

# Outstanding Citations/Orders

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## Section I--Violation Data

|                                       |                                |   |
|---------------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>12/18/2005     | 2. Time (24 Hr. Clock)<br>1750 | 3. Citation/<br>Order Number<br>7098645               |
| 4. From<br>Lonnie Smith, Shift Froman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                  |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |

## 8. Condition or Practice

## 8a. Written Notice (103g)

The mine's approved roof control plan is not being complied with, page 4, when the tunnel liner being used as primary support did not have the top of the liner covered with a layer of cushioning material. The tunnel liner is located in the #2 entry across from number 4 belt at 40 block. The exposed area is approx. 16 feet long by 18 feet wide. The area had a roof fall and has not been bolted however a tunnel liner has been used and has been completed for several days

See Continuation Form (MSHA Form 7000-3a)

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.220(a)(1) |
|--------------|--|----------------------|--|

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

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>12/21/2005 | B. Time (24 Hr. Clock)<br>1200 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

|  |                             |                        |
|--|-----------------------------|------------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054434 | 21. Primary or Mill    |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>L 6.1 |

MSHA Form 7000-3, Mar 95 (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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) 12/18/2005               | 3. Citation/<br>Order Number 7098645 - 01 |
| 4. Extended To<br>Carl Crumrine, Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791                                | (Contractor)                              |

Section II--Justification for Action

Information was provided to the inspector that shows an invoice/P.O.# 67021 for foam sheets to be delivered 12-22-05 and 12-23-05 for the mine for the tunnel liner.

See Continuation Form ☐

Section III--Subsequent Action Taken

|                                      |                             |   |
|--------------------------------------|-----------------------------|---|
| 8. Extended To<br>A. Date 12/26/2005 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified |
|--------------------------------------|-----------------------------|---|

Section IV--Inspection Data

|                              |                          |                                 |
|------------------------------|--------------------------|---------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054434 |                                 |
| 11. Signature<br>[Signature] | 12. Date<br>12/21/2005   | 13. Time (24 Hr. Clock)<br>1314 |

## Mine Citation/Order

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

## Section I--Violation Data

|   |                                |   |
|---|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>12/18/2005                         | 2. Time (24 Hr. Clock)<br>1745 | 3. Citation/<br>Order Number<br>7098646               |
| 4. Violation<br>Violated To<br>Lonnie Smith, Shift Froman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                                      |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                                  |                                | 8a. Written Notice (103g)                             |

The mine's roof control plan is not being complied with, see page 4, when the tunnel liner being used as a primary support did not have the top of the liner covered with a layer of cushioning material. The tunnel liner is located in the #4 entry across from number 4 belt at 39 block. The exposed area is approx. 28 feet long and 18 feet wide. The area had a fall and has not been bolted however a tunnel liner has been used and has been completed for several days.

See Continuation Form (MSHA Form 7000-3a)

|              |   |                      |  |
|--------------|---|----------------------|--|
| 9. Violation | A. Health<br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.220(a)(1) |
|--------------|---|----------------------|--|

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

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>12/21/2005 | B. Time (24 Hr. Clock)<br>1200 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

|  |                             |                              |
|--|-----------------------------|------------------------------|
| 19. Type of Inspection<br>(activity code)<br>FOI | 20. Event Number<br>4054434 | 21. Primary or Mill          |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[Signature] |

MSHA Form 7000-3, Mined (sed) 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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |  |  |
|---|--|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue)<br>Mo Da Yr<br>12/18/2005 | 3. Citation/<br>Order Number<br>7098646 - 01 |
| 4. To<br>C.A. Crumrine, Mine Foreman  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC  |  |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                    |  |

Section II--Justification for Action

Information was provided to the inspector that shows an invoice/P.O. #67021 for the foam sheets to be delivered on 12-22-05 and 12-23-05 for the mine for tunnel liner.

See Continuation Form ☐

Section III--Subsequent Action Taken

|   |                                |   |
|---|--------------------------------|---|
| 8. Extended To<br>A. Date<br>Mo Da Yr<br>12/26/2005 | B. Time (24 Hr. Clock)<br>0800 | <input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified |
|---|--------------------------------|---|

Section IV--Inspection Data

|   |                                    |
|---|------------------------------------|
| 9. Type of Inspection<br>E01                          | 10. Event Number<br>4054434        |
| 11. Signature<br>[Signature]<br>AR Number<br>[Number] | 12. Date<br>Mo Da Yr<br>12/21/2005 |
| 13. Time (24 Hr. Clock)<br>1321                       |                                    |



## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Mo Da Yr<br>12/20/2005                  | 2. Time (24 Hr. Clock)<br>0205 | 3. Citation/<br>Order Number<br>7098647               |
| 4. Served To<br>John Travise, Shift Forman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                       |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                   |                                | 8a. Written Notice (103g)                             |

The mine's roof control plan is not being complied with, see page 4, when the tunnel liner being used as a primary support did not have the top of the liner covered with a layer of cushioning material. The tunnel liner is located in the number 8 entry for MMU-003 section inby spad station #4212 one block. This is the primary escapeway for the section. The exposed area is approx. 24 feet long and 18 feet wide. The cited area has had a fall and has not been bolted but a tunnel liner has been used and has been completed for several days.

See Continuation Form (MSHA Form 7000-3a)

|              |   |                      |  |
|--------------|---|----------------------|--|
| 9. Violation | A. Health<br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.220(a)(1) |
|--------------|---|----------------------|--|

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

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>12/22/2005 | B. Time (24 Hr. Clock)<br>1200 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

17. Action to Terminate

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

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054434 | 21. Primary or Mill  |
| 22. Signatures<br>[6]                            |                             | 23. AR Number<br>[6] |

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.

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) 12/20/2005               | 3. Citation/<br>Order Number 7098647 - 01 |
| 4. Extended To<br>C. Crumrine, Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |   |

Section II--Justification for Action

Information was provided to the inspector that shows an invoice/P.O. #67021 for the foam sheets to be delivered on 12-22-05 and 12-23-05 for the mine tunnel liner.

See Continuation Form

Section III--Subsequent Action Taken

|                                      |                             |   |
|--------------------------------------|-----------------------------|---|
| 8. Extended To<br>A. Date 12/26/2005 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified |
|--------------------------------------|-----------------------------|---|

Section IV--Inspection Data

|                              |                          |
|------------------------------|--------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054434 |
| 11. Signature<br>[Signature] | 12. Date 12/21/2005      |
| 13. Time (24 Hr. Clock) 1325 |                          |

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|  |   |  |
|--|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue)<br>09/23/2005            | 3. Citation/<br>Order Number<br>7093338 - 02 |
| 4. From To<br>C. L. Lurmine, Mine Foreman                                    | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                   |  |

Section II--Justification for Action

Three belt drives have been completed and the # 5 belt is currently being completed. The coal company has contracted out for a manufactured type guard for the drives. Guards are in place and the holes fixed but a new one is being made.

