



JUL 13 2009

MEMORANDUM FOR MICHAEL A. DAVIS

Deputy Assistant Secretary for Operations  
Mine Safety and Health

THROUGH:

PETER J. MONTALI *Peter J. Montali*  
Acting Director, Office of Accountability  
Mine Safety and Health Administration

FROM:

JERRY KISSELL *Peter J. Montali for*  
Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, San Bernardino,  
California, Field Office, and [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 accountability specialist traveled to the San Bernardino, California Field Office and to the [REDACTED] 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 accountability specialist from the San Bernardino, California field office was [REDACTED]

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

Areas traveled in the facility and areas of the quarry examined during this audit included the open pit, #6, #5, #4, #3, and #2 benches, the primary crusher, the reclaim storage shed, various sections of the conveyor belt system, the limestone silos, the #3 ball mill area, and the preheater tower. Due to a company outage (shutdown) limited mobile equipment was in use during the visit. The mobile equipment observed was found in good operating condition with no defects noted. The auditor traveled on multiple shifts, including the evening shift to evaluate illumination.

Safety discussions were conducted with [REDACTED] of mine management in one safety meeting as well as safety discussions with miners during the mine site inspection. Safety discussions 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 MNM fatality reports. Safety best practices were discussed with mine personnel throughout the site visit.

A headquarters peer review was not conducted in this district during 2008. The two required headquarter reviews were conducted in other districts. The Western District completed two field office peer reviews in 2008. One review was conducted at the Vacaville, CA field office with one mine site visit and the second review at the Boise, ID field office with one mine site visited.

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

1. The [REDACTED] visited numerous high risk/high violation mines throughout the year.
2. Inspection notes are well written and indicative of thorough and complete inspections.
3. District staff reviews random reports above second level review required minimums.
4. Very good use of enforcement tools was evident at this mine site including the issuance of work place examination violations (56.18002), high negligence violations, and 104(d) enforcement.
5. Inspectors performed professionally and confidently exhibiting excellent knowledge of MSHA regulations and policy, as well as thorough review of citations issued and root cause for each violation issued.
6. The 104(d) tracking system is maintained and up-to-date.
7. Ample time was spent on mine sites with excellent time management by inspectors. "Other" time was below 4% for the local inspection personnel on the previous inspection.
8. Weekend and off-shift inspections were covered as required.

9. Field office records for self-contained self-rescuer maintenance and gas detectors are current and up-to-date.
10. Open and positive communications between MSHA personnel and the mine operator, including miners, safety personnel, and management were observed.

The audit also revealed an issue that required corrective action, which included the following:

1. Citation/order writing documentation notes did not always provide detailed information to support the inspector's determinations for negligence. ( Item #1) As a result of the auditor's findings, the district held meetings addressing the documentation deficiencies with this field office as well as the other field offices in the district concerning this issue.

Recommendations to the mine operator:

1. The mine operator needs to provide additional hazard recognition training to mine supervisors; this issue was discussed with the safety manager.

### **S&S Rate Comparison**

1. The field office Significant and Substantial (S&S) rate for this facility during the previous five quarters averaged 39.8% which is above the national average of 21% for FY 2008.
2. The S&S rate during the audit was 56.5%.
3. The Western District's S&S rate currently is 26% compared to the FY 2008 national average which was 21%.

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.

### **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.  | [REDACTED] | 47.41a                                  |
| 2.  | [REDACTED] | 56.14100b                               |
| 3.  | [REDACTED] | 56.14100b                               |
| 4.  | [REDACTED] | 56.11001                                |
| 5.  | [REDACTED] | 46.7b - 104g1 training withdrawal order |
| 6.  | [REDACTED] | 56.3200                                 |
| 7.  | [REDACTED] | 56.3130                                 |
| 8.  | [REDACTED] | 56.3200                                 |
| 9.  | [REDACTED] | 56.12032                                |
| 10. | [REDACTED] | 56.11001                                |
| 11. | [REDACTED] | 56.12032                                |
| 12. | [REDACTED] | 56.12032                                |
| 13. | [REDACTED] | 56.20003a                               |
| 14. | [REDACTED] | 56.14112a1                              |
| 15. | [REDACTED] | 56.20011                                |
| 16. | [REDACTED] | 56.11008                                |
| 17. | [REDACTED] | 56.12004                                |
| 18. | [REDACTED] | 56.14107a                               |
| 19. | [REDACTED] | 56.20003a                               |
| 20. | [REDACTED] | 56.14107a                               |
| 21. | [REDACTED] | 56.13011                                |
| 22. | [REDACTED] | 56.11008                                |
| 23. | [REDACTED] | 56.18002a 104d2 Order                   |

C. Pictures of Facility/Safety Practices observed

Attachment A: Audit Checklist

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

District  Field Office  Mine ID  Date

1. Evaluate supervisory review of inspection reports and documentation for completeness.

Adequate  Inadequate  Not Applicable  Comments Below

Eleven citation/documentation notes reviewed out of twenty one high negligence 104a non S&S citations issued in the past year at this mine did not appear to provide sufficient documentation to support the justification for high negligence. One example: The negligence description indicates only that "*Several electrical violations found on this inspection.*" No indication of the obvious or extensive nature of the specific condition cited, no indication the condition was consistent with violations issued in previous inspections, or how many previous citations for this same standard. The violation and negligence evaluation do appear accurate when looking at the mine's violation history; however this is not documented to support this determination. Supervisors should ensure inspectors provide detail in the citation/order documentation notes to justify the determinations for high negligence citations.

A positive note: There were many citation/order documentation notes that did support, in detail, the determinations for gravity, likelihood, and negligence. *Reference: CITATION AND ORDER WRITING HANDBOOK, PH08-I-1 section IX Negligence criteria; "The facts as documented must support the degree of negligence checked on the Mine Citation/order form."*

2. Determine if supervisors address report deficiencies immediately

Adequate  Inadequate  Not Applicable  Comments Below

When identified, report deficiencies appeared to be promptly corrected.

