

**U.S. Department of Labor**

Mine Safety and Health Administration  
201 12th Street South  
Arlington, Virginia 22202-5452



**JUN -6 2016**

**MEMORANDUM FOR PATRICIA W. SILVEY**

Deputy Assistant Secretary for Operations  
Mine Safety and Health

**THROUGH:**

**KEVIN G. STRICKLIN**  
Administrator for  
Coal Mine Safety and Health

**FROM:**

**THOMAS W. CHARBONEAU**  
Director, Office of Assessments, Accountability,  
Special Enforcement and Investigations

**SUBJECT:**

**MSHA Office of Accountability Review, Coal District 7  
Hazard, Kentucky Field Office, and**

Introduction

This memorandum summarizes the Office of Accountability's review of the subject district office, field office, and mine. The purpose of the accountability reviews is to determine whether Agency enforcement policies, procedures, and guidance are being followed consistently and whether mission critical enforcement activities are accomplished effectively. This review included MSHA field activities; level of enforcement; conditions and practices at the mine; and MSHA supervisory and managerial oversight. The accountability review also included evaluations to determine if there were any issues in areas commonly identified during Agency internal reviews of MSHA's actions following past mine disasters.

## Overview

Office of Accountability Specialists Mark Odum and Troy Davis conducted an accountability review of Coal District 7 and the Hazard, Kentucky Field Office, from [REDACTED]. This review focused on inspection activities during FY 2015 (October 2014 through September 2015), and specifically on documentation of the regular E01 inspection, Event No. [REDACTED] conducted by the Hazard, Kentucky Field Office of the [REDACTED].

The review of District 7's Hazard, KY Field Office was conducted pursuant to the annual accountability review plan schedule, and the [REDACTED] was selected because the mine received [REDACTED] 104 (d) orders in FY 2015 and [REDACTED] 104 (d) orders in FY 2014.

Positive findings are included in this accountability review report; however the team identified two issues during the review which required a corrective action plan.

## Mine Visit

The Review Team accompanied the Field Office Supervisor, Assistant District Manager and an inspector to the [REDACTED] as part of a Regular Safety and Health Inspection (E01). A second inspector was also at the site during the mine visit.

[REDACTED]  
[REDACTED]  
[REDACTED] At the time of this review, the mine employed approximately [REDACTED] miners and worked two production shifts and one maintenance shift per day, five days per week. The mine used one active mechanized mining unit (MMU) which produced an average of [REDACTED] tons of raw coal daily. The coal was extracted by room and pillar technique with continuous mining machines, loaded onto a continuous haulage unit, and transported to the surface and preparation plant via conveyor belt systems where it was processed and made ready for commerce.

The Review Team traveled to the MMU 010-0, active working section, 2-Left Panel, where the mine operator was in the process of moving the section to main headings. The inspection included checks of the section for imminent dangers, making examinations of all working places for methane and oxygen deficiency and included ventilation, cleanup, rock dusting activities and a check of roof and rib conditions. The team observed the 8A, 8B, 8C, 8D, and 8E active haulage/belt and alternate escapeways, signage, escapeway lifelines and markings, an outby refuge alternative along the travel route, escapeway map, portions of the primary escapeway, and inspection of a rail-mounted personnel carrier. The inspection also included a set of Minova 120 psi seals (seal set #23).

Surface areas of the mine observed during this inspection included: mine maps, examination records, and inspection conferences conducted by the inspector. The inspector properly issued six enforcement actions to the mine operator for conditions of noncompliance.

### Review Results

The accountability review revealed positive findings in several areas, including the following:

- The inspectors included bag numbers on the tracking map for rock dust surveys
- Inspectors used a color coding system to help track the inspection on the tracking map
- Inspection notes were clear, organized and properly documented findings

As a part of the review, enforcement levels of the mine and field office were compared with the district and national averages. The [REDACTED] had the following statistics:

- A significant and substantial (S&S) issuance rate of 24 percent during the first three quarters of FY 2015 where the mine received [REDACTED] - 104(a) citations and [REDACTED] 104(d) orders; compared to FY 2014 when the [REDACTED] had a S&S rate of 23 percent where the mine received [REDACTED] - 104(a) citations and [REDACTED] 104(d) orders.
- An elevated enforcement rate of 11.8 percent for FY 2015 compared to 6.5 percent for FY 2014
- A Violations per Inspection Hour (VPIH) rate of 0.20 for FY 2015 compared to 0.14 for FY 2014

