



SEP - 5 2018

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 Western District  
Albany, Oregon Field Office

### Introduction

This memorandum summarizes the Office of Accountability's review of the Western District, Albany, Oregon Field Office. The review focused on enforcement activities at the [REDACTED]. This review included MSHA field activities, level of enforcement, conditions and practices at the mine, Field Accompanied Reviews, Office Reviews and MSHA supervisory and managerial oversight.

### Purpose

The purpose of this accountability review is to determine whether MSHA enforcement policies, procedures and guidance are being 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) Supervisor Ted Smith and Specialist Troy Davis (Review Team) conducted the review in accordance with the annual accountability review plan schedule. The review concentrated on two Regular Safety and Health Inspections (E01) of the [REDACTED] Event Nos. [REDACTED]

The mine was selected because it is a large surface operation. Mr. Smith and Mr. Davis conducted the on-site review from [REDACTED]. The review focused on enforcement activities during FY 2017, FY 2018 and included review of supervisory oversight activities.

## Mine Visit

The Review Team accompanied a Field Office Supervisor and an inspector to the mine on [REDACTED] as part of a Regular Safety and Health Inspection (E01).

The mine is a [REDACTED] operation located in [REDACTED] and employs approximately [REDACTED] miners working one ten-hour production shift per day, five days a week. [REDACTED] is mined with an excavator, loaded into haul trucks and transported to the primary crusher on the property. The crushed material is then transported via conveyor belt to the plant for processing and shipment to the customer. During the visit, the Review Team evaluated general conditions at the mine, assessed whether conditions at the mine are commensurate with enforcement levels documented in the inspection reports reviewed, and observed work practices at the mine site.

The mine visit included inspections and observations of the following:

### Surface

- pre-inspection discussions with the mine operator
- mine office
- examination records
- work practices
- QC pump room
- truck wash and pressure washer
- company officials pick-up trucks
- open pit
- mining cycles (loading, haulage and dump)
- impact crusher
- dry side of plant (screening and sizing of material)
- conveyor belts and draw off tunnel
- haulroads and berms
- four 50 ton haul trucks
- one front end loader
- skid steer
- two pit pumps (floating barge type)

- two excavators
- one tractor (bulldozer)
- fuel truck
- water truck
- safety talk with seven miners in the active pit
- daily close-out conference

During the inspection, the inspector issued six enforcement actions.

### Review Results

#### Positive Findings:

The review revealed positive findings in the following areas:

1. Inspectors followed procedures for documenting a complete inspection of the mine.
2. No issues were identified which require corrective action.

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

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 25 percent in FY 2017 compared to the Field Office S&S rate of 22 percent; a District S&S rate of 24 percent; and the national S&S rate of 23 percent. While the S&S rate for the mine was higher than the average S&S rates of the Field Office, District and nation, the enforcement levels were appropriate with existing mining conditions and work practices based on the review and observations made during the mine visit.

**Attachments**

**A. Discussion Topics**

**B. Office of Accountability Checklist**

**C. Citations Issued during Mine Visit**

- No. [REDACTED] 56.12004
- No. [REDACTED] 56.14207
- No. [REDACTED] 56.14100(b)
- No. [REDACTED] 56.11002
- No. [REDACTED] 56.11002
- No. [REDACTED] 56.9100

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Attachment A – Discussion Topics

- See Attachment B Checklist #1 - Inspection of All Work Shifts: Event No. ██████████ (E01), only dayshift was inspected. At the time of this inspection, the mine was working two 12-hour production shifts due to seasonality demand. No inspection occurred on the evening production shifts. Metal and Nonmetal General Inspection Procedures Handbook PH16-IV-1 page 33 – “Inspectors should inspect on all work shifts of a mine (which includes mills) during every regular inspection. Inspectors are not required to inspect a second or third (e.g., night, graveyard) work shift where the only employees at the site are security staff. If an inspection is not conducted on a non-work shift, inspectors should assure that mining, maintenance, or similar activities are not occurring and that personnel at the site during these times are not exposed to potential risk.”
- See Attachment B Checklist #13 – Office Reviews (OR)/Field Accompanied Reviews (FAR): The FARs for 1<sup>st</sup> half FY 2018 conducted in the Albany Field Office were not forwarded to the District for review within five days of completion. Multiple supervisors had been acting in the Albany Field Office during this time period. The Metal and Nonmetal Mine Safety and Health Supervisors Handbook AH09-III-1(1) June 2009 pages and 3-4 “Once the form is completed and the inspector advised of the findings, the form shall be forwarded within five business days to the Assistant District Manager for review and approval.”
- See Attachment B Checklist #17 - Field Office Staff Meetings: The last two documented staff meetings were conducted in August 2017 and June 2018. Typically Metal and Nonmetal offices conduct and document regular staff meetings concerning inspection procedures and policies. Employee safety discussions are also a part of these meetings. A memorandum is forwarded to the District concerning these meetings.
- See Attachment B Checklist #18 - 2<sup>nd</sup> Level Reviews: The Assistant District Managers did not initial FARs/ORs from the Field Office to indicate the review is being conducted to hold the supervisor accountable to the review requirements. The Metal and Nonmetal Mine Safety and Health Supervisors Handbook AH09-III-1(1) June 2009 page 6 “Assistant District Managers are required to verify that supervisors conduct the required accompanied inspections and field activity inspection report evaluations. This is accomplished by them completing the following activities each fiscal year:

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- Reviewing and initialing every FAR form submitted by their Field Office Supervisors. These reviews will assure that the forms are properly completed and that supervisors are conducting the required field activity inspection report evaluations and accompanied inspections. It does not include a review of the inspection files.”

