

Mine Citation/Order

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

P1 APR 2005

Section I--Violation Data

1. Date Mo Da Yr 04/06/2005	2. Time (24 Hr. Clock) 0630	3. Citation/ Order Number 7097717
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved ventilation plan is not being complied with on the Mains 002-0 MMU working section. The approved ventilation plan states that the line curtain being used for ventilate the #5 entry face is not maintained to within 10 feet of the face or on the second row of permanent roof support. The line curtain was found approximately 110 feet from the #5 entry face, which was 80 feet from the last permanent roof support bolt to the end of the existing line curtain which is hung on the 20th permanent roof support bolt outbid the face.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/06/2005	B. Time (24 Hr. Clock) 0640
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Section III--Termination Action

17. Action to Terminate Terminated due to line curtain being hung from the end of the previous line curtain, inby to the second row of permanent roof support from the #5 face.

18. Terminated	A. Date Mo Da Yr 04/06/2005	B. Time (24 Hr. Clock) 0640
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [6]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Wep 4/13

Date 4-6-056:30 75.3707097717 5+5-NO

The approved ventilation plan is not being complied with on the Mains 002-0 mmu working section. The approved Ventilation plan states that the line curtain being used for ventilate the #5 Entry face is not maintained to within 10 feet of the face or on the second row of permanent roof support. The line curtain was found approximately 110 feet from the #5 entry face, which was

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 18

Date _____

80 feet from the last permanent roof support bolt to the end of the existing line curtain which is hung on the 20th permanent roof support bolt outbid the face.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 19

Date 4-6-05

The pre-shift mine examiner should have known of this condition. This condition would be obvious to any prudent person.

Based on my mining experience this condition has existed for more than one shift.

One miner is exposed as he or she works or travels in this area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 20Date 4-6-05

When an accident does occur from this type of condition it will be of a serious nature from adequate ventilation controls not being provided to dilute respirable dust and methane as it is suspended into the mine air at the face of #5 entry on the 002-0 MMU working section.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21Date 4-6-05

It is unlikely that an accident will occur from this condition. The continuous mining machine was not in operation and no methane was detected in the face of the #5 entry or anywhere on this section.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 22

Mine Citation/Order

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

Section I—Violation Data

1. Date Mo Da Yr 04/06/2005	2. Time (24 Hr. Clock) 0840	3. Citation/ Order Number 7097718
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #6 AWG trailing cable for the #1 scoop charger being operated on the Mains 002-0 MMU working section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 750 amperes. The maximum instantaneous amperes setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately removed the #1 scoop charger trailing cable from service.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.601-1
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/06/2005	B. Time (24 Hr. Clock) 0920
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Section III—Termination Action

17. Action to Terminate Terminated due to the #1 scoop charger trailing cable being plugged into a circuit breaker with the instantaneous setting set on 300 amperes.

18. Terminated	A. Date Mo Da Yr 04/06/2005	B. Time (24 Hr. Clock) 0920
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]	23. AR Number [6]	

MSHA Form 7000-3, Mar 85 (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.

WP 4/12

Date 4-6-05

8:40 75.601-1

7097718 S+S-NO

The #6 AWG trailing cable for the #1 Scoop charger being operated on the Main 002-0 MMU Working Section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 750 amperes. The maximum instantaneous amperes setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately removed the #1 Scoop charger trailing cable from service.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 12Date 4-6-05

The electrical examiner should have known of this condition.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he or she works or travels around these trailing cables.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 13Date 4-6-05

When an accident does occur from this type of condition it will be of a serious nature from electrical shock, circuit breaker failing to function as required.

It is unlikely that this condition will result in an accident.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 14

Mine Citation/Order

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

2 APR 2005

Section I—Violation Data

1. Date Mo Da Yr 04/06/2005	2. Time (24 Hr. Clock) 0850	3. Citation/ Order Number 7097719
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #6 AWG trailing cable for the #4 scoop charger being operated on the Mains 002-0 MMU working section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 500 amperes. The maximum instantaneous setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately removed the #4 scoop charger trailing cable from service.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.601-1
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/06/2005	B. Time (24 Hr. Clock) 0930
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Section III—Termination Action

17. Action to Terminate Terminated due to the #4 scoop charger trailing cable being plugged into a circuit breaker with the instantaneous setting set on 300 amperes.

18. Terminated	A. Date Mo Da Yr 04/06/2005	B. Time (24 Hr. Clock) 0930
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [63]

MSHA Form 7000-3, Mar 85 (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.

WPE
4/13

Date 4-6-058:50 25.601-1
7097719 S+S-NO

The #6 AWG trailing cable for the #4 scoop charger being operated on the Main 002-0 man working section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 500 amperes. The maximum instantaneous setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately removed the #4 scoop charger trailing cable from service.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 15Date 4-6-05

When a accident does occur from this type of condition it will be of a serious nature from electrical shock, circuit breaker failing to function as required.

IT is unlikely that this condition will result in a accident.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 16Date 4-6-05

The electrical examiner should have known of this condition.

Based on my mining experience this condition has existed for several shifts.

ONE miner is exposed as he or she works or travels around these trailing cable's.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 17

Mine Citation/Order

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

23 APR 2005

Section I--Violation Data

1. Date Mo Da Yr 04/07/2005	2. Time (24 Hr. Clock) 0945	3. Citation/ Order Number 7097720
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		8a. Written Notice (103g) <input checked="" type="checkbox"/>

The trailing cable for the Joy 10 SC shuttle car serial no. 2008, Approval no. 2G-3936-0, being operated on the Mains 002-0 MMU right side working section is not insulated adequately and fully protected. The outer jacket of the trailing cable has a cut, which exposes the inner insulated energized power leads of 600 VAC. This condition is 1 1/2 inches long by 3/8 of an inch wide. All three of the inner insulated energized power leads also have the insulation cut which exposes the bare power leads. The bare power leads can be seen through the cut in the outer jacket of the trailing cable. The mine floor ranges from dry to wet on this section. The inner leads of the trailing cable ranged from damp to wet. The miners normally handle the trailing cables.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/07/2005	B. Time (24 Hr. Clock) 1025
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Section III--Termination Action

17. Action to Terminate Terminated due to the inner insulated leads and the outer protective jacket being insulated adequately and fully protected.

18. Terminated	A. Date Mo Da Yr 04/07/2005	B. Time (24 Hr. Clock) 1025
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Date 4-7-059:45 75.5177097720 S+S yes

The trailing cable for the Joy 10SC shuttle car serial No. 2008, Approval No. 26-3936-0, being operated on the Mains 002-0 mmv Right side Working Section is not insulated adequately and fully protected. The outer jacket of the trailing cable has a cut, which exposes the inner insulated energized power leads of 600 VAC. This condition is 1 1/2

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 16

Date _____

inches long by 3/8
of an inch wide. All
three of the inner
insulated energized power
leads also have the
insulation cut which
exposes the bare power
leads. The bare power
leads can be seen
through the cut in the
outer jacket of the
trailing cable. The inner
leads of the trailing
cable ranged from damp
to wet. The miners
normally handle the
trailing cables.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 17Date 4-7-05

This condition should
have been seen during
the pre-operational
checks.

Based on my mining
experience this condition
has existed for more
than one shift.

One miner is exposed
as he handles the
trailing cable

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 18

Date 4-7-05

When a accident does occur from this type of condition it will be of a serious nature from Electrical Shock, burns.

It is Reasonably likely that this type of condition will result in a accident The inner energized power leads of 600VAC are bare, the inside of the trailing cable is wet and the mine floor is wet with standing water in some areas

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 19Date 4-7-05

on this section. The miners normally handle these trailing cables.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 20

13 APR 2005



Section I--Violation Data

1. Date Mo Da Yr 04/11/2005	2. Time (24 Hr. Clock) 0925	3. Citation/ Order Number 7097721
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		

8a. Written Notice (103g) ☐

THE TRAILING CABLE FOR THE FLETCHER ROOF BOLTER SERIAL NO. 2003334, APPROVAL NO.2G-3715A-1, BEING OPERATED ON THE MAINS, 001-0 MMU WORKING SECTION IS NOT INSULATED ADEQUATELY AND FULLY PROTECTED. THE INSULATION ON TWO PREVIOUS PERMANENT SPLICE'S HAS WORN AWAY, LEAVING THE INNER INSULATED ENERGIZED POWER LEADS OF 600 VAC EXPOSED FOR A ONE INCH AREA ALL THE WAY AROUND THE # (1) SPLICE AND THE #(2) SPLICE HAS THE INNER INSULATED, ENERGIZED POWER LEADS EXPOSED FOR A 3/4 OF AN INCH AREA ALL THE WAY AROUND THE TRAILING CABLE. THE MINE FLOOR IS SLOPPY WET ON THIS SECTION. THIS CONDITION IS LOCATED 20 FEET AND FIFTY FEET OUTBY THE ROOF BOLTER AND THE MINERS HANDLE THIS CABLE SEVERAL TIMES PER SHIFT. THIS CONDITION IS A ELECTRICAL SHOCK HAZARD.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/11/2005	B. Time (24 Hr. Clock) 1000
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Section III--Termination Action

17. Action to Terminate TERMINATED DUE TO THE TRAILING CABLE BEING INSULATED ADEQUATELY AND FULLY PROTECTED AT BOTH #(1) AND #(2) SPLICES.

18. Terminated	A. Date Mo Da Yr 04/11/2005	B. Time (24 Hr. Clock) 1000
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Section IV--Automated System Data

19. Type of Inspection (activity code), E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

upl
4/12

Date 4-11-05

9.25

75.517

7097721

S+S-yes

The Trailing cable for the Fletcher roof bolting machine Serial NO. 2003334, Approval NO. 2G-3715A-1, being operated on the mains 001-0 MMU working section is not insulated adequately and fully protected. The insulation on two previous permanent splices has worn away, leaving the inner insulated energized power leads of 600 VAC

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 16Date 4-11-05

exposed for a one inch wide area all the way around the # (1) splice and the # (2) splice has the inner insulated, energized power leads exposed for a 3/4 of an inch wide area all the way around the trailing cable. The mine floor is sloppy wet on this section. This condition is located 20 feet and fifty feet out by the roof bolter and the miners handle

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 11

Date 4-11-05

This cable several times per shift. This condition is a electrical shock hazard.

This condition should have been seen during the pre-operational checks

Based on my mining experience this condition has existed for several shifts.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 12Date 4-11-05

when a accident does occur from this type of condition it will be of a serious nature from electrical shock, burns.

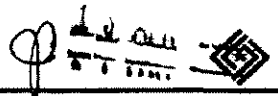
It is reasonably likely that a accident will occur from this type of condition. The mine floor is wet and the miners normally handle the trailing cables and it only takes a pin hole in one of the inner

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 13Date 4-11-05

insulated energized power leads for the 600 VAC to come into contact with any miner handling the trailing cable in these areas.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 14

Mine Citation/Order

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

Section I—Violation Data

1. Date Mo Da Yr 04/11/2005	2. Time (24 Hr. Clock) 0945	3. Citation/ Order Number 7097722
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Fletcher roof bolting machine serial no. 2003334, Approval no. 2G-3715A-1, being operated on the 001-0 MMU working section is not maintained in a permissible condition. The 110 VAC power cable for the operators side area light has been cut. The conduit is cut, the power cable's outer jacket has been cut and the inner insulated power leads have the insulation cut which exposes the inner bare power leads for approximately 1/8 of an inch wide by 1/4 of an inch long.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/11/2005	B. Time (24 Hr. Clock) 1030
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Section III—Termination Action

17. Action to Terminate Terminated due to the area light power cable being insulated and the conduit being repaired to provide protection for the area light power cable.