3. Determine if supervisors are visiting each assigned mine at least annually

Adequate  Inadequate  Not Applicable  Comments Below

Supervisors participate in high risk mine inspections as needed.

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

District  Field Office  Mine ID  Date

4. Evaluate the quality of Field Activity Review reports (FARs)

Adequate  Inadequate  Not Applicable  Comments Below

5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied

Adequate  Inadequate  Not Applicable  Comments Below

Field office supervisors documented deficiencies in the FAR's and the Accompanied Activities (AA's) reports, as well as positive comments.

6. Evaluate the quality of Accompanied Activities (AA's) Inspections

Adequate  Inadequate  Not Applicable  Comments Below

See item 5

7. Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

District  Field Office  Mine ID  Date

9. Determine if District Manager is using Performance Management System to hold ADMs accountable for oversight of subordinates

Adequate  Inadequate  Not Applicable  Comments Below

11. Determine if ADM's and DM's are visiting mines with poor compliance.

Adequate  Inadequate  Not Applicable  Comments Below

13. Evaluate the location, workload, and availability of specialists (Safety, Health, electrical etc.) within the district

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Positive: District staff randomly review a number of inspection reports to evaluate enforcement levels, accuracy with policy, and district SOPs.

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

Adequate  Inadequate  Not Applicable  Comments Below

18. Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures

Adequate  Inadequate  Not Applicable  Comments Below

19. 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

20. Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine

Adequate  Inadequate  Not Applicable  Comments Below

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Office of Accountability

District  Field Office  Mine ID  Date

21. 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. Determine if District Manager is using discretion in granting conferences

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

24. 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

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Office of Accountability

District  Field Office  Mine ID  Date

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Inspection notes are indicative of complete and thorough inspections.

30. 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

31. Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

Bulletin boards and required records are documented in field notes.

35. Determine if all provisions of the MINER Act are evaluated during the inspection

Adequate  Inadequate  Not Applicable  Comments Below

36. 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. 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

Level of enforcement appears accurate for conditions and mine history. The Citation/Order documentation needs more detail. (See item 1)

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District  Field Office  Mine ID  Date

38. Accompany and evaluate inspector's imminent danger run

Adequate  Inadequate  Not Applicable  Comments Below

39. Check adequacy of mine operators preshift/onshift examinations

Adequate  Inadequate  Not Applicable  Comments Below

Citation was issued for areas of the mine not properly examined/documentated as required.

41. Evaluate mine operator's workplace examinations

Adequate  Inadequate  Not Applicable  Comments Below

Violations issued and the conditions observed indicate  are not demonstrating proper hazard recognition. This was discussed with the safety manager and there are plans to enhance the hazard recognition training for supervisors at this facility.

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District

Field Office

Mine ID

Date

42. Evaluate conditions on working section and observe work cycle

Adequate  Inadequate  Not Applicable  Comments Below

Plant is in an "Outage" (shutdown) status, preparing for a maintenance refurbishing.

45. Determine adequacy of training (interview miners)

Adequate  Inadequate  Not Applicable  Comments Below

Citation  was issued under 46.7b for failure to provide task training to two miners working in an area with recent safety procedure changes.

54. Travel and evaluate condition and maintenance of conveyor belt, structures, and guarding

Adequate  Inadequate  Not Applicable  Comments Below

Violations issued under 56.14107a and 56.14112: The guards were either not designed adequately or secured, but overall guarding was well maintained.

58. Evaluate cleanup of accumulations and Housekeeping

Adequate  Inadequate  Not Applicable  Comments Below

The facility was maintained in a neat and orderly manner, one violation issued for clean-up was related to a process in place that contributed to the cited condition that had not previously been recognized.

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District  Field Office  Mine ID  Date

60.	Determine if all required record books are adequately completed and in compliance with applicable standards					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
The mine operator's training and examination records appear in order with the exception of a new area requiring the documentation of exams.						

62.	Examine mine bulletin board and evaluate adequacy of all required postings					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

66.	Determine if districts are conducting sufficient, in-depth Peer Reviews					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Two district peer reviews were completed in 2008. Action items and plans were described and corrective actions were completed and on-going.						

67.	Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
2008 HQ Audits were completed, as required, in other M/NM districts in 2008.						

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District  Field Office  Mine ID  Date

68. 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. Determine if Peer Reviews are being used to assess supervisors and managers performance

Adequate  Inadequate  Not Applicable  Comments Below

70. Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions

Adequate  Inadequate  Not Applicable  Comments Below

Two mine site visits completed in 2008 in the Western district included the [REDACTED]  
[REDACTED]  
[REDACTED]

71. 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

United States Department of Labor  
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District  Field Office  Mine ID  Date

72. Determine if reviewed plans and the Mine Files are addressed during each Peer Review

Adequate  Inadequate  Not Applicable  Comments Below

75. Evaluate approved training plan after discussion with miners

Adequate  Inadequate  Not Applicable  Comments Below

With one failure on the new safety procedure training by the mine operator, the overall training appears adequate for the miners.

77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate  Inadequate  Not Applicable  Comments Below

Complete inspections, legible notes, easy to follow inspection through the notes.

79. Citations, orders, and safeguards issued during previous two quarters

Adequate  Inadequate  Not Applicable  Comments Below

Good use of enforcement tools.

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80. 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

101. Determine if technical specialists conduct on-site, in-mine reviews as necessary.

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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  
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Office of Accountability

District  Field Office  Mine ID  Date

118. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.

Adequate  Inadequate  Not Applicable  Comments Below

119. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate  Inadequate  Not Applicable  Comments Below

Well documented citation reviews.

120. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.

Adequate  Inadequate  Not Applicable  Comments Below

121. Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.

Adequate  Inadequate  Not Applicable  Comments Below

The district provides assistance from health specialists and safety specialists to assist with proper sampling and efficient time management for inspectors in the field.

