



Mine Activity Data

1. Action: a. New Entry b. Update 2. Activity Code: E02 3. Event Number: 4119284

4. Date Event Started: 4/28/2009 5. Date Event Finished: 4/29/2009 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 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 1. Miscellaneous

m. MMU/Pit Number
(1) 029

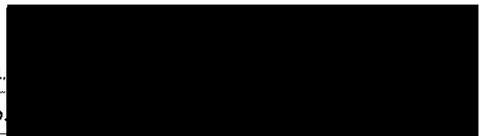
13. Number of Samples Collected a. Air Samples b. Rock Dust Spot c. Rock Dust Survey d. Respirable Dust e. Noise f. Other

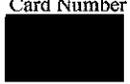
14. Impoundments/Refuse Piles:
a. Number b. FHC c. Configuration

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	6	0	0	0	0	0	0	0
(2) Terminations/Vacations	3	0	0	0	0	0	0	0
(3) Modifications/Extensions	0	0	0	0	0	0	0	0
(4) Left Pending	3	0	0	0	0	0	0	0
b. Previously Issued								
(1) Modifications/Extensions	0	0	0	0	0	0	0	0
(2) Terminations/Vacations	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.  b.  c. _____ d. _____

Card Number


19. Key Entered By _____ Date _____

17. Remarks:

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 4/26/2009	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		

4/29/09

Section I—Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 0910	3. Citation/ Order Number 6612423
4. Served To [REDACTED] (MINE 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"/>

WATER WAS ALLOWED TO ACCUMULATE OVER TOP OF THE TRACK RAILS AT THE CROSS UNDER OF THE #1 BELT FOR #1 SECTION.

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 75.1403
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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: 010

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 Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number 4636408 F. Dated Mo Da Yr 08/05/1996

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/28/2009	B. Time (24 Hr. Clock) 1220
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Section III—Termination Action

17. Action to Terminate THE WATER HAS BEEN PUMPED BELOW THE TRACK RAILS IN THIS LOCATION.

18. Terminated	A. Date Mo Da Yr 04/28/2009	B. Time (24 Hr. Clock) 1220
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Section IV—Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 4119284	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, April 2009 (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.

4/29/09



Section I--Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 0915	3. Citation/ Order Number 6612424
4. Served To [REDACTED] (MINE 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 CONTINUOUS LIFELINE THAT WAS INSTALLED FOR THE #1 SECTION SECONDARY ESCAPEWAY WAS NOT BEING MAINTAINED IN A USABLE CONDITION FROM THE #1 TAILPIECE INBY FOR APPROXIMATELY 6 CROSS CUTS. THE LIFELINE WAS OVER TOP POWER CABLES, BEHIND ROOF SUPPORT JACKS, AND BEHIND THE GUARDING OF THE #2 HEAD.

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 75.380(d)(7)
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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: 010

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 Written Notice

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 04/28/2009	B. Time (24 Hr. Clock) 1600
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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) E02	20. Event Number 4119284	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

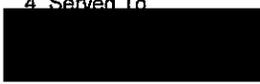
MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments 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

5/1/09 

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 04/28/2009	3. Citation/ Order Number 6612424 - 01
4. Served To  (MINE FOREMAN) UPPER BIG BRANCH MINE-SOUTH	5. Operator PERFORMANCE COAL COMPANY	7. Mine ID 46-08436 (Contractor)

Section II--Justification for Action

THE LIFELINE IS NOW IN USABLE CONDITION.

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 E01	10. Event Number 4119936	
 AR Number	12. Date Mo Da Yr 04/29/2009	13. Time (24 Hr. Clock) 1000

4/29/09

Section I--Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 0935	3. Citation/ Order Number 6612425
4. Served To [REDACTED] (MINE 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)
 THE #2 BELT CONVEYOR FOR THE #1 SECTION (MMU-029) WAS NOT BEING MAINTAINED IN A SAFE OPERATING CONDITION IN THAT THE BOTTOM BELT WAS RUBBING THE BELT STANDS IN VARIOUS LOCATION FOR THE ENTIRE LENGTH OF THE BELT. THE OPERATOR TOOK THE #2 BELT OUT OF SERVICE IMMEDIATELY.

