

12/9/08 MH

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



Mine Activity Data

1. Action: a. New Entry  b. Update  2. Activity Code: E08 3. Event Number: 4122393

4. Date Event Started: 11/12/2008 5. Date Event Finished: 11/17/2008 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 01 9. Company Name PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment) 20401 b. Work Group 01 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

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 i. Miscellaneous

m. MMU/Pit Number (1) 040 (2) 041

13. Number of Samples Collected a. Air Samples 0 b. Rock Dust Spot 0 c. Rock Dust Survey 0 d. Respirable Dust 0 e. Noise 0 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	0	0	1	0	0	0	0	0
(2) Terminations/Vacations	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0
(3) Modifications/Extensions	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0
(4) Left Pending	0	0	0	0	0	0	0	0
b. Previously Issued								
(1) Modifications/Extensions	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
(2) Terminations/Vacations	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0

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

a.  Card Number 23703

b.  Card Number 24559

c. \_\_\_\_\_

d. \_\_\_\_\_

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

17. Remarks:  
Roof Fall on # 2 Section

Activity Calendar

Event Number: 4122393

Mine ID: 4608436

Shift	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1 11/9/2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Week 2 11/16/2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Mine Citation/Order

*Non-assessable*

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

*12/14/08 MH*  


Section I--Violation Data

1. Date Mo Da Yr 11/13/2008	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 8064236
4. Served To HOMER WALLANCE		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 roof fall has occurred on the no. 2 section in the no. 5 entry, 90 ft inby spad 22812 and extending inby to the face for a distance of 35 ft. 18 ft. wide and 6 ft. high. This order is issued to insure the safety of all persons working on the this section. No other work is to be done until MSHA has determined it is safe to resume normal mining operations.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	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 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 type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:					D. Number of Persons Affected:		
Yes <input type="checkbox"/>		No <input type="checkbox"/>					
11. Negligence (check one)							
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>		C. Moderate <input type="checkbox"/>		D. High <input type="checkbox"/>	
E. Reckless Disregard <input type="checkbox"/>							
12. Type of Action			13. Type of Issuance (check one)				
103(k)			Citation <input type="checkbox"/>		Order <input checked="" 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 *no. 2 section.*

16. 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)

Section IV--Automated System Data

19. Type of Inspection (activity code)	E08	20. Event Number 4122393	21. Primary or Mill
22. Signature			23. AR Number 23703

MSHA Form 7000-... 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

11/13/08MM  


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 11/13/2008	3. Citation/ Order Number 8064236 - 01
4. Served To HOMER WALLANCE	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
1. Issue Date Reason incorrect date	11/13/2008	11/12/2008
2. Issue Time Reason incorrect time	11:00	23:00

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 E08	10. Event Number 4122393		
11. Sign 	AR Number 23703	12. Date Mo Da Yr 11/13/2008	13. Time (24 Hr. Clock) 1105

12/14/8 MHT

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) 11/13/2008	Mo Da Yr	3. Citation/Order Number 8064236 - 0102
4. Served To Homer Wallace	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

Change	From	To
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8. Condition Or Practice

**Reason** This order is modified to permit the operator to conduct clean-up operations only as outlined in the operators submitted clean-up plan dated 11-13-2008. No other work is to be done until MSHA has determined it is safe to resume normal mining operations

This order is modified to permit the operator to conduct clean-up operations only as outlined in the operators submitted clean-up plan dated 11-13-2008. No other work is to be done until MSHA has determined it is safe to resume normal mining operations.

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 E08	10. Event Number 4122393		
11. Signat	AR Number 24067	12. Date Mo Da Yr 11/13/2008	13. Time (24 Hr. Clock) 1523

11-20-08 DJ

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) 11/13/2008	3. Citation/Order Number 8064236 - 02 03
4. Served To Bill Harless, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The roof fall that occurred on 11-13-2008 in the number 5 entry on the number 2 section has been cleaned up and the area fully bolted. The roof control plan has been revised and approved by the district manager to prevent reoccurrences. All entries has been spot bolted with 6' torque tension bolts and 10' cable bolts.

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 E08	10. Event Number 4122393		
11. [Redacted]	AR Number 24559	12. Date Mo Da Yr 11/17/2008	13. Time (24 Hr. Clock) 1000