Attachment B - Citations issued during audit

Mine Citation/Order

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



Section I - Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. Reported To	[REDACTED]	6. Operator	[REDACTED]
5. Mine	[REDACTED]	7. Mine ID	[REDACTED] (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The 55-gallon barrel located under the valve of the grinding-aid tank at the ball mill #3 was not labeled to identify its contents. The barrel was overflowing with the liquid chemical. Also there was a 5-gallon plastic bucket full of this same chemical not labeled, or covered with a lid. These conditions create the possibility of a hazard to the miners accessing this area. This area is accessed as needed by mill personal. Sec. 47.41 Requirement for container labels; (a) The operator must ensure that each container of a hazardous chemical has a label. If a container is tagged or marked with the appropriate information, it is labeled.

See Citation 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	47.41a
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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 type="checkbox"/>	D. High <input checked="" 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. Date: Mo Da Yr

15. Area or Equipment

16. Termination Date	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)	E16	20. Event Number	[REDACTED]	21. Primary or Mill	M
22. Signature	[REDACTED]	23. AR Number	[REDACTED]		

MSHA Form 7000-3a  
Under the Regulatory Enforcement Fairness Act of 1999, 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 2130, 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"/> 1b. <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [Redacted]	3. Citation/Order Number [Redacted]
4. Referred To [Redacted]	5. Operator [Redacted]	
6. Mine [Redacted]	7. Mine ID [Redacted]	(Contractor)

Section II - Justification for Action

The 55-gallon barrel located under the valve of the grinding-aid storage tank has been removed, and a plastic bucket has been hung under the valve that is labeled, also the 5-gallon bucket full of grinding-aid has been removed, eliminating the hazard.

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 E16	10. Event Number [Redacted]
11. [Redacted]	12. Date [Redacted]

MSHA Form 7000-09, Mar 85 (revised)

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. Mine		5. Operator
6. Mine ID		(Contractor)

B. Condition or Practice

The air pressure gage located on the drain end of the grinding-aid storage tank was not being maintained. The gage was caked over with a build-up of hardened cement dust, and liquid from the grinding-aid chemical, making it impossible for the miner to see the pressure setting on this gage. This condition creates a hazard to the miner accessing this equipment. With out an accurate reading the system could be over pressurize and fail, causing the liquid to discharge under pressure injuring the miner. This system is accessed as needed by mill personal.

See Continuation Form MSHA Form 7000-36

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	56.14100b
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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 Debilitating  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  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) B16 20. Event Number 21. Primary or MII M 22. Signa 23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 2002, MSHA has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Offices (links to major resources have since been removed from this page) to assist small business and agriculture enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's performance. If you wish to comment on an enforcement action of MSHA, you may call 1-888-REG-FAIR (1-888-734-3271) or write the Office of the Ombudsman, MSHA, 1015 North 17th Street, MC 2120, Washington, DC 20378. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have 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 To: Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Sent To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)

SECTION I - SUBSEQUENT ACTION/CONTINUATION DATA

The air pressure gage located on the drain end of the grinding-aid storage tank has been replaced, and is now in a functional condition, eliminating the hazard.

See Continuation Form

Section II - Subsequent Action Taken

B. 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

B. Type of Inspection #16	10. Event Number [REDACTED]	
11. Site [REDACTED]	12. Date Mo Da Yr [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-3a, March 6 (revised)

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Mine Citation/Order

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



Section I - Violation Date

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. MSHA ID	(Contractor)

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

The air pressure gage located on the air supply line of the receiver tank, located on the upper structure of the 71-RF-05 tower was not being maintained. The lens was covered with hardened cement material, making it impossible to see the line pressure setting. This condition creates a hazard to the miner using this compressed air supply feed outlet. Without an accurate reading of the line pressure a miner could hook up a tool, or hose that was not rated for the pressure, causing the tool, or hose to fail injuring the miner. Sec. 56.14100 Safety defects; (b) Defects on any equipment, machinery, and tools that affect safety shall be corrected in a timely manner to prevent the creation of a hazard to persons.

See Continuation Form (MSHA Form 7000-36)

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	56.14100b
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Section II - Impactor's Evaluation

10. Gravity				
A. Injury or illness (fatal) (6): 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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 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	
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			F. Dated Mo Da Yr	
15. Area of Equipment				

18. 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)	E16	20. Event Number	21. Primary or MHI
22. Signature			23. AR Number

MSHA Form 7000-3, Apr 08 (rev 07) 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 1-800-REGS-FAIR (1-800-934-3247), 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  
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 [Redacted]	3. Citation Order Number [Redacted]
4. Referred To [Redacted]		5. Referred To [Redacted]
6. Mine [Redacted]	7. Mine ID [Redacted]	

Section II-Justification for Action

The air pressure gage located on the air supply line of the receiver tank mounted on the upper structure of the 71-RP-05, tower has been replaced, and is now in a functional condition, eliminating the hazard.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To A. Date Mo Da Yr [Redacted]	B. Time (24 Hr. Clock) [Redacted]	<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 E16	10. Event Number [Redacted]	
11. Site [Redacted]	12. Date Mo Da Yr [Redacted]	13. Time (24 Hr. Clock) [Redacted]

MSHA Form 7000-3a, MineB5 (rev. 5/81)

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. Section Title	5. Operator	
6. Mine	7. Mine ID	(Contractor)

**B. Condition or Practice** 8a. Written Notice (102c)

Safe means of access was not being provided to the work platform located on the top of the grinding-aid storage tank. The ladder located on the side of the tank was not extended down to the ground making it hazardous for a miner to use this ladder. The bottom rung was approximately 36-inches above ground level. This condition creates the possibility of a fall hazard to the miner accessing this ladder. This ladder is accessed as needed by maintenance, and mill personal. Sec. 56.11001 Safe access; Safe means of access shall be provided and maintained to all working places.

