



March 17, 2009

MEMORANDUM FOR MICHAEL A. DAVIS
Deputy Assistant Secretary for Operations
Mine Safety and Health

THROUGH: CHARLES J. THOMAS *Charles J. Thomas*
Director of Accountability for
Mine Safety and Health Administration

FROM: JERRY J. KISSELL *J. J. Kissell for*
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Birmingham,
Alabama, Field Office, [REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Mine Files, MSHA field activities, level of enforcement, Field Activity Reviews (FAR's), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the week of [REDACTED] by Jerry Kissell. Positive findings and issues requiring attention are included in this audit report.

Overview

The auditor traveled to the Birmingham, Alabama Field Office and to the Longview Operation to observe and evaluate enforcement activities and mine conditions. Prior to the field visit, the previous two E-01 inspection reports were reviewed as well as time utilization and enforcement activities for the mine and field office. Accompanying the auditor from the Birmingham, AL field office was [REDACTED]

[REDACTED] Company personnel accompanying the audit team included [REDACTED]

[REDACTED] Areas traveled in the facility

and areas of the quarry examined during this audit included the number 5 kiln, the number 5 kiln preheat tower and dust collector house, the warehouse and bag-house, the Primary crusher, the open pit and the truck maintenance shop. Equipment inspected included the primary crusher, conveyor belts, and areas in the mill, and surface mobile equipment. The auditor traveled on the evening shift to evaluate illumination as well as the day shift.

The auditor conducted safety discussions with mine management and during the inspection with miners as they were met. Safety discussion included a review of mine accident history, accident classification and categories for the most common accidents at this mine, as well as reviewing the 2008 M/NM fatality report. Safety best practices were discussed throughout the site visit.

One of the two required headquarters accountability reviews was conducted in the south-east district, in the Columbia, SC field office in 2008 with two mines visited. The other required headquarter accountability review was conducted in the Rolla, MO field office in the south-central district. The south-east district completed a district accountability review in the Macon, GA field office with two mine property visits in 2008.

The audit revealed positive findings in several categories, including the following:

1. The supervisor visited numerous high risk/high violation mines throughout the year.
2. Inspection documentation was well written and indicative of thorough and complete inspections.
3. Inspectors performed professionally and confidently exhibiting excellent knowledge of MSHA regulations and policy, as well as thorough review of citations issued and root cause review for each violation issued.
4. The 104(d) tracking system is obvious, maintained and up to date.
5. Ample time was spent on mine site with excellent time management. "Other" time was below 4 % for the local inspection personnel on the previous inspection.
6. Weekend and off-shift inspections are regularly covered.
7. Field Office records for self rescuer maintenance and ITX gas detectors were well maintained, and readily available.
8. Open and positive communications existed between MSHA and the operator. Miners, safety personnel, and management personnel demonstrated open and professional communications to all MSHA personnel during the audit.

The audit also revealed issues that require corrective actions, which include the following:

1. The Birmingham, Alabama field office supervisor did not document the minimum required Accompanied Activities (Item 8 in Attachment A).
2. 2nd level reviews were not completed for all field offices as directed in the supervisory handbook (See item 23 in attachment A).

S&S Rate Comparison

1. The field office S&S rate for this facility during the previous five quarters averaged 15.5% which is below the national average for CY 2008 which was 21%.
2. The S&S rate during the audit was 18%.
3. The District S&S rate currently is 25% compared to the FY 2008 national average which was 21%.

Overall, the evaluation of citations reviewed in the previous E01 events and the citations issued during the audit at the facility indicated accurate and consistent determinations for gravity and negligence. However, there was one instance where there appeared to be enough evidence (repeat violations) to support evaluations of higher negligence. (See issue No. 16.)

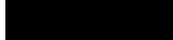
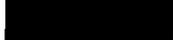
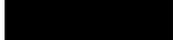
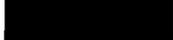
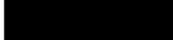
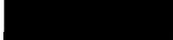
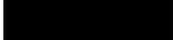
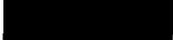
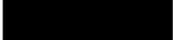
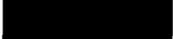
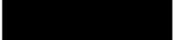
Audit Results

The attached checklist (Attachment A) addresses the findings of the audit. Positive issues as well as issues requiring action are covered in detail in the checklist.