18. Terminated	A. Date Mo Da Yr 04/11/2005	B. Time (24 Hr. Clock) 1030
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Section IV—Automated System Data

19. Type of Inspection (activity code) <input checked="" type="checkbox"/> E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

upl
4/11/05

Date 4-11-059:45 75.503
7097722 SDS-yes

The Fletcher roof bolting machine serial NO. 2003334, Approval NO. 2G-3715A-1, being operated on the 001-0 mmu working section is NOT maintained in a permissible condition. The 110 VAC power cable for the operator's side area light has been cut. The conduit is, the power cable's outer jacket has been cut and the inner insulated

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 15Date 4-11-05

power leads have the insulation cut which exposes the inner bare power leads of approximately $\frac{1}{8}$ of an inch wide by $\frac{1}{4}$ of an inch long.

The ~~off~~ 6]
[6] should have
know of this condition

One miner is exposed
as he operates the
roof bolting machine

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 16

Date 4-11-05

When a accident does occur from this type of condition it will be of a serious nature fire, burns, smoke inhalation, and also exposes miners to electrical shock hazard.

IT is Reasonably likely that this type of condition will result in a accident. This condition is in by the last line of open cross cuts. This condition

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 17Date 4-11-05

is also within inches of the [6] a he Trans this roof bolting machine.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 18

Mine Citation/Order

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

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Section I--Violation Data

1. Date Mo Da Yr 04/11/2005	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7097723
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #4 bottom conveyor belt is rubbing hard on 8 bottom belt roller hanger's in a row at the third block out by the Mains section tailpiece. The bottom belt roller hanger's range from very warm to hot to the touch. The mine floor is damp to wet. The mine operator immediately removed the #4 conveyor belt from service.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 04/11/2005	B. Time (24 Hr. Clock) 1120
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Section III--Termination Action

17. Action to Terminate Terminated due to the #4 bottom conveyor belt being re-aligned at the third block out by the Mains section tailpiece. The conveyor belt is now running straight with out rubbing the belt hanger's.		
18. Terminated	A. Date Mo Da Yr 04/11/2005	B. Time (24 Hr. Clock) 1120

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

6/12
4/12

Date 4-11-0511:00 75,1725(a)7097723 S&S-yes

The #4 bottom
conveyor belt is rubbing
hard on 8 bottom belt
roller hangers in a
row at the third block
outby the main section
tailpiece. The bottom
belt roller hangers range
from very warm to hot
to the touch. The mine
floor is from damp
to wet. The mine
operator immediately
removed the #4
conveyor belt from

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 19Date 4-11-05Service.

The section foreman
should have known of
this condition

This condition has
existed for less than
one shift.

One miner is exposed
as he or she works
or travels outby this
area. This mine has a
blowing ventilation system

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 20

Date 4-11-05

when a accident
does occur from this
Type of Condition
it will be of a
Serious Nature from
fire, Burns, Smoke
Inhalation.

It is Reasonably ~~to~~
Likely that this Type
of Condition will
result in a accident.
There is loose coal,
Coal fine ranging from
1 inch to 4 inches deep
by 4 feet wide by

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 21Date 4-11-05

20 feet long and the
loose coal and coal fines
range from damp to
wet. When splashing
water on the bottom
belt roller hanger's
you could hear a
frying sound, you could
also see steam come
off of the hot belt
roller hanger. The bottom
conveyor belt was aligned
to where it don't rub
on the roller hangers,
the loose coal and coal
fines were shoveled
up + dusted.

Inspector's Initials

[6]

Supervisor's Initials and Date

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Mine Citation/Order

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

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Section I—Violation Data

1. Date Mo Da Yr 04/12/2005	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7097724
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The trailing cable for the #6 Joy 10 SC Shuttle car serial no. 2007 Approval no. 2G-3619A-00 being operated on the Mains 002-0 MMU working section is not insulated adequately and fully protected. The trailing cable has three separate previous splices with the insulation worn away which exposes the inner insulated energized power leads of 600 VAC. (1) Splice has the inner energized leads exposed for approximately 3/4 of an inch wide all the way around the trailing cable. (2) Splice has the inner energized leads exposed for approximately 1/2 of an inch wide all the way around the trailing cable at both ends of the splice. (3) Splice has the inner energized leads exposed for approximately 1 inch wide all of the way around the trailing cable. (4) Is a cut in the outer jacket of the trailing cable that measured 1/2 of an inch wide by 1 1/2 inches long which exposes the

See Continuation Form (MSHA Form 7000-3a) ☒

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/12/2005	B. Time (24 Hr. Clock) 0945
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Section III—Termination Action

17. Action to Terminate Terminated due to all three of the splices and the cut place being insulated adequately and fully protected.

18. Terminated	A. Date Mo Da Yr 04/12/2005	B. Time (24 Hr. Clock) 0945
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signaturr [Signature]		23. AR Number [67]

MSHA Form 7000-3, Mar 85 (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.

upl
4/14

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input type="checkbox"/> 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/12/2005	3. Citation/ Order Number 7097724
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Continuation of 3. Condition or Practice

inner insulated energized power leads, and the inner insulated leads also have the insulation cut which exposes the bare power leads of 600 VAC. The opening measured 1/2 of an inch wide by 3 inches long. The mine floor ranges from wet to sloppy wet. The miners normally handle the trailing cables.

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 4054745
11. Signaturr [Signature] 6	12. Date Mo Da Yr 04/12/2005
AR Number [Signature] 6	13. Time (24 Hr. Clock) 0900

Date 4-12-05

9:00 75.517

7097724 S+S yes

The trailing cable for
the #6 Joy 10 SC shuttle
car Serial No. 2007

Approval No. 2G-3619A-00
being operated on the
Mains 002-0 mmu working
section is not insulated

adequately and fully protected.

The trailing cable has three
separate previous splices with
the insulation worn away
which exposes the inner
insulated energized power
leads of 600 VAC. (1) Splice
has the inner energized
leads exposed for approximately

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 9

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Date 4-12-05

3/4 of an inch wide
all the way around the
trailing cable. (2) Splice
has the inner energized
leads exposed for
approximately 1/2 of an inch
wide all the way around
the trailing cable at both
ends of the splice. (3)

Splice has the inner
energized leads exposed
for approximately 1 inch
wide all of the way
around the trailing cable.

(4) Is a cut in the
outer jacket of the
trailing cable that measured
1/2 of an inch wide by

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 10

☆ U.S. G.P.O. 2005:742-563

Date 4-12-05

1 1/2 inches long which
exposes the inner
insulated energized power
leads and the inner
insulated leads also have
the insulation cut which
exposes the bare power leads
of 600 VAC. The opening
measured 1/2 of an inch
by 3 inches long. The
mine floor ranges from
wet to sloppy wet.

The miners normally
handle the trailing cables.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 11

☆ U.S. G.P.O. 2005:742-563

Date 4-12-05

The [6]
 should have
 seen this condition
 during the pre-operation
 check.

Based on my mining
 experience this condition
 has existed for several
 shifts.

one miner is exposed
 as he or she handles
 the trailing cables

Inspector's Initials [6]

Supervisor's Initials and Date _____ Page No. 12Date 4-12-05

When a accident does
 occur from this type
 of condition it will
 be of a serious nature
 from Electrical Shock,
 burns.

It is reasonably likely
 that a accident will
 occur from this type
 of condition. The
 mine floor ranges
 from wet to sloppy
 wet and the miners
 normally handle the
 trailing cables

Inspector's Initials [6]

Supervisor's Initials and Date _____ Page No. 13

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration 27 APR 2005

K1

Section I—Violation Data

1. Date Mo Da Yr 04/12/2005	2. Time (24 Hr. Clock) 1030	3. Citation/ Order Number 7097725
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The trailing cable for the #7 10 SC Shuttle car serial no. 2009, Approved no. 2G-3936-0 being operated on the Mains 001-0 MMU working section is not insulated adequately and fully protected. The trailing cable has a cut in the outer jacket that measured 1/8 of an inch wide by 1 inch long and the inner insulated energized power leads of 600 VAC are exposed and also the inner leads have the insulation cut which exposes the bare energized power leads for 1/8 of an inch wide by 1 inch long. This condition is located at the shuttle car trailing cable reel where the bare energized power leads can become grounded on the frame of the reel. The mine floor is wet to sloppy wet. The mine operator remove the shuttle car from service immediately.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/12/2005	B. Time (24 Hr. Clock) 1230
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Section III—Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]	23. AR Number [63]	

MSHA Form 7000-3, Mar 85 (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.

Wp
4/14

Mine Citation/Order
Continuation

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

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X7.

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/12/2005	3. Citation/ Order Number 7097725 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to trailing cable being reentered into the #7 shuttle car's cable reel.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	12. Date Mo Da Yr 04/13/2005
AR Number [Signature]	13. Time (24 Hr. Clock) 0830

mc
4/14

Date 4-12-05

10:30 75.517

7097725 S+S yes

The trailing cable for the #7 10 SC Shuttle car serial No. 2009, Approved No. 2G-3936-0 being operated on the Main 001-0 mine working section is not insulated adequately and fully protected. The trailing cable has a cut in the outer jacket that measured $\frac{1}{2}$ of an inch wide by 1 inch long and the inner insulated energized power leads of 600 VAC are exposed and also the inner leads have

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 14

☆ U.S. G.P.O. 2005-742-563

Date 4-12-05

the insulation cut which exposes the bare energized power leads for $\frac{1}{8}$ of an inch wide by 1 inch long. This condition is located at the shuttle car trailing cable reel where the bare energized power leads can become grounded on the frame of the reel. The mine floor is wet and sloppy wet. The mine operator Remove the shuttle car from service immediately.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 15

☆ U.S. G.P.O. 2005-742-563

Date 4-12-05

The Electrical examiner should have seen this condition during the electrical, permissibility examination.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he operates this shuttle car.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 16

☆ U.S. G.P.O. 2004-542-912

Date 4-12-05

When a accident does occur from this type of condition it will be of a serious nature from Electrical Shock

IT is Reasonably Likely that a accident will occur from this type of condition. The mine floor ranges from wet to sloppy wet. The cut in the trailing cable is pulled tight against the frame of the cable reel and the bare energized

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 17Date 4-12-05

power leads of 600 VAC are visible through the cut. The bare leads can come into contact with cable reel frame and also water from the mine floor can cause a Electrical Shock hazard as the bare energized power leads become wet.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 18

Mine Citation/Order

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

27 APR 2005



Section I--Violation Data

1. Date Mo Da Yr 04/12/2005	2. Time (24 Hr. Clock) 1050	3. Citation/ Order Number 7097726
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved ventilation plan is not being complied with on the Mains 001-0 MMU working section where the Joy continuous mining machine is mining coal in the #4 left crosscut at #45 block. The ventilation plan plainly states that minimum quantity of air with the scrubber on is 6000 cfm at the end of the line curtain. When this inspector tried to take a air reading at the end of the line curtain with the approved and calibrated anemometer serial no. 6365 the ventilation was not adequate enough to turn the wheel on the anemometer. The mine operator immediately shut down the continuous mining machine until the minimum amount of 6000 cfm could be obtained at the end of the line curtain. The Mains has fish tail blowing ventilation with 001-0 and 002-0 MMU's running on this super section.

See Continuation Form (MSHA Form 7000-3a) ☒

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/12/2005	B. Time (24 Hr. Clock) 1125
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Section III--Termination Action

17. Action to Terminate Terminated due to a run through curtain being installed in crosscut from #4 to #5 entry's at #44 block and the check curtain's being tightened. After taking another air reading the quantity of air at

18. Terminated	A. Date Mo Da Yr 04/12/2005	B. Time (24 Hr. Clock) 1125
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

WPL
4/14

Mine Citation/Order
Continuation

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

17.
MSHA

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input type="checkbox"/> 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/12/2005	3. Citation/ Order Number 7097726
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Continuation of 17. Action to Terminate

the end of the line curtain is now Q-6,930 cfm.