See Continuation Form (MSHA Form 7000-02)

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	56.11001
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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: 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 of Equipment

18. Termination Due

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

17. Action to Terminate

19. Terminated

A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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**Section IV - Authorized System Data**

19. Type of Inspection (activity code)	20. Event Number	21. Primary of Mill
E16		M
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 1-800-REG-FAIR (1-800-784-3247), or write the Ombudsman of 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  
Continuation

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



Section I - Subsequent Action/Continuation Data

1. Subsequent Action To Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [Redacted]	3. Citation/Order Number [Redacted]
4. Sent To [Redacted]	5. Operator [Redacted]	
6. Mine [Redacted]	7. Mine ID [Redacted]	(Contractor)

Section II - Justification for Action

Change	From	To
10. A. Injury or Illness	Unlikely	Reasonably Likely
Reason	Injury or Illness was entered in error.	
10. C. Significant and Substantial	No	Yes
Reason	Significant and Substantial was entered in error.	

The gravity of the citation was entered in error. This action is to change the injury or illness of the citation from unlikely to reasonably likely, and to change the significant and substantial from no, to yes.

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 type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV - Inspection Data

9. Type of Inspection	RI 6	10. Event Number	[Redacted]
11. Shift	[Redacted]	12. Date Mo Da Yr	[Redacted]
		13. Time (24 Hr. Clock)	[Redacted]

Mine Citation/Order  
Continuation

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



Section I - Subsequent Action/Continuation Data

1. Subsequent Action Ta. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
4. Operator	5. Mine ID	(Contractor)

Safe means of access is now being provided to access the top of the grinding-aid storage tank. The ladder has been extended to the ground, eliminating the hazard.

See Continuation Form 1

Section III - Subsequent Action Taken

6. 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	E16	10. Event Number
11. S	12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form 7000-34, Mar 85 (rev/84d)

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
4. Mine	7. Mine ID	(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The two miners working in the east end of the clinker building had not received the new task training after the operator implemented a new safety policy on mobile equipment entering and working inside the clinker building. The Safety Manager was aware of the new task training requirements and failed to insure the training was conducted. The operator is hereby ordered to withdraw the two miners until the required new task training has been completed. The Federal Mine Safety and Health Act of 1977 declares that an untrained miner is a hazard to himself, and to others.

See Construction Form (MSHA Form 7000-30)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			46.7b

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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 002		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104g	13. Type of Issuance (check one): Citation <input type="checkbox"/> Order <input checked="" 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: The two miners have received the new task training as required, eliminating the hazard. This order is hereby lifted.

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

Section IV - Automatic System Data

19. Type of Inspection (activity code)	B16	20. Event Number	21. Primary or Mill
			M
22. Signature			23. AR Number

MSHA Form 7000-3, Apr 68 (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 complaints from small businesses about federal agency enforcement actions. The Ombudsman and the Boards are to 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-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	3. Citation/Order Number
7. Mine ID	(Continued)

A. Condition or Practice B. Written Notice (103g)

The high wall located on the 109-level of bench #5 was under cut at the base, on the south west point, creating a large over hanging of material. Also there were loose unconsolidated rock over hanging at the top of the high wall. There were tire tracks on the bench below indicating this area had been traveled. There were no warning signs posted or barrier in place to impede entry. This condition creates a fall of material hazard to the miner, and mobile equipment traveling this area. Sec. 56.3200 Correction of hazardous conditions. Ground conditions that create a hazard to persons shall be taken down or supported before other work or travel is permitted in the affected area. Until corrective work is completed, the area shall be posted with a warning against entry and, when left unattended, a barrier shall be installed to impede unauthorized entry.

See Continuation Form (MSHA Form 7000-39)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.3200
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Section II - Inspector's Evaluation

10. Gravity	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Number of Persons Affected:	001
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	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 of 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 - Approved System Data

19. Type of Inspection (activity code)	E16	20. Event Number	21. Primary or Mill	P
22. Signature	23. AR Number			

MSHA Form 7000-39 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-FLEX-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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  
Continuation

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



Section I - Subsequent Action/Continuation Date

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo. Da. Yr.	3. Citation/ Order Number
4. Issued To		
5. Mine		7. Mine ID (Contractor)

Section II - Justification for Action

The high wall located on the 109-level of bench-5 has been bermed off to prevent entry at the south west point where the under-cut face was cited, and the large rock, and the loose unconsolidated material has been removed. Eliminating the hazard.

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	10. Event Number
E16	

11. Sign	12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form 7000-33, Mine Use Only

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
4. Mine	5. Operator	7. Mine ID
9. Condition or Practice		8a. Written Notice (103g)

The face and high wall located on the 109-level of bench #5 were not being maintained. There were loose rocks, and unconsolidated material along the entire length of the high wall. These conditions create a fall of material hazard to the miners and mobile equipment traveling this bench. This bench is accessed as needed by quarry personal.

Sec. 56.3130 Wall, bank, and slope stability; Mining methods shall be used that will maintain wall, bank, and slope stability in places where persons work or travel in performing their assigned tasks. When benching is necessary, the width and height shall be based on the type of equipment used for cleaning of benches or for scaling of walls, banks, and slopes.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.3130
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Section II - Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is) No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	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	B. Time (24 Hr. Clock)
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Section III - Termination Action

17. Action to Terminate
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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)	E16	20. Event Number	21. Primary or Mail P
22. Signature			23. AR Number

MSHA Form 7000-3, April 8 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 2002, 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 audits 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, 406 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  
Continuation

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



Section I - Subsequent Action/Continuation Data

1. Subsequent Action to Continuation <input checked="" type="checkbox"/> M <input type="checkbox"/> C	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
4. Signed To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor)

Section II - Justification for Action

A catch-bench / berm has been put in place along the face of the high wall located on the 109-level of bench-5, to prevent persons or mobile equipment from accessing the area, eliminating the hazard.

