

Mine Activity Data



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



1. Action: a. New Entry <input type="checkbox"/> b. Update <input type="checkbox"/>		2. Activity Code: E02		3. Event Number: 4111136	
4. Date Event Started: 8/1/2006		5. Date Event Finished: 8/1/2006		6. Mine ID: 46-08436	
7a. Organization Code (Mine Assignment) 20401		b. Work Group Identifier 02		9. Company Name PERFORMANCE COAL COMPANY	
8a. Organization Code (AR Assignment) 20401		b. Work Group 02		10. Mine Name UPPER BIG BRANCH MINE-SOUTH	
11. Report Type (check one) a. First <input type="checkbox"/> b. Interim <input type="checkbox"/> c. Last <input type="checkbox"/> d. Not Applicable <input checked="" type="checkbox"/>				12. Area of Inspections a. Active Sections <input type="checkbox"/> b. Idle Sections 1	
c. Outby Areas <input type="checkbox"/> d. Shafts/Slopes <input type="checkbox"/> e. Surface Areas (UG) <input type="checkbox"/> f. Surface Workings <input type="checkbox"/> g. Company Records <input checked="" type="checkbox"/> h. ATF <input type="checkbox"/> i. Impoundments <input type="checkbox"/> j. Refuse Piles <input type="checkbox"/>					
k. Major Construction <input type="checkbox"/> (1) Shaft/Slope Sinking (2) Impoundment Construction (3) Buildings (4) Dragline/Shovel: (5) Other 1. Miscellaneous <input type="checkbox"/>					
m. MMU/Pit Number					

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 1							
			(2) Terminations/Vacations 1/0							
(3) Modifications/Extensions										
(4) Left Pending 0										
			b. Previously Issued							
			(1) Modifications/Extensions							
			(2) Terminations/Vacations							


18. Signature and Card Number of Authorized Representative/ Right of Entry Person(s) Responsible for Activity	
a. 	Card Number 23591
b. 	
c. _____	
d. _____	
19. Key Entered By _____ Date _____	

17. Remarks:

	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
Shift	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1	<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 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"/>	<input type="checkbox"/>
7/30/2006																					

Mine Citation/Order

8/30/06

U.S. Department of Labor
Mine Safety and Health Administration"K
8-1-06


Section I—Violation Data

1. Date Mo Da Yr 08/01/2006	2. Time (24 Hr. Clock) 0915	3. Citation/ Order Number 7256485
4. Served To Benny Presley, 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"/>

No dates, times and initials could be found for today's date at the energized power center and power pump. The last dates and times were 07-31-2006 for the owl shift. A note was in the preshift book that stated that the power was turned off at the end of the owl shift on 07-31-2006.

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 75.360(e)
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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 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 A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 08/01/2006	B. Time (24 Hr. Clock) 0930
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Section III—Termination Action

17. Action to Terminate The area was examined and dates, times and initials were placed at this location.

18. Terminated	A. Date Mo Da Yr 08/01/2006	B. Time (24 Hr. Clock) 0930
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Section IV—Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 4111136	21. Primary or Mill
22. Signature		23. AR Number 23591

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.