Section III--Subsequent Action Taken

See Continuation Form ☐

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 4054745
11. Signature [Signature]	12. Date Mo Da Yr 04/12/2005
AR Number [Signature]	13. Time (24 Hr. Clock) 1050

Date 4-12-0510:50 25.370(0)(1)7097726 S&S-yes

The approved ventilation plan is not being complied with on the Main's 001-0 mmu working section where the Joy Continuous mining machine is mining coal in the #4 Left crosscut at #45 block. The ventilation plan plainly states that the minimum quantity of air with the scrubber on is 6000 cfm at the end of the line curtain. When this inspector

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 19Date 4-12-05

Tried to take a air reading at the end of the line curtain with a approved and calibrated anemometer serial no. 6365 The ventilation was not adequate enough to turn the wheel on the anemometer. The mine operator immediately shut down the continuous mining machine until the minimum amount of 6000 cfm could be obtained at the end of the line

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 20Date 4-12-05

curtain. The main has fish tail blowing ventilation with 001-0 and 002-0 mmu's running on this super section. The air reading at the end of the line curtain is now 6,930 cfm.

The section foreman should have known of this condition. This condition would be obvious to any prudent person.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21

Date 4-12-05

The section foreman
should have known of
this condition.

Based on my mining
experience this condition
has existed approximately
one hour. This is the
amount of time the
continuous mining machine
has been mining in
the #4 left crosscut
as the crosscut was
turned in. The crosscut
is advanced approximately
20 feet deep.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 22Date 4-12-05

One miner is exposed
as he operates the
continuous mining machine

When an accident does
occur from this type
of condition it will
be of a serious nature
from breathing
respirable dust.

It is reasonably likely
that this type of
condition will result
in an accident. The
ventilation for the
continuous mining

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 23

Date 4-12-05

Machine is NOT maintained to the minimum of 6000 cfm. Dust is visible in the #4 entry and #4 left crosscut. This inspector tried to take a air reading at the end of the line curtain and the wheel on the calibrated anemometer will NOT turn due to the ventilation NOT be maintained. IT TOOK the section foreman and crew 35 minutes to tighten

Inspector's Initials

[67]

Supervisor's Initial and Date

Page No. 24Date 4-12-05

curtains, hang run through's to direct the ventilating air to the face area's of the 001-0 mmu. 6,930 cfm is now provided at the end of the line curtain for the continuous mining machine at the #4 left crosscut.

Inspector's Initials

[67]

Supervisor's Initials and Date

Page No. 25

Mine Citation/Order

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

1.

Section I—Violation Data

1. Date Mo Da Yr 04/13/2005	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7097727
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #4 scoop battery charging station for the Mainus 001-0 and 002-0 MMU's sections is not provided with a operational fire suppression system. The chemical canister type fire suppression system is not wired up and ready to provide protection for the scoop battery's while charging. The battery charging station is located at #40 block in the #8 intake entry. The mine operator immediately removed the #4 battery charger from service. Parts for the fire suppression system had to be ordered.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/14/2005	B. Time (24 Hr. Clock) 1600
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Section III—Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

me
4/14

Date 4-13-0511:00 75.1107-16(b)
7097727 S+S NO

The #4 scoop battery charging station for the Mains 001-0 and 002-0 MMU's sections is not provided with a operational fire suppression system. The chemical canister type fire suppression system is not wired up and ready to provide protection for the scoop battery's while charging. The battery charging station is located at #40 block in the #8 intake entry. The mine operator immediately

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 19

☆ U.S. G.P.O 2005-742-563

Date 4-13-05

removed the #4 battery charger from service. Parts for the fire suppression system had to be ordered.

The mine examiner should have known of this condition.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in the cited area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 20

☆ U.S. G.P.O 2005-742-563

Date 4-13-05

when a accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke Inhalation.

IT is unlikely that a accident will occur from this type of condition.

The battery charging station is vented directly to the return air course.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21

☆ U.S. G.P.O 2004 - 642 - 912

Mine Citation/Order

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

12 MAY 2005

recalled
APR 2005

Section I—Violation Data

1. Date Mo Da Yr 04/13/2005	2. Time (24 Hr. Clock) 1415	3. Citation/ Order Number 7097728
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The mine operator failed to submit a valid respirable dust sample for the Bi-monthly sampling cycle for February - March on the 001-0 MMU section.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.208 70.208
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/13/2005	B. Time (24 Hr. Clock) 1420
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Section III—Termination Action

17. Action to Terminate Terminated due to no action required by the operator as the sampling cycle can only be satisfied during the established sampling cycle.

18. Terminated	A. Date Mo Da Yr 04/13/2005	B. Time (24 Hr. Clock) 1420
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Lup
4/15

Mine Citation/Order
Continuation

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

27 APR 2005



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/13/2005	3. Citation/ Order Number 7097728 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason Change summit to submit and add the following to the body of the citation. The designated area sampling point I.D 9011 for the intake - roof bolter on the 001-0 mechanized mining unit as identified in advisory no. 0025 dated April 07, 2005.

Wrote summit in error and also did not put all of the information needed in the body of the condition and practice of the citation.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature] 6	AR Number [67]
12. Date Mo Da Yr 04/14/2005	13. Time (24 Hr. Clock) 0811

upl
4/15

Citation/Order
Continuation

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

12 MAY 2005



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/13/2005	3. Citation/ Order Number 7097728 - 02
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change	From	To
9. C. Part/Section	75.208	70.208

Reason Accidentally hit 5 and should have hit 0 when issuing.

Issued under the wrong section of the 30 CFR in error.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature 	AR Number [unclear]
12. Date Mo Da Yr 05/11/2005	13. Time (24 Hr. Clock) 1436

*Wp
5/12*

Date 4-13-051415 75.2087097728 sts NO

The mine operator failed to submit a valid respirable dust sample for the Bi-monthly sampling cycle for February-march on the 001-o mmu Section.

The mine operator should have known of this condition.

This condition has existed since March 31st which was the last day of the

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 22

☆ U.S. G.P.O. 2005:742-563

Date 4-13-05

February - march
Bi-monthly sampling
cycle.

One miner is exposed as he works in this designated area.

When a accident does occur from this type of condition it will be of a serious nature from miners working in a designated area where unknown hazards of respirable dust and

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 23

☆ U.S. G.P.O. 2004 - 642 - 912

Date 4-13-05Quartz can exist.

It is unlikely that this condition will result in a accident.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 24

☆ U.S. G.P.O. 2004 - 642 - 912

**0303-002

---ADVISORY OF NONCOMPLIANCE, FAILURE TO SUBMIT---
(DESIGNATED AREA SAMPLING POINT)
ADVISORY NO 0025

APR 07, 2005

ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE

MINE I.D.46-08791
DESIGNATED AREA SAMPLING POINT I.D. 9011
ROOF BOLTER - INTAKE

CURRENT BIMONTHLY SAMPLING CYCLE APR-MAY 2005

ACCORDING TO MSHA RECORDS A VALID RESPIRABLE DUST SAMPLE, RELATIVE TO THE DESIGNATED
AREA SAMPLING POINT IDENTIFIED ABOVE, WAS NOT RECEIVED AS REQUIRED BY 30 CFR 70 FOR THE
BIMONTHLY SAMPLING CYCLE OF FEB-MAR 2005.

CASSETTE		SAMPLING START TIME	MRE EQUIV
NC.	DATE	(24-HR CLOCK)	CONCENTRATION

---0303---097---46-08791---B ---A
ANKER WEST VIRGINIA MINING COMPANY
SAGO MINE
ATTN: JAMES A SCHOONOVER
RT 9 BOX 507
BUCKHANNON WV 26201

Mine Citation/Order

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

03 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/18/2005	2. Time (24 Hr. Clock) 0710	3. Citation/ Order Number 7097729
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Combustible materials in the form of loose coal, coal fines mixed with rock is allowed to accumulate on the Mains 001-0 and 002-0 MMU working section's. The accumulations range from damp to wet and measured from 4 inches to 20 inches deep by 12 inches to 8 feet wide by 15 feet to 30 feet in length in several locations on the 001-0 and 002-0 MMU section's. These accumulations are located in the haulroad entries # 1 through #9 and also in some of the crosscut's. The mine operator immediately shut down production and started cleaning up the accumulations.

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 75.400
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/18/2005	B. Time (24 Hr. Clock) 1130
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Section III--Termination Action

17. Action to Terminate Terminated due to the accumulations being cleaned up and the area being rock dusted.

18. Terminated	A. Date Mo Da Yr 04/18/2005	B. Time (24 Hr. Clock) 1130
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

46/1

Date 4-18-05

7:10A- 75.400

7097729 S+5 NO

Combustible materials in the form of loose coal, coal fines mixed with rock is allowed to accumulate on the Mainw 001-0 and 002-0 mmu working sections. The accumulations range from damp to wet and measured from 4 inches to 20 inches deep by 12 inches to 8 feet wide by 15 feet to 30 feet in length in several locations on the 001-0 and 002-0 mmu sections. These accumulations

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 9

☆ U.S. G.P.O. 2005-742-563

Date 4-18-05

are located in the haulroad entries #1 through #9 and also in some of the crosscuts. The mine operator immediately shut down production and started cleaning up the accumulations.

The mine examiner should have known of this condition.

Based on my mining experience this condition has existed for several

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 10

☆ U.S. G.P.O. 2005-742-563

Date 4-18-05

Shifts.

One miner is exposed as he works or travels in this area.

When a accident does occur from this type of condition it will be of a serious nature from fire, Burns, Smoke Inhalation.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 11

☆ U.S. G.P.O. 2004-642-912

Date 4-18-05

It is unlikely that this condition will result in a accident, the accumulations range from damp to wet and the loose coal, coal fines are mixed with rock, the ~~section~~ mains 001-c and 002-a section foreman's told me that they were going to clean up the section from the dumping point to the faces before they would

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 12

Date 4-18-05

Start Mining Coal.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 13

Mine Citation/Order

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

03 MAY 2005

K1.

Section I--Violation Data

1. Date Mo Da Yr 04/18/2005	2. Time (24 Hr. Clock) 0740	3. Citation/ Order Number 7097730
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

No apparent effort was made to replace the wiring for the canister on the chemical type fire suppression system for the #4 scoop charger located on the mains 001-0 & 002-0 MMU sections. The #4 scoop charger is ordered withdrawn from service until the canister can be repaired or replaced. This inspector went to the #4 scoop charger to terminate citation no. 7097727 when he found the scoop charger energized and in operation charging a set of scoop batteries.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input 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 type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected:	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(b)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input checked="" type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number 7097727		F. Dated Mo Da Yr 04/13/2005

15. Area or Equipment: The # 4 scoop charger located at SS#3768 in the crosscut between #8 and #9 entries.

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

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

uppl
4/21

Mine Citation/Order
Continuation

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

03 MAY 2005 K1.

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 04/18/2005	3. Citation/ Order Number 7097730 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to the chemical type fire suppression canister's over the scoop batteries at the #4 scoop charger being replaced with new canister's. The canister's are wired up and ready for service to provide fire protection for the #4 scoop charger batteries.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [6]	AR Number [56]
12. Date Mo Da Yr 04/18/2005	13. Time (24 Hr. Clock) 1740

upl
4/21

Date 4-18-05

7:40A 75,1107-16 (6)
 7097730 S+5 NO
 No apparent effort
 was made to replace
 the wiring for the
 canister on the chemical
 type fire suppression system
 for the #4 scoop charger
 located on the main
 001-0 + 002-0 mmu sections.
 The #4 scoop charger is
 ordered with drawings from
 service until the canister
 can be repaired or replaced.
 This inspector went to the
 #4 scoop charger to
 terminate citation no.
 7097727 when he found

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 14

☆ U.S. G.P.O. 2005-742-563

Date 4-18

the scoop charger
 energized and in operation
 charging a set of scoop
 batteries.