See Continuation Form ☐

Section III--Subsequent Action Taken

|                |                       |                                |                                     |  |                                      |
|----------------|-----------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date<br>12/28/2005 | B. Time (24 Hr. Clock)<br>0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|-----------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                                 |                             |
|---------------------------------|-----------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054434 |
| 11. Citation<br>[ 6 ]           | 12. Date<br>12/07/2005      |
| 13. Time (24 Hr. Clock)<br>1513 | 14. AR Number<br>[ 6 ]      |

MSHA Form



Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|  |  |  |
|--|--|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue)<br>Mo Da Yr<br>09/20/2005 | 3. Citation/<br>Order Number<br>7093332 - 04 |
| 4. Extended To<br>Crumrine, Mine Forman                                      | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC  |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                    |  |

Section II--Justification for Action

The bushings have been ordered from John Deere.

See Continuation Form

Section III--Subsequent Action Taken

|                |                                   |                                |                                     |  |                                      |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date<br>Mo Da Yr<br>01/02/2006 | B. Time (24 Hr. Clock)<br>0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                                 |                                    |
|---------------------------------|------------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054434        |
| 11. Signature<br>[Signature]    | 12. Date<br>Mo Da Yr<br>12/07/2005 |
| 13. Time (24 Hr. Clock)<br>1510 |                                    |

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) 08/16/2005               | 3. Citation/<br>Order Number 7098157 - 03 |
| 4. Sent To<br>C. Crumrine, Mine Forman  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |   |

Section II--Justification for Action

The primary escape way which serves the MMU's 003 and 006 is currently having work in progress and additional time is needed for the screening at 25,31,and 39 blocks along 4 belt to be connected, bridges need built and the air change at 2 Right needs to be completed to develop a new escape way between 38 block on 3 belt to 13 block on 4 belt.

See Continuation Form

Section III--Subsequent Action Taken

|                |                                   |                                |   |
|----------------|-----------------------------------|--------------------------------|---|
| 8. Extended To | A. Date<br>Mo Da Yr<br>01/06/2006 | B. Time (24 Hr. Clock)<br>0800 | <input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified |
|----------------|-----------------------------------|--------------------------------|---|

Section IV--Inspection Data

|                                    |                                 |
|------------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01       | 10. Event Number<br>4054434     |
| 11. Nature<br>[ 6 ]                | AR Number<br>[ 6 ]              |
| 12. Date<br>Mo Da Yr<br>12/21/2005 | 13. Time (24 Hr. Clock)<br>1433 |

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|  |   |  |
|--|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>08/16/2005   | 3. Citation/<br>Order Number<br>7098156 - 04 |
| 4. Issued To<br>C. Crumrine, Mine Foreman                                    | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                   |  |

Section II--Justification for Action

The primary escape way which serves the MMU's 003, and 006 is currently having work in progress and additional time is needed for screening at 25, 31, and 39 blocks along 4 belt to be connected, bridges need built and the air change at 2Right to be completed to develop a new escapeway between 38 block on 3 belt to 13 block 14 block on 4 belt.

See Continuation Form

Section III--Subsequent Action Taken

|                |                                   |                                |                                     |  |                                      |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date<br>Mo Da Yr<br>01/10/2006 | B. Time (24 Hr. Clock)<br>0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                                 |                                    |
|---------------------------------|------------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054434        |
| 11. Signature<br>[Signature]    | 12. Date<br>Mo Da Yr<br>12/21/2005 |
| 13. Time (24 Hr. Clock)<br>1414 |                                    |

## Mine Citation/Order

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

## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Mo Da Yr<br>12/20/2005                  | 2. Time (24 Hr. Clock)<br>0200 | 3. Citation/<br>Order Number<br>7098650               |
| 4. Served To<br>John Travise, Shift Forman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                       |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                   |                                | 8a. Written Notice (103g)                             |

The Joy 14CM15-11 EX, 2G-4149A-00 continuous miner has a missing right head light guard. The miner is operating on the MMUJ-003 section. See Part 18.46(b).

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.503 |
|--------------|--|----------------------|--|

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

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>12/20/2005 | B. Time (24 Hr. Clock)<br>0800 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

|  |                             |                       |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054434 | 21. Primary or Mill   |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[67] |

Form 7000-3, May 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.

# 104(d) Unwarrantable Failure

## Mine Citation/Order

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

## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>12/14/2005      | 2. Time (24 Hr. Clock)<br>0945 | 3. Citation/<br>Order Number<br>7098644               |
| 4. Violation<br>To<br>noonover, Safety |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                   |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice               |                                | 8a. Written Notice (103g)                             |

Accumulations of coal were observed on the mining section MMU-006 measuring in varying amounts in the last open row of breaks and 1 break out by and in entries. These accumulations were left from previous mining shifts. The amounts were measured along ribs 6-8 inches deep, in the roadway 6-7 inches deep and left in piles on corners of ribs measuring 29 inches deep 2 to 4 feet long. The area involved is inby spad station 4237 and 4238 beginning in crosscuts 1 thru 6 last row of breaks, entries 2,3 and 6, and 1 break out by crosscut 1-2, 2-3 and 6-7. When measure the linear feet is approx. 650 feet. The section also shows fine coal deposited on the mine roof and ribs from inadequate rock dusting in that coal dust and fine coal dust is lying on notches, niches, cleates and on top of previously rock dusted surfaces through out the last 2 mined breaks in the same location as

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.400 |
|--------------|--|----------------------|--|

## 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 checked="" 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment in by the spad station number 4237 and 4238 on the MMU-006 1 left section B Panel

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>12/14/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate The area was scooped and additional machine rock dusting was applied.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>12/14/2005 | B. Time (24 Hr. Clock)<br>1550 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

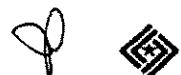
|  |                             |                       |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection<br>(activity code)<br>F01 | 20. Event Number<br>4054434 | 21. Primary or Mill   |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[67] |

MSHA Form 7000-3, (Rev. 10/01) 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 St., NW, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

up  
12/22

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |  |   |
|---|--|---|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue)<br>Mo Da Yr<br>12/14/2005 | 3. Citation/<br>Order Number<br>7098644 |
| 4. Issued To<br>Annoover, Safety  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC  |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791                                 | (Contractor)                            |

