** Upper Big Branch Mine-South

3. **Directions To Mine:** Rt. 3 South, to Montcoal

4. **Mine Location Address**
   - **Street Address:** 130 Frontier Street
   - **City:** Montcoal
   - **State:** WV
   - **Zip Code:** 25140
   - **County:** Raleigh

5. **Official Business Name of Operator:** Performance Coal Company

6. **Principal Office Address for this Operator**
   - **Street Address:** 130 Frontier Street
   - **City:** Naoma
   - **State:** WV
   - **Zip Code:** 25140
   - **Country:** USA

7. **Telephone number for this mine:**
   - **Area Code:** 304
   - **Telephone Number:** 854-1762

8. **Commodity**
   - **Type of Product:** Coal - Coal
   - **Type of Operation:** Underground

### Health & Safety 9

9. **Person at Mine in Charge of Health and Safety:**
   - **Last Name:** Hager
   - **First Name:**
<table>
<thead>
<tr>
<th>Title</th>
<th>Superintendent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 69</td>
</tr>
<tr>
<td>City</td>
<td>Naoma</td>
</tr>
<tr>
<td>State</td>
<td>WV</td>
</tr>
<tr>
<td>Zip Code</td>
<td>25140 -</td>
</tr>
</tbody>
</table>

**All Health & Safety 10**

10. Person with Overall responsibility for a Health and Safety Program at ALL of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Cornett</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Berman</td>
</tr>
<tr>
<td>Title</td>
<td>Safety Director</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 69</td>
</tr>
<tr>
<td>City</td>
<td>Naoma</td>
</tr>
<tr>
<td>State</td>
<td>WV</td>
</tr>
<tr>
<td>Zip Code</td>
<td>25140 -</td>
</tr>
</tbody>
</table>

**Address of Record 11**

11. Address of Records and Telephone Number:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Blanchard</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Chris</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Street Address</td>
<td>130 Frontier Street</td>
</tr>
<tr>
<td>City</td>
<td>Montcoal</td>
</tr>
<tr>
<td>State</td>
<td>WV</td>
</tr>
<tr>
<td>Zip Code</td>
<td>25140 -</td>
</tr>
</tbody>
</table>
### Legal Identity Report

**City**
Naoma

**State**
WV

**Zip Code**
25140

**Country**
USA

**Area Code**
304

**Telephone Number**
854 -1852

**Extension**

**E-mail Address**
Chris.Blanchard@masseyenergyco.com

### Ownership Information

**12. This Official Business is**
Corporation

**13. If Business is listed as Other, what is the type of Organization?**
Type of Organization: Joint Venture, County Government, Limited Liability Company, etc.

**14. Employer Identification Number or Tax Identification Number for this Business:**

<table>
<thead>
<tr>
<th>SSN for Individuals:</th>
<th>EIN for Entities:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>-</strong>-</em>***</td>
<td><strong>-</strong>****</td>
</tr>
</tbody>
</table>

**15. The Individual(s) with ownership interest in this Business or Corporate Officers/Directors are:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy L. Tomblin CAO</td>
<td>130 Frontier Street Whitesville WV 25209 USA</td>
</tr>
<tr>
<td>Richard R. Grinnan</td>
<td>130 Frontier Street Whitesville WV 25209 USA</td>
</tr>
<tr>
<td>Mark A. Clemens</td>
<td>130 Frontier Street Whitesville WV 25209 USA</td>
</tr>
<tr>
<td>Chris Blanchard</td>
<td>PO Box 69 Naoma WV 25140 USA</td>
</tr>
</tbody>
</table>

**16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Corporation Information 17

**17. If Business is a Corporation, please answer the following:**

**a. State of Incorporation:**
WV

**b. Is this Corporation a subsidiary?**
Y

**c. If yes, what is the name and address of your Parent Corporation?**

Name (or entity name if owner is a business)
Massey Energy

Street Address
OR
P.O. Box 26765
<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>VA</td>
<td>23226</td>
</tr>
</tbody>
</table>

Country | Foreign State | Foreign Zip Code
------------|---------------|-----------------|
USA       |               |                 |

| d. Employer Identification Number for this Business (EIN): | ** - ******** |

**Contact Information**

<table>
<thead>
<tr>
<th>Name and Title of Official Completing Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
</tr>
<tr>
<td>Date Form Completed 04/22/2010</td>
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