The section foreman
 should have known
 of this condition.

Based on my mining
 experience this condition
 has existed for several
 shifts.

One miner is exposed
 as he works or
 travels in the area
 of the #4 scoop charger.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 15

☆ U.S. G.P.O. 2005-742-563

Date 4-18-05

When a accident does
 occur it will be of
 a serious nature from
 fire, Burns, Smoke
 Inhalation.

IT is

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 16

☆ U.S. G.P.O. 2004-642-912

Mine Citation/Order

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

03 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/18/2005	2. Time (24 Hr. Clock) 1015	3. Citation/ Order Number 7097731
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The trailing cable for the #1 Joy 10 SC 32 shuttle car serial no. ET14258, Approval no. 2G-3619A-00 on the 001-0 MMU working section is not insulated adequately and fully protected. The insulation on three previous splices has worn away leaving the inner insulated energized power leads exposed for 1 inch area all of the way around the trailing cable on each of the three splices. The outer jacket of the trailing cable has 4 cut's which range from 1 inch to 2 inches in length by 1/4 of an inch to 1/2 of an inch wide and exposes the inner insulated leads. The inner insulated leads also have the insulation cut which exposes the bare power leads for approximately 1/4 to 3/8 of an inch wide by 1 to 2 inches in length. The mine floor ranges from damp to wet on this section. The miners normally handle the trailing cables.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/18/2005	B. Time (24 Hr. Clock) 1200
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

WPL
4/21

Mine Citation/Order
Continuation

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

0 8 MAY 2005



X7.

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/18/2005	3. Citation/ Order Number 7097731 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to all 7 of the bad places in the #1 Joy shuttle car trailing cable that has leads exposed being insulated adequately and fully protected.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	AR Number [Signature]
12. Date Mo Da Yr 04/18/2005	13. Time (24 Hr. Clock) 1750

upl
4/21

Date 4-18-05
10:15A 75.517
2097731 STS yes

The trailing cable for the #1 Jby 10 SC 32 shuttle car serial no. ET14258, Approval No. 2G-3619A-00 on the 001-0 mmu working section is not insulated adequately and fully protected. The insulation on three previous splices has worn away leaving the inner insulated energized power leads exposed for 1 inch area all of the way around the trailing cable on

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 17

☆ U.S. G.P.O. 2005:742-563

Date 4-18-05
 each of the three splices. The outer jacket of the trailing cable has 4 cut's which range from 1 inch to 2 inches in length by $\frac{1}{4}$ of an inch to $\frac{1}{2}$ of an inch wide and exposes the inner insulated leads. The inner insulated leads also have the insulation cut which exposes the bare power leads for approximately $\frac{1}{4}$ to $\frac{3}{8}$ of an inch wide by 1- to 2 inches in length. The mine floor ranges from

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 18

☆ U.S. G.P.O. 2005:742-563

Date 4-18-05
 damp to wet on this section. The miners normally handle the trailing cables.

The [6] [6] should have seen these bad places during the pre-operational checks. These bad places in the trailing cable would be obvious to any prudent person.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 19

☆ U.S. G.P.O. 2005:742-563

Date 4-18-05

Based on my mining experience the exposed leads of the Trailing cable have existed for several shifts.

one miner is exposed as he handles the Trailing cable.

When a accident does occur from this type of condition it will be of a serious nature from Electrical Shock, Burns.

Inspector's Initials [6]

Supervisor's Initials and Date

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Date 4-18-05

It is Reasonably likely that this type of condition will result in a accident. The miners normally handle the Trailing cables and the mine floor ranger from damp to wet.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 21

U.S.G.P.O. 2004 - 642 - 912

Date 4-18-05

The #1 Joy Shuttle Car is a spare shuttle car and was de-energized at the time these condition were found. When #5 or #7 shuttle cars break down this #1 shuttle car is put into service. One day last week #7 shuttle car was down and the shuttle car operator went to the #1 shuttle car put it into operation.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 22

U.S.G.P.O. 2004 - 642 - 912

Mine Citation/Order

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

04 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/20/2005	2. Time (24 Hr. Clock) 1130	3. Citation/ Order Number 7097732
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The personnel doors between the primary escapeway and the secondary escapeway are not maintained to less than 600 feet on the mains 001-0 & 002-0 MMU sections. The distance from the personnel door at #27 block along #4 haulage to the personnel door at #43 block along #4 haulage is approximately 1,360 feet. The mining height is approximately 7 feet high.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(c)(1)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/21/2005	B. Time (24 Hr. Clock) 0330
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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 4054745	21. Primary or Mill
22. Signature [6]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

upl
4/22

Mine Citation/Order
Continuation

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

04 MAY 2005



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/20/2005	3. Citation/ Order Number 7097732 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC (Contractor)	
6. Mine SAGO MINE	7. Mine ID 46-08791	

Section II--Justification for Action

Terminated due to personnel doors being installed in the permanent ventilation controls (stoppings) at #37 block and at #32 block to provide the miners access to the primary escape way from the track entry.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature] 6	12. Date Mo Da Yr 04/29/2005
13. Time (24 Hr. Clock) 1000	

mc
5/03

Date 4-20-05

11:30pm 75.333(C)(1)

7097732 S+S NO

The personnel doors between the primary escapeway and the secondary escapeway are not maintained to less than 600 feet on the mains 001-0 + 002-0 mmu sections. The distance from the personnel door at #27 block along #4 haulage to the personnel door at #43 block along #4 haulage is approximately 1,360 feet. The mining height is approximately 7 feet high.

Inspector's Initials [6]Date 4-20-05

When an accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke inhalation and miner not being able to enter escapeway within a 600' distance.

It is unlikely that an accident will occur from this condition.

The mine floor, roof and ribs are damp to wet. There was no methane detected. Area has also been Rock Dusted.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21Date 4-20-05

The [6] [6] should have known of this condition.

Based on my mining experience this condition has existed for more than one shift.

One miner is exposed as he or she works or travels in this area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 22

Mine Citation/Order

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

Section I—Violation Data

1. Date Mo Da Yr 04/26/2005	2. Time (24 Hr. Clock) 1030	3. Citation/ Order Number 7097734
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #2 AWG trailing cable for the #4 Fletcher roof bolting machine serial no. 2004096, Approval no. 2G-3715A-1 being operated on the 2 Right, 003-0 MMU working section. The outer jacket is cut for 1 1/2 inches in length by 3/4 of an inch wide and exposes the inner insulated energized power leads and the inner insulated leads also have the insulation cut which measured 1 1/2 inches long by 3/8 of an inch wide which exposes the bare energized power leads that provide 600 VAC to the #4 Fletcher roof bolting machine.

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 75.517
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/26/2005	B. Time (24 Hr. Clock) 1045
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Section III—Termination Action

17. Action to Terminate Terminated due to the trailing cable being insulated adequately and fully protected.

18. Terminated	A. Date Mo Da Yr 04/26/2005	B. Time (24 Hr. Clock) 1045
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [62]

MSHA Form 7000-3, Mar 85 (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.

upl
4/27

Mine Citation/Order
Continuation

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

JP



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/26/2005	3. Citation/ Order Number 7097734 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Change	From	To
--------	------	----

8. Condition Or Practice

Reason Add the following to the body of the citation: The #4 Fletcher roof bolting machine trailing cable is not insulated adequately and fully protected.

Did not put this in the body of the citation before issuing.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature <i>[Signature]</i>	AR Number <i>[Signature]</i>
12. Date Mo Da Yr 04/26/2005	13. Time (24 Hr. Clock) 1215

W 4/27

Date 4-26-05

10:30 AM 75.517
7097734 S+S yes
The #2 AWG trailing cable
for the #4 Fletcher roof bolting
machine Serial no. 2004096,
Approval no. 2G-3715A-1 being
operated on the 2 Right, 003-0
mmu working section. The
outer jacket is cut for 1½
inches in length by ¾ of
an inch wide and exposes
the inner insulated energized
power lead and the inner
insulated lead also have
the insulation cut which
measured 1½ inches long
by ¾ of an inch wide
which exposes the bare

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 16

☆ U.S. G.P.O. 2005-742-563

Date 4-26-05

energized power leads that
provide 600 VAC to the
#4 Fletcher roof bolting
machine.

The [6]
[6] should
have seen this condition
during the pre-operational
checks.

Based on my mining
experience this condition
has existed for more
than one shift.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 17

☆ U.S. G.P.O. 2005-742-563

Date 4-26-05

One miner is exposed
as he handles the
roof bolter trailing
cable.

When an accident does
occur from this type
of condition it will
be of a serious nature
from electrical shock,
burns.

It is reasonably likely
that an accident will
occur from this type
of condition. The
mine floor ranges from

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 18Date 4-26-05

damp to wet and
the miners normally
handle the trailing
cables. The bare
energized power leads
are exposed through
the cut in the
trailing cable.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 19

Mine Citation/Order

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

Section I—Violation Data

1. Date Mo Da Yr 04/26/2005	2. Time (24 Hr. Clock) 0750	3. Citation/ Order Number 7097733
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY
6. Mine SAGO MINE		7. Mine ID 46-08791
8. Condition or Practice		

(Contractor)

8a. Written Notice (103g) ☐

The #6 AWG trailing cable for the water pressure pump being operated on the 2 Right, 003-0 MMU working section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 700 amperes. The maximum instantaneous amperes setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately reset the instantaneous setting on the circuit breaker that provides 600 VAC for the water pressure pump down to 300 amperes.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.601-1
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/26/2005	B. Time (24 Hr. Clock) 0755
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Section III—Termination Action

17. Action to Terminate Terminated due to the water pressure pump circuit breaker instantaneous setting set down to 300 amperes.

18. Terminated	A. Date Mo Da Yr 04/26/2005	B. Time (24 Hr. Clock) 0755
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

upl
4/27

Date 4-26-05

7:50 AM 75,601-1

7097733 S+S NO

The #6 AWG trailing cable for the water pressure pump being operated on the 2 Right, 003-0 mmu working section has the trailing cable plugged into a circuit breaker that has the instantaneous setting set on 700 amperes. The maximum instantaneous amperes setting for a #6 AWG trailing cable is 300 amperes. The mine operator immediately reset the instantaneous setting on the circuit breaker that provides 600 VAC for the water pressure pump down to 300 amperes.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 13
U.S. G.P.O. 2005:742-563Date 4-26-05

The electrical examiner should have known of this condition.

Based on my mining experience this condition has existed for more than one shift

One miner is exposed as he works or travels in the area where the water pressure pump and trailing cable is located.

Inspector's Initials [6]

Supervisor's Initials and Date _____

Page No. 14Date 4-26-05

When an accident does occur from this type of condition it will be of a serious nature from electrical shock, burns.

It is unlikely that an accident will occur from this condition.

Inspector's Initials [6]

Supervisor's Initials and Date _____

Page No. 15

Mine Citation/Order

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

J



Section I--Violation Data

1. Date Mo Da Yr 04/26/2005	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7097735
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #3 scoop charging station for the 2 Right, 003-0 MMU section is located one block inby the 2 Right track switch and is energized charging a set of scoop batteries without having fire suppression provided over the scoop batteries. This charging station has a chemical canister type fire suppression system and the canister was not located over the charging scoop batteries when this inspector found this condition. The mine operator immediately positioned the chemical canister over the charging scoop batteries.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/26/2005	B. Time (24 Hr. Clock) 1105
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Section III--Termination Action

17. Action to Terminate Terminated due to the chemical canister being placed over the charging scoop batteries.

18. Terminated	A. Date Mo Da Yr 04/26/2005	B. Time (24 Hr. Clock) 1105
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Section IV--Automated System Data

19. Type of Inspection (activity code) FOI	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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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4/27

Mine Citation/Order
Continuation

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

[Handwritten signature]



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/26/2005	3. Citation/ Order Number 7097735 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change	From	To
9. C. Part/Section	75.1107-16	75.1107-16(b)

Reason Issued under the wrong section of the 30 CFR.