Attachments

A. Office of Accountability Checklist, with comments, recommendations, and references

B. Citations issued during this audit

- | | | |
|-----|---|--------------------------------------|
| 1. |  | 56.12013b |
| 2. |  | 56.11002 |
| 3. |  | 56.11001 |
| 4. |  | 56.12018 |
| 5. |  | 56.12002 |
| 6. |  | 56.11001 |
| 7. |  | 56.12030 |
| 8. |  | 46.9b2 (Training records/contractor) |
| 9. |  | 46.3 (Training plan/contractor) |
| 10. |  | 56.12005 |
| 11. |  | 56.12008 |

C. Pictures of Facility/Safety Practices observed

Attachment A: Checklist

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

1. Coal Metal/Nonmetal
Evaluate supervisory review of inspection reports and documentation for completeness.
Adequate Inadequate Not Applicable Comments Below

Notes overall were very well written with one area for improvement - Pre-conference documentation was minimal in inspection notes.

2. Coal Metal/Nonmetal
Determine if supervisors address report deficiencies immediately
Adequate Inadequate Not Applicable Comments Below

4. Coal Metal/Nonmetal
Evaluate the quality of Field Activity Review reports (FARs)
Adequate Inadequate Not Applicable Comments Below

Field Activity review reports were not available for 3 inspectors in the Birmingham FO. The [redacted] had traveled with inspectors but had not documented the Accompanied Activity forms or Field Activity Reviews.

5. Coal Metal/Nonmetal
Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted
Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

6. Coal Metal/Nonmetal

Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

7. Coal Metal/Nonmetal

Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate Inadequate Not Applicable Comments Below

8. Coal Metal/Nonmetal

Determine if Assistant District Manager is holding supervisor accountable for general mine visits, FARs, and accompanied activities

Adequate Inadequate Not Applicable Comments Below

The [REDACTED] had not document three Accompanied Activities reports for three inspectors during the past 2 months. (This field office has 12 inspectors.) The ADM was not aware these were not completed.
Reference: AH97-III-7, M/NM Mine safety and Health Supervisors Handbook

11. Coal Metal/Nonmetal

Determine if ADMs and DMs are visiting mines with poor compliance.

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

16. Coal Metal/Nonmetal
Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness

Adequate Inadequate Not Applicable Comments Below

Citation issued for guarding stated the operator had been cited ten times in the previous two years. The negligence was moderate. The following three violations were issued under the same standard and the negligence remained as moderate. There appears to be enough support for higher enforcement action.
Reference: C/O writing handbook, PH08-I-1, Negligence criteria, page 22-23.

17. Coal Metal/Nonmetal
Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector

Adequate Inadequate Not Applicable Comments Below

19. Coal Metal/Nonmetal
Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations.

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

21. Coal Metal/Nonmetal
Determine if District Manager is monitoring the ACRI program and using the Performance Management System to ensure that CLR's justify changes

Adequate Inadequate Not Applicable Comments Below

22. Coal Metal/Nonmetal
Determine if District Manager is using discretion in granting conferences

Adequate Inadequate Not Applicable Comments Below

23. Coal Metal/Nonmetal
Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions

Adequate Inadequate Not Applicable Comments Below

2nd level reviews were not completed as directed in the M/NM Mine Safety and Health Supervisors handbook. Three field offices were without supervisors during the previous year and this allowed for several inspectors to not have Accompanied Activities (AA's) or Field Activity Reviews (FAR's) completed which contributed to the lack of completed second level reviews. The Reviews that were completed were well noted and good documentation was available.
Reference: AH97-III-7, M/NM Mine safety and Health Supervisors Handbook

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

24. Coal Metal/Nonmetal

Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance

Adequate Inadequate Not Applicable Comments Below

25. Coal Metal/Nonmetal

Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.

Adequate Inadequate Not Applicable Comments Below

29. Coal Metal/Nonmetal

Determine if complete and thorough inspections are being conducted and adequately documented

Adequate Inadequate Not Applicable Comments Below

30. Coal Metal/Nonmetal

Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

31. Coal Metal/Nonmetal
Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate Inadequate Not Applicable Comments Below

34. Coal Metal/Nonmetal
Determine if all mine record books, postings, and other required materials are examined during the inspection

Adequate Inadequate Not Applicable Comments Below

36. Coal Metal/Nonmetal
Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals

Adequate Inadequate Not Applicable Comments Below

37. Coal Metal/Nonmetal
Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

38. Coal Metal/Nonmetal

Accompany and evaluate inspector's imminent danger run

Adequate Inadequate Not Applicable Comments Below

39. Coal Metal/Nonmetal

Check adequacy of preshift/onshift examinations

Adequate Inadequate Not Applicable Comments Below

41. Coal Metal/Nonmetal

Evaluate operator's workplace examinations

Adequate Inadequate Not Applicable Comments Below

42. Coal Metal/Nonmetal

Evaluate conditions and observe work cycle

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

45. Coal Metal/Nonmetal

Determine adequacy of training.