Section II--Justification for Action

Continuation of 8. Condition or Practice

the coal accumulations. The operator has showed a high degree of negligence for the health and safety of the miners that work at this coal mine by allowing the conditions to exist. This is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054434     |
| 11. Signature<br>[Signature]    | AR Number<br>[Signature]        |
| 12. Date Mo Da Yr<br>12/14/2005 | 13. Time (24 Hr. Clock)<br>0945 |

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) 12/14/2005               | 3. Citation/<br>Order Number 7098644 - 01 |
| ed To<br>A. Schoonover, Safety  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |   |

Section II--Justification for Action

|                          |               |           |
|--------------------------|---------------|-----------|
| <b>Change</b>            | <b>From</b>   | <b>To</b> |
| 10. A. Injury or Illness | Highly Likely | Unlikely  |

**Reason**

|                                    |     |    |
|------------------------------------|-----|----|
| 10. C. Significant and Substantial | Yes | No |
|------------------------------------|-----|----|

**Reason** lower the gravity

changing gravity

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 |
|----------------|------------------|------------------------|--|

Section IV--Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054434     |
| 11. Nature [ 6 ]             | AR Number [ 6 ]              |
| 12. Date Mo Da Yr 12/22/2005 | 13. Time (24 Hr. Clock) 0852 |

*Handwritten:* 12/22/05



## Mine Citation/Order

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

## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>11/08/2005          | 2. Time (24 Hr. Clock)<br>1630 | 3. Citation/<br>Order Number<br>7149865               |
| 4. Violated To<br>L CRUMRINE, MINE FOREMAN |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                       | 7. Mine ID<br>46-08791         | (Contractor)  |
| 8. Condition of Practice                   |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The preshift examination conducted on 11-08-05 from 5:00 am to 5:30 am in the 1 Left Mains MMU 006 section was inadequate in that the following obvious conditions were not recorded in the preshift record book. During a on site inspection the following obvious conditions were cited.

1.104(a) citation No. 7149864 30 CFR 75.220(a) (1) No. 4 belt entry width ranged from 21 to 22 feet.

2.104(a) citation No. 7149863 30 CFR 75.0400 last open crosscut No. 3 to 2 and No. 2 to 1 light coat of float coal dust deposited on the roof, ribs, and mine floor.

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.360(f) |
|--------------|--|----------------------|---|

## 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"/> |  |   |                                    |                                    |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |                                    |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |                                    | F. Dated<br>Mo Da Yr<br>05/20/2005 |
| 15. Area or Equipment No affected area.   |  |   |                                    |                                    |

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

## Section III--Termination Action

## 17. Action to Terminate

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

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054434 | 21. Primary or Mill  |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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 recent 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 1. 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, the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>11/08/2005   | 3. Citation/<br>Order Number 7149865 |
| 4. Extended To<br>L CRUMRINE, MINE FOREMAN  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC | 7. Mine ID<br>46-08791 (Contractor)  |
| 6. Mine<br>SAGO MINE  |   |                                      |

Section II—Justification for Action

Continuation of 8. Condition or Practice

3.104(a) citation No.7148620 diagonal distance in 90 degree 4-way intersections exceeded 60 feet No.5 entry No.23 block, No.5 entry No. 26 block, No. 5 entry No. 25 block, and No. 4 entry station No. 3803.

4.104(a) citation No 7098544 30 CFR 75.202(a) loose rib and roof 22 block mantrip station.

5.104(a) citation No.7098546 30 CFR 75.220(a) (1) Roof bolt spacing No.7 and No.8 crosscut last open crosscut.

6.104(a) citation No.7098545 30 CFR 75.380(d) (1) designated escapeway not maintained in a safe condition, mud and water No.5 entry No.22 block.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

Section IV—Inspection Data

|   |                              |
|---|------------------------------|
| 9. Type of Inspection E01                       | 10. Event Number 4054434     |
| 11. Signature [Signature] AR Number [Signature] | 12. Date Mo Da Yr 11/08/2005 |
|   | 13. Time (24 Hr. Clock) 1630 |

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |  |                                       |
|---|--|---------------------------------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 11/08/2005      | 3. Citation/Order Number 7149865 - 01 |
| 4. Extended To L CRUMRINE, 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

A supplemental examination was conducted on 11-08-2005 from 11:00 am to 1:00 pm by Carl Crumrine, Mine Foreman and all the listed hazardous conditions were entered in the preshift record book, and all the hazardous conditions were corrected. All foreman were instructed of the requirements on 30 CFR 75.360.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054434     |
| 11. Signature [Signature]    | 12. Date Mo Da Yr 11/09/2005 |
| 13. Time (24 Hr. Clock) 1223 |                              |

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |  |
|---|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>11/08/2005   | 3. Citation/<br>Order Number<br>7149865 - 02 |
| ed To<br>L CRUMRINE, MINE FOREMAN   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791                                | (Contractor)                                 |

Section II—Justification for Action

Change From To

15. Area or Equipment

Reason From no affected area to 1-Left Mains MMU 006 section.

Written in error.

See Continuation Form ☐

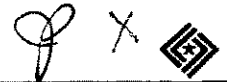
Section III—Subsequent Action Taken

|                |                  |                        |  |
|----------------|------------------|------------------------|--|
| 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 |
|----------------|------------------|------------------------|--|

Section IV—Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054434     |
| 11. Signatu. [Signature]        | AR Number [6]                   |
| 12. Date Mo Da Yr<br>11/09/2005 | 13. Time (24 Hr. Clock)<br>1233 |

Mine Citation/Order

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

## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>10/18/2005            | 2. Time (24 Hr. Clock)<br>1000 | 3. Citation/<br>Order Number<br>7098364               |
| 4. Violated To<br>Carl Crumrine Mine Foreman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                         |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                     |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The approved ventilation plan is not being complied with on the 1 left 006 mmu section. The 10SC shuttle cars were observed tramping across the last open crosscut between the # 7 and the #8 entries, 60 feet in-by station spad 3816, with the ventilation control for #7 entry rolled up. When checked with chemical smoke for movement in the face, none could be distinguished. The #7 entry is 69 feet from the in-by corner of the last open crosscut. There is 0.05% methane detected in the face. According to statements this is a standard practice to roll up line brattice ventilating the faces and use the last open crosscuts to transport materials. There is no means provided to indicate that other methods were used such as fly boards and pads to haul the last line and ventilate the working faces. Also citation #7098367 was written for no ventilation provided to within 10' of

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.330(b)(1) |
|--------------|--|----------------------|--|

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |                                    |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |                                    | F. Dated<br>Mo Da Yr<br>05/20/2005 |
| 15. Area or Equipment The # 6 and # 7 entries on the 006 mmu section  |  |   |                                    |                                    |

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>10/18/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate The ventilation controls were re-established to direct the air to the working faces.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>10/18/2005 | B. Time (24 Hr. Clock)<br>1020 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

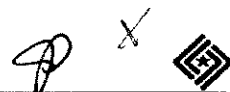
|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054434 | 21. Primary or Mill  |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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.

