

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: 6288660	
4. Date Event Started: 1/7/2010		5. Date Event Finished: 1/7/2010		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 checked="" 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 l. Miscellaneous <input type="checkbox"/>					
m. MMU/Pit Number (1) 050					

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

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:

Activity Calendar

Event Number: 6288660

Mine ID: 4608436

	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

Mine Citation/Order

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

Section I--Violation Data

1. Date Mo Da Yr 01/07/2010	2. Time (24 Hr. Clock) 1215	3. Citation/ Order Number 8072761
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) <input type="checkbox"/>

The track in the North Mains at #66 break has water above the top track for a distance of 52 feet.

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
--------------	--	----------------------	---

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: 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 A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input checked="" type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number 7189887		F. Dated Mo Da Yr 11/29/1999
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 01/07/2010	B. Time (24 Hr. Clock) 1400
---------------------	--------------------------------	--------------------------------

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 6288660	21. Primary or Mill
22. Signature		23. AR Number

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

1/14/2010

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 01/07/2010 Mo Da Yr	3. Citation/ Order Number 8072761 - 01
4. Served To [REDACTED] Superintendent	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The water has been removed from the track rail.

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
----------------	------------------	------------------------	--

Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 6286108		
11. Signature [REDACTED]	AR Number [REDACTED]	12. Date Mo Da Yr 01/14/2010	13. Time (24 Hr. Clock) 0920

Mine Citation/Order
Continuation

Previously issued

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"/>	2. Dated (Original Issue) 12/15/2009	3. Citation/ Order Number 8080115 - 02
4. Served To Everett Hager, Superintendent	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area could not be traveled due to water, the water is being pumped, additional time is granted to allow the operator to pump the water down.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 01/11/2010	B. Time (24 Hr. Clock) 0700	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
----------------	-----------------------------------	--------------------------------	-------------------------------------	--	--------------------------------------

Section IV--Inspection Data

9. Type of Inspection E02	10. Event Number 6288660		
11. Signature [Redacted]	AR Number [Redacted]	12. Date Mo Da Yr 01/07/2010	13. Time (24 Hr. Clock) 1230