Issued under the wrong section of the 30 CFR.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745		
11. Signature <i>[Signature]</i>	AR Number <i>[Signature]</i>	12. Date Mo Da Yr 04/29/2005	13. Time (24 Hr. Clock) 1420

*me
5/03*

Date 4-26-051100A 75.1107-167097735 S+S No

The #3 Scoop charging station for the 2 Right, 003-0 mmu section is located one block into the 2 Right track switch and is energized charging a set of Scoop batteries without having fire suppression provided over the Scoop batteries. This charging station has a chemical canister type fire suppression system and the canister was not located over the charging Scoop batteries when this inspector found this condition.

Inspector's Initial [6]Supervisor's Initials and Date _____ Page No. 20Date 4-26-05

The [6] immediately positioned the chemical canister over the charging scoop batteries.

The [6] should have known of this condition.

This set of scoop batteries was put on charge this shift.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21

Date 4-26-05

The [6]
and any miner working
outby the scoop charging
station.

When a accident does
occur from this type
of condition it will
be of a serious nature
from fire, burn's, smoke
inhalation.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 22Date 4-26-05

IT IS UNLIKELY That
a accident will occur
from this condition.
Fire extinguishers and
rock dust is provided.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 23

Mine Citation/Order

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

Section I--Violation Data

1. Date Mo Da Yr 04/26/2005	2. Time (24 Hr. Clock) 1110	3. Citation/ Order Number 7097736
4. Served To Bill Currence Mine Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #7 mantrip charging station located at the 2 Right track switch and is energized charging the #6 mantrip batteries without having fire suppression provided over the mantrip batteries. This charging station has a chemical canister type fire suppression system and the canister was located over the charging mantrip batteries and is not wired up to provide protection for the mantrip batteries when this inspector found this condition. The mine operator immediately removed this #7 mantrip charger from service until the fire suppression system can be wired up and fire protection can be provided at the #7 mantrip charging station.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/26/2005	B. Time (24 Hr. Clock) 1400
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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 4054745	21. Primary or Mill
22. Signat: [Signature]		23. AR Number [67]

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4/27

Mine Citation/Order
Continuation

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

[Handwritten signature]



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/26/2005	3. Citation/ Order Number 7097736 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to the chemical canister type fire suppression system being wired up to provide fire protection for the #7 mantrip charging station.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signat <i>[Signature]</i>	AR Number [66]
12. Date Mo Da Yr 04/27/2005	13. Time (24 Hr. Clock) 0935

*upl
5/02*

Mine Citation/Order
Continuation

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

[Handwritten signature]



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/26/2005	3. Citation/ Order Number 7097736 - 02
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change	From	To
9. C. Part/Section	75.1107-16	75.1107-16(b)

Reason Issued under the wrong section of the 30 CFR.

Issued under the wrong section of the 30 CFR.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature <i>[Signature]</i>	AR Number [6]
12. Date Mo Da Yr 04/29/2005	13. Time (24 Hr. Clock) 1428

ML 5/03

Date

4-26-05

11:10

75.1107-14

7097736

S&S-NO

The #7 manTrip charging station located at the 2 Right Track switch is energized and charging the #6 manTrip batteries without having fire suppression provided over the manTrip batteries. This charging station has a chemical canister type fire suppression system and the canister was located over the charging manTrip batteries and is not wired up

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 24

Date

4-26-05

To provide fire protection for the manTrip batteries when this inspector found this condition. The mine operator immediately removed this #7 manTrip charger from service until the fire suppression system can be wired up and fire protection can be provided at the #7 manTrip charging station.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 25

Date 4-26-05

The electrical examiner
should have known of
this condition

Based on my mining
experience this condition
has existed for several
shifts.

One miner is exposed
as he works or travels
in the area of the
battery charging station.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 26Date 4-26-05

When a accident does
occur it will be of
a serious nature from
fire, burns, smoke
inhalation.

IT is unlikely this
condition will result
in a fire, fire
extinguisher's and rock
dust is provided in
this location.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 27

Mine Citation/Order

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

11 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0620	3. Citation/ Order Number 7097737
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The fire suppression system that provides fire protection for the #2 conveyor belt drive and take-up will not de-energize the 600 VAC when the fire suppression system was tested by this inspector.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate Terminated due to the fire suppression system will now de-energize the #2 conveyor belt head drive and take-up when tested.

18. Terminated	A. Date Mo Da Yr 04/27/2005	B. Time (24 Hr. Clock) 0700
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature 		23. AR Number 161

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

WPL
5/10/03

Date 4-27-056:20 Am 75,1107-16 (6)
7097737 STS NO

The fire suppression system that provides fire protection for the #2 conveyor belt drive and take-up will not de-energize the 600 VAC when the fire suppression system was tested by this inspector.

The fire suppression system will NOT de-energize the 600 VAC power source to the #2 conveyor belt head drive when the fire suppression system is activated.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 8Date 4-27-05

The weekly examiner should have known of this condition.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in this area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 9Date 4-27-05

When an accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke inhalation.

It is unlikely that an accident will occur from this condition. One branch line of the fire suppression will de-energize the power circuit to the #2 belt head drive.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 10

Mine Citation/Order

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

11 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0635	3. Citation/ Order Number 7097738
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The fire suppression system that provides fire protection for the #3 conveyor belt and take-up does not provide fire protection for the top surfaces of the top conveyor belt. A branch line is not provided to supply water to this area of the conveyor belt.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-16(b)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 1600
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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 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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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5/02

Mine Citation/Order
Continuation

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

11 MAY 2005



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/27/2005	3. Citation/ Order Number 7097738 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to the fire suppression system being provided with a additional branch line to supply water to the top surface of the top conveyor belt at the #3 head drive and take-up.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	AR Number [Signature]
12. Date Mo Da Yr 04/29/2005	13. Time (24 Hr. Clock) 1330

me
5/03

Date 4-27-056:35A 75.1107-16(b)
709773P S+5 NO

The fire suppression system that provides fire protection for the #3 conveyor belt and takeup does not provide fire protection for the top surfaces of the top conveyor belt. A branch line is not provided to supply water to this area of the conveyor belt.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 11

★ U.S. G.P.O. 2005-742-563

Date 4-27-05

The mine examiner should have known of this condition.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in this area.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 12

★ U.S. G.P.O. 2004 - 642 - 912

Date 4-27-05

When an accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke inhalation.

It is unlikely that an accident will occur from this condition. A branch line is provided to supply water to the bottom surface of the top belt and the top surface of the bottom belt.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 13

★ U.S. G.P.O. 2004 - 642 - 912

Mine Citation/Order

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

1 MAY 2005



Section I—Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0640	3. Citation/ Order Number 7097739
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Combustible materials in the form of loose coal, coal fines and a heavy coating of float coal dust is allowed to accumulate at the #3 conveyor belt head drive rollers and take-up. The float coal dust is powder dry and black in color and has accumulated on previously rock dusted surfaces of the mine floor, ribs, water line and belt structure. The accumulations of loose coal, coal fines mixed with rock range from 6 to 12 inches deep by 48 inches wide by 25 feet in length. The bottom conveyor belt is running in the accumulations for approximately 15 feet in length under the take-up.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 0710
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Section III—Termination Action

17. Action to Terminate Terminated due to the accumulations being cleaned from the #3 head drive and take-up and the cited area being coated with a heavy coating of rock dust.

18. Terminated	A. Date Mo Da Yr 04/27/2005	B. Time (24 Hr. Clock) 1045
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [63]

MSHA Form 7000-3, Mar 85 (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.

upl
5/02

Date 4-27-056:40a- 75,4007097739 S+S yes

Combustible materials in the form of loose coal, coal fines and a heavy coating of float coal dust is allowed to accumulate at the #3

conveyor belt head drive rollers and take-up. The float coal dust is powder dry and black in color and has accumulated on previously rock dusted surfaces of the mine floor, ribs, water line and belt structure.

The accumulations of loose coal, coal fines mixed with rock range from 6

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 14Date 4-27-05

to 12 inches deep by 48 inches wide by 25 feet in length. The bottom conveyor belt is running in the accumulations for approximately 15 feet in length under the takeup.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 15

Date 4-27-05

The mine examiner
 should have known
 of this condition.
 This condition would
 be obvious to any
 prudent person conducting
 a mine examination.

Based on my mining
 experience this condition
 has existed for several
 shifts.

One miner is exposed
 as he works or travels
 in or out by the cited
 area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 16Date 4-27-05

When a accident does
 occur from this type
 of condition it will
 of a serious nature
 from fire, burns,
 smoke inhalation.

It is reasonably likely
 that this type of
 condition will result
 in a accident. The
 float coal dust is
 powder dry and can
 easily be suspended
 into the air. The
 bottom belt is running
 in the accumulations.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 17

Mine Citation/Order

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

11 MAY 2005



Section I--Violation Data			
1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0740	3. Citation/ Order Number 7097740	
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

Combustible materials in the form of loose coal, coal fines mixed with rock is allowed to accumulate along and under the #3 conveyor belt at #29 block. The accumulations of loose coal, coal fines mixed with rock range from 6 to 12 inches deep by 48 inches wide by 25 feet in length and range from damp to dry to the touch. The accumulations range from 6 to 17 inches deep by 24 to 36 inches wide by 70 feet in length and the bottom conveyor belt is running in the accumulations for approximately 30 feet in length. See citation no. 7097741 for bad bottom conveyor belt rollers in this area.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 1000	
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Section III--Termination Action

17. Action to Terminate Terminated due to the accumulations being cleaned from the #3 conveyor belt at #29 block and the cited area being coated with a heavy coating of rock dust.			
18. Terminated	A. Date Mo Da Yr 04/27/2005	B. Time (24 Hr. Clock) 1045	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill	
22. Signature <i>[Signature]</i>			23. AR Number <i>[6]</i>

MSHA Form 7000-3, Mar 85 (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.

upl
5/02

Date 4-27-05

7:40am 75.400
 7097740 S+S yes
 Combustible materials
 in the form of loose coal,
 coal fines mixed with rock
 is allowed to accumulate
 along and under the #3
 conveyor belt at #29 block.
 The accumulations of loose
 coal, coal fines mixed with
 rock range from 6 to 12
 inches deep by 48 inches
 wide by 25 feet in length
 and range from damp to dry
 to the touch. The accumulations
 range from 6 to 17 inches
 deep by 24 to 36 inches
 wide by 70 feet in length.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 18
 U.S. G.P.O. 2005-742-563Date 4-27-05

and the bottom conveyor
 belt is running in the
 accumulations for approximately
 30 feet in length. See
 citation No. 7097741 for
 bad bottom conveyor belt
 rollers in this area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 19
 U.S. G.P.O. 2005-742-563Date 4-27-05

The mine examiner
 should have known
 of this condition. This
 condition would be
 obvious to any prudent
 person conducting a
 mine examination.

Based on my mining
 experience this condition
 has existed for several
 shifts.

One miner is exposed
 as he works on Travers
 in or out by the cited
 area.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 20

Date 4-27-05

When a accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke inhalation.