WFL  
10/21

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|  |   |                                      |
|--|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue) 10/18/2005               | 3. Citation/<br>Order Number 7098364 |
| 4. Served To<br>Carl Crumrine Mine Foreman                                   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                      |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                   |                                      |

Section II--Justification for Action

Continuation of 8. Condition or Practice

#6 entry face. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                           |                              |
|---------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434     |
| Signature [Signature]     | 12. Date Mo Da Yr 10/18/2005 |
| AP Number [Signature]     | 13. Time (24 Hr. Clock) 1000 |

## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>09/12/2005 | 2. Time (24 Hr. Clock)<br>1710 | 3. Citation/<br>Order Number<br>4890534               |
| 4. Violation<br>ed To<br>Hamrick  |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g)                             |

Combustible materials in the form of loose coal, coal fines, coal dust and float coal dust is allowed to accumulate under and around the #6 conveyor belt head drive rollers and take-up. The accumulations measured 5 feet wide by 20 feet long by 12 inches to 32 inches deep. The bottom conveyor belt and the drive rollers and the take-up rollers are running in the accumulations. The accumulations range from dry to damp to wet to the touch. The bottom conveyor belt roller just outby the take-up frame is gobbled out and stuck. Float coal dust is allowed to accumulate on the #6 conveyor belt head drive frame and take-up rollers and the take-up rollers bearing housings. The float coal dust is powder dry to the touch and measured from 1/8 of an inch to 1/2 of an inch thick and ranges from reddish brown to black in color. It took 4 miners 1 hour to clean up the

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.400 |
|--------------|--|----------------------|--|

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #6 conveyor belt head drive and take-up which extends approximately 2 block inby the #6 head roller.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>09/12/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate Terminated due to the combustible materials being cleaned up by shoveling and the area being rock dusted.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>09/12/2005 | B. Time (24 Hr. Clock)<br>1810 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill  |
| 22. Sign<br>[Signature]                          |                             | 23. AR Number<br>[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 St., NW 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.

up  
9/21

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>09/12/2005   | 3. Citation/<br>Order Number 4890534 |
| 4. Issued To<br>Hamrick   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                      |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |                                      |

Section II--Justification for Action

Continuation of 8. Condition or Practice

accumulations. The mine operator immediately removed the #6 conveyor belt from service. There have been 13 citations issued for violations of section of 75.400 at this mine since 04/18/2005.

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 type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054749     |
| 11. Signature [Signature]    | 12. Date Mo Da Yr 09/12/2005 |
| 13. Time (24 Hr. Clock) 1710 |                              |



## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>09/12/2005 | 2. Time (24 Hr. Clock)<br>1835 | 3. Citation/<br>Order Number<br>4890535               |
| 4. Violation<br>Hamrick           |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

Combustible materials in the form of loose coal, coal fines, coal dust and float coal dust is allowed to accumulate under and around the #5 conveyor belt head drive rollers and take-up. The accumulations measured 5 feet wide by 17 feet long by 10 inches to 18 inches deep. The bottom conveyor belt and the drive rollers and the take-up rollers are running in the accumulations. The accumulations range from dry to damp to wet to the touch. A thick layer of float coal dust is allowed to accumulate on the #5 conveyor belt head drive frame and take-up rollers and the take-up rollers bearing housings and the coal ribs. The float coal dust is powder dry to the touch and ranges from reddish brown to black in color. It took 5 miners 65 minutes to clean up the accumulations. The mine operator immediately removed the #5 conveyor belt from service. There have been 14 citations

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.400 |
|--------------|--|----------------------|--|

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #5 conveyor belt head drive and take-up and extends approximately 2 block in by the #5 conveyor belt head roller.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>09/12/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate Terminated due to the combustible materials being cleaned up by shoveling and the area being rock dusted.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>09/12/2005 | B. Time (24 Hr. Clock)<br>1940 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill  |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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 St. NW 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  
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Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue) 09/12/2005               | 3. Citation/<br>Order Number 4890535 |
| 4. Extended To<br>Hamrick   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                      |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |                                      |

Section II--Justification for Action

Continuation of 8. Condition or Practice

issued for violations of section of 75.400 at this mine since 04/18/2005.

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 type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

|                           |                              |
|---------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054749     |
| 11. [Handwritten: 1-6]    | 12. Date Mo Da Yr 09/12/2005 |
|                           | 13. Time (24 Hr. Clock) 1835 |

## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>09/12/2005 | 2. Time (24 Hr. Clock)<br>2045 | 3. Citation/<br>Order Number<br>4890536               |
| 4. Violated To<br>Hamrick         |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g)                             |

Combustible materials in the form of loose coal, coal fines, coal dust and float coal dust is allowed to accumulate under and around the #4 take-up rollers. The accumulations measured 5 feet wide by 40 feet long by 10 inches to 15 inches deep. The bottom conveyor belt and the take-up rollers are running in the accumulations. The accumulations range from dry to damp to wet to the touch. A thick layer of float coal dust is allowed to accumulate on the #4 conveyor belt head drive frame and take-up rollers and the take-up rollers bearing housings and belt structure. The float coal dust is powder dry to the touch and ranges from reddish brown to black in color. The mine operator immediately removed the #4 conveyor belt from service. There have been 15 citations issued for violations of section of 75.400 at this mine since 04/18/2005.

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.400 |
|--------------|--|----------------------|--|

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |
| 15. Area or Equipment<br>Around and under the #4 conveyor belt take-up.   |  |   |  |                                    |

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

## Section III--Termination Action

## 17. Action to Terminate

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

## Section IV--Automated System Data

|  |                             |                       |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill   |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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.

WJL  
9/21

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |  |
|---|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue)<br>09/12/2005            | 3. Citation/<br>Order Number<br>4890536 - 01 |
| 4. Issued To<br>Crumrine - Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791                                | (Contractor)                                 |

Section II--Justification for Action

Terminated due to the combustible materials being cleaned up by shoveling and the area being rock dusted.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                              |                              |                                    |
|------------------------------|------------------------------|------------------------------------|
| 9. Type of Inspection<br>E01 | 10. Event Number<br>4054749  |                                    |
| 11. Sign: <i>[Signature]</i> | AR Number <i>[Signature]</i> | 12. Date<br>Mo Da Yr<br>09/13/2005 |
|                              |                              | 13. Time (24 Hr. Clock)<br>0805    |

*Wpl*  
*9/21*

## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>09/12/2005 | 2. Time (24 Hr. Clock)<br>1840 | 3. Citation/<br>Order Number<br>4890537               |
| 4. Assigned To<br>Hamrick         |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g)                             |

The walkways along the following conveyor belt system is not maintained in a safe travelable condition in that the following conditions were observed by this inspector. (1) sloppy mud and water is allowed to accumulate in the walkways along both sides of the #6 conveyor belt head drive and take-up which is approximately 2 blocks in length. The mud and water ranges from 5 inches to 12 inches deep. (2) sloppy mud and water is allowed to accumulate in the walkways along both sides of the #5 conveyor belt head drive and take-up which is approximately 2 blocks in length. The mud and water ranges from 6 inches to 15 inches deep. (3) sloppy mud and water is allowed to accumulate in the walkways along both sides of the #4 conveyor belt head drive and take-up. The mud and water ranges from 4 inches to 10 inches deep. Miners normally work and travel in these areas.