The field office had the following issuance rates related to the Coal sector for FY 2014:

- An S&S rate of 21 percent compared to the district's rate of 24 percent and the national average rate of 28 percent
- An elevated enforcement rate of 3.1 percent compared to the district's rate of 3.9 percent and the national average rate of 6.3 percent
- A VPIH rate of 0.17 compared to the district's rate of 0.13 and the national rate of 0.12

For the first three quarters of FY 2015, the enforcement levels for the field office were:

- An S&S rate of 22 percent compared to the district's rate of 22 percent and the national average rate of 25 percent

- An elevated enforcement rate of 3.8 percent compared to the district's rate of 3.3 percent and the national average rate of 5.6 percent
- A VPIH rate of 0.17 compared to the district's rate of 0.13 and the national rate of 0.12

The comparison showed the S&S rate for the mine was approximately the same as that of the district and field office. The elevated enforcement rate for the mine was higher than the average for the field office, the average for the district, and the national average. The VIPH rate for the mine was slightly higher than the district and field office rates.

The event reviewed, Event No. [REDACTED] had [REDACTED] issuances with 21% S&S and [REDACTED] issuances with elevated negligence. [REDACTED] 104 (d) actions were issued during the event. Based on observations during the mine visit, enforcement levels were appropriate for the mining conditions and work practices.

This accountability review revealed two issues or material weaknesses<sup>1</sup> that required corrective actions and are discussed below. The Review Team identified some non-material issues<sup>2</sup> and discussed these with the District personnel. Items discussed included 103(i) spot inspections as related to other categories of inspection; coding of hazard complaint inspections; inspection tracking system and tracking map documentation; gravity determinations for violations of standards that affect emergency escape/evacuation of miners. These non-material issues did not require a corrective action plan. (See Attachment E)

The two issues that required corrective actions are as follows:

- 1. A complete and thorough E01 inspection was not conducted for the E01 event number [REDACTED] (See Attachments A and D for details)**

The following three locations in the mine were not inspected:

- An area of return aircourse between [REDACTED] Mains and [REDACTED] Mains – the area affected was five crosscuts in length.
- An intake aircourse between [REDACTED] Mains and [REDACTED] Mains – the area affected was 10 crosscuts in length.
- An area of the [REDACTED] Mains between [REDACTED] Mains and the [REDACTED] Mains – the area affected was six crosscuts in length.

<sup>1</sup> The Accountability Program Handbook, AH13-III-1, defines material weaknesses as those that, if left unaddressed, would likely result in continuing deficient operations, and are important enough to warrant a corrective action.

<sup>2</sup> According to the Accountability Program Handbook, non-material deficiencies are deficiencies identified during the reviews but are not determined to be material weaknesses. These non-material deficiencies should be discussed with management during the accountability review closeout conferences but do not need to be included as deficiencies in the accountability review reports.

**2. Proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys, including completion of form 2000-86, was not being followed.** (See Attachments A and D for details)

MSHA forms 2000-86 for respirable dust surveys conducted during the E01 were not properly completed. The form 2000-86 for MMU 001-0 did not include the water spray pressures measured during the second half of the shift and the form 2000-86 for MMU 010-0 did not include "Ventilation" information for Section 17A.

A corrective action plan from the District Manager to address the issues is attached to this report. (See Attachment F)

The district, along with the Review Team, analyzed the findings identified during this review to determine the root cause(s) of the noted issues. Item 1 was a result of the mine being a large and expansive mine that uses mains and parallel mains with several entries cut through at various locations. Some of these cut-through entries did not contain ventilation controls separating the mains and parallel mains. Some confusion existed as to the requirement to inspect these cut-through entries. Item 2 was the result of the inspector not fully completing the form due to inattention to the details of the form and its requirements. The [REDACTED] also failed to identify the omission of the information on the form.

