



Mine Activity Data

1. Action: a. New Entry b. Update 2. Activity Code: E02 3. Event Number: 4110668

4. Date Event Started: 10/5/2005 5. Date Event Finished: 10/6/2005 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 Identifier 01 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 4 b. Idle Sections

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 (2) Impoundment Construction (3) Buildings (4) Dragline/Shovel: (5) Other I. Miscellaneous

m. MMU/Pit Number
(1) 0080 (2) 0090 (3) 0150 (4) 0300 (5) 0310

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

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

18. Signature and Card Number of Authorized Representative/
Right of Entry Person(s) Responsible for Activity
a.  Card Number 23855
b. _____
c. _____
d. _____

17. Remarks:

19. Key Entered By _____ Date _____

| 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 10/2/2005 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

RR
10-11-05

10/25/05

Section I--Violation Data

| | | |
|---|--------------------------------|--|
| 1. Date Mo Da Yr 10/06/2005 | 2. Time (24 Hr. Clock) 0840 | 3. Citation/ Order Number 7242989 |
| 4. Served To DEAN JONES, BLOCK SUPER | | 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"/> |

The ground wire between the high voltage sled and the power center in the Lower Big Branch section was missing.

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 75.701 |
|--------------|--|----------------------|--|

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 checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input checked="" type="checkbox"/> | No <input 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 10/06/2005 | B. Time (24 Hr. Clock) 1200 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate A ground wire was installed.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 10/06/2005 | B. Time (24 Hr. Clock) 1000 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E02 | 20. Event Number 4110668 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23855 |

MSHA Form 7000-3, (Rev. 05-05) 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.

11/2/05

KK
10-81-05
MSHA

Section I--Violation Data

| | | |
|---|--------------------------------|---|
| 1. Date Mo Da Yr 10/06/2005 | 2. Time (24 Hr. Clock) 0940 | 3. Citation/ Order Number 7242990 |
| 4. Served To DEAN JONES, BLOCK SUPER | | 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"/> |

The stoppings between the intake and the belt in the Lower Big Branch section are not being maintained. From 12 cross cut to the section feeder the stoppings have holes in them and several were never sealed completely.

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(b)(3) |
|--------------|---|-------------------|---|

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: | | | D. Number of Persons Affected: | | | |
| Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | | 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 10/11/2005 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

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) E02 | 20. Event Number 4110668 | 21. Primary or Mill |
| 22. Signatu | | 23. AR Number 23855 |

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

R.R.
10-26-06


Section I--Subsequent Action/Continuation Data

| | | |
|---|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 10/06/2005 Mo Da Yr | 3. Citation/ Order Number 7242990 - 01 |
| 4. Served To JIM GRISWOLD, 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 operator has repaired the stoppings between the intake and the belt entries in the lower big branch section from 12 cross cut to the feeder.

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 |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E02 | 10. Event Number 4110670 | | |
| 11. Signature  | AR Number 23855 | 12. Date Mo Da Yr 10/25/2005 | 13. Time (24 Hr. Clock) 2030 |

10/25/05

RK
10-11-05


Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 10/06/2005 | 2. Time (24 Hr. Clock) 0945 | 3. Citation/ Order Number 7242991 |
| 4. Served To DANNY JARRELL, SHIFT 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"/> |

The batteries on charge at number 10 cross cut in the Lower Big Branch section intake did not have the ground hooked up from the charger to the batteries.

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 75.701 |
|--------------|---|-------------------|---|

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 10/06/2005 | B. Time (24 Hr. Clock) 1000 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The charger was turned off and the batteries taken off charge.

| | | |
|----------------|--------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 10/06/2005 | B. Time (24 Hr. Clock) 0950 |
|----------------|--------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E02 | 20. Event Number 4110668 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23855 | |

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