



AUG 11 2017

MEMORANDUM FOR PATRICIA W. SILVEY

**Deputy Assistant Secretary for
Mine Safety and Health Administration**

THROUGH:

KEVIN G. STRICKLIN
Acting Administrator for
Metal and Nonmetal Mine Safety and Health

FROM:

THOMAS W. CHARBONEAU
Director, Office of Assessments

SUBJECT:

Mine Safety and Health Administration (MSHA)
Office of Accountability Review,
Metal and Nonmetal Northeastern District, Hebron, Ohio Field
Office,

Introduction

This memorandum summarizes the Office of Accountability's review of the subject District Office, Field Office, and mine. This review included MSHA field activities; level of enforcement; conditions and practices at the mine; Field Accompanied Reviews (FARs); Office Reviews (ORs) and MSHA supervisory and managerial oversight. The accountability review also involved evaluations to determine if there were any issues in areas commonly identified during Agency internal reviews of MSHA's actions following past mine disasters.

Purpose

The purpose of this accountability review is to determine whether MSHA enforcement policies, procedures and guidance are followed consistently; and to assess whether mission critical enforcement activities are accomplished effectively. The accountability review also identifies areas for improvement and the subsequent implementation of effective corrective actions to address any identified issues.

Overview

Office of Accountability (OA) Specialists Jerry Kissell and Mark Odum (Review Team) conducted this review of Metal and Nonmetal's (MNM) Northeastern District and the Hebron, Ohio Field Office in accordance with the annual accountability review plan schedule. The Review Team conducted the on-site visit from [REDACTED] [REDACTED]. The review focused on inspection activities conducted in FY 2016; first half of FY 2017 and included supervisory oversight activities, FARs and ORs and Hazard Complaints for FY 2016. The review concentrated specifically on two Regular Safety and Health Inspections (E01), Event Nos. [REDACTED], conducted by the Hebron, OH Field Office of the [REDACTED], ID No. [REDACTED].

The OA selected the [REDACTED] due to it being a large underground and surface [REDACTED] operation.

Mine Visit ([REDACTED], ID No. [REDACTED])

The Review Team accompanied the Field Office Supervisor, the District Staff Assistant and an Inspector to the [REDACTED] on [REDACTED], as part of a Regular Safety and Health Inspection (E01). The Review Team evaluated general conditions at the mine; assessed whether conditions at the mine correspond with enforcement levels documented in the inspection reports reviewed; and observed work practices at the mine site.

This operation is an underground and surface crushed and broken [REDACTED] mine located in [REDACTED]. The mine employs approximately [REDACTED] working three eight-hour shifts per day, six days per week producing an average of [REDACTED] annually. Crushed and broken [REDACTED] is mined by drilling and blasting. The broken material is loaded into haul trucks and transferred to a crushing and screening facility. Once crushed, the material is transferred by conveyers to screening plants for sizing and then processed for commerce.

The mine visit included inspections and observations of the following:

Surface areas

- surface drilling;
- highwalls;
- excavator;
- two service trucks;
- a surface bench drill;
- haul road conditions;
- berms and traffic control signage;
- a contractor conducting the overburden stripping process; and
- the stripping area and material dump area.
- crushing and screening plant;

Underground areas

- check in/checkout controls;
- primary escapeway;
- secondary escapeway;
- underground drilling practices;
- diesel sump pump;
- underground bench drill;
- berms and traffic signage;
- ventilation controls;
- face, rib and back conditions; and
- explosive storage areas.

Other observations included:

- housekeeping;
- use of Personal Protective Equipment;
- equipment guarding;
- communications;
- examination records;
- safety talks with miners; and
- pre and post inspection discussions with the operator.

As a result of the inspection, the Inspector issued four enforcement actions. (See Attachment B)

Review Results

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

1. For the E01 inspection reports, notes and documentation were organized, clear and concise, and included pictures of violations.
2. Inspection notes documented observations of work practices, mining cycles observed, and safety talks conducted with miners.
3. Second level reviewers provided exceptional feedback to Field Office Supervisors in the review documentation provided.
4. The supervisor conducted regular staff meetings with inspectors and documented topics covered. The meetings provided inspectors with pertinent enforcement information and updates and reviews of MSHA policy and procedures.
5. During the mine visit, the Inspector conducted safety talks with miners.
6. The review did not identify any major issues that required a Corrective Action Plan.