Accident Investigation Data



Event Number: 4 1 2 2 3 9 3

A. Mine Information

1. Mine ID Number: 4 6 - 0 8 4 3 6		2. Mine Name: Upper Big Branch Mine-South		3. Operating Company Name: Performance Coal Company	
4. Mine Location: (Town, County, and State) Montcoal, Raleigh, WV 25140				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: U Underground		6a. Material Mined/Processed: 122200 BITUMINOUS COAL UNDERGROUND MI		b. Part 48? <input checked="" type="checkbox"/>	7. Name Of Seam: (Coal Only) Eagle
				Part 46? <input type="checkbox"/>	
8. Mining Data: a. Mining Method: 0 4		b. Extraction Method: 0 3			
c. Haulage Method(s): 0 6					
d. Are explosives used in the extraction of material? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
9. Employment: At Time of Accident: a. Underground: 35 b. Surface: 0		10. Production:(Coal only)		11. Hours of Operation: a. Hours per Shift: 9	
Avg Mine Employment: a. Underground: 35 b. Surface: 0		Avg Tons per Day: 6000		b. Shifts per Day: 1 c. Days per Week: 6	
12. Number of Active MMU's:(Coal Only)		13. Methane Liberation:		14. Average Mining Height:	
a. Development 0 5 b. Retreat: 0 0		Cubic Feet in 24 hours		Feet: 4 Inches: 1 0	
15. Management/Labor Officials:					
Title		Name		Address	
Superintendent		Homer Wallace		130 Frontier Street, Montcoal, WV 25140	
Mine Foreman		William Harless		130 Frontier Street, Montcoal, WV 25140	
Mine Foreman		Gary May		130 Frontier Street, Montcoal, WV 25140	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 11/13/2008 b. Time: 0:01		17. Type of Investigation: Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Non-Injury <input checked="" type="checkbox"/>			18. Accident Classification: 0 7 Roof Fall		19. Number of Deg. 1-5 Injuries: 0		
20. Location of Accident/Injury/Ill. a. Surface Location:				21. Number of Independent Contractor Companies Involved in Accident: 0					
b. Underground Location: 0 3 Face									
22. Equipment Involved: #1		a. Type:		b. Manufacturer:		c. Model No:		d. Serial Number:	
								e. Controls:	
#2		a. Type:		b. Manufacturer:		c. Model No:		d. Serial Number:	
								e. Controls:	

23. Description of the Accident:

A roof fall has occurred on the number 2 section in the no. 5 entry, 90 feet inby spad 22812 and extending inby to the face for a distance of 35 feet by 18 feet wide by 6 feet high. A 103(k) order was issued to ensure the safety of all persons working on this section.

24. Conclusion:

A roof fall has occurred on the number 2 section in the no. 5 entry, 90 feet inby spad 22812 and extending inby to the face for a distance of 35 feet by 18 feet wide by 6 feet high. A 103(k) order was issued to ensure the safety of all persons working on this section.

On 11/18/2008, the order was modified after a cleanup plan was approved by the district manager and roof control.

On 11/17/2008, the (k) order was lifted after the fall was cleaned up and the section rebolted with torque-tension and cable bolts. The roof control plan was revised and approved to prevent any such reoccurrences.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citation	Order	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citation	Order	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citation	Order	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citation	Order	Type/Action:	Summary of Violation:
			IC:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citation	Order	Type/Action:	Summary of Violation:
			IC:

C. MSHA Information				
26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:		27. Did Technical Support participate in this investigation ?		28. Part 50 Document Control Number:(Form 7000-1):
Industry: 4.43	This Mine: 6.93	Contractor:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>
29. MSHA District Office: Mt. Hope		30. MSHA Field Office: Mt. Hope WV		31. Date Last Regular Inspection Completed: 09/30/2008
32. Lead Accident Investigator: Name; AR No; Date :		AR No.: 23703	33. Date On-site Investigation Started:	34. Formal Report:
Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>		Date: 11/13/2008	11/13/2008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				35. Report Release Date:



Event Number: 4 1 2 2 3 9 3

**A. General Information**

1. Type of Fall: a. Roof/Back | | b. Rib | | c. Face |  | d. Outburst | | e. Rockburst | | M/NM Only

2. Dimension of Fall: a. Length | Feet | 3 | 5 | b. Width | Feet | 1 | 8 | c. Thickness | Feet | 0 | 6 | Inches | | 3. Width of Entry, Room, etc | Feet | 2 | 0 | Inches | |

4. Immediate Roof/Back Information: a. Thickness | Feet | 0 | 2 | Inches | | b. Strata Composition: 0 - 2 feet shale

5. Main Roof/Back Information: a. Thickness | Feet | 0 | 2 | b. Strata Composition: Sandstone

6. Was the fall above the anchorage horizon of the bolts? Yes  No | | N/A | | 7. Did the fall affect ventilation resulting in less than required quantity or quality? Yes | | No  |

8. Did the fall affect the passage of workers? (entrapment) Yes | | No  |

9. Did miners have indication of the pending fall? Yes | | No  |

10. If indication was given, what type?

**B. Fall on Working Section/Active Face Area**

11. Type of Roof Support: Mostly 4-foot glue (resin) bolts

12. Type of ATRS (Coal only): Fletcher Roof Bolters with ATRS systems

13. Type of Original Support in Fall Area: 4-foot resin bolts

14. Distance Between Fall and Face: Feet | 0 | 0 | Inches | 0 | 0 |

**C. Fall Outby Working Section/Previously Developed Area**

15. Location and Type of Entry (intake, return, main haulage, etc.): Fall fell to the face of #5 entry

16. Approximate Date of Development (MM/DD/YYYY): a. Date: 11/13/2008

17. Type of Original Support in Fall Area: 4-foot resin bolts

**D. Operator's Investigation**

18. Did the operator investigate the fall? Yes  No | |

19. What did the operator determine to be the cause of the fall? Rider seam in this area.

20. What steps did the operator take to prevent a similar occurrence? Roof control plan was revised to address rider seam. Safety precaution was added to plan #35. Section was rebolting with 6-foot torque-tension bolts and 10-foot cable bolts.

**E. Plan Revisions**

21. Are plan revisions anticipated (Coal only)? Yes  No | |