Adequate Inadequate Not Applicable Comments Below

Training plan reviews, miners are well seasoned and knowledgeable.

49. Coal Metal/Nonmetal

Evaluate several pieces of equipment.

Adequate Inadequate Not Applicable Comments Below

50. Coal Metal/Nonmetal

Examine signage

Adequate Inadequate Not Applicable Comments Below

54. Coal Metal/Nonmetal

Travel and evaluate condition and maintenance of conveyor belt, structures, and walkways.

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

58. Coal Metal/Nonmetal
Evaluate cleanup of accumulations and Housekeeping.

Adequate Inadequate Not Applicable Comments Below

Over all/pretty well maintained.

62. Coal Metal/Nonmetal
Examine mine bulletin board and evaluate adequacy of all required postings

Adequate Inadequate Not Applicable Comments Below

64. Coal Metal/Nonmetal
Determine if approved plans address and are compatible with mining conditions and equipment

Adequate Inadequate Not Applicable Comments Below

66. Coal Metal/Nonmetal
Determine if districts are conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

The district conducted an Accountability review at the Macon, GA field office with two different mines visited.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

67. Coal Metal/Nonmetal
Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

HQ conducted the required accountability review in the south-east district, at the Columbia, SC field office and in the south-central district at the Rolla, MO field office during 2008.

68. Coal Metal/Nonmetal
Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.

Adequate Inadequate Not Applicable Comments Below

69. Coal Metal/Nonmetal
Determine if Peer Reviews are being used to assess supervisors and managers performance

Adequate Inadequate Not Applicable Comments Below

70. Coal Metal/Nonmetal
Determine if Peer Reviews include a visit to the mine, and include observation of the producing areas, conveyor belts, and escapeways.

Adequate Inadequate Not Applicable Comments Below

See Item 66.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

71. Coal Metal/Nonmetal
Determine if Peer Reviews accurately reflect and evaluate MSHA activities at all types of mining (underground/surface/surface facilities) within the district

Adequate Inadequate Not Applicable Comments Below

75. Coal Metal/Nonmetal
Evaluate approved training plan after discussion with miners

Adequate Inadequate Not Applicable Comments Below

77. Coal Metal/Nonmetal
Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate Inadequate Not Applicable Comments Below

79. Coal Metal/Nonmetal
Citations, orders, and safeguards issued during previous two quarters

Adequate Inadequate Not Applicable Comments Below

See Item 16.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

80. Coal Metal/Nonmetal
Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date

Adequate Inadequate Not Applicable Comments Below

115. Coal Metal/Nonmetal
Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists

Adequate Inadequate Not Applicable Comments Below

116. Coal Metal/Nonmetal
Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues

Adequate Inadequate Not Applicable Comments Below

Coal	<input type="checkbox"/>	Metal/Nonmetal	<input checked="" type="checkbox"/>
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117. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?

Adequate Inadequate Not Applicable Comments Below

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District

Field Office

Mine ID

	<input type="checkbox"/> Coal	<input type="checkbox"/>	<input type="checkbox"/> Metal/Nonmetal	<input checked="" type="checkbox"/> X		
118.	Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.					
Adequate	<input checked="" type="checkbox"/> X	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

	<input type="checkbox"/> Coal	<input type="checkbox"/>	<input type="checkbox"/> Metal/Nonmetal	<input checked="" type="checkbox"/> X		
119.	Determine if adequate close-out conferences are being conducted at the end of each inspection.					
Adequate	<input checked="" type="checkbox"/> X	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

	<input type="checkbox"/> Coal	<input type="checkbox"/>	<input type="checkbox"/> Metal/Nonmetal	<input checked="" type="checkbox"/> X		
121.	Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.					
Adequate	<input checked="" type="checkbox"/> X	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