Based on review of the materials and interviews conducted, District 7 has implemented corrective actions regarding roof control plan SOPs to comply with the established Program Policy Manual requirements.

Attachments

- A. Office of Accountability Checklist
- B. Citations/Orders issued during this review
  - 1. Citation [REDACTED] 75.202(a)
  - 2. Citation [REDACTED] 75.202(a)
  - 3. Citation [REDACTED] 75.333(h)
  - 4. Citation [REDACTED] 75.333(h)
  - 5. Citation [REDACTED] 75.1106-3(a)(2)
  - 6. Citation [REDACTED] 75.333(e)(1)(ii)
- C. Examples of Citations Issued During Previous E01 Inspections  
(No issues were identified during this review)
- D. Issues identified with corresponding requirements
- E. Discussion Items
- F. District Corrective Action Plan

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Attachment A - Office of Accountability Checklist

1. Determine if complete and thorough E01 inspections are being conducted and/or if policy and procedures were properly followed.

Adequate

Corrective Action Needed

Comments Below

**See Attachment D**

2. Determine if documentation for inspections is complete and thorough.

Adequate

Corrective Action Needed

Comments Below

- Determine if citations and orders issued during previous inspections were
3. properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.

Adequate

Corrective Action Needed

Comments Below

4. Evaluate inspector/specialist examination of required record books and postings for compliance with applicable standards.

Adequate

Corrective Action Needed

Comments Below

5. Evaluate inspector/specialist examination of the operator's maps (on-site) for accuracy, escapeway locations, etc.

Adequate

Corrective Action Needed

Comments Below

6. Evaluate, upon arrival on the working section, inspector/specialist examination of all working faces for imminent dangers.

Adequate

Corrective Action Needed

Comments Below

United States Department of Labor  
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[REDACTED]

Date

[REDACTED]

7. Evaluate the inspector/specialist observation of the work cycle and conditions on the working section during the review.

Adequate

Corrective Action Needed

Comments Below

Section was being moved - observed work practices of installation and removal of equipment.

8. Evaluate the inspector/specialist air quantity, quality, and gas checks during the review.

Adequate

Corrective Action Needed

Comments Below

9. Evaluate inspector/specialist examination of equipment electrical cables during the review.

Adequate

Corrective Action Needed

Comments Below

10. Evaluate inspector/specialist examination for permissibility during the review.

Adequate

Corrective Action Needed

Comments Below

N/A – not observed during this review

11. Determine if previous E01 inspections include examinations of the condition and maintenance of conveyor belts, belt entries, belt drives, fire detection and suppression systems, and separation of belt entries from other air courses.

Adequate

Corrective Action Needed

Comments Below

12. Evaluate, during the review, the inspection of at least one set of seals, including methods for obtaining samples from sealed area.

Adequate

Corrective Action Needed

Comments Below

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Date

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

Adequate  Corrective Action Needed  Comments Below

14. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

Adequate  Corrective Action Needed  Comments Below

N/A – not reviewed during this review

15. Evaluate 103(i) spot inspection (E02) reports for the office/district being reviewed for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate  Corrective Action Needed  Comments Below

16. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.

Adequate  Corrective Action Needed  Comments Below

17. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate  Corrective Action Needed  Comments Below

18. Determine if required Accompanied Activities (AAs); Field Activity Reviews (FARs) and supervisory follow-ups are being conducted and documented according to agency policy and procedures?

Adequate  Corrective Action Needed  Comments Below

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

[REDACTED]

Date

[REDACTED]

19. Determine if a 104(d) tracking system is in place and being kept current at the office being reviewed.

Adequate

Corrective Action Needed

Comments Below

20. Determine if the Uniform Mine File (UMF) books are being maintained and reviewed according to current agency policy and procedures.

Adequate

Corrective Action Needed

Comments Below

The field office is in the process of converting to electronic Uniform Mine Files.

21. Determine if supervisors are thoroughly reviewing Uniform Mine Files at least annually?

Adequate

Corrective Action Needed

Comments Below

22. Determine if supervisors are visiting each active underground mine at least annually.

Adequate

Corrective Action Needed

Comments Below

23. Determine if all sections where retreat mining is occurring (not to include longwall mining) are being inspected at least monthly?