The Review Team identified and discussed with the District personnel inspection and procedural best practices as described in the Metal and Nonmetal General Inspection Procedures handbook. A general outline of discussion topics is included in an attachment to this memorandum. (See Attachment C)

As a part of the review, the OA compared enforcement levels of the mine with the Field Office, District, and national averages. The mine had a significant and substantial (S&S) rate of 33 percent during FY 2016 compared to the Field Office S&S rate of 25 percent; a district S&S rate of 24 percent; and the national S&S rate of 24 percent in FY 2016. While the S&S rate for the mine was higher than the average for the Field Office, District and nation, the Review Team determined enforcement levels are appropriate for the existing mining conditions and work practices.

Attachments

A. **Office of Accountability Checklist**

B. **Citations issued during this review**

- [REDACTED] 57.3200
- [REDACTED] 57.12025
- [REDACTED] 57.9300a
- [REDACTED] 57.3401

C. **Discussion Topics**

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

District 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 policies and procedures were properly followed.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

3. Determine if citations and orders issued during previous inspections were 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(s) examination of required records and postings for compliance with applicable standards.

Adequate Corrective Action Needed Comments Below

5. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles.

Adequate Corrective Action Needed Comments Below

6. Evaluate the inspector(s) on-site contaminant assessment and documentation.

Adequate Corrective Action Needed Comments Below

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

District Field Office Mine ID Date

7. Evaluate inspector(s) examination of electrical equipment, transformer stations, and/or electrical circuits.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

10. 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

Not reviewed as a part of this review. The Field Office does not have any mines in 103(i) status.

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

Adequate Corrective Action Needed Comments Below

12. 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

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

District Field Office Mine ID Date

13. Are required Field Accompanied Reviews (FARs), Office Reviews (ORs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?

[REDACTED]

14. 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

15. Determine if the Mine Files are legible, up to date, and reviewed by supervisors.

Adequate Corrective Action Needed Comments Below

16. Determine if supervisors are visiting active mines.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

18. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Office Reviews and Field Accompanied Activity Reviews.

[REDACTED]

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

District Field Office Mine ID Date

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

Adequate Corrective Action Needed Comments Below

20. 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

21. Determine if Districts, when required, are conducting in-depth accountability reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate Corrective Action Needed Comments Below

22. Is Information, including methane liberation, being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

24. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate Corrective Action Needed Comments Below

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

District Field Office Mine ID Date

25. Determine if inspectors have an understanding of when a violation of Section 103(a) for Advance Notice occurs and whether appropriate citations are issued for Advance Notice.

Adequate Corrective Action Needed Comments Below

26. Determine if the management resource tracking tool is being used to track resources regarding Special Investigations.

Adequate Corrective Action Needed Comments Below

27. Determine if retraining of supervisors, inspectors, and specialists is being tracked.

Adequate Corrective Action Needed Comments Below

28. Determine if supervisors are rotating the mine assignments annually among inspectors assigned to their field office.

Adequate Corrective Action Needed Comments Below

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

District Northeastern Field Office Hebron, Ohio Mine ID Date

Attachment B: Citations issued during the mine visit

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

Section I—Violation Data		
1. Date Mo Da Yr <u> </u>	2. Time (24 Hr. Clock) <u> </u>	3. Citation/ Order Number <u> </u>
4. Served To <u> </u>		5. Operator <u> </u>
6. Mine <u> </u>		7. Mine ID <u> </u> (Contractor)
8. Condition or Practice		

8a. Written Notice (103g)
 Loose and unconsolidated material was observed on east short bench. The high wall is approximately 45 feet in height. The loose material varied in sizes up to 36 inches wide by 36 inches long and was approximately 24 inches thick and located between 20 feet to 50 feet above the pit floor. There are no barricades or signage in place to impede unauthorized entry. This hazard exposed the miners to the falling material that would result in serious or fatal injuries.
 (Photos) Operator took photo also

