GENERAL INFORMATION COVER SHEET

Inpection Date: 11/17/93  Event No.: 11/17/93

Company Name: [Blacked Out]

Mine Name: [Blacked Out]

Mine ID Number: [Blacked Out]

Date of Mine File Review: [Blacked Out]

G Street: [Blacked Out]

Date of Inspection: 11/17/93

Pre-Inspection Conference Date: [Blacked Out]

Company Representative: [Blacked Out]

Miners Representative: [Blacked Out]

Pre-Inspection Conference Date: 11/17/93

Company Representative: [Blacked Out]

Miners Representative: [Blacked Out]

Comments: [Blacked Out]

Inspection's Initiai: [Blacked Out]
CITA/ORDER NO.

1. VIOLATION:
   [Redacted]

2. TIME OF VIOLATION: 12:00

3. LOCATION OF VIOLATION:
   [Redacted]

4. WHO KNEW OF VIOLATION:
   [Redacted]

5. LENGTH OF TIME VIOLATION HAD EXISTED: [Redacted]

6. NUMBER OF PERSONS EXPOSED: [Redacted]

7. LIKELIHOOD OF ACCIDENT:
   - No Likelihood
   - Unlikely
   - Reasonably Likely
   - Highly Likely
   - Occurred

8. IF ACCIDENT OCCURRED, HOW SERIOUS WOULD IT BE?
   - No Lost Days
   - Lost Days
   - Perm Disable
   - Fatal

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Inspector's Initial: [Redacted]

Supervisor's Date: [Redacted]
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