Adequate

Corrective Action Needed

Comments Below

24. Determine if documentation of staff meetings/safety meetings are effective and relevant to current issues and the Agency's mission.

Adequate

Corrective Action Needed

Comments Below

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Determine, after an in-mine visit, if approved plans (ventilation, roof control, training, Emergency Response Plan (ERP), etc.) are compatible with mining conditions and equipment.

Adequate

Corrective Action Needed

Comments Below

26. Determine if approved plans are being revised or updated to reflect changes in conditions and/or equipment.

Adequate

Corrective Action Needed

Comments Below

27. Determine if plan reviews are in compliance with current agency policy and procedures (performed within required timeframes, tracked from the date of submission, properly documented, and contain input from all affected departments and field offices).

Adequate

Corrective Action Needed

Comments Below

28. Determine if Assistant District Managers are conducting the required second level reviews and holding supervisors accountable for oversight of Field Activity Reviews and Accompanied Activities.

29. Determine if district management personnel are reviewing work products and reports for accuracy and completeness.

Adequate

Corrective Action Needed

Comments Below

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Determine if District Managers, Assistant District Managers, and  
30. supervisors are conducting required mine visits and properly completing  
the required spreadsheet.

Adequate  Corrective Action Needed  Comments Below

Determine if District Manager is using discretion in granting conferences  
and monitoring the Alternative Case Resolution (ACR) program to ensure  
31. that all decisions (including upholding, modifying or vacating citations) are  
properly documented and justified by the Conference and Litigation  
Representatives (CLRs).

Adequate  Corrective Action Needed  Comments Below

N/A – not reviewed during this review

Determine if the District Manager is holding the Supervisory Special  
32. Investigator (SSI) accountable for properly evaluating and initiating or  
denying potential cases.

Adequate  Corrective Action Needed  Comments Below

N/A – not reviewed during this review

33. Determine if managers and supervisors are using required standardized  
reports to review critical data relevant to inspections and investigations.

Adequate  Corrective Action Needed  Comments Below

Determine if Districts are conducting reviews in compliance with agency  
34. policy and procedures including follow-up to determine the effectiveness of  
corrective actions.

Adequate  Corrective Action Needed  Comments Below

United States Department of Labor  
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Office of Accountability

District

Coal District 7

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Hazard KY  
Field Office

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Date

35. Determine if information (mine status, methane liberation, number of employees, etc.) is being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate

Corrective Action Needed

Comments Below

36. Determine if District Managers are using the Report Center to identify overdue responses from operators and take appropriate actions.

37. Determine if a complete permissibility inspection of each longwall system is being conducted by electrical specialists or inspectors who hold a current MSHA electrical qualification card on at least an annual basis.

Adequate

Corrective Action Needed

Comments Below

N/A – No longwalls in District 7

38. Determine if a proper examination of the Atmospheric Monitoring System (AMS) and/or AMS systems that operate Carbon Monoxide (CO) sensors for the purposes of 75.1101 is being conducted. A complete inspection includes those items in the Coal General Inspection Procedures Handbook (GIPH) AMS checklist.

Adequate

Corrective Action Needed

Comments Below

39. Determine if SSIs are maintaining a memorandum detailing the reasons for not conducting a special investigation when the district manager decides to take no further action, in accordance with the Special Investigations Procedures Handbook.

Adequate

Corrective Action Needed

Comments Below

N/A – not reviewed during this review

United States Department of Labor  
Mine Safety and Health Administration  
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District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

[REDACTED]

Date

[REDACTED]

Determine if proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys are being followed. Proper documentation to include blue cards, 2000-86's, etc.

Adequate

Corrective Action Needed

Comments Below

See Attachment D

41. Determine if District Managers and Assistant District Managers are providing acting field office supervisors with the level of oversight necessary to manage their work groups on a temporary basis including an online distance learning training course with a knowledge check for temporarily promoted supervisors. The guidance will be included in each District's Standard Operating Procedure (SOP) for training newly promoted field office supervisors.