It is reasonably likely that this type of condition will result in a accident. A excessive amount of combustible materials are allowed to accumulate along & under the #3 conveyor belt at #29 block, see citation

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 21Date 4-27-05

No. 7097741 that was issued under section 25.1725(a) to remove the #3 conveyor belt from service.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 22

Mine Citation/Order

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

11 MAY 2005



Section I—Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0745	3. Citation/ Order Number 7097741
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #3 conveyor belt is not maintained in a safe operating condition at #29 block. The #3 bottom conveyor belt is rubbing on three stuck bottom belt rollers and four bottom belt rollers have the bearings worn out and the rollers are rubbing metal to metal and are warm to the touch. These bottom belt rollers are gobbled out with loose coal, coal fines mixed with rock. The accumulations around the seven bad bottom belt rollers is powder dry and the rollers are warm to the touch. Four of these rollers are in a row and the other three are in a row.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 0945
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Section III—Termination Action

17. Action to Terminate Terminated due to the bad bottom conveyor belt rollers being replaced.

18. Terminated	A. Date Mo Da Yr 04/27/2005	B. Time (24 Hr. Clock) 1040
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number Z 63

MSHA Form 7000-3, Mar 85 (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.

upl
5/02

Date 4-27-057:45 Am 75.1725(a)
7097741 5+5 yes

The #3 conveyor belt is not maintained in a safe operating condition at #29 block. The #3 bottom conveyor belt is rubbing on three stuck bottom belt rollers and four bottom belt rollers have the bearings worn out and the rollers are rubbing metal to metal and are warm to the touch. These bottom belt rollers are gobbled out with loose coal, coal fines mixed with rock. The accumulations

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 23Date 4-27-05

around the seven bad bottom belt rollers is powder dry and the rollers are warm to the touch. Four of these rollers are in a row and the other three are in a row.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 24Date 4-27-05

The mine examiner should have known of this condition. This condition would be obvious to any prudent person conducting a mine examination.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in or out by the cited area

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 25

Date 4-27-05

When a accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke inhalation.

IT is Reasonably Likely that this type of condition will result in a accident. There is 7 bad bottom rollers which are running in the accumulations or have the bearing's worn out. All seven bottom conveyor belt

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 24Date 4-27-05

rollers are warm to the touch. The combustible materials around these belt rollers are powder dry.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 27

Mine Citation/Order

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

1 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 0810	3. Citation/ Order Number 7097742
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Combustible materials in the form of loose coal and coal fines mixed with rock is allowed to accumulate the #4 conveyor belt drive and take-up. The accumulations are under the head drive and take-up for a distance of 40 feet. The accumulations measured 6 to 12 inches deep by 24 to 34 inches wide. The bottom conveyor belt is also running in the accumulations for a distance of 8 feet in length.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/27/2005	B. Time (24 Hr. Clock) 1010
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Section III--Termination Action

17. Action to Terminate Terminated due to the accumulations being cleaned up and the area rock dusted.

18. Terminated	A. Date Mo Da Yr 04/27/2005	B. Time (24 Hr. Clock) 1010
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [63]

MSHA Form 7000-3, Mar 85 (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.

upl
5/02

Date 4-27-058:10 Am 75,4007097742 B+S yes

Combustible materials in the form of loose coal and coal fines mixed with rock is allowed to accumulate the #4 conveyor belt drive and take-up. The accumulations are under the head drive and take-up for a distance of 40 feet. The accumulations measured 6 to 12 inches deep by 24 to 34 inches wide. The bottom conveyor belt is also running in the accumulations for a distance of 8 feet in length.

Inspector's Initials [6]Supervisor's Initials and Date Page No. 28

☆ U.S. G.P.O. 2005:742-563

Date 4-27-05

The mine examiner should have known of this condition. This condition would be obvious to any prudent person conducting a mine examination.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in or outby the cited area.

Inspector's Initials [6]Supervisor's Initials and Date Page No. 29

*U.S.G.P.O. 2004 - 642 - 912

Date

4-27-05

when a accident does occur from this type of condition it will be of a serious nature from fire, burns, smoke Inhalation.

IT is Reasonably Likely that this type of condition will result in a accident. The bottom conveyor belt is running in the accumulation which is generating float coal dust and the mine ventilation is

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

30

Date

4-27-05

Carrying the float coal dust out for two block in the belt entry and also in the two adjacent entries.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

31

Mine Citation/Order

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

11 MAY 2005

Section I--Violation Data

1. Date Mo Da Yr 04/27/2005	2. Time (24 Hr. Clock) 1130	3. Citation/ Order Number 7097743
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

It is obvious that the preshift examination of the #2, #3 and #4 conveyor belts are not adequate. The conditions observed and listed on citations #7097737, #7097738, #7097739, #7097740, #7097741 and #7097742 issued this date were observed and should have been identified by a prudent examiner and corrective action taken. The preshift book maintained on the surface has the entry of "clear" listed for each of the belts for the past 30 preshift examinations. There could not be any evidence that any examinations have been conducted along the off side of any of the conveyor belt drive insulations found during today's inspection. Termination shall require a review of the preshift inspection requirements being made with all persons involved.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 04/28/2005	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [6]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

upl
5/02

Mine Citation/Order
Continuation

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

11 MAY 2005

K1.

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/27/2005	3. Citation/ Order Number 7097743 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)

Section II--Justification for Action

Terminated due to Bill Currence (Mine Foreman) going over the requirements of conducting a pre-shift examination of the mine, with all of the Foreman's and mine examiner's on all shift's.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	AR Number [Signature]
12. Date Mo Da Yr 05/02/2005	13. Time (24 Hr. Clock) 0600

Wp
5/10³

Date 4-27-051130 AM 75.360(a)(1)7097743 S+S yes

It is obvious that the preshift examination of the #2 #3 and #4 conveyor belts are not adequate. The conditions observed and listed on citations #7097737, #7097738, #7097739, #7097740, #7097741, and #7097742 issued this date were observed and should have been identified by a prudent examiner and corrective action taken. The preshift book maintained on the surface has the entry of "clear" listed for each of

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 32
 ☆ U.S.G.P.O. 2005:742-563Date 4-27-05

the belts for the past 30 preshift examinations. There could not be any evidence that any examination have been conducted along the off side of any of the conveyor belt drive insulation found during today's inspection. Termination shall require a review of the preshift inspection requirements being made with all persons involved.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 33
 ☆ U.S.G.P.O. 2005:742-563Date 4-27-05

The [6] [6] should have known of this condition

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in the cited areas

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 34

Date 4-27-05

when a accident does occur from this type of condition it will be of a serious nature from the miners being exposed to unknown hazards

It is Reasonably likely that this type condition will result in a accident. The pre-shift examination is the first line of defense against hazardous conditions. Failing to conduct a proper mine examination exposes the

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 35

Date 4-27-05

miners to unnecessary risks. The walkway along the off side of the #2, #3, #4 Head drive's and conveyor belt lines are obstructed by lack of clearance between the head drive and the coal rib "10 inches 6 inch and 8 inch water lines mud and water ranging from 8 inches to 24 inches deep, belt rollers & structure, Rock from the mine roof and and loose coal, coal fines mixed with Rock,

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 36

Mine Citation/Order

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

MAY 2005



11.

Section I--Violation Data

1. Date Mo Da Yr 05/02/2005	2. Time (24 Hr. Clock) 0700	3. Citation/ Order Number 7097229
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #C01 mantrip which is used to transport miners in and out of the mine is not maintained in a safe operating condition. The sanding device's on this mantrip will not provide sand to the wheels and track for traction purpose's. This mine has several grade's and the track ranges from dry to wet. This condition will cause the mantrip to become out of control and also cause derailment which poses a hazard to the miners.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>
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: 006	
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"/>		
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 05/02/2005	B. Time (24 Hr. Clock) 0726
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Section III--Termination Action

17. Action to Terminate Terminated due to the wet sand being cleaned from the sanding device's storage compartment and filling with dry sand.

18. Terminated	A. Date Mo Da Yr 05/02/2005	B. Time (24 Hr. Clock) 0726
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]	23. AR Number [6]	

MSHA Form 7000-3, Mar 85 (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.

lup
5/03

Date 5-02-2005

0700 7097229 75.1725(3)

The No. 601 mantrip which is used to transport miners in and out of the mines is not maintained in a safe operating condition. The sanding devices on this mantrip will not provide sand to the wheels and track for traction purposes. This mine has several grades and the track ranges from dry to wet. This condition will cause the mantrip to become out of control and also cause derailment which poses a hazard to the miners.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 27Date 5-2-05

The [6] should have seen this condition during the pre-operational checks.

Based on my mining experience this condition has existed for several shifts.

6 or more miners ride in this mantrip in and out of the mine at the same time during each shift.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 28

Date 5-2-05

When a accident
does occur from
this type of condition
it will be of a
serious nature from
man trip derailment
causing bruising,
lacerations, amputation.

IT is Reasonably likely
that a accident will
occur from this type
of condition. This
mine has several grades
on the track haulage
and the track is
from dry to wet

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 29Date 5-2-05

Sand is need
to provide traction
from the wheels to
the tracks as the
miners are transported
in and out of the
mine by these
man trips

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 30

Mine Citation/Order

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

17 MAY 2005

Section I--Violation Data

1. Date Mo Da Yr 05/02/2005	2. Time (24 Hr. Clock) 0706	3. Citation/ Order Number 7096478
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #3 mantrip which is used to transport miners in and out of the mine is not maintained in a safe operating condition. The sanding device's on this mantrip will not provide sand to the wheels and track for traction purpose's. This mine has several grade's and the track ranges from dry to wet. This condition will cause the mantrip to become out of control and also cause derailment which poses a hazard to the miners.

See Continuation Form (MSHA Form 7000-3a) ☒

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>
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: 006	
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"/>
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 05/02/2005	B. Time (24 Hr. Clock) 0715
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Section III--Termination Action

17. Action to Terminate Terminated due to the wet sand being cleaned from the sanding device's storage compartment and filling with dry sand. The sanding device will now provide sand to the wheel's and track for

18. Terminated	A. Date Mo Da Yr 05/02/2005	B. Time (24 Hr. Clock) 0715
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Section IV--Automated System Data

19. Type of Inspection (activity code)	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]	23. AR Number [63]	

MSHA Form 7000-3, Mar 85 (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.

Wpl
5/03

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input type="checkbox"/> 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2005	3. Citation/ Order Number 7096478
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Continuation of 17. Action to Terminate
traction.

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 4054745	
11. Signat [Signature] AR Number [Signature]	12. Date Mo Da Yr 05/02/2005	13. Time (24 Hr. Clock) 0706

Date 5-2-2005Time 7:06 AM ID# 7096478 Shift 75.1725 (G)

The No 3 muntip which is used to transport miners in and out of the mines is not maintained in a safe operating condition. The sanding devices on this muntip will not provide sand to the wheel and track for traction purposes. This mine has several grades and the track ranges from dry to wet. This condition will cause the muntip to become out of control and also cause derailment which poses a hazard to the miners.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 31Date 5-02-2005

The [6] should have seen this condition during the pre-operational checks

Based on my mining experience this condition has existed for several shifts

6 of mole miners ride in this muntip in and out of the mines at the same times during each shift.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 32

Date 5-02-2005

When a accident does occur
from this type of condition
it will be of a serious nature
from minor derelict causing
bruising, laceration and
amputation

It is reasonably likely
that a accident will occur
from this type of condition.
This mine has several grades
on the track haulage and
the track is from dry to
wet sand is needed to
provide traction from the
wheels to track as the miners
are transported in and out

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 33Date 5-2-05

of the mines

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 34

Mine Citation/Order

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

MAY 2005



H1.

Section I—Violation Data

1. Date Mo Da Yr 05/02/2005	2. Time (24 Hr. Clock) 0712	3. Citation/ Order Number 7096479
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #C03 mantrip which is used to transport miners in and out of the mine is not maintained in a safe operating condition. The sanding device's on this mantrip will not provide sand to the wheels and track for traction purpose's. This mine has several grade's and the track ranges from dry to wet. This condition will cause the mantrip to become out of control and also cause derailment which poses a hazard to the miners.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 006
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"/>	
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 05/02/2005	B. Time (24 Hr. Clock) 0715
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Section III—Termination Action

17. Action to Terminate Terminated due to the wet sand being cleaned from the sanding device's storage compartment and filling with dry sand. The sanding device will now provide sand to the wheel's and track.