Attachment B - Citations issued during audit

[REDACTED]		To: 3033585193		P. 2/14	
Mine Citation/Order			U.S. Department of Labor Mine Safety and Health Administration		
Section I - Violation Data					
1. Date		2. Time (24 Hr. Clock)		3. Citation/Order Number	
Mo Da Yr		[REDACTED]		[REDACTED]	
4. Served To			5. Operator		
[REDACTED]			[REDACTED]		
			(Contractor)		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>		
<p>AN ENERGIZED EXTENSION CABLE BEING USED ON THE K5 PREHEATER HAD A SPLICE THAT WAS NOT INSULATED TO A DEGREE AT LEAST EQUAL TO THAT OF THE ORIGINAL. THE SPLICE WAS HAD PLASTIC TAPE THAT WAS LOOSE AND THE INSULATED WIRES WERE EXPOSED. THE SAME CABLE WAS PLUGGED INTO A JUNCTION BOX THAT THE COVER WAS NOT PROPERLY SECURED TO THE BOX. THESE CONDITIONS EXPOSED THE CABLE AND JUNCTION BOX TO MECHANICAL DAMAGE THAT WOULD RESULT IN ELECTRICAL SHOCK AND BURNS.</p>					
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>					
9. Violation		A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	
				56.12013b	
Section II - Inspector's Evaluation					
10. Gravely:					
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 type="checkbox"/> Permanently disabling <input checked="" 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		13. Type of Issuance (check one)			
[REDACTED] 104a		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		B. Time (24 Hr. Clock)			
Mo Da Yr		[REDACTED]			
Section III - Termination Action					
17. Action to Terminate THE MINE OPERATOR REMOVED THE EXTENSION CORD AND JUNCTION BOX FROM SERVICE AND DESTROYED, ELIMINATING THE HAZARD.					
18. Terminated					
A. Date		B. Time (24 Hr. Clock)			
Mo Da Yr		[REDACTED]			
Section IV - Automated System Data					
19. Type of Inspection (activity code)		20. Event Number		21. Primary or Mill	
E01		[REDACTED]		M	
22. Signature				23. AR Number	
[REDACTED]				[REDACTED]	
<p>MSHA Form 7000-3a is required by the Small Business Regulatory Enforcement Fairness Act of 1995. 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 of Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW, MC 2120, Washington, DC 20418. 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.</p>					

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	(Contractor)

B. Condition or Practice 8a. Written Notice (103g)

THE ELEVATED WALKWAY ON K5 KILN HAD OPENINGS THREE FEET WIDE ON EACH SIDE OF THE KILN FEED SHELL. THIS CONDITION EXPOSED PERSONS TO A DROP OFF OF APPROXIMATELY EIGHTEEN FEET TO THE ELEVATED WALKWAY BELOW. IN THE EVENT SOMEONE FELL OFF THE WALKWAY THEY WOULD FALL ONTO THE ROTATING KILN SHELL AND THEN TO THE WALKWAY. FATAL INJURIES WOULD LIKELY OCCUR IF A PERSON FELL THIS DISTANCE.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.11002
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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. Types of Action 104a			13. Type of Issuance (check one)			
			Citation	Order	Safeguard	Written Notice
14. Initial Action				E. Citation/Order Number		F. Dated Mo Da Yr
A. Citation				B. Order		C. Safeguard
D. Written Notice						
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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)	E01	20. Event Number	21. Primary or Mill	M	23. AR Number
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MSHA Form 7000-3, April 1999. 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 businesses. 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

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



Section I - Violation Data

1. Date Mo Da Yr [redacted] 2. Time (24 Hr. Clock) [redacted] 3. Citation/Order Number [redacted]

4. Served To [redacted] 5. Operator [redacted]

[redacted] (Contractor)

8. Condition or Practice 8a. Written Notice (103g) []

A SAFE MEANS OF ACCESS WAS NOT PROVIDED TO PERSONS TRAVELING THE ELEVATED WALKWAY GOING TO THE K5 BAGHOUSE. AN EXTENSION CORD EXTENDED ACROSS THE ELEVATED WALKWAY FROM THE TOP HANDRAIL ANGLING ACROSS THE WALKWAY CREATING A TRIPPING HAZARD. A VACUUM HOSE WITH A WOODEN HANDLE WAS ALSO IN THE WALKWAY FURTHER CREATING A TRIPPING HAZARD. IN THE EVENT SOMEONE TRIPPED INJURIES WOULD LIKELY BE ABRASIONS, SPRAINS AND STRAINS.

See Continuation Form (MSHA Form 7000-3a) []

9. Violation A. Health Safety Other [] B. Section of Act [] C. Part/Section of Title 30 CFR 56.11001

Section II - Inspector's Evaluation

10. Gravity: A. Injury or illness (has) (is): No Likelihood [] Unlikely [x] Reasonably Likely [] Highly Likely [] Occurred []

B. Injury or illness could reasonably be expected to be: No Lost Workdays [] Lost Workdays Or Restricted Duty [x] Permanently Disabling [] Fatal []

C. Significant and Substantial: Yes [] No [x] D. Number of Persons Affected: 001

11. Negligence (check one) A. None [] B. Low [] C. Moderate [x] D. High [] E. Reckless Disregard []

12. Type of Action 104a 13. Type of Issuance (check one) Citation [x] 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 [redacted]