[REDACTED]

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

District Coal District 7 Field Office Hazard KY  
Field Office Mine ID [REDACTED] Date [REDACTED]

**Attachment B – Citations/Orders Issued During This Review**

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            |  |
| 6. Mine                   |          | 7. Mine ID             |  |
| 8. Condition or Practice  |          |                        | 8a. Written Notice (103g) <input type="checkbox"/> |

The roof, face and ribs of areas where persons work or travel is not being supported or otherwise controlled to protect persons from hazards related to drawrock at the following locations in the [REDACTED] Mains Intake: 1.) In between cross-cut 89-90, in the No. 4 entry, on the right rib, loose drawrock is present, measuring 31" inches wide by 61" inches long, 1"-4" inches thick. 2.) In between cross-cut 29-30, in the No. 4 entry, adjacent to Seal Set 23, on the right rib, loose drawrock is present measuring 4' feet by 4' feet, 1"-4" inches thick. Miners are required to travel through these areas daily. A person hit by falling material would be reasonably likely to receive bruises, broken bones.

Standard 75.202(a) was cited [REDACTED]  
 [REDACTED]

|              |  |                   |                                 |
|--------------|--|-------------------|---------------------------------|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
|              |  |                   | 75.202(a)                       |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 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 104(a)   |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |                                    |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  |   | E. Citation/Order Number           |
|   |  |   | F. Dated Mo Da Yr                  |
| 15. Area or Equipment   |  |   |                                    |

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

Section III--Termination Action

17. Action to Terminate The operator pulled the cited drawrock using a slate bar.

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

|  |                  |                     |
|--|------------------|---------------------|
| Section IV--Automated System Data      |                  |                     |
| 19. Type of Inspection (activity code) | 20. Event Number | 21. Primary or Mill |
| E01                                    | [REDACTED]       |                     |
| 22. AR Name                            |                  | 23. AR Number       |
| [REDACTED]                             |                  | [REDACTED]          |

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Mine Citation/Order

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



Section I--Violation Data

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

The roof, face and ribs of areas where persons work or travel is not being supported or otherwise controlled to protect persons from hazards related to drawrock at the following locations in the Mains Belt/Track (S.E) Entry: 1.) At cross-cut 108, adjacent to No. 21 belt, in the No. 3 entry, loose drawrock is present, measuring 2' feet wide by 3' feet long, 1" inch thick. 2.) At cross-cut 109, in the No. 3 entry, loose drawrock is present measuring 2' feet by 2' feet, 1" inch thick. 3.) An un-supported kettlebottom is present at cross-cut 18, adjacent to 8-E belt/track, measuring 17" inches in diameter. Miners are required to travel through these areas daily. A person hit by falling material would be reasonably likely to receive bruises, broken bones. The drawrock was pulled by the operator using a slate bar at time of issuance.

See Continuation Form (MSHA Form 7000-3e)

|              |   |                   |                                 |
|--------------|---|-------------------|---------------------------------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR |
|              |   |                   | 75.202(a)                       |

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: 104(a)  |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |                                    |
| 14. Initial Action  |  | E. Citation/Order Number  | F. Dated Mo Da Yr                  |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>   |  |   |                                    |

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District

Coal District 7

Field Office

Hazard KY  
 Field Office

Mine ID

[Redacted]

Date

[Redacted]

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

Section II--Justification for Action

Continuation of 8. Condition or Practice

Standard 75.202(a) was cited [Redacted]

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 type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                           |                             |                                 |                                       |
|---------------------------|-----------------------------|---------------------------------|---------------------------------------|
| 9. Type of Inspection E01 | 10. Event Number [Redacted] |                                 |                                       |
| 11. AR Name<br>[Redacted] | AR Number<br>[Redacted]     | 12. Date Mo Da Yr<br>[Redacted] | 13. Time (24 Hr. Clock)<br>[Redacted] |

MSHA Form 7000-3a, Mar 85 (revised)

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Mine Citation/Order

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



**Section I - Violation Data**

|                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| 1. Date<br>Mo Da Yr<br>[redacted] | 2. Time (24 Hr. Clock)<br>[redacted] | 3. Citation/<br>Order Number<br>[redacted]         |
| 4. Served To<br>[redacted]        | 5. Operator<br>[redacted]            |  |
| 6. Mine<br>[redacted]             | 7. Mine ID<br>[redacted]             |  |
| 8. Condition or Practice          |                                      | 9a. Written Notice (105g) <input type="checkbox"/> |

The return side stopping is not being maintained adjacent to No. 21 belt.  
At cross-cut 120, a 4" inch by 15" inch hole is present.