18. Terminated	A. Date Mo Da Yr 05/02/2005	B. Time (24 Hr. Clock) 0715
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Wp
5/10/03

Mine Citation/Order
Continuation

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

17 MAY 2005



X1.

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2005	3. Citation/ Order Number 7096479 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change From To

8. Condition Or Practice

Reason Change the mantrip no. from #C03 to #C02 in the condition and practice body of the citation.

Wrote #C03 in error.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745		
11. Signature 	AR Number 6	12. Date Mo Da Yr 05/02/2005	13. Time (24 Hr. Clock) 1257

Wpl
5/10/3

Date 5-02-2005Time 7:12 ID# 7096474 SS# 75.1725(9)

The No. 608 mantrip which is used to transport miners in and out of the mines is not maintained in a safe operating condition. The sanding devices on this mantrip will not provide sand to the wheels and track for traction purposes. This mine has several graders and the track ranges from dry to wet. This condition will cause the mantrip to become out of control and also cause derailment which poses a hazard to the miners.

Inspector's Initials [6]

Supervisor's Initials and Date _____

Page No. 35Date 5-02-2005

The [6] should have seen this condition during the pre-operational checks.

Based on my mining experience this condition has existed for several shifts.

6 of mole miners ride in this mantrip in and out of the mine at the same time during each shift.

Inspector's Initials [6]

Supervisor's Initials and Date _____

Page No. 36

Date 5-02-2005

When a accident does occur from this type of condition it will be of a serious nature from mantrip derailment causing bruising, laceration, amputation

It is reasonably likely that a accident will occur from this type of condition. This mine has several grades on the track haulage and the track is from dry to wet.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 37Date 5-2-05

Sand is needed to provide traction from the wheels to the track as the miners are transported in and out of the mines by these mantrip.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 38

Mine Citation/Order

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

17 MAY 2005



K1.

Section I--Violation Data

1. Date Mo Da Yr 05/02/2005	2. Time (24 Hr. Clock) 1000	3. Citation/ Order Number 7096480
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #2/0 power cable that provides 460 VAC from the # 5 belt head power box to the D #1 box at #25 block of #4 mains (which is approximately 750 of power cable) is not insulated adequately and fully protected. The insulation has worn away on four previous splices which exposes the inner energized power leads: (1) Inner insulated leads are exposed through a opening of 1/2 of an inch wide all of the way around the cable. (2) Inner insulated leads are exposed through a opening of 3/8 of an inch wide all of the way around the cable. (3) Inner insulated leads are exposed through a opening of 1/2 of an inch wide all of the way around the cable. (4) Inner insulated leads are exposed through a opening of 1 inch wide all of the way around the cable. This power cable is sloppy wet and is hanging over the track where miner's travel under or along side of the power cable and the

See Continuation Form (MSHA Form 7000-3a) ☒

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr 05/02/2005	B. Time (24 Hr. Clock) 1120
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Section III--Termination Action

17. Action to Terminate Terminated due to the power cable being insulated adequately and fully protected in all four location's

18. Terminated	A. Date Mo Da Yr 05/02/2005	B. Time (24 Hr. Clock) 1000
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Section IV--Automated System Data

19. Type of Inspection (activity code) F01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [63]

MSHA Form 7000-3, Mar 85 (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.

upt
5/6/03

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 05/02/2005	3. Citation/ Order Number 7096480
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Continuation of 8. Condition or Practice

miner's can easily come into contact with the exposed inner insulated energized leads.

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 4054745		
11. Signature [Signature] 6	AR Number [Signature] 6	12. Date Mo Da Yr 05/02/2005	13. Time (24 Hr. Clock) 1000

Date 5-02-2005ID: 00 7096480 75.517

The No. 2/0 power cable that provides 480 VAC from the #5 belt head power box to the D#1 box at #25 block of #4 mines (which is approximately 750 of power cable) is not insulated adequately and fully protected. The insulation has worn away on four previous splices which exposes the inner energized power leads: (1) Inner insulated leads are exposed through a opening of $\frac{1}{2}$ of an inches wide all of the way around the cable. (2) Inner insulated leads are exposed through a opening of $\frac{3}{8}$ of an inches wide all

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 23

Date 5-2-20057096480

the way around the cable. (3) Inner insulated leads are exposed through a opening of $\frac{1}{2}$ of an inch wide all of the way around the cable. (4) Inner insulated leads are exposed through a opening of 1 inch wide all of the way around the cable. This power cable is sloppy wet and is hanging over the truck while miner's travel under or along side of the power cable and miner's can easily come into contact with the exposed inner insulated energized leads

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 24

Date 5-3-05

The electrical examiner should have seen this condition during the examination of this cable before the cable was energized and put into service

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he works or travels in this area

Inspector's Initials [6]
 Supervisor's Initials and Date _____ Page No. 25

Date

5-2-05

When a accident
does occur from this
type of condition
it will be of a
serious nature from
electrical shock, because

It is reasonably likely
that this type of
condition will result
in a accident. This
cable is hanging in
the track entry and
the mantrips & motors
travel under and along
side of this cable for
approximately 750 feet.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 26

Date

The miners can easily
come in contact with
this energized power
cable while operating
the mantrips or motors.
This power cable is
sloppy wet and has
exposed insulated
power leads of
480 VAC. in four
different locations
along the track
haulage entry.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 27

Mine Citation/Order

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

17 MAY 2005

X1.

Section I--Violation Data

1. Date Mo Da Yr 05/02/2005	2. Time (24 Hr. Clock) 0814	3. Citation/ Order Number 7096481
4. Served To Brad Hamrick		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The high voltage power line cable located at no. 22 block is not guarded and the cable measured from 60 inches to 65 inches from the mine floor. Personnel doors are located in this line of crosscuts. This is a previously rock dusted crosscut and the foot prints indicates that miners regularly travel through this crosscut.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.807
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected:	001	
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 05/03/2005	B. Time (24 Hr. Clock) 0200
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Section III--Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code)	E01	20. Event Number 4054745	21. Primary or Mill
22. Signature	[Signature]		23. AR Number [63]

MSHA Form 7000-3, Mar 85 (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.

Wpl
5/03

Mine Citation/Order
Continuation

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

17 MAY 2005



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2005	3. Citation/ Order Number 7096481 - 01
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II--Justification for Action

Terminated due to the high voltage power line being guarded at the #22 block on the mains.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	AR Number [Signature]
12. Date Mo Da Yr 05/05/2005	13. Time (24 Hr. Clock) 0740

Wp
5/06

Date 5-02-2005

814 AM

75.807

7096481

Sis No

The high voltage power line cable ~~is~~ located at No. 22 block is not guarded and the cable measured from 60 inches to 65 inches from the mine floor. Personnel ~~doors~~ are located to live of crosscuts. This is a previously not dusted crosscut and the foot prints indicate that miners regularly travel through this crosscut.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

39

Date

5-2-05

The mine examiner should have seen this condition as they travel through this crosscut to examine the #9 pump in the Return at #24 block.

Based on my mining experience this condition has existed for several shifts.

One miner is exposed as he travels through this area.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

40

Date

5-2-05

When a accident does occur from this type of condition it will be of a serious nature from Electrical Shock, burns

It is unlikely that this condition will result in a accident. The high voltage power line cable ranges from 60 inches to 65 inches off of the mine floor.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

41

Mine Citation/Order

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

17 MAY 2005



Section I—Violation Data

1. Date Mo Da Yr 05/03/2005	2. Time (24 Hr. Clock) 0830	3. Citation/ Order Number 7096482
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #4 Fletcher roof bolting machine serial no. 2004096, Approval no. 25B-1021 being operated on the 2-Right 003-0 MMU working section is not maintained in a safe operating condition. The tram lever for the operator side of the roof bolting machine is sticking in the tram position in both directions which causes the operator side of the roof bolting machine to continue tramming. This tram lever does not self center when the operator releases the tram lever. The operator was tramming the roof bolting machine in the #5 face entry when I observed the roof bolting machine suddenly swing to the right side. The mine operator immediately removed the #4 Fletcher roof bolting machine from service.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 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 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 05/03/2005	B. Time (24 Hr. Clock) 1035
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Section III—Termination Action

17. Action to Terminate Terminated due to the pin that holds the control levers on the #4 Fletcher roof bolting machine being repaired and the tram levers will now self center without sticking when tested.

18. Terminated	A. Date Mo Da Yr 05/03/2005	B. Time (24 Hr. Clock) 1035
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Section IV—Automated System Data

19. Type of Inspection (activity code)	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Wpl
5/05

Date 5-03-2005

0830 75.1725 (6)

7096482

The No. 4 Fletcher roof bolting machine serial No. 2004096, Approval No. 25B-1021 being operated on the 2-Right 003-0 MMU working section is not maintained in a safe operating condition. The tram lever for the operator side of the roof bolting machine is sticking in the tram position in both directions which causes the operator side of the roof bolting machine to continue tramming. This tram lever does not self center when the operator releases the tram lever. The operator was tramming the roof bolting machine in the No. 5

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 17

Date 5-03-2005

7096482

face entry when I observed the roof bolting machine suddenly swing to the right side. The mine operator immediately removed the #4 Fletcher roof bolting machine from service.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 18

Date 5-3-05

The 003-0 MMU section Foreman knew of this condition and the roof bolting machine should have known of this condition

The section Foreman reported this condition on 5-2-05 at 3:00 PM

Two miners are exposed as this roof Bolting machine is operating

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 19

Date 5-3-05

roof bolting machine in the face area while permanent roof supports are being installed.

The roof bolting machine was observed with the tram lever sticking causing the tram on the operator side to continue tramming when the tram lever was released. Miners normally work along both sides of the roof bolting machine.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 20Date 5-3-05

When a accident does occur from this type of condition it will be of a serious nature from bruising, lacerations broken bones or amputations.

It is reasonably likely that this type of condition will result in a accident. The tram lever that is sticking is used to tram or position the

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 21Date 5-3-05

as normal mining procedure's continue.

The two [6] [6] work within close quarters of the roof bolting machine and the coal rib.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 22

Mine Citation/Order

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

SAFEGUARD



X1

Section I—Violation Data

1. Date Mo Da Yr 05/03/2005	2. Time (24 Hr. Clock) 1300	3. Citation/ Order Number 7096483
4. Served To Bill Currence Minc Foreman		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine SAGO MINE		7. Mine ID 46-08791 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

This is a notice to provide a safeguard requiring: (1) A clear unobstructed travelway of at least 24 inches wide be provided along both sides of all conveyor belts including the head, tail, and take-up units. (2) The areas around the tail, head, drive and take-up units shall be maintained free of water, slop, mud or other obstructions that create slip, trip and fall hazards to the miners who routinely travel through the areas for examination and belt maintenance. (3) The water lines along side the conveyor belt drives, take-ups or head units shall not be positioned in such a manner that they will interfere with travel, examination of the required cleaning and other maintenance requirements.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1403
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input 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 type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected:	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 314(b)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input type="checkbox"/> Safeguard <input checked="" 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 05/06/2005	B. Time (24 Hr. Clock) 1800
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Section III—Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

WJL
4/3/06

Mine Citation/Order
Continuation

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

SAFEGUARD HT

Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/03/2005	3. Citation/ Order Number 7096483 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Change	From	to
8. Condition Or Practice		

Reason Add to the body of the condition and practice: (4) Obstructions including but not limited to the following items: excessive water, mud, rock, coal, wood, belting, rollers, mine supplies, water line and extraneous materials that will create slip, trip and fall hazards.

Did not include the following information in the body of the citation in error.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signat [Signature]	12. Date Mo Da Yr 05/05/2005
AR Number [Signature]	13. Time (24 Hr. Clock) 1115

WJ 5/10/06

Mine Citation/Order
Continuation

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

Safeguard 

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/03/2005	3. Citation/ Order Number 7096483 - 02
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

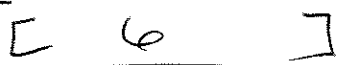
The mine operator has made a diligent effort to correct these conditions. Approximately 60% of the work has been finished. The mine operator has miners working on these conditions on every shift during each day.

