

GENERAL INFORMATION COVER SHEET

Inspection Code 11 Event No. _____
 Company Name Performance Coal Co.
 Mine Name UBB
 Mine I.D. Number 46-08476
 Date(s) of Mine File Review 12/11/05
 D Status _____ Citation/Order No. _____ Date _____
 Dates of Inspection: began 12/1/05 completed 12/1/05
 Pre-Inspection Conference Date 12/1/05
 Company Representative(s) _____
 Miners Representative(s) NONE
 Post-Inspection Conference Date 12/1/05
 Company Representative(s) _____
 Miners Representative(s) NONE
 Comments: _____
 Inspector's Initial _____ Supervisor's Initials and Date RR 12-2-05
 *U.S. GPO: 1993-0-509-093

DAILY COVER SHEET

Date 12/1/05 Event No. 4110674
 Arrived at the Mine _____ Departed from the Mine _____
 List Records Books Checked all per # 71
 Shift Shift
 Accompanied By: Company Representative _____
 Miners Representative NONE
 AREAS OF INSPECTION ACTIVITY:
North Main
left r w Returns
EPT 20
EPT 120 Tail
EP 21, 22, 29
41 & 42
 Inspector's Initial _____ Supervisor's Initials and Date _____ Page No. 1
 *U.S. Government Printing Office: 1997 - 508-470

4620
30
27
Fail
Traveled to mine,
reviewed all
per # 71
Books & Maps.
Traveled back
to 25 & 26
North Main
NO CHK on 20
22
no Hazards ahead
checked EPT 20
 Date 12/1/05 Inspector's Initial _____
 Supervisor's D&I RR 12-2-05 Page No. 2
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Took air Reading
OK
Traveled left
Return EP
with a Miner
no CHK on 25
and 20, 2
CHK P, F, F
CHK opening
was completed
on 12/10/05
RR 04
Traveled to
Return
CHK P, F, F
CHK opening
was completed
on 12/10/05
RR 04
 Date 12/1/05 Inspector's Initial _____
 Supervisor's D&I _____ Page No. 3
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Traveled to 135
CHK checked EP
Took air Reading
OK
Traveled back
to EP 21, 22
29, 41 & 42
Took air Reading
at all
Traveled back
back to surface
 Date 12/1/05 Inspector's Initial _____
 Supervisor's D&I _____ Page No. 4
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77.1605(4) ①
 CITTA/ORDER No. _____
 1. Violation: 30CFR
Switch mechanism
going into charging
position, caused
blow.
 2. Time of Violation: 1630
 3. Location of Violation: surface
 4. Who Knew of Violation? People
running switch
 5. Length of Time Violation Existed: 1 day
 6. No. of Persons Exposed: 1
 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 _____ Permanent Disability _____ Fatal _____
 Date 12/1/05 Inspector's Initial _____
 Supervisor's D&I _____ Page No. 60
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CITA/ORDER No.

1. Violation: 30CFR

North Main, left
Return Air at
road weekly
inspection since
10/15/05

2. Time of Violation: 1730

3. Location of Violation:

North Main

4. Who Knew of Violation?

operator

5. Length of Time Violation Existed: 10/15/05

6. No. of Persons Exposed: 1

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 Permanently Disabled Fatal
1 1 1 1

Date 12/1/05 Inspector's Initial

Supervisor's D&I Page No.

CITA/ORDER No.

1. Violation: 30CFR

North Main, right
Return Air at
road weekly
inspection since
10/15/05

2. Time of Violation: 1630

3. Location of Violation:

North Main

4. Who Knew of Violation?

operator

5. Length of Time Violation Existed: 10/15/05

6. No. of Persons Exposed: 1

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 Permanently Disabled Fatal
1 1 1 1

Date 12/1/05 Inspector's Initial

Supervisor's D&I Page No.

CITA/ORDER No.

1. Violation: 30CFR

EP 20 1500
122 V x 113 ft
81 56 ft
2 ch 20.8
EP fail
2000 V x .9
2324
1950

2. Time of Violation:

3. Location of Violation:

EP 1.1 + 9124V
74 30 CFM
2030 20.8 2000V
EP 20 2196 CFM
1078 V x 24
20.8 20 2030
EP 30 1712 V x 1.6
2330 20.8 2030
2030

4. Who Knew of Violation?

operator

5. Length of Time Violation Existed: 10/15/05

6. No. of Persons Exposed: 1

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 Permanently Disabled Fatal
1 1 1 1

Date 12/1/05 Inspector's Initial

Supervisor's D&I Page No.