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.1403 |
|--------------|--|----------------------|---|

## 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"/> |  |   |  |                                    |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The walkways along both side of the following conveyor belt system: #6 conveyor belt head drive and take-up, #5 conveyor belt head drive and take-up and #4 conveyor belt head drive and take-up.

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

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill  |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>167 |

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 W 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.

Entered by  
Help Desk  
9/23

upl

Mine Citation/Order  
Continuation

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

*P*



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) 09/12/2005               | 3. Citation/<br>Order Number 4890537 - 01 |
| 4. Issued To<br>Crumrine - Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |   |

Section II--Justification for Action

| Change                | From  | To |
|-----------------------|---|----|
| 15. Area or Equipment |   |    |
| Reason                | Modified the area effected to allow the mine operator to put the #4 conveyor belt and the #6 conveyor belt back into service due to the sloppy mud & water being cleaned from the walkways around these head drives and take-ups. The cited areas of the walkways along the #4 and #6 conveyor belts and take-ups have been terminated. The #5 conveyor belt will remain out of service until the sloppy mud and water is cleaned from the walkways around this conveyor belt head drive and take-up. Miners are cleaning on the sloppy mud and water in the cited areas around the #5 conveyor belt. |    |

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 |
|----------------|------------------|------------------------|--|

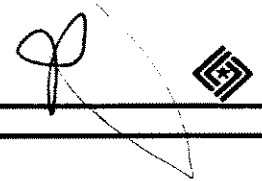
Section IV--Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054749     |
| 11. Sign <i>[Signature]</i>  | 12. Date Mo Da Yr 09/13/2005 |
| 13. Time (24 Hr. Clock) 0950 |                              |

*Entered by  
Help Desk*

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |  |   |
|---|--|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue)<br>Mo Da Yr<br>09/12/2005 | 3. Citation/<br>Order Number 4890537 - 02 |
| 4. Extended To<br>Crumrine - Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC  |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                    |   |

Section II--Justification for Action

Terminated due to the sloppy mud and water being cleaned from the walkways along the #5 conveyor belt head drive and take-up and the areas rock dusted.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection E01       | 10. Event Number 4054749        |
| 11. Signal<br>L 6               | 12. Date Mo Da Yr<br>09/13/2005 |
| 13. Time (24 Hr. Clock)<br>1055 | AR Number<br>1167               |

*Entered by  
Help Desk*

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>09/12/2005   | 3. Citation/<br>Order Number 4890537 |
| ed To<br>Hamrick  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                      |
| 6. Mine<br>SAGO MINE  | 7. Mine ID 46-08791 (Contractor)                      |                                      |

Section II--Justification for Action

Continuation of 8. Condition or Practice

There have been 15 citations issued for violations of section 75.1403 at this mine since 05/03/2005.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054749     |
| Signature <u>[Signature]</u> | 12. Date Mo Da Yr 09/12/2005 |
| 11. AP Number <u>7-167</u>   | 13. Time (24 Hr. Clock) 1840 |



## Mine Citation/Order

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

## Section I-- Violation Data

|  |  |  |
|--|--|--|
| 1. Date<br>Mo Da Yr<br><u>09/13/2005</u><br>ed To <u>9/12/05</u> | 2. Time (24 Hr. Clock)<br><u>2200 2215</u> | 3. Citation/<br>Order Number <u>4890539</u>        |
| 5. Operator<br><u>ANKER WEST VIRGINIA MINING COMPANY INC</u>     |  | 7. Mine ID<br><u>46-08791</u><br>(Contractor)      |
| 6. Mine<br><u>SAGO MINE</u>                                      |  | 8a. Written Notice (103g) <input type="checkbox"/> |

The pre-shift examination for hazardous conditions that was conducted on 09/12/2005 for the #6, #5 and #4 conveyor belts is inadequate in that numerous, obvious hazardous conditions were found by this inspector. The conditions are listed in the following citations and orders. Refer to these conditions and orders for a description of the conditions: (1) #4890534, (2) #4890535, (3) #4890536, (4) #4890537, and (5) #4890538. These conditions were obvious and would have been seen by any prudent person.

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br><u>75.364(b)(1)</u> |
|--------------|--|----------------------|---|

## Section II--Inspector's Evaluation

|   |  |   |  |   |
|---|--|---|--|---|
| 10. Gravity:  |  |   |  |   |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>              |  |   |  |   |
| B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> |  |   |  |   |
| Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |   |  | D. Number of Persons Affected: <u>001</u> |
| 11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |   |
| 12. Type of Action<br><u>104(d)(2)</u>  |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |   |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number <u>7097827</u>   |  | F. Dated<br>Mo Da Yr<br><u>05/20/2005</u> |

15. Area or Equipment The conveyor belt head drives and take-up and walkways along the following conveyor belts. #6 conveyor belt, #5 conveyor belt and the #4 conveyor belt.

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

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

|  |                                    |                             |
|--|------------------------------------|-----------------------------|
| 19. Type of Inspection<br>(activity code) <u>E01</u> | 20. Event Number<br><u>4054749</u> | 21. Primary or Mill         |
| 22. Signature<br><u>[Signature]</u>                  |                                    | 23. AR Number<br><u>[6]</u> |

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.