16. Termination Due A. Date Mo Da Yr [redacted] B. Time (24 Hr. Clock) [redacted]

Section III - Termination Action

17. Action to Terminate THE EXTENSION CORD AND VACUUM HOSE WAS RELOCATED, ELIMINATING THE HAZARD.

18. Terminated A. Date Mo Da Yr [redacted] B. Time (24 Hr. Clock) [redacted]

Section IV - Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number [redacted] 21. Primary or Mill M

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

MSHA Form 7000-1 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 1-800-REG-FAIR (1-800-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20410. 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

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



Section I - Violation Data

1. Date: [Redacted] Mo Da Yr 12. Time (24 Hr. Clock): [Redacted]

3. Citation/Order Number: [Redacted]

4. Served To: [Redacted] 5. Operator: [Redacted]

(Contractor)

8. Condition or Practice 9a. Written Notice (103g)

THE K3 FEED END MCC ROOM HAD TWO BREAKERS WAS NOT PROPERLY IDENTIFIED. ONE BREAKER HAD AN ILLIGIBLE WRITING BESIDE THE BREAKER THE OTHER WAS MARKED WITH A CODE UNKNOWN TO THE ELECTRICIAN. POWER SWITCHES SHALL BE LABELED TO SHOW WHICH UNITS THEY CONTROL. A HAZARD OF MINERS NOT KNOWING WHICH BREAKERS CONTROL EQUIPMENT EXISTS.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health Safety Other B. Section of Act C. Part/Section of Title 30 CFR 56.12018

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 104a 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 [Redacted] Mo Da Yr B. Time (24 Hr. Clock) [Redacted]

Section III - Termination Action

17. Action to Terminate

18. Terminated A. Date [Redacted] Mo Da Yr B. Time (24 Hr. Clock)

Section IV - Automated System Data

19. Type of Inspection (activity code) 101 20. Event Number [Redacted] 21. Primary or Mill M

22. [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 Ombudsmen annually evaluate 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-RSG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2128, Washington, DC 20418. 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

2. Dated
(Original Issue)

Mo Da Yr

3. Citation/
Order Number

4. Served To

5. Operator

(Contractor)

Section II-Justification for Action

BOTH BREAKERS WERE IDENTIFIED AND LABELED, ELIMINATING THE HAZARD.

See Continuation Form | |

Section III-Subsequent Action Taken

8. Extended To

A. Date Mo Da Yr

B. Time (24 Hr. Clock)

C. Vacated D. Terminated E. Modified

Section IV-Inspection Data

9. Type of Inspection E01

10. Event Number

AP Number

12. Date

Mo Da Yr

13. Time (24 Hr. Clock)

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Severity	5. Operator	(Contractor)
6. Condition or Practice		7a. Written Notice (103g)

TWO BREAKERS RESET SWITCHES INSIDE THE K3 FEED END MCC ROOM WERE NOT FUNCTIONAL. BOTH RESET SWITCHES WERE NOT FUNCTIONAL, THE RESET SWITCHES WERE STUCK IN. THE SWITCH HANDLE ON THE ROTARY AIR LOCK SAFETY SWITCH WAS DAMAGED, THE INSULATED HANDLE WAS MISSING. THE RESET SWITCH NOT BEING FUNCTIONAL WOULD CAUSE PERSONS TO OPEN THE ELECTRICAL PANEL TO RESET THE BREAKER. THIS WOULD EXPOSE PERSONS TO ELECTRICAL SHOCK AND BURNS.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.12002
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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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial:			D. Number of Persons Affected:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			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		13. Type of Issuance (check one)		
104a		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		B. Time (24 Hr. Clock)		
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)		20. Event Number		21. Primary or Mill
E01				M
22. Signature			23. AR Number	

MSHA Form 7000-3a is a regulation of the Small Business Regulatory Enforcement Fairness Act of 2000, 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 (1-888-734-5247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW, MO 2120, Washington, DC 20410. 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"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
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4. Sent To	5. Operator
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Section II-Justification for Action

THE MINE OPERATOR HAS ORDERED PARTS, ADDITIONAL TIME IS GRANTED TO OBTAIN AND INSTALL THE PARTS.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection	10. Event Number
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11. Sig	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)
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Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	(Contractor)

6. Condition of Practice 6a. Written Notice (103g)

A SAFE MEANS OF ACCESS WAS NOT PROVIDED TO PERSONS ACCESSING THE ELEVATED WALKWAY AROUND THE TRANSFER CHUTE ON THE K3 PREHEATER. A HINGED LADDER DID NOT EXTEND TO THE WALKWAY. WHEN THE LADDER WAS LOWERED IT ANGLED OVER THE HANDRAIL. PERSONS ARE STEPPING ONTO THE HANDRAILS LOWER RAIL AND THEN ONTO THE ANGLED LADDER. THE LOWER RUNG OF THE LADDER WAS THIRTY EIGHT INCHES ABOVE THE WALKWAY. IN THE EVENT SOMEONE SLIPPED AND FELL INJURIES WOULD BE SPRAINS, STRAINS AND ABRASIONS.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11001
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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: 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	104g	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>
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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
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15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III - Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill	M
22. Signs	23. AR Number			