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Attachment B - 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 <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input checked="" type="checkbox"/>
Attachment A

2. Determine if documentation for inspections is complete and thorough. Adequate <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input type="checkbox"/>
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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 <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input type="checkbox"/>
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4. Evaluate inspector(s) examination of required records and postings for compliance with applicable standards. Adequate <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input type="checkbox"/>
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5. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles. Adequate <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input type="checkbox"/>
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6. Evaluate the inspector(s) on-site contaminant assessment and documentation. Adequate <input checked="" type="checkbox"/> Corrective Action Needed <input type="checkbox"/> Comments Below <input type="checkbox"/>
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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 documented and 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 Applicable – The Field Office does not have any mines in a 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



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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 (mine status, methane liberation, number of employees, etc.) 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

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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

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Attachment C – Citations Issued during Mine Visit

Mine Citation/Order

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 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	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 110 volt power cable that supplies power to Steve's Conex was not protected from mechanical damage. The outer jacket had an approximate 1" cut in it that exposed the insulated conductors within. The damaged section was hanging on a support post for the QC Lean-to and measured 7'2" above ground level. This area is accessed approximately once ever 2-3 weeks for various tasks. Should a miner come into contact with energized 110 volt conductors, serious shock and burn type injuries could result.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12004

Section II - Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	E. Citation/ Order Number			F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

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

17. Action to Terminate  
 The cable was permanently removed from service by cutting off the male end, terminating the citation.

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

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01		P
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.

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District	Western	Field Office	Albany, OR	Mine ID		Date	
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Mine Citation/Order

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



Section I - Violation Data

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

A Ford Ranger pickup was parked on a grade out side of the QC lab and the wheels were not chocked or turned into a bank. When the pickup was neutral tested, it rolled backward toward a truck wash area where foot traffic exists. The park brake on the pickup was set. Should the pickup unexpectedly roll and strike a miner, serious injuries could result.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14207

Section II - Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input checked="" type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	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  
 A discussion was held on the requirements of the standard and the wheels were chocked, terminating the citation.

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

Section IV - Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number		21. Primary or Mill	P
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.

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Mine Citation/Order

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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 (Contractor)	

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

The acetylene cylinder on the service pickup had a high pressure gauge that was not functioning properly. The with all pressure released the gauge still read 150 psi. This torch is used as needed for maintenance and repair work around the site and was last used approximately 1 week prior. Improper setting of acetylene pressures can cause a fir and/or explosion which could result in fatal 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
			56.14100b

Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

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

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

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

12. Type of Action 104a 13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

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

17. Action to Terminate  
 The regulator was removed from the cylinder and removed from service for rebuild by a local welding supply company, terminating the citation.

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

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Mill P
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 20415. 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.

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District	Western	Field Office	Albany, OR	Mine ID	██████████	Date	██████████
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Mine Citation/Order

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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		(Contractor)
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The East water pump in the pit area had an approximate 4' opening in its handrails on the inboard side of the walking surface. The opening leads to the water and suction pipe below. This pump platform is accessed approximately 4 times per year by a miner wearing a life vest. Should a miner fall through the opening and strike the pipe or fall to the water below, serious injuries could result.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11002

Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

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

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

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

12. Type of Action 104a 13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

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

Section III - Termination Action

17. Action to Terminate

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

Section IV - Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	██████████	P
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, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District	Western	Field Office	Albany, OR	Mine ID	████████	Date	████████
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Mine Citation/Order

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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	(Contractor) ██████████

8. Condition or Practice

Ba. Written Notice (103g)

The West water pump platform was not provided with handrails. The platform was approximately 12' x 12' and 3' above water level. The center of the platform had a large opening in it for the water pipe. This platform is accessed approximately 4 times per year by a miner wearing a life vest. Should a miner fall and strike the pipe or fall to the water, serious injuries could result.

The termination due time is being set to allow for handrails to be fabricated and installed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11002

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	1.04a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input checked="" type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	F. Dated Mo Da Yr

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	████████	21. Primary or Mill	P
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	Western	Field Office	Albany, OR	Mine ID		Date	
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Mine Citation/Order

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



Section I--Violation Data

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

Rules governing speed, right-of-way, direction of movement, and the use of headlights to assure appropriate visibility were not established and followed at the mine. In addition, signs or signals that warn of hazardous conditions were not placed at appropriate locations. The operator had no established speed limit on the main haul road from the pit to the wash plant and haul trucks were being operated at their top speeds, ranging from 36 to 45 miles per hour. The roadway is approximately 1.1 miles long, ranges between 40-60' in width, and 0-12% grade. There are currently four off road haul trucks hauling material on this road including three Terex 45 ton trucks and a Caterpillar 730 articulating truck. Near the pit, trucks were making a sharp hair pin turn to drop down to the lower level and were changing from right handed traffic to left handed traffic and no signs were posted warning of the hazard. The trucks run continuously throughout the shift on this roadway. Should two haul trucks collide at the high rate of speed, fatal injuries could result.

Miners were instructed on revised speed limits and the traffic direction change was

See Continuation Form (MSHA Form 7000 3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.9100

Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 002		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number		F. Dated Mo Da Yr	
15. Area or Equipment					

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

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive 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  
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District	Western	Field Office	Albany, OR	Mine ID		Date	
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Mine Citation/Order  
Continuation

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



Section I - Subsequent Action/Continuation Data

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

Section II - Justification for Action

Continuation of 8. Condition or Practice

eliminated. The termination due time is being set to allow for signs to be made and installed at the site.

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
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Section IV - Inspection Data

9. Type of Inspection E01	10. Event Number 6722874		
11. AR Name	AR Number	12. Date Mo Da Yr	13. Time (24 Hr. Clock)