*CP 9/21*

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated<br>(Original Issue) Mo 9/12/05 Da 13 Yr 2005 | 3. Citation/<br>Order Number 4890539 - 01 |
| 4. Issued To<br>Brad Hamrick  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |   |

Section II--Justification for Action

| Change   | From       | To         |
|--|------------|------------|
| 1. Issue Date  | 09/13/2005 | 09/12/2005 |
| <b>Reason</b> Entered the wrong date on citation when issuing.   |            |            |
| 2. Issue Time  | 22:00      | 22:15      |
| <b>Reason</b> Entered the wrong time on the citation when issuing.   |            |            |
| 17. Action To Terminate  |            |            |
| <b>Reason</b> Terminate citation no 4890539 due to a supplemental examination being conducted in the cited locations and the conditions that were found being recorded in the examination record book. |            |            |

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

Section IV--Inspection Data

|                           |                          |
|---------------------------|--------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054749 |
| 11. Date Mo Da Yr         | 12. Time (24 Hr. Clock)  |
| 09/13/2005                | 2200                     |

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9/21

## Mine Citation/Order

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

## Section I—Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>08/16/2005 | 2. Time (24 Hr. Clock)<br>1000 | 3. Citation/<br>Order Number<br>7098159               |
| 4. Violated By<br>Brad Phillips   |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The #5 scoop battery charging station located at #49 block along the #4 conveyor belt in the intake entry. The scoop charging is energized, this charger is used to charge the batteries on the scoop being used in the intake to clean the travelway. Chemical smoke was released at the scoop battery charger and the smoke would swirl around, around and then the intake air current carried the smoke towards the (003) & (006) MUM working sections which is used for ventilating working places. This condition is an existing problem at this mine due to the following citations / orders have been issued previously: (1) #7097102, (2) #7097123, (3) #7097835. This mine has a blowing ventilation system.

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.340(a)(1)(i) |
|--------------|--|----------------------|---|

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #5 scoop charger located in the intake entry at #49 block along the #4 conveyor belt.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>08/16/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III—Termination Action

17. Action to Terminate The mine operator immediately removed the #5 scoop charger from service by de-energizing and locking and tagging out of service.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>08/16/2005 | B. Time (24 Hr. Clock)<br>1005 |
|----------------|-----------------------------------|--------------------------------|

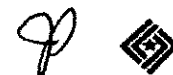
## Section IV—Automated System Data

|  |                             |                       |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill   |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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 enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the recent 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 et, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Wep  
8/19

## Mine Citation/Order

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

## Section I--Violation Data

|  |   |  |
|--|---|--|
| 1. Date<br>Mo Da Yr<br>08/16/2005        | 2. Time (24 Hr. Clock)<br>1300                        | 3. Citation/<br>Order Number<br>7098158            |
| 4. Violation<br>Described To<br>Phillips | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE                     | 7. Mine ID<br>46-08791                                | (Contractor)                                       |
| 8. Condition or Practice                 |   | 8a. Written Notice (103g) <input type="checkbox"/> |

The weekly examination for hazardous conditions that was conducted on 08/10/2005 for the intake (primary escapeway) for the (003) & (006) MMU sections is inadequate in that numerous, obvious hazardous conditions were found by this inspector. The conditions are listed in the following citations / orders. Refer to these citations / orders for a description of the conditions: (1) #7098154, (2) #7098156, (3) #7098157. These conditions listed in the citations / orders were not recorded in the record keeping book and no corrective action has been taken.

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.364(b)(1) |
|--------------|--|----------------------|--|

## 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"/> |  |   |                                    |                                    |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |                                    |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |                                    | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The primary escapeway from the surface to the (006) MMU working section.

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>08/17/2005 | B. Time (24 Hr. Clock)<br>1630 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

17. Action to Terminate An examination of the primary escapeway was conducted on 08/17/2005 and the hazardous conditions were recorded in the examination record keeping book.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>08/17/2005 | B. Time (24 Hr. Clock)<br>1630 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                       |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill   |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[63] |

MSHA Form 7000-3, Mar 00 (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 recent 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 K 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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8/19

## Mine Citation/Order

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

JP



## Section I—Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>08/16/2005 | 2. Time (24 Hr. Clock)<br>1430 | 3. Citation/<br>Order Number<br>7098154               |
| 4. Inspected To<br>Phillips       |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The primary escapeway for the (003) & (006) MMU is not being maintained in a safe condition to always assure safe passage of anyone, including disabled persons. The following conditions were observed by this inspector. (1) The mine roof has deteriorated away leaving the crossbars which were installed to control the mine roof. The crossbars are ranging roof 5 to 25 inches from the mine roof for approximately 50 feet in length. The mine roof has also deteriorated away just inby the tunnel liner arches in the intake entry just outby #5 block. (2) The travelway is obstructed in several locations that create a slip, trip and fall hazard. (3) The escapeway travel way is obstructed by concrete blocks and rock from the mine roof at Spad #5100. (4) Loose rock is hanging in several location along the #1 and #2 conveyor belts from the mine roof deteriorating.

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.380(d)(1) |
|--------------|--|----------------------|--|

## 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"/> |  |   |                                    |                                    |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |                                    |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |                                    |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |                                    | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The primary escapeway from the drift to the #3 conveyor belt head drive.

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

## Section III—Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV—Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>F01 | 20. Event Number<br>4054749 | 21. Primary or Mill  |
| 22. Sig: [Signature]                             |                             | 23. AR Number<br>[6] |

MSHA Form 7000-3, (Rev. 10-1-99) is 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 activities of MSHA, you may call 1 888 REG FAIR (1 888 731 5247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 I, 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. You also have the right to request a hearing and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|   |   |  |
|---|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>08/16/2005   | 3. Citation/<br>Order Number<br>7098154 - 01 |
| 4. Issued To<br>Phillips  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791                                | (Contractor)                                 |

Section II--Justification for Action

Terminated order no. 7098154 due to the loose rock being scaled from the mine roof in the cited area of the primary escapeway, 84 tunnel liner arches being installed starting at the existing arches and extends outby to the canopy of the mine fan. Roof support made of 5" by 9" by 16' wooden headers were installed side by side supported up by cribs over the travelway starting at the inby end of the existing arches and extends inby for a distance of 20 feet in length. A 6 feet travelway is now provided for the miners from the #3 conveyor belt head to the surface by cleaning some areas of the travelway and by re-routing the travelway in other areas. The primary escapeway is now safe for miners to travel from the #3 conveyor belt head to the surface.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054749     |
| 11. Sign<br>[Signature]         | 12. Date Mo Da Yr<br>08/17/2005 |
| 13. Time (24 Hr. Clock)<br>1620 | AR Number<br>[Signature]        |

Wp 8/19

## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>08/16/2005 | 2. Time (24 Hr. Clock)<br>1055 | 3. Citation/<br>Order Number<br>7098153               |
| 4. Location<br>Phillips           |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791 (Contractor)                   |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The mine roof of the 003-0 MMU is not adequately supported or controlled as follow: (1) # 7 entry beginning at spad # 4090. The mine roof between the left rib and the outside row of bolts for 36' distance is broken with pieces of loose hanging rock from 1" to 5" thick by 10" to 14" wide by 2' to 3' long. (2) The right rib is loose hanging from just inby the last open crosscut inby for 28' distance. Rib is 10 to 14" thick with the top brow being 8' long and 12" to 14" thick. Rib is 8' high. (3) The outby corner of the last open crosscut of #7 entry is loose and gapping out by 1" loose rib is 4' wide by 9' high and 12" thick. (4) The mine roof along the left rib to the outside row of bolts, of the last open crosscut from 7 to 6 is broken and has numerous pieces of loose hanging rock up to 4" thick that looks as if they will fall without warning. (5) The right inby corner of