MSHA Form 7000-3a, 9/14/93. Pursuant to 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 1-800-FED-FAIR (1-800-734-3247), 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

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator	(Contractor)

8. Condition of Practice 8a. Written Notice (103g)

A POTENTIALLY DANGEROUS CONDITION EXISTED IN THAT THE MINE OPERATOR HAD THREE EXTENSION POWER CORDS INTER CONNECTED. THE THREE EXTENSION CORDS WERE ENERGIZED AND CONNECTED TO A PORTABLE LIGHT BEING USED INSIDE THE K3 PREHEATER. THE EXTENSION CORDS TOGETHER MEASURED IN EXCESS OF TWO HUNDRED FEET (APPROXIMATELY). ONE OF THE EXTENSION CORDS HAD A LABEL THAT STATED DO NOT CONNECT ANOTHER EXTENSION CORD TO THIS CORD. ELECTRICAL SHOCK AND BURNS WOULD OCCUR IN THE EVENT OF FAILURE OF THE POWER CORDS.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12030
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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 type="checkbox"/> Permanently Disabling <input checked="" 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 104a		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
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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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) E01	20. Event Number	21. Primary or Mit M	23. AR Number
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MSHA Form 7000-3a of the Small Business Regulatory Enforcement Fairness Act of 2000, 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

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
(Contractor)		

6. Condition or Practice

6a. Written Notice (103g)

The contractor working at the mine failed to record and certify the MSHA required 24 hour new miner training received on one employee. The certificate indicated the employee had only received 16 hours training since 11/19/2008 and was not working within close observation of a trained miner. The employee and supervisor stated he had received the remainder of the training on the health and safety aspects of the job assigned.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
46.9h2			

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 104a 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 B. Time (24 Hr. Clock)

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) E01 20. Event Number 21. Primary or Mill P 23. AR Number

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-RS&FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 499 3rd Street, SW, MC 2120, Washington, DC 20418. 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

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	4. Operator	(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The contractor at the mine site had not developed a complete part 46 or 48 training plan. The current plan in use did not indicate the person with overall responsibility for health and safety training. The training plan was also a part 46 and 48 combined and had not been previously approved by MSHA. The contractor had two persons working at the mine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	46.3a
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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. Rockless Disregard

12. Type of Action: 104a

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

15. Area or Equipment

16. Termination Due: A. Date Mo Da Yr B. Time (24 Hr. Clock)

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) E01

20. Event Number

21. Primary or Mill p

23. AR Number

MSHA Form 7000-3a (Rev. 10/2010) 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 20418. 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

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	(Contractor)

8. Condition or Practice 8a. Written Notice (103g)

Two electrical cables located at the East side of the mobile shop had been run over by mobile equipment. The two cables were a dc-energized 480 volt and a energized 120 volt conductors. Employees in the area were exposed to shock and electrocution hazards if the outer insulated jackets were to become damaged.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12005

Section II - Inspector's Evaluation

10. Gravely:			
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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" 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 104a		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	B. Time (24 Hr. Clock)

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)	20. Event Number	21. Primary or Mill	23. AR Number
E01		P	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 2005, 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-REGS-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 20410. 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

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



Section I - Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
(Contractor)		

B. Condition or Practice

Ba. Written Notice (103a)

A properly bushed fitting was not provided for the electrical conductors entering the metal structure on the east side of the mobile shop. The two power cables were run through a opening in the metal wall near the bottom. Miners working or traveling in that area were exposed to shock, burn, and electrocution hazards.

See Continuation Form (MSHA Form 7000-5a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.12008
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" 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 104a		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
15. Area or Equipment				F. Dated Mo Da Yr