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 E16	10. Event Number [REDACTED]		
11. S [REDACTED]	AR Number [REDACTED]	12. Date Mo Da Yr [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-3a, MCF 88 (revised)

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. Sent To		
5. Mine ID		(Contractor)

B. Condition or Practice

6a. Written Notice (105g)

The bank on the south side of the primary feed hopper, located at the quarry crusher had large rocks, and unconsolidated material at the top, between the hopper structure, and the top of the bank. Also there were erosion at the lower portion of the bank where the ground was undercut from rain water. The distance from the top of the hopper to the crusher level below was estimated by the company to be approximately 30-feet. These conditions create a fall of material hazard to the miners accessing this area. This area is a heavily traveled area between the crusher control shack, and the crusher. Sec. 56.3200 Correction of hazardous conditions; Ground conditions that create a hazard to persons shall be taken down or supported before other work or travel is permitted in the affected area. Until corrective work is completed, the area shall be posted with a warning

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.3200
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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: 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 of 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): E16

20. Event Number

21. Primary or Mill: P

22. Signature

23. AR Number

MSHA Form 7000-3a (Rev. 10-1-90) Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Regulatory Enforcement Fairness Board to receive comments from small businesses about Federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsibility to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-RSG-FAIR (1-888-734-5247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW, MD 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 <input checked="" type="checkbox"/> Continuation	2. Dated (Original Issue)	3. Citation/Order Number
[Redacted]		[Redacted]
[Redacted]		7. Mine ID (Continuation)

Section II - Justification for Action

The operator has installed K-rails around the base perimeter of the bank on the south side of the primary feed hopper, and has posted signs to alert persons of the falling rock hazard, eliminating the hazard.

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	E16	10. Event Number	[Redacted]
11. Signer	[Redacted]	12. Date Mo Da Yr	[Redacted]
[Redacted]		13. Time (24 Hr. Clock)	[Redacted]

MSHA Form 7000-3a, M7 85 (10/2003)

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. Spaced To	5. Operator	
6. Mine	7. Mine ID	
9. Condition or Practice		8. Written Notice (100g)

The 2-inch electrical conduit located next to the catwalk on the south side of the primary feed hopper was not being maintained. The conduit cover was not secured, exposing the wire-nuts, and insulated conductor wires. This condition creates an electrical hazard to the miners accessing this area. Water could enter the conduit causing an electrical short resulting in injuries. Sec. 56.12032 Inspection and cover plates. Inspection and cover plates on electrical equipment and junction boxes shall be kept in place at all times except during testing or repairs.

See Comptroller 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
			56.12032

Section II - Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (fatal) (a): 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 Degrading <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 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
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	B. Time (24 Hr. Clock)

Section III - Termination Action	
17. Action to Terminate	The cover plate has been secured, eliminating the hazard.

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 MIT
R16		P
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 resolve complaints 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 [redacted]	2. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Reported To [redacted]		5. Mine ID [redacted] (Contractor)
6. Condition or Practice		6a. Written Notice (1055) <input type="checkbox"/>

Safe means of access was not being provided to the catwalk, located on the south side of the primary feed hopper at the top end. The gated entrance to the catwalk had a drop off of approximately 20-inches, and the ground below was covered with large rocks, mud, and water. These conditions create an slip, trip, and fall hazard to the miner attempting to access this catwalk. This catwalk is used as needed by crusher personal for cleaning of the hopper chute, and to access the top area of the feed hopper. Sec. 56.11001 Safe access; Safe means of access shall be provided and maintained to all working places.

See Continuation Form (MSHA Form 7000-3a)

B. Violation	A. Health Safety Other	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 type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action (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 of Equipment				

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

17. Action to Terminate The gated entrance to the catwalk has been welded closed, eliminating the hazard.

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

19. Type of Inspection (activity)	20. Event Number	21. Primary or Mit	23. AIR Number
116	[redacted]	P	[redacted]

MSHA Form 7000-3a, 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 8th 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 - Violator Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Operator [REDACTED]		5. Mine ID [REDACTED]

6. Condition or Practice

See Written Notice (103g)

The 110-volt electrical junction box located on the lower portion of the hand railing on the west side of the crusher motor level was missing the cover plate, exposing the wire-nuts, and insulated conductor wires. There was a maintenance crew working on the crusher when this box was located. This condition creates the possibility of an electrical shock, or burn hazard to the miners working in this area. Without the water tight cover in place rain, and moisture could enter the box causing an electrical short, and possible injuries.

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
			56.12032

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 [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III - Termination Action

17. Action to Terminate: The cover has been installed on the junction box, 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)	B16	20. Event Number	[REDACTED]	21. Primary or All	P
22. Signature	[REDACTED]	23. AR Number	[REDACTED]		

MSHA Form 7000-3a (Rev. 10-1-88) The 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 3120, 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. Reported To	5. Mine ID	(Contractor)

8. Condition or Practice

By Written Notice (199a)

The cover plate on the 480 / 277-volt, electrical (weather proof) junction box located on the east side of the crusher was not secured in place, and the box was damaged. The cover plate was being held by two loose screws. The cover plate was partly opened, and the box was bent, exposing the insulated conductor wires and wire-nuts. This condition creates the possibility of an electrical shock or burn hazard to the crusher maintenance crew working in this area. Without the water tight cover secured, rain and moisture build-up could cause an electrical short, and possible injuries. Sec. 56.12032 Inspection and cover plates; inspection and cover plates on electrical equipment and junction boxes shall be kept in place at all times except during testing or repairs.

See Continuation Form (MSHA Form 7000-06)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.12032
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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: (0)		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" 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 of 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 of)	20. Event Number	21. Primary or MB P
22. Signature	23. AR Number	

MSHA Form 7000-06 (Rev. 10-1-80) is a mandatory enforcement form. The Small Business Administration has established a National Ombudsman to receive comments from small businesses about federal agency enforcement actions. The Ombudsman actively evaluates enforcement activities and holds 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 2416, 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 (a. Continuation b. )	2. Dated (Original Issue)	Mo Da Yr	3. Citation Order Number
4. Served To	5. Consider		6. Consider
7. Mine ID	(Inspector)		

Section II - Justification for Action

The operator has requested additional time to order, and install a new electrical junction box on the east side of the crusher. The operator has installed the old cover plate, and had sealed it with silicone to prevent moisture from entering the box.