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

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

## Section II--Inspector's Evaluation

## 10. Gravity:

|  |   |   |   |  |                                   |
|--|---|---|---|--|-----------------------------------|
| A. Injury or illness (has) (is):                         | No Likelihood <input type="checkbox"/>    | Unlikely <input type="checkbox"/>                         | Reasonably Likely <input checked="" type="checkbox"/>     | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input 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 type="checkbox"/> | D. High <input checked="" type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
|----------------------------|----------------------------------|---------------------------------|--------------------------------------|---|--|

|                                 |                                  |                                   |   |                                    |
|---------------------------------|----------------------------------|-----------------------------------|---|------------------------------------|
| 12. Type of Action<br>104(d)(2) | 13. Type of Issuance (check one) | Citation <input type="checkbox"/> | Order <input checked="" type="checkbox"/> | Safeguard <input type="checkbox"/> |
|---------------------------------|----------------------------------|-----------------------------------|---|------------------------------------|

|  |   |                                    |
|--|---|------------------------------------|
| 14. Initial Action   | E. Citation/<br>Order Number<br>7097827 | F. Dated<br>Mo Da Yr<br>05/20/2005 |
| A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> |   |                                    |

15. Area or Equipment The #5 through #7 entries of the 003-0 mmu.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>08/16/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate The loose material was taken down and the requirements were discussed with mine management.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>08/16/2005 | B. Time (24 Hr. Clock)<br>1145 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                     |
|--|-----------------------------|---------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill |
| 22. Signat                                       | 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 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, the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Wpl  
8/19

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

|  |   |   |
|--|---|---|
| 1. Subsequent Action<br><input type="checkbox"/> 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated<br>(Original Issue)<br>08/16/2005            | 3. Citation/<br>Order Number<br>7098153 |
| 4. Operator<br>ved To<br>Phillips  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791                                | (Contractor)                            |

Section II--Justification for Action

Continuation of 8. Condition or Practice

the # 6 entry in the last open crosscut is loose and gapping away from the rib. Rib is 7' high and loose corner is 14" by 8'. (6) Outby corner of the same intersection is loose 4' by 4' by 4". (7) The right rib just outby the section power center is loose with hanging pieces of rock 6" thick by 2' long and wide for 15' distance. (8) The left outby corner of the last open crosscut of #5 entry is loose and gapping out. Rib is 7" high loose corner is 10" thick by 8' long.

This section experienced a serious fall of roof accident on 8/10/05 in which a miner was struck by roof rock causing a broken back injury. There was also a serious fall of rock accident that occurred on 7/11/05 in which a miner suffered a serious lost time injury. Mine management should have been on a heightened state of alert for the listed conditions. The listed conditions were obvious and should have been detected and corrected.

See Continuation Form ☐

Section III--Subsequent Action Taken

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

Section IV--Inspection Data

|                              |                                    |
|------------------------------|------------------------------------|
| 9. Type of Inspection<br>E01 | 10. Event Number<br>4054749        |
| 11. Signature<br>            | 12. Date<br>Mo Da Yr<br>08/16/2005 |
|                              | 13. Time (24 Hr. Clock)<br>1055    |



## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| 1. Date<br>Mo Da Yr<br>07/12/2005 | 2. Time (24 Hr. Clock)<br>0730 | 3. Citation/<br>Order Number<br>7097941            |
| 4. To<br>Crumrine - Mine Foreman  |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY  |
| 6. Mine<br>SAGO MINE              |                                | 7. Mine ID<br>46-08791<br>(Contractor)             |
| 8. Condition or Practice          |                                | 8a. Written Notice (103g) <input type="checkbox"/> |

The mining methods that were used on the 2 left mains (003) MMU section expose the miners to hazards related to reduced pillar size. Proper sight lines or other methods of directional controls were either not provided or followed. The #5 entry has been driven off sights to the point that in 60 feet of development the left pillar size has been reduced to a width of 10 feet and 8 inches. The #9 entry has been developed off sights to the point that it cut into the #8 entry after only 56 feet of development. The approved roof control plan provides that the pillar size be maintained at least 35 feet wide. The entry's are being developed on 55 feet centers which leaves the pillar block 35 feet wide. The failure of mine management to provide reasonable sight lines for the miners to follow demonstrates higher than normal neglect as sight lines are fundamental to the systematic

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.203(b) |
|--------------|--|----------------------|---|

## 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"/> |  |   |  |                                    |
| Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |   |  | D. Number of Persons Affected: 001 |
| Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                               |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment #5 entry and #9 entry located on the 2-Left, 003 MMU working section.

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

## Section III--Termination Action

17. Action to Terminate Terminated due to the engineer's have set new spads in the #5 entry to be used as directional control and cribs will be set before the #5 entry is developed. The #9 entry has been stopped and will

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>07/12/2005 | B. Time (24 Hr. Clock)<br>0800 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                     |
|--|-----------------------------|---------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054749 | 21. Primary or Mill |
| 22. Sign   |                             | 23. AR Number<br>16 |

MSHA Form 7000-3, (rev. 03) 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 1st 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, the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

WJL  
7/14

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>07/12/2005 | 3. Citation/<br>Order Number 7097941 |
| 4. Continued To<br>Crumrine - Mine Foreman  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY   |                                      |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                 |                                      |

Section II—Justification for Action

Continuation of 8. Condition or Practice

development of a section. This section is a set of mains that will be utilized for years. The small block sizes can not be completely replaced. The miners will be exposed to the danger done for several years to come.

Continuation of 17. Action to Terminate

not be developed beyond this point.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

Section IV—Inspection Data

|                              |                              |
|------------------------------|------------------------------|
| 9. Type of Inspection E01    | 10. Event Number 4054749     |
| 11. Signature [Signature]    | 12. Date Mo Da Yr 07/12/2005 |
| 13. Time (24 Hr. Clock) 0730 |                              |

## Mine Citation/Order

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

## Section I--Violation Data

|   |                                |   |
|---|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>06/02/2005           | 2. Time (24 Hr. Clock)<br>0725 | 3. Citation/<br>Order Number<br>7097836               |
| 4. Served To<br>Bill Currence, Mine Foreman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                        |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                    |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The pre-shift examination for the #3 scoop charging station and scoop supply haulroad is inadequate in that the following conditions were observed by this inspector and should have been recognized by any prudent mine examiner given the responsibility of conducting a mine examination to detect hazards at their earliest possible stages. (1) The #3 scoop battery charging station was found by this inspector in the #7 intake entry at #58 block crosscut between the #6 entry (secondary escape way) and #7 intake entry. (2) The #3 scoop charger is energized and charging a set of scoop batteries which is not ventilated directly to a return air course. (3) This #3 scoop charging station is ventilated with the main intake air that travels directly to the 001-0 & 002-0 mmu working super section and this intake air is used for face ventilation purposes. (4) The #3 scoop battery

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<br>75.360(a)(1) |
|--------------|---|-------------------|---|

## 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"/> |  |   |  |                                    |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2) (c)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #3 scoop charging station located in the #7 Intake entry at #58 block which is along the scoop supply haulroad.