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III - Termination Action

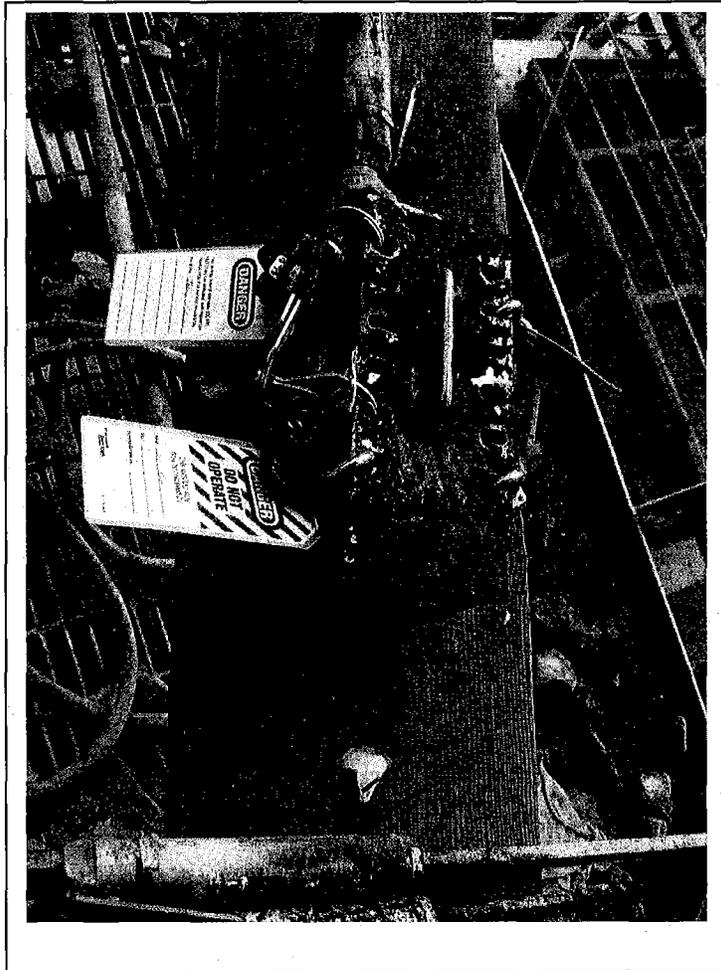
17. Action to Terminate	
18. Terminated	A. Date Mo Da Yr
B. Time (24 Hr. Clock)	

Section IV - Automated System Data

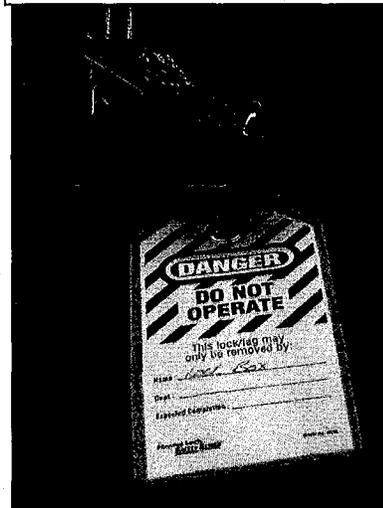
19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Multi p	23. AR Number
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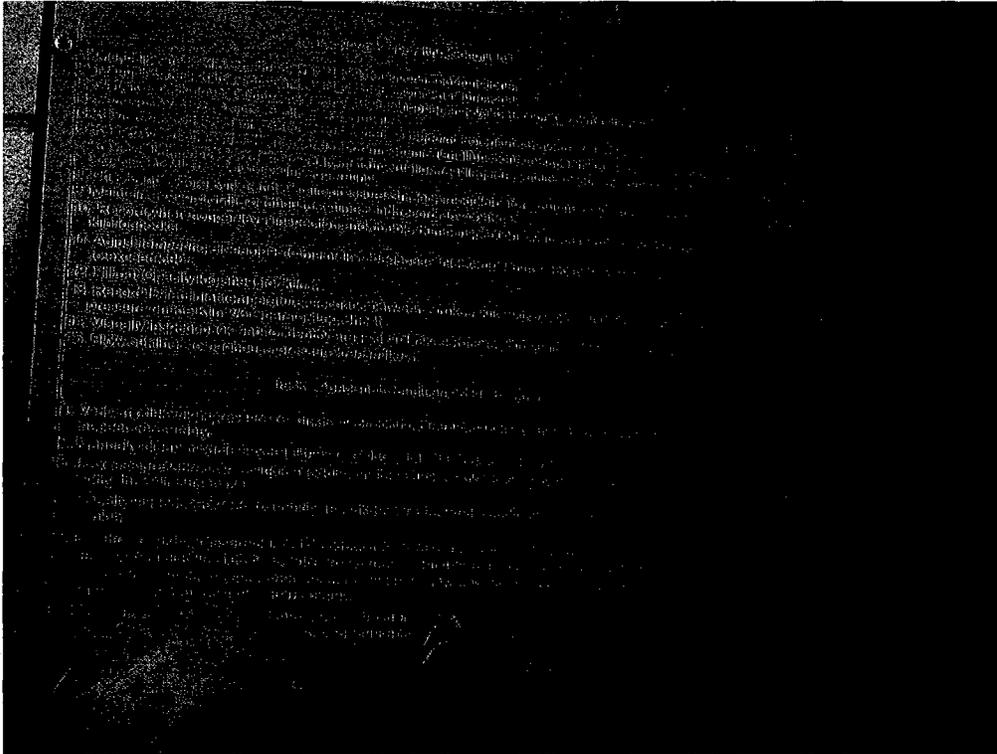
Under the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement 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.