See Continuation Form ☐

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/16/2005	B. Time (24 Hr. Clock) 0600	<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 4054745
11. Signature 	12. Date Mo Da Yr 05/10/2005
AR Number [43]	13. Time (24 Hr. Clock) 1010

upl
5/11

Mine Citation/Order
Continuation

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

P Safeguards

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/03/2005	3. Citation/ Order Number 7096483 - 03
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Extended due to the operator making a diligent effort to correct these conditions. It is taking longer to correct these conditions due to the conditions being worse and taking longer to correct then what was initially expected. These conditions are approximately 90% finished. More time is granted for the operator to correct these conditions.

See Continuation Form ☐

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/26/2005	B. Time (24 Hr. Clock) 0600	<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 4054745
11. Signat <i>[Signature]</i>	12. Date Mo Da Yr 05/20/2005
AR Number <i>[Signature]</i>	13. Time (24 Hr. Clock) 0330

WEL 5/31

Mine Citation/Order
Continuation

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

Safeguard



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/03/2005	3. Citation/ Order Number 7096483 - 04
4. Served To Brad Hamrick	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to all of the requirements of the safeguard being complied with on the coal conveyor belt of this mine at the time of this inspection. The mine operator is required to maintain the conveyor belts of this mine in the conditions required by this safeguard.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature	AR Number
12. Date Mo Da Yr 05/31/2005	13. Time (24 Hr. Clock) 0800

upl 6/02

Date 5-03-2005

1300

75.1403

7096483

This is a notice to provide a safeguard requiring: (1) A clear unobstructed travelway of at least 24 inches wide be provided along both sides of all conveyor belts including the head, tail, and take-up units. (2) The area around the tail, head, drive and take-up units shall be maintained free of water, slaps, mud or other obstructions that create slip, trip and fall hazards to the miners who routinely travel through the areas for examination and belt maintenance. (3) The water lines along side of the conveyor belt drives, take-ups or head

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

23

Date

units shall not be positioned in such a manner that they will interfere with travel, examination of the required cleaning and other maintenance requirement.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

24

Date

5-3-05

The mine examiner should have known of these conditions. These conditions would be obvious to any prudent person charged with the responsibility of conducting a mine examination.

Based on my mining experience and the evidence this condition has existed for several shifts.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No.

25

Date 5-3-05

One miner is exposed
as he works or
travels in these
areas.

when a accident does
occur from this type
of condition it will
be of a serious nature
from being caught
by a moving belt,
causing bruising,
lacerations, broken
bones, amputations.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 26Date 5-3-05

It is Reasonably
likely that this type
of condition will
result in a accident.
The miners are exposed
to slip, Trip and fall
hazards, also can
be caught by the
moving belt. The
conveyor belt walkways
have several obstructions.

Inspector's Initials [6]Supervisor's Initials and Date _____ Page No. 27

Mine Citation/Order

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

17 MAY 2005

Section I—Violation Data

1. Date Mo Da Yr 05/03/2005	2. Time (24 Hr. Clock) 1420	3. Citation/ Order Number 7097805
4. Served To James Scott Mine Foreman	5. Operator GMS Mine Repair and Maintance, Inc.	
6. Mine SAGO MINE	7. Mine ID 46-08791 M V K (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The mine operator failed to complete the 7000-1 that was sent to msha on the accident that occurred on 04/09/2005, at 9:00 am. The mine name and the company name was not entered on the 7000-1 form. This form was received by msha on 04/25/2005.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 50.20(a)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input 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 checked="" type="checkbox"/> C. Moderate <input 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"/>		
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 05/09/2005	B. Time (24 Hr. Clock) 0800
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Section III—Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature 		23. AR Number E 6 I

MSHA Form 7000-3, Mar 85 (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.

wpl
5/10/06

Mine Citation/Order
Continuation

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

17 MAY 2005

Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/03/2005	3. Citation/Order Number 7097805 - 01
4. Served To James Scott Mine Foreman	5. Operator GMS MINE REPAIR	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor) MVK

Section II—Justification for Action

Terminated due to the operator sending a completed 7000-1 form for the accident that occurred on 04/09/2005 at 9:00 am. The completed form was received at the MSHA office on 05/04/2005.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	12. Date Mo Da Yr 05/10/2005
13. Time (24 Hr. Clock) 1100	

upl
5/11

Date 5-13-200514:2050.207097805

The mine operator failed to complete the 7000-1 that was sent to MSHA on the accident that occurred on 04/09/05, at 9:00am. The mine name and the company name was not entered on the 7000-1 form. This form was received by MSHA on 04/25/2005.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 29Date 5-3-05

The mine operator should have KNOWN of this condition.

This is a paper violation and no likely hood of causing a accident.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 30

Mine Citation/Order

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

18 MAY 2005



Section I--Violation Data

1. Date Mo Da Yr 05/04/2005	2. Time (24 Hr. Clock) 0615	3. Citation/ Order Number 7097809
4. Served To James Scott Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator failed to provide a record to indicate that the required testing, inspecting and maintenance is being conducted on the SR-100 Self Contained Self Rescuers which are provided for the miners.

See Continuation Form (MSHA Form 7000-3a) ☒

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1714-3(e)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 005	
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"/>		
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 05/04/2005	B. Time (24 Hr. Clock) 0630
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Section III--Termination Action

17. Action to Terminate Terminated due to SAGO Mine safety director testing, inspecting the SR-100 Self Contained Self Rescuers and recording the results in a record book for the GMS Mine Repair and Maintenance, Inc.

18. Terminated	A. Date Mo Da Yr 05/04/2005	B. Time (24 Hr. Clock) 0630
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

WPS/OS

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) 05/04/2005	3. Citation/ Order Number 7097809
4. Served To James Scott Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Continuation of 17. Action to Terminate
contracting company.

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 4054745		
11. Signature [Signature]	AR Number [603]	12. Date Mo Da Yr 05/04/2005	13. Time (24 Hr. Clock) 0615

Mine Citation/Order
Continuation

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

18 MAY 2005



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 05/04/2005	3. Citation/ Order Number 7097809 - 01
4. Served To James Scott Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC (Contractor)	
6. Mine SAGO MINE	7. Mine ID 46-08791	

Section II—Justification for Action

Change	From	To
5. Operator	ANKER WEST VIRGINIA MINING COMPANY INC	GMS Mine Repair and Maintenance, Inc.

Reason

Issued to the wrong operator in error

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745	11. Signature 	AR Number 	12. Date Mo Da Yr 05/04/2005	13. Time (24 Hr. Clock) 1200
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Wpl
5/5

Date 5-4-056:15 75.1714-3 (c)7097809 545-NO

The operator failed
To provide a record
To indicate that the
required Testing,
inspecting and main-
tenance is being
conducted on the
SR-100 self contained
Self Rescuers which
are provided for the
miners.

This is a paper
violation

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 23

Mine Citation/Order

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

18 MAY 2005



Section I—Violation Data

1. Date Mo Da Yr 05/04/2005	2. Time (24 Hr. Clock) 0830	3. Citation/ Order Number 7097810
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Combustible material in the form of a coating of float coal dust is allowed to accumulate on previously rock dusted surfaces of the mine floor and ribs at the following locations: Starting at the No.1 conveyor belt tailpiece which is located at No.23 block and extends outby for approximately 210 feet in length in the No.4 and No.5 entry's including the joining crosscuts. This area of the mine ranges from damp to wet.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <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 05/04/2005	B. Time (24 Hr. Clock) 1030
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Section III—Termination Action

17. Action to Terminate

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

19. Type of Inspection (activity code) EN1	20. Event Number 4054745	21. Primary or Mill
22. Signature [Signature]		23. AR Number [6]

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WPS/05

Mine Citation/Order
Continuation

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

18 MAY 2005



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/04/2005	3. Citation/ Order Number 7097810 - 01
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	

Section II—Justification for Action

Terminated due to the area being covered with a coating of rock dust.
Which diluted the combustible content.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

9. Type of Inspection E01	10. Event Number 4054745
11. Signature [Signature]	12. Date Mo Da Yr 05/05/2005
AR Number [63]	13. Time (24 Hr. Clock) 0820

upl
5/06

Date 5-4-058:30 75.4007097810 S&S-NO

Combustible materials
in the form of a
coating of float
coal dust is allowed
to accumulate on
previously rock dusted
surfaces of the mine
floor and ribs at
the following locations:
Starting at the No. 1
conveyor belt tailpiece
which is located at
No. 23 block and
extends outby for
approximately 210 feet

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 14Date 5-4-05

in length in the No.
4 and No. 5 entries
including the joining
crosscuts. This area
of the mine ranges
from damp to wet.

Inspector's Initials [6]

Supervisor's Initials and Date

Page No. 15

Date 5-4-05

The mine examiner
should have known
of this condition.

Based on my mining
experience this
condition has existed
for more than one
shift.

One miner is exposed
as he works or travels
in the cited area.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 16

Date 5-4-05

When a accident does
occur from this type
of condition it will
be of a serious nature
from fire, burns,
snake inhalation.

It is unlikely that
a accident will occur
from this condition.
The mine floor and
rib's range from damp
to wet. And the
accumulations are
on previously rock
dusted surfaces.

Inspector's Initials [6]
Supervisor's Initials and Date _____ Page No. 17

Mine Citation/Order

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

18 MAY 2005

Section I—Violation Data

1. Date Mo Da Yr 05/04/2005	2. Time (24 Hr. Clock) 0705	3. Citation/ Order Number 7097806
4. Served To Bill Currence Mine Foreman	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The #7 mantrip which is used to transport miners in and out of the mine is not maintained in a safe operating condition. The sanding device's on this mantrip will not provide sand to the wheels and track for traction purpose's. The sanding device storage container's are plugged up with wet sand and will not function. This mine has several grade's and the track ranges from dry to wet. When the sanding devices are not maintained in a operational condition the mantrip can become out of control which can cause derailment.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 006	
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"/>		
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				

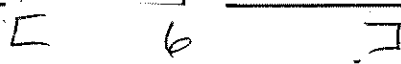
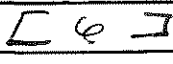
16. Termination Due	A. Date Mo Da Yr 05/04/2005	B. Time (24 Hr. Clock) 0715
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Section III—Termination Action

17. Action to Terminate Terminated due to the wet sand being cleaned from the sanding device's storage container's and refilling with dry sand. The sanding device will now provide sand to the wheel's and track.

18. Terminated	A. Date Mo Da Yr 05/04/2005	B. Time (24 Hr. Clock) 0715
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4054745	21. Primary or Mill
22. Signature 		23. AR Number 

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upl
5/05

Date 5-4-2005

0705

75.1725(a)

7097806

The #7 mantrip which is used to transport miners in and out of the mine is not maintained in a safe operating condition. The sanding devices on this mantrip will not provide sand to the wheels and track for traction purposes. The sanding device storage containers are plugged up with wet sand and will not function. This mine has several graders and the track ranges from dry to wet. When the sanding devices are not maintained in a operational condition the

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 27Date 5-4-2005

Mantrip can become out of control which can cause derailment.

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 28

Date 5-4-2005

The [6] should have seen this condition during the pre-operational checks.

Based on my mining experience this condition has existed for several shifts.

6 of mole miners ride in this mantip in and out of the mine at the same time during each shift.

When an accident does occur from this type of condition it will be of a serious nature from mantip details causing bruising, laceration, amputation

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 29Date 5-4-2005

It is reasonably likely that an accident will occur from this type of condition. This mine has several grades on the track haulage and the track is from dry to wet

Sand is needed to provide traction from the wheels to the track as the miners are transported in and out of the mines by these mantips

Inspector's Initials

[6]

Supervisor's Initials and Date

Page No. 30