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 <u>57.3200</u>
--------------	---	-------------------	---

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 Debilitating <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: <u>001</u>
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 <u>104g</u>		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			

18. Termination Due	
A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>

Section III—Termination Action

17. Action to Terminate The mine operator constructed a barricade and posted signage 25 feet away from the toe of the east short bench

18. Terminated	
A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>

Section IV—Automated System Data			
19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u> </u>	21. Primary or Mill <u>P</u>	
22. AR Name <u> </u>			23. AR Number <u> </u>

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 Northeastern Field Office Hebron, Ohio Mine ID Date

Mine Citation/Order

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



Section I—Violation Data

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

The Lincoln 300 amp portable welder was not properly grounded. The welder was located on the F-550 service truck. Miners working in and around this area were exposed to the possibility of electrocution if a ground fault condition should occur and transfer voltage to the frame of the welder. The welder is ready for use, but was not in operation at the time of the inspection.

(Photo)

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 <u>57.12025</u>
--------------	---	----------------------	---

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: <u>001</u>		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input checked="" type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action <u>104a</u>	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 <u> </u>	B. Time (24 Hr. Clock) <u> </u>
---------------------	---------------------------------------	---

Section III—Termination Action

17. Action to Terminate The Independent contractor properly grounded the portable Lincoln welder. (Photo)

18. Terminated	A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
----------------	---------------------------------------	---

Section IV—Automated System Data

19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u> </u>	21. Primary or Mill <u>P</u>
22. AR Name <u> </u>		23. AR Number <u> </u>

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 Northeastern Field Office Hebron, Ohio Mine ID Date

Mine Citation/Order

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



Section I—Violation Data

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

The elevated roadway adjacent to the N.E. wall ramp was not provided with a berm mid axle high to the largest piece of equipment used in this location. The unbermed section that was approximately 26 feet long with a drop of 18-20 foot to the lower level. Miners using this roadway were exposed to fall and roll over hazards of mobile equipment. Miners experiencing a roll over or fall while operating mobile equipment will receive fatal bone crushing and injuries. There were tire imprints on the roadway appeared to be made recently.
 (Photo)

See Continuation Form (MSHA Form 7000-9a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 57.9300a
--------------	---	-------------------	---

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				

16. Termination Due	A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
---------------------	---------------------------------------	---

Section III—Termination Action

17. Action to Terminate Mine operator constructed an adequate berm at the N.E. wall ramp. (photo)

18. Terminated	A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
----------------	---------------------------------------	---

Section IV—Automated System Data

19. Type of Inspection (activity code) E:01	20. Event Number <u> </u>	21. Primary or MIB P
22. AR Name <u> </u>		23. AR Number <u> </u>

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

Mine Citation/Order

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



Section I--Violation Data

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

The mine operator failed to designate an experienced person to examine and test the ground conditions at the east short bench. Loose ground was found on a 30 foot wide section of high wall ranging in sizes up to 36 inches by 36 inches by 24 inches. Contractors had been working in the area 3 months ago with a Cat 365 excavator cleaning up mud and silt. No active mucking was being performed at the time of inspection. This condition exposes miners to fatal bone crushing injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 57.3401
--------------	--	-------------------	--

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 or Equipment

16. Termination Due	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
---------------------	---	---

Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	B. Time (24 Hr. Clock) <input type="text" value=""/>
----------------	---	---

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <input type="text" value=""/>	21. Primary or Mill P
22. AR Name <input type="text" value=""/>		23. AR Number <input type="text" value=""/>

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 – Discussion Topics

Topics discussed with the district that do not require a corrective action plan:

1. Discussed standards, documentation and justification of gravity and negligence of 3 of 34 citations issued during the events reviewed.
2. Discussed inspection of the alternative mine rescue station for the . See GIPH, page 41 for reference.
3. Discussed arrival and departure times for the E01 events reviewed. See GIPH, page 60 for reference.