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 75.1725(a)
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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: 002

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 Written Notice

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 04/28/2009 B. Time (24 Hr. Clock) 1200

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 4119284 21. Primary or Mill

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (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



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 04/28/2009	3. Citation/ Order Number 6612425 - 01
4. Sent To [REDACTED] (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 BELT HAS BEEN TRAINED AND IS NOT RUBBING THE BELT STRUCTURE.

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 E01	10. Event Number 4119936		
[REDACTED]	AR Number [REDACTED]	12. Date Mo Da Yr 04/29/2009	13. Time (24 Hr. Clock) 1040

4/29/09

Section I—Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 1020	3. Citation/ Order Number 6612426
4. Served To [REDACTED] (MINE 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)

THE OPERATOR FAILED TO CONTROL OR SUPPORT THE INBY RIB IN THE LAST OPEN CROSS CUT ON THE MMU-029 SECTION. THIS RIB WAS SEPARATED FROM THE BLOCK OF COAL AND WAS APPROXIMATELY 20 FT. LONG, 1 FT. WIDE, AND 2 FT. THICK.

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 75.202(a)
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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 Written Notice

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 04/28/2009	B. Time (24 Hr. Clock) 1040
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Section III—Termination Action

17. Action to Terminate THE OPERATOR PULLED THIS RIB DOWN.

18. Terminated	A. Date Mo Da Yr 04/28/2009	B. Time (24 Hr. Clock) 1040
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Section IV—Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 4119284	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, April 2009 (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.

4/29/09

Section I--Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 1030	3. Citation/ Order Number 6612427
4. Served To [REDACTED] (MINE 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)

THE OPERATOR FAILED TO MAINTAIN THE REQUIRE QUANTITY OF AIR IN THE LAST OPEN CROSS CUT ON THE MMU-029 SECTION. WHEN TAKING AN AIR READING WITH A CALIBRATED ANEMOMETER THE OPERATOR ONLY HAD 4900 CFM IN THE LAST OPEN CROSS CUT.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.325(b)
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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: 010

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 Written Notice

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 04/28/2009	B. Time (24 Hr. Clock) 1055
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Section III--Termination Action

17. Action to Terminate THE OPERATOR HAS THE REQUIRED AIR (9800) CFM.

18. Terminated	A. Date Mo Da Yr 04/28/2009	B. Time (24 Hr. Clock) 1055
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Section IV--Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 4119284	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (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.

4/29/09



Section I--Violation Data

1. Date Mo Da Yr 04/28/2009	2. Time (24 Hr. Clock) 1130	3. Citation/ Order Number 6612428
4. Served To [REDACTED] (MINE 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 VENTILATION CONTROLS (STOPPINGS) THAT SEPARATE THE #2 BELT FROM THE RETURN ON THE MMU-029 SECTION WERE NOT SERVING THE PURPOSE IN WHICH THEY WERE INSTALLED FOR. FROM THE SECTION FEEDER 8 CROSS CUTS OUTBY HOLES WERE LOCATED IN THESE STOPPINGS.

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 75.333(h)
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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:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 010		
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"/> Written Notice <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 04/29/2009	B. Time (24 Hr. Clock) 0800
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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) E02	20. Event Number 4119284	21. Primary or Mill
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (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

5/1/09 

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 04/28/2009	3. Citation/ Order Number 6612428 - 01
4. Served To [REDACTED] (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 HOLES HAVE BEEN REPAIRED IN THE STOPPINGS.

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 E01	10. Event Number 4119936	
[REDACTED] AR Number	12. Date Mo Da Yr 04/29/2009	13. Time (24 Hr. Clock) 1055