

Mine Activity Data

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



1. Action: a. New Entry <input checked="" type="checkbox"/> b. Update <input type="checkbox"/>		2. Activity Code: E02		3. Event Number: 6288657	
4. Date Event Started: 11/19/2009		5. Date Event Finished: 11/19/2009		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) 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 1 b. Idle Sections	
c. Outby Areas <input checked="" 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

(1) 0400

13. Number of Samples Collected

a. Air Samples	b. Rock Dust Spot	c. Rock Dust Survey	d. Respirable Dust	e. Noise	f. Other
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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		0/0						
(4) Left Pending		0						
b. Previously Issued								
(1) Modifications/Extensions		0						
(2) Terminations/Vacations		0						

18. Signature and Card Number of Authorized Representative/
Right of Entry Person(s) Responsible for Activity

a.  Card Number 

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 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"/>
11/15/2009																					

Section I--Violation Data

1. Date Mo Da Yr 11/19/2009	2. Time (24 Hr. Clock) 0935	3. Citation/ Order Number 8080102
4. Served To Superintendent		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 examination of ventilation equipment was not in the book for the Bandytown fan for 11-18-2009. By the end of the shift on which the examination is made, persons making main mine fan examinations shall record all uncorrected defects that may affect the operation of the fan that are not corrected by the end of that shift.

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 75.312(g)(1)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input 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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input 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: 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"/> Written Notice <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 11/19/2009	B. Time (24 Hr. Clock) 1300
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Section III--Termination Action

17. Action to Terminate A record was put in the examination of ventilation equipment book for the Bandytown fan.

18. Terminated	A. Date Mo Da Yr 11/19/2009	B. Time (24 Hr. Clock) 1300
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Section IV--Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number 6288657	21. Primary or Mill
22. Signature		23. AR Number

MSHA Form 7000-3, Apr 06 (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.