See Continuation Form

Section III - Subsequent Action Taken

B. Extended To	A. Date	Mo Da Yr	B. 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			
11. Sign	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form

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	7. Mine ID
8. Condition or Practice		9. Written Notice (103p)

The travelway between the iron ore feeder, and the entrance to the catwalk on the 34-BC-09, (south side) was blocked by a pile of large rock, and material that had fallen from the discharge chute above this travelway. This condition creates a slip, trip, and fall hazard to the miner accessing this travelway. This travelway and catwalk is accessed as needed by maintenance, and repair personal. Sec. 56.20003 Housekeeping; At all mining operations-(a) Workplaces, passageways, storerooms, and service rooms shall be kept clean and orderly.

See Continuation Form (MSHA Form 7000-06)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.20003a

**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: [04a] 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): R16 20. Event Number: 21. Primary or Mill: P 22. Signature: 23. AR Number:

MSHA Form 7000-06, established under the Small Business Regulatory Enforcement Fairness Act of 2006, the Small Business Administration has established a Small Business Regulatory Enforcement Fairness Board to receive comments from small businesses about federal agency enforcement actions of MSHA. 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, 400 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 Date				
1. Subsequent Action to Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue)	Mo	Da	Yr
3. Citation/Order Number		4. Operator		
5. Mine ID		6. (Continuation)		
Section II--Justification for Action				

The pile of large rock blocking the travel way, located on the south side between the iron ore feeder, and the 34-BC-09, has been removed, 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 <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified <input type="checkbox"/>	
Section IV--Inspection Date				
9. Type of Inspection	10. Event Number			
E16				
11. Sign	12. Date	Mo	Da	Yr
	13. Time (24 Hr. Clock)			

MSHA Form 7000-3a, Mar 85 (m/1985)

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. Operator		5. Mine ID
6. Condition or Practice		7a. Written Notice (103g)

The guard located on the tail pulley of the 34-BC-12, at the iron ore feeder was not being maintained. The expanded metal had separated from the angle iron frame, on the west side of the tail pulley, and the guard was not secured in place. These conditions creates an entanglement hazard to the miners accessing this tail pulley area. This area is accessed as needed by maintenance and repair personal. Sec. 56.14112 Construction and maintenance of guards: (a) Guards shall be constructed and maintained to-(1) Withstand the vibration, shock, and wear to which they will be subjected during normal operation;

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14112a1

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 type="checkbox"/>	Permanently disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	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
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	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)	20. Event Number	21. Primary or Mill	22. Signature	23. AR Number
E16		P		

MSHA Form 7000-3a (Rev. 10-1-80) U.S. Department of Labor, Mine Safety and Health Administration. The Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business Ombudsman. 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, 499 8th 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  
Continuation

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



Section I - Subsequent Action/Continuation Data

1. Subsequent Action Is Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number

Section II - Justification for Action

The operator has requested additional time to rebuild the tail pulley guarding on 34-BC-12. The plant is in a shut down and the conveyor will remain out of service until the guarding is completed.

See Continuation Form

Section III - Subsequent Action Taken

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

Section IV - Inspection Data

9. Type of Inspection	10. Event Number
E16	

11. S	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form 7000-34, 11-2-89 (revised)

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. Mine	7. Mine ID	(Contractor)
8. Condition or Practice		9a. Written Notice (103g)

The travel way located under the discharge chute at the 31-BC-07, was not barricaded, or posted with warning signs to alert persons of the falling rock and material. The discharge chute is located approximately 25-feet above the travel way, and is not immediately obvious. There was a pile of large rock in the travel way from the discharge chute that had accumulated in the travel way. Miners traveling through this area could be struck by the large rock causing serious injuries. This area is accessed as needed for maintenance and repairs. Sec. 56.20011 Barricades and warning signs: Areas where health or safety hazards exist that are not immediately obvious to employees shall be barricaded, or warning signs shall be posted at all approaches. Warning signs shall be readily visible, legible, and display the nature of the hazard and any protective action required.

See Continuation Form (MSHA Form 7000-38)

9. Violation	A. Health Safety Officer	B. Section of Act	C. Part/Section of Title 30 CFR	56.20011
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Section II - Inspector's Evaluation

10. Gravity				
A. Injury or illness (has) (to): 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 type="checkbox"/> Permanently disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one): A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 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"/>		
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 of 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) E16	20. Event Number	21. Primary or Mit P	23. AR Number
22. Signature			

MSHA Form 7000-38 (Rev. 10-2000) is required by the Small Business Regulatory Enforcement Fairness Act of 1996. The Small Business Administration has established a Small Business Regulatory Enforcement Fairness Board 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, 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.

Mine Citation/Order  
Continuation

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



Section I - Subsequent Action/Continuation Data

1. Subsequent Action Is Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [Redacted]	3. Citation/Order Number [Redacted]
4. Mine [Redacted]		5. Operator [Redacted]
6. Mine ID [Redacted]		7. Mine ID (Contractor) [Redacted]

Section II - Description of Action

The travel way located under the discharge chute at the 31-BC-07 is now barricaded, and warning signs have been posted of the hazard. The operator has installed safety chains, and hand rails to prevent unauthorized entry into this area, eliminating the hazard.

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	10. Event Number	
11. Sign [Redacted]	12. Date Mo Da Yr	13. Time (24 Hr. Clock) [Redacted]

MSHA Form

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. Inspected To	5. Operator	
6. Mine ID	(Contractor)	
or Written Notice (303g)		

The travel ways located on the top of the lime stone silos were not posted with warning signs to identify low head clearance. There were two over head conveyor structures that were approximately 60-inches above the travel way. These conditions create a hazard to the miners accessing these silos. These silos are accessed as needed by maintenance and plant personal. Sec. 56.11008 Restricted clearance; Where restricted clearance creates a hazard to persons, the restricted clearance shall be conspicuously marked.