Attachment C - Pictures of Facility and safe practices



Lock practices - main key is locked inside the location box, which is locked by all who are working on machinery/circuits.

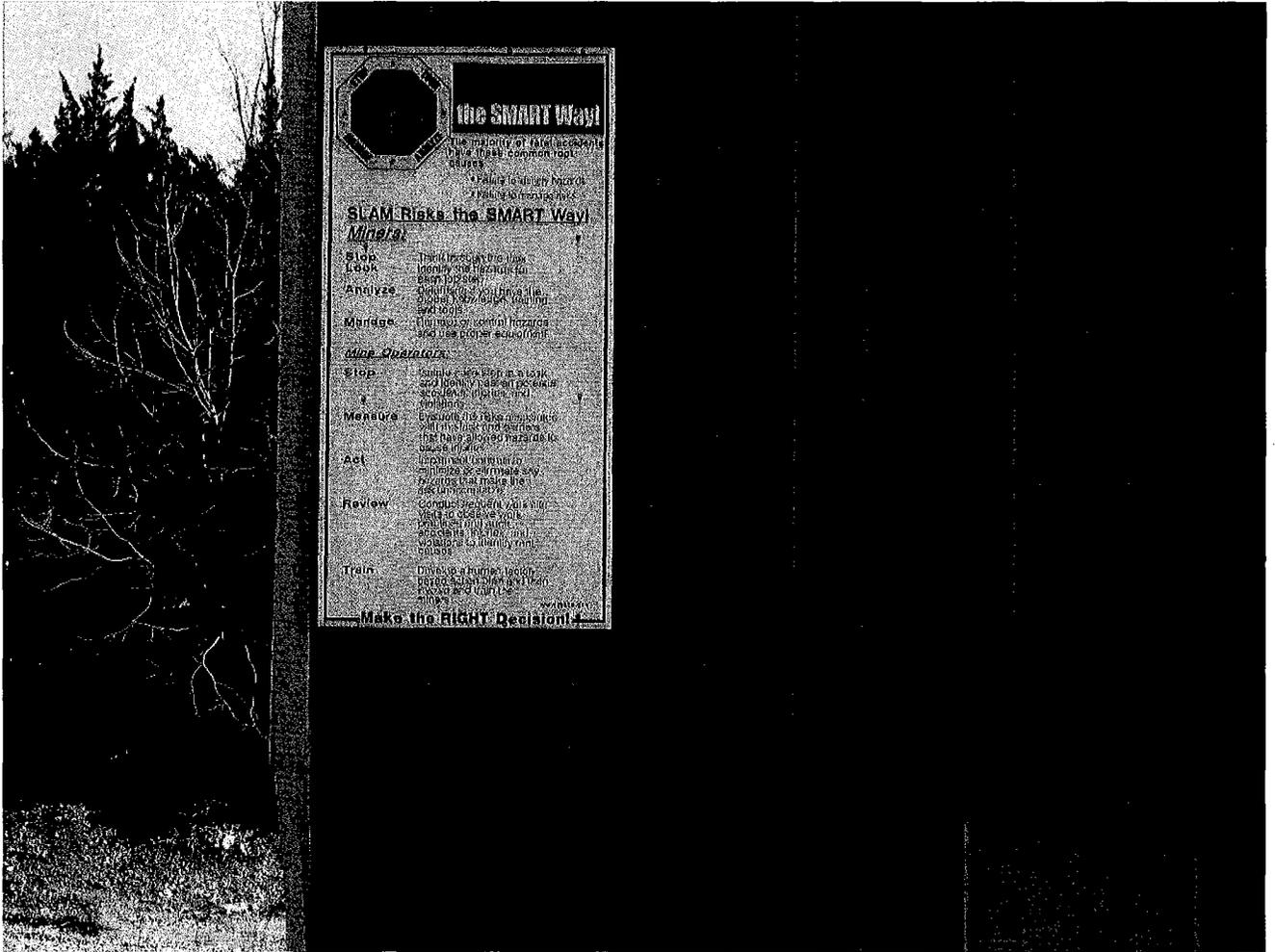




Task operating directions and procedures posted.



Quarry operations: Good berming, wide benching/step back mining technique



Posted SLAM safety and SMART safety signs.