Standard 75.333(h) was cited [redacted]

See Continuation Form (MSHA Form 7000 3a)

|              |   |                   |  |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR<br>75.333(h) |
|--------------|---|-------------------|--|

**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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> |  |   |                                    |
| C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |
| 12. Type of Action 104(a)   |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |                                    |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/Order Number  | F. Dated Mo Da Yr                  |

15. Area or Equipment

|                     |                                |                                      |
|---------------------|--------------------------------|--------------------------------------|
| 16. Termination Due | A. Date Mo Da Yr<br>[redacted] | B. Time (24 Hr. Clock)<br>[redacted] |
|---------------------|--------------------------------|--------------------------------------|

**Section III - Termination Action**

17. Action to Terminate

|                |                                |                                      |
|----------------|--------------------------------|--------------------------------------|
| 18. Terminated | A. Date Mo Da Yr<br>[redacted] | B. Time (24 Hr. Clock)<br>[redacted] |
|----------------|--------------------------------|--------------------------------------|

**Section IV - Automated System Data**

|   |                                |                             |
|---|--------------------------------|-----------------------------|
| 19. Type of Inspection (activity code)<br>E01 | 20. Event Number<br>[redacted] | 21. Primary or Mill         |
| 22. AR Name<br>[redacted]                     |                                | 23. AR Number<br>[redacted] |

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 498 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.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Mine Citation/Order

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



Section I - Violation Data

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

The return side stopping is not being maintained adjacent to No. 23 belt at the following locations: 1.) At cross-cut 1, a 8" inch by 8" inch hole is present. 2.) At cross-cut 3, a 51" inch wide by 21" inch high hole is present.

Standard 75.333(h) was cited

See Continuation Form (MSHA Form 7000-3a)

|              |   |                   |                                 |           |
|--------------|---|-------------------|---------------------------------|-----------|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR | 75.333(h) |
|--------------|---|-------------------|---------------------------------|-----------|

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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> |  |   |  |                                    |
| C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   |  | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action 104(a)   |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |  |                                    |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  |   |  | E. Citation/Order Number           |
| F. Dated Mo Da Yr   |  |   |  |                                    |

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate

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

Section IV - Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Mine Citation/Order

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



Section I--Violation Data

|                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| 1. Date<br>Mo Da Yr<br>[redacted] | 2. Time (24 Hr. Clock)<br>[redacted] | 3. Citation/<br>Order Number<br>[redacted]         |
| 4. Served To<br>[redacted]        |                                      | 5. Operator<br>[redacted]                          |
| 6. Mine<br>[redacted]             |                                      | 7. Mine ID<br>[redacted] (Contractor)              |
| 8. Condition or Practice          |                                      | 8a. Written Notice (103g) <input type="checkbox"/> |

Two (2) acetylene and one (1) oxygen tank are observed with the protective caps installed and leaning up against the No. 22 belt tailpiece, not being secured from accidentally being tipped over.

Standard 75.1106-3(a)(2) was cited [redacted]

See Continuation Form (MSHA Form 7000-3a)

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.1106-3(a)(2) |
|--------------|--|----------------------|---|

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 104(a)   |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>   |  |   | E. Citation/<br>Order Number       |
|   |  |   | F. Dated Mo Da Yr                  |

15. Area or Equipment

|                     |                                |                                      |
|---------------------|--------------------------------|--------------------------------------|
| 15. Termination Due | A. Date Mo Da Yr<br>[redacted] | B. Time (24 Hr. Clock)<br>[redacted] |
|---------------------|--------------------------------|--------------------------------------|

Section III--Termination Action

17. Action to Terminate All three (3) tanks are now hung from the mine roof and secured from being tipped over.

|                |                                |                                      |
|----------------|--------------------------------|--------------------------------------|
| 18. Terminated | A. Date Mo Da Yr<br>[redacted] | B. Time (24 Hr. Clock)<br>[redacted] |
|----------------|--------------------------------|--------------------------------------|