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 20 CFR
			56.11008

**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 Debilitating  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: 10d

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 of Equipment

16. Termination Date: 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 (aduly): 20. Event Number: 21. Primary or Bill: 22. Signature: 23. AR Number:

MSHA Form 7000-3a established a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has 10 Regional Fairness Boards to receive comments from small businesses about Federal agency enforcement actions. The Ombudsman annually evaluates enforcement services and files 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 control conditions 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 Is: Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
4. Served To	5. Generator	
6. Mine	7. Mine ID	(Contractor)

Section II - Justification for Action

The travel way located on the top of the lime stone silos are now posted with warning signs alerting persons of the low head clearance, 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 <input type="checkbox"/>	D. Terminated <input checked="" type="checkbox"/>	E. Modified <input type="checkbox"/>
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Section IV - Inspection Data

9. Type of Inspection	E16	10. Event Number
11. S	12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA



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 by <input type="checkbox"/>		2. Date (Original Issue)		Mo Da Yr	3. Citation/ Order Number
4. Period To		5. Operator			
6. Mine		7. Mine ID		(Contractor)	

Section II-Subsequent Action

The 110-volt electrical flex conduit located on the top of the lime stone silos has been repaired where it enters the compression fitting, eliminating the hazard.

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	B16	10. Event Number	
11. Signa		12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form



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. [REDACTED]	3. Citation/Order Number [REDACTED]
4. Sent to [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED]	(Contractor) [REDACTED]

Section II—Justification for Action

The operator has requested additional time to modify the existing guard on the back side of the head pulley of 34-BC-10. The plant is in a shut down, and the conveyor will not be operated until the guarding has been completed.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo. Da. Yr. [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]	<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	616	10. Event Number	[REDACTED]
11. [REDACTED]	AR Number	12. Date	Mo. Da. Yr. [REDACTED]
	[REDACTED]		13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-02, MSH 65 (10-1-85)

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. Survey To	5. Operator	
6. Mine ID	(Contractor)	
8. Condition or Practice		By: Written Notice (1055)

The walkway located on the top of the lime stone silos had a spillage of material covering the width of the walkway. This condition creates a slip trip and fall hazard to the miners accessing this area. The silo was estimated by the company to be approximately 80-ft above ground level, and the walkway ran along the hand railing on the north side of the silo. Sec. 56.20003 Housekeeping. At all mining operations; (a) Workplaces passageways, storerooms, and service rooms shall be kept clean and orderly.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.20003a
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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: (00)

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): 516

20. Event Number

21. Primary or MR: P

22. Signature

23. AR Number

MSHA Form 7000-3, April (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 publishes 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, 400 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 Is: Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
4. Mine ID		5. Operator
6. Mine ID		7. Mine ID (Contractor)

Section II - Justification for Action

The spillage of material covering the walkway located on the top of the lime stone silos has been removed, eliminating the hazard.

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	E16	10. Event Number	

11. Signat		12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form

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 of Day [redacted]	3. Citation/ Order Number [redacted]
4. Inspected To [redacted]	5. Operator [redacted]	
6. Mine [redacted]	7. Mine ID [redacted]	(Contractor) <input type="checkbox"/>
8. Condition or Practice		9a. Written Notice (1099) <input type="checkbox"/>

The head pulley located on the east side of the 54-BC-01, on the 4th level of the pre heater tower was not guarded to prevent persons from contacting the moving machine parts. The guard in place was not adequate, because it did not consist of a top, to prevent access to this pulley. This condition creates the possibility of entanglement to the miner working on this head pulley. This area is accessed daily by tower, and maintenance personal. Sec. 56.14107 Moving machine parts; (a) Moving machine parts shall be guarded to protect persons from contacting gears, sprockets, chains, drive, head, tail, and takeup pulleys, flywheels, couplings, shafts, fan blades, and similar moving parts that can cause injury.

See Continuation Form (MSHA Form 7000-2a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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Section II - Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 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 [redacted]	B. Time (24 Hr. Clock) [redacted]
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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) E16	20. Event Number [redacted]	21. Primary or Mill M	22. AR Number [redacted]
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MSHA Form 7000-2a established enforcement actions. The Ombudsman has established 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, WAO 2120, Washington, DC 20419. Please note, however, that your right to file a complaint 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 To: CONTINUATION <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number		
4. Extended To	5. Operator			
6. Mine	7. Mine ID (Continuation)			
Section II - Description for Action				

The head pulley on the east side of the 54-BC-01, located on the 4th level of the preheater tower is now adequately guarded. A top and back end has been installed on the existing guard to prevent persons from contacting the moving machine parts, eliminating the hazard.

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	B16	10. Event Number			
11. Signat	ber	12. Date Mo Da Yr	13. Time (24 Hr. Clock)		

MSHA Form 7000-2a, Mar 88 (revised)

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. Suspect To		
6. Mine		7. Mine ID (Contractor)
8. Condition or Practice		9a. Written Notice (303g)

The air receiver tank located on the south side of the pre heater tower, on level-5 was not equipped with a pressure gage as required. This condition creates the possibility of a failure of the air supply feed line, and receiver tank resulting in injuries to the miners. This area is accessed daily by tower personal. Sec. 56.13011 Air receiver tanks; Air receiver tanks shall be equipped with one or more automatic pressure-relief valves. The total relieving capacity of the relief valves shall prevent pressure from exceeding the maximum allowable working pressure in a receiver tank by not more than 10 percent. Air receiver tanks also shall be equipped with indicating pressure gauges which accurately measure the pressure within the air receiver tanks.

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	56.13011
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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 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	
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	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) E16	20. Event Number	21. Primary or Mill M
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 complaints 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, 400 3rd Street, SW, MD 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 data in 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 Is, Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number
4. Forward To	5. Consider	
6. Mine	7. Mine ID	

Section II - Justification for Action

The air receiver tank located on the south side of the preheater tower on the 4th level is now equipped with a pressure gauge, eliminating the hazard.

See Continuation Form 1

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	R16	10. Event Number	
11. Sign		12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA Form

Mine Citation/Order

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



**Section I - Citation Data**

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The weather shelter constructed over the control switches for the 54-BC-01, was not posted with warning signs to indicate the low head clearance. The lower corner of the shelter hangs out into the travel way next to the head pulley, and was approximately 6-ft above floor level. This condition creates a hazard to the miner accessing this travel way. This travel way is accessed daily by tower, and maintenance personal. Sec. 56.11008 Restricted clearance; Where restricted clearance creates a hazard to persons, the restricted clearance shall be conspicuously marked.

See Continuation Form (MSHA Form 7020-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.11008
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**Section II - Inspector's Evaluation**

10. Gravity

A. Injury or illness (has) (s): 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: 00

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) E16

20. Event Number

21. Primary or MII M

22. Signature

23. AR Number

MSHA Form 7000-9, Age of previously... 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, 400 3rd Street, SW MC 3120, 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 (a. Continuation) <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr	3. Citation/Order Number		
4. Sent To	5. Operator			
6. Mine	7. Mine ID			

Section II - Justification for Action

The weather shelter over the control switches for the 54-BC-01, has been cut back,, removing it from the travel way, and raising the end approximately 6-inches, 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 <input type="checkbox"/> D. Terminated <input checked="" type="checkbox"/> E. Modified <input type="checkbox"/>	

Section IV - Inspection Data				
9. Type of Inspection	E16	10. Event Number		
11. Sig			12. Date Mo Da Yr	13. Time (24 Hr. Clock)

MSHA

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]		7. Mine ID [redacted] (Contractor)

**B. Condition or Practice** Ba. Written Notice (103g)

Work place examinations were not being conducted at the east end of the clinker building as required. Management failed to insure that the examinations were being conducted. A citation [redacted] was issued on [redacted] for this same violation, and the Safety Manager implemented a new policy as a result of that citation. [redacted] could not produce records that work place examinations were being conducted in this area. Management engaged in aggravated conduct constituting more than ordinary negligence in that they failed to insure that the work place examinations were being conducted. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.18002a

**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 104d2 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 [redacted] F. Dated Mo Da Yr [redacted]

15. Area or Equipment East end of the clinker building

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

**Section III - Termination Action**

17. Action to Terminate An examination of the working area at the east end of the clinker building has been conducted, and a record of that examination has been provided to this inspector. This order is hereby lifted.

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

**Section IV - Automated System Data**

19. Type of Inspection (activity code) F16	20. Event Number [redacted]	21. Primary or Mill M
22. Signature [redacted]		23. AR Number [redacted]

MSHA Form 7000-3a is required by 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 Process 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 (1-888-734-3247), or write the Ombudsman of Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW, MC 2129, 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.

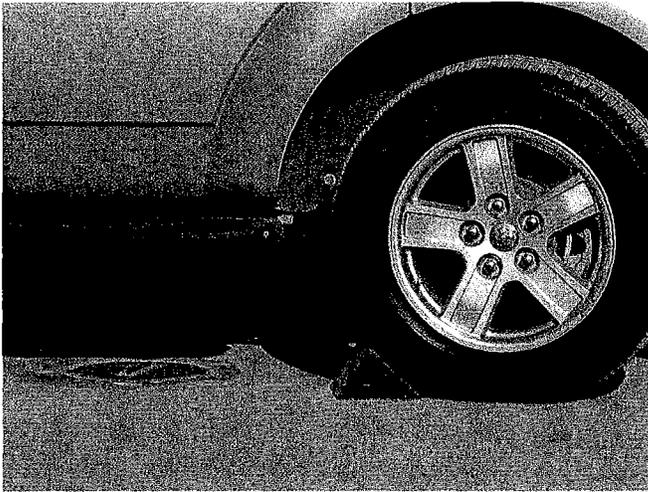
Attachment C - Pictures of Office, Facility and safe practices

Field office, one of the best for business labeling



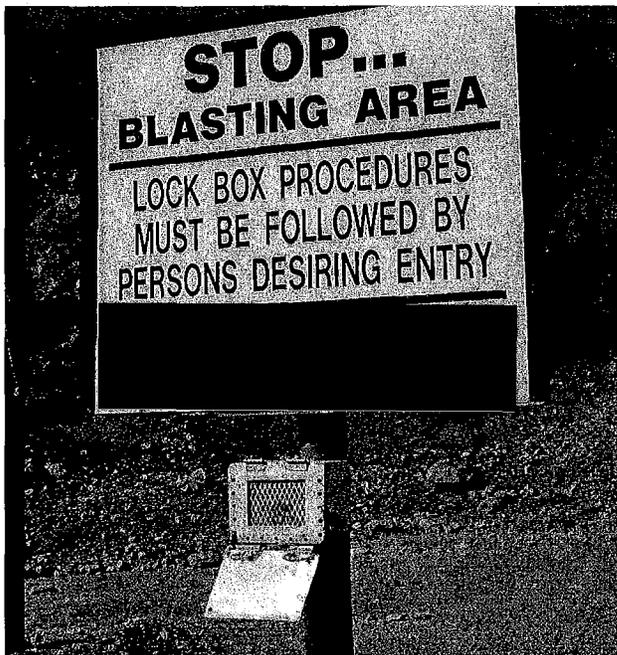
Best Practices

GOV Wheel chalks used on mine sites



Best practices, quarry lock out procedure

All entities entering quarry must place lock on the white box under the sign when entering the quarry. No blast can take place until all locks are removed and the open lid (below the expanded metal) can be closed and locked. Guards are present at that time until after the blast would occur and a double check of the blast area and pit is completed prior to blasting.



Lock-out procedure in the plant area. Master key is locked inside this box.