Section IV--Automated System Data

|   |                                |                             |
|---|--------------------------------|-----------------------------|
| 19. Type of Inspection<br>(activity code) E01 | 20. Event Number<br>[redacted] | 21. Primary or Mill         |
| 22. AR Name<br>[redacted]                     |                                | 23. AR Number<br>[redacted] |

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Mine Citation/Order

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



Section I--Violation Data

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

The operator has installed a curtain in between cross-cut 29-30, in the No. 4 entry, on the Mains Intake, for the purpose of creating a regulator, adjacent to Seal Set 23. Materials suitable for the construction of regulators include the following: concrete block, brick, cinder block, tile, or steel.

Standard 75.333(e)(1)(ii) was cited

See Continuation Form (MSHA Form 7000 3a)

|              |                                     |                   |                                 |
|--------------|-------------------------------------|-------------------|---------------------------------|
| 9. Violation | A. Health Safety Other              | B. Section of Act | C. Part/Section of Title 30 CFR |
|              | <input checked="" type="checkbox"/> |                   | 75.333(e)(1)(ii)                |

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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> |  |   |                                    |
| C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |
| 12. Type of Action: 104(a)  |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/> |                                    |
| 14. Initial Action  |  | 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 or Equipment   |  |   |                                    |

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

Section III--Termination Action

17. Action to Terminate The curtain was removed by the operator.

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District  Field Office  Mine ID  Date

Attachment C – Examples of Citations Issued During Previous Inspections

No issues during this review.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Attachment D – Issues identified with corresponding requirements

**1. A complete and thorough E01 inspection was not conducted for the E01 event number [REDACTED]**

The following three locations in the mine were not inspected:

- An area of return aircourse between [REDACTED] Mains and [REDACTED] Mains – area affected was five crosscuts in length
- An intake aircourse between [REDACTED] Mains and [REDACTED] Mains – area affected was 10 crosscuts in length
- An area of the [REDACTED] Mains between [REDACTED] Mains and the [REDACTED] Mains – area affected was six crosscuts in length

Requirement: Coal Mine Safety and Health General Inspection Procedures Handbook, PH13-V-1, page 3-42 states, in part, “At least one entry in each intake and return aircourse shall be inspected in its entirety for compliance with applicable standards and approved plans.”

**2. Proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys, including completion of form 2000-86, was not being followed.**

The MSHA forms 2000-86 for respirable dust surveys conducted during the E01 were not properly completed. The form 2000-86 for MMU 001-0 did not include the water spray pressures measured during the second half of the shift and the form 2000-86 for MMU 010-0 did not include “Ventilation” information for Section 17A.

Requirement: Coal Mine Health Inspection Procedures Handbook, PH89-V-1, page 1-27, states, in part, “It is important that the inspector’s notes and MSHA Form 2000-86 accurately reflect the dust controls being used and the actual quantities measured.” Page 1-35 states, in part, “Each MSHA Form 2000-86 will be reviewed and signed by the inspector’s supervisor indicating that the data is complete and accurate.”

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

[REDACTED]

Date

[REDACTED]

**Attachment E – Discussion Items**

Items discussed with the district determined to be non-material weaknesses not requiring corrective action plans:

- 103i spot inspections as they relate to other categories of inspection – See GIPH pages 4-4 through 4-7 for reference
- Coding of hazard complaint inspections – See Hazardous Conditions Complaint Handbook, PH15-I-08, page 6 for reference
- Inspection tracking system and tracking map documentation – See GIPH page 3-2 for reference
- Gravity determination for violations of standards that affect emergency escape/evacuation of miners – See Citation and Order Writing Handbook For Coal Mines and Metal and Nonmetal Mines, PH13-I-1, page 11

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Field Office

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Date

Attachment F – District Corrective Action Plan

U.S. Department of Labor

Mine Safety and Health Administration  
3837 S. US Hwy. 25E  
Barbourville, Kentucky 40906-7602



November 24, 2015

MEMORANDUM FOR TED SMITH  
Supervisor, Office of Accountability

FROM: JIM W. LANGLEY  
District Manager  
District 7

SUBJECT: Proposed Corrective Actions

This is a response to the review conducted by the Office of Accountability from [REDACTED], at the Hazard field office, District 7, and the [REDACTED]. The results of your review identified two (2) deficiencies which are required to be addressed by this district.

**DEFICIENCY**

1. A complete and thorough E01 inspection was not conducted for the E01 event number [REDACTED]

• ROOT CAUSE:

The district along with the review team analyzed the findings identified during this review to determine the root cause(s) of the noted deficiencies. Item 1 deficiency was collectively a result of: the mine is a large expansive mine and uses mains and parallel mains with several entries cut through at various locations. Some of these cut-through entries did not contain ventilation controls separating the mains and parallel mains. Some confusion existed as to the requirement to inspect these cut-through entries.

• PROPOSED CORRECTIVE ACTIONS:

Each district underground Coal Mine Inspector (CMI) will be trained in the correct inspection procedures to assure that cut-through entries are inspected and traveled. The training will be conducted at each field office staff meeting and/or in a staff meeting of district technical division personnel. An attendance roster will be kept showing the CMI name and AR number proving that the training was taken. A record of the training will be kept with the corrective actions for this review.

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

District

Coal District 7

Field Office

Hazard KY  
Field Office

Mine ID

Date

Ted Smith  
November 24, 2015  
Page 2 of 3

- OFFICE OR POSITION RESPONSIBLE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):

The Technical and Inspection Division Assistant District Managers of District 7 will be responsible for implementing the corrective actions.

- TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

In December, all underground CMIs will be trained in staff meetings conducted in both district divisions. The planned completion is expected to be no later than December 31, 2015

- METHOD FOR DETERMINING SUCCESS:

Applicable Field Office supervisors will carefully review the tracking map submitted with the E01 to assure that areas of cut-through entries are inspected and traveled. Additionally, the Inspection Division Assistant District Manager will conduct spot checks of E01 tracking maps to assure that this requirement has been met.

- A DESCRIPTION OF THE DOCUMENTATION THAT WILL DEMONSTRATE CLOSURE OF THE CORRECTIVE ACTION:

The District Manager will send a memorandum to Alfred L. Clayborne, Deputy Director, Office of Assessments, Accountability, Special Enforcement and Investigations through Ted Smith, Supervisor, Office of Accountability upon completion and evaluation of the corrective actions.

## DEFICIENCY

2. **Proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys, including completion of form 2000-86, was not being followed.**

- ROOT CAUSE:

Item 2 deficiency was collectively a result of: The inspector did not fully complete the form due to inattention to the details of the form and requirement. The [REDACTED] did not identify the omission of the information on the form. Additional training as a reminder to fully complete the forms will correct this oversight.

- PROPOSED CORRECTIVE ACTIONS:

The parameters and requirements listed on MSHA Form 2000-86, will be covered with each District 7 CMI at staff meetings of the field office and/or of the district technical division. An attendance roster will be kept showing the CMI name and AR number proving that the training was taken. A record of the training will be kept with the corrective actions for this review.

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

District

Coal District 7

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Field Office

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Date

Ted Smith  
November 24, 2015  
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3 OFFICE OR POSITION RESPONSIBLE FOR IMPLEMENTING THE  
CORRECTIVE ACTION(S):

The Technical and Inspection Division Assistant District Managers of District 7 will be responsible for implementing the corrective actions.

- TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

In December, all CMI's will be trained in staff meetings conducted in both District divisions. The planned completion is expected to be no later than December 31, 2015

- METHOD FOR DETERMINING SUCCESS:

Applicable Field Office supervisors will diligently review each MSHA Form 2000-86 which requires their signature to assure that all form requirements have been completed. Additionally, the Inspection Division Assistant District Manager will review at least 10% of the completed MSHA Form 2000-86 for compliance.

- A DESCRIPTION OF THE DOCUMENTATION THAT WILL  
DEMONSTRATE CLOSURE OF THE CORRECTIVE ACTION:

The District Manager will send a memorandum to Alfred L. Clayborne, Deputy Director, Office of Assessments, Accountability, Special Enforcement and Investigations through Ted Smith, Supervisor, Office of Accountability upon completion and evaluation of the corrective actions.