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>06/02/2005 | B. Time (24 Hr. Clock)<br>1300 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

17. Action to Terminate Terminated due to the 002-0 mmu section Foreman Rick Bragg calling out the condition that he detected on his on-shift examination to Bill Currence Mine Foreman and the conditions were recorded

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>06/02/2005 | B. Time (24 Hr. Clock)<br>1300 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>F01 | 20. Event Number<br>4054745 | 21. Primary or Mill  |
| 22. Signatu<br>[Signature]                       |                             | 23. AR Number<br>[6] |

MSHA Form 7000-3, Mar 85 (rev) ... 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 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 East, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |                                      |
|---|---|--------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/<br>Order Number 7097836 |
| 4. Extended To<br>Bill Currence Mine Foreman  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                      |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |                                      |

Section II—Justification for Action

Continuation of 8. Condition or Practice

charging station is not provided with a operational fire suppression system. (5) No evidence could be found by this inspector to indicate that a pre-shift examination was conducted for the #3 scoop charging station. (6) This #3 scoop charging station is located along the #7 intake entry which is also the scoop supply haulroad and this haulroad is regularly traveled by the miners. A pre-shift examination report was called out by John Travise, received by [6] at 6:00 A.M. on 06/02/2005 as no hazards observed. John Travise has engaged in aggravated conduct by his failure to record and take action on a known hazard. This violation is an unwarrantable failure to comply with a mandatory standard.

Note: order no. 7097835 has been issued in conjunction with order.

Continuation of 17. Action to Terminate

in the pre-shift and on-shift examination record book.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection E01       | 10. Event Number 4054745        |
| 11. Date Mo Da Yr<br>06/02/2005 | 13. Time (24 Hr. Clock)<br>0725 |

Mine Citation/Order  
Continuation

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

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MSHA

Section I-Subsequent Action/Continuation Data

|  |   |  |
|--|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/<br>Order Number<br>7097836 - 01 |
| Served To<br>Bill Currence - Mine Foreman                                    | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                   |  |

Section II-Justification for Action

| Change              | From      | To        |
|---------------------|-----------|-----------|
| 12. Type of Action1 | 104(d)(2) | 104(d)(1) |

Reason Issued under the wrong type of action in error.

Issued under the wrong type of action in error.

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

Section IV-Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054745     |
| Signature<br>[Signature]        | AR Number<br>[Signature]        |
| 12. Date Mo Da Yr<br>06/07/2005 | 13. Time (24 Hr. Clock)<br>0355 |

mc  
6/13

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |   |
|---|---|---|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/<br>Order Number 7097836 - 02 |
| Served To<br>Bill Currence Mine Foreman   | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |   |
| 6. Mine<br>SAGO MINE  | 7. Mine ID (Contractor)<br>46-08791                   |   |

Section II—Justification for Action

| Change                       | From  | To       |
|------------------------------|---|----------|
| 14. Initial Action           | Order   | Citation |
| Reason                       | Failed to modify line #14 from box (B) Order to box (A) Citation when line #12 was modified.      |          |
| 14. E. Citation/Order Number | 7097827   | 7097825  |
| Reason                       | Failed to modify line #14, E from Order #7097827 to Citation #7097825 when line #12 was modified. |          |

Missed modifying line no. 14, Initial Action from box (B) Order to box (A) Citation and line #14, E from Order #7097827 to Citation #7097825 when line no.12, Type of Action was modified.

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 |
|----------------|------------------|------------------------|--|

Section IV—Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection E01       | 10. Event Number 4054745        |
| Signature <i>[Signature]</i>    | 11. AR Number <i>[6]</i>        |
| 12. Date Mo Da Yr<br>06/09/2005 | 13. Time (24 Hr. Clock)<br>1520 |

*me 6/12*



## Section I--Violation Data

|  |                                |   |
|--|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>06/02/2005          | 2. Time (24 Hr. Clock)<br>0715 | 3. Citation/<br>Order Number<br>7097835               |
| 4. Served To<br>Bill Currence Mine Foreman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                       |                                | 7. Mine ID<br>46-08791                                |
| 8. Condition or Practice                   |                                | 8a. Written Notice (103g)                             |

The #3 scoop battery charging station located in the #7 main intake entry at #58 block crosscut between #6 entry (secondary escape way) and #7 intake entry when the following conditions were found by this inspector. (1) The #3 scoop charger is energized and charging a set of scoop batteries which is not ventilated directly to a return air course. (2) This #3 scoop charging station is ventilated with intake air that travels directly to the 001-0 & 002 0 mmu working super section and is used for face ventilation purposes. (3) The #3 scoop battery charging station is not provided with a operational fire suppression system. (4) No evidence could be found to indicate that a pre-shift examination was conducted for the #3 scoop charging station. (5) This charging station is located along the #7 intake entry which is also the scoop supply haulroad and this haulroad is

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

|              |  |                      |   |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.340(a)(1)(i) |
|--------------|--|----------------------|---|

## 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 |
| 1. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                            |  |   |  |                                    |
| 12. Type of Action<br>104(d)(2) (1)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097827<br>5  |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #3 scoop charging station located in the #7 Intake entry at #58 block which is along the scoop supply haulroad.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>06/02/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate Terminated due to the #3 scoop charging station being moved to the #60 block crosscut located between #8 intake entry and #9 return entry. This #3 scoop charging station is now set up ready for

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>06/02/2005 | B. Time (24 Hr. Clock)<br>0915 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

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

WV  
6/10

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|   |   |                                     |
|---|---|-------------------------------------|
| 1. Subsequent Action 1a. Continuation<br><input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/Order Number<br>7097835 |
| 4. Served To<br>Bill Currence Mine Foreman  | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |                                     |
| 6. Mine<br>SAGO MINE  | 7. Mine ID<br>46-08791 (Contractor)                   |                                     |

Section II—Justification for Action

Continuation of 8. Condition or Practice

regularly traveled by the miners. A pre-shift examination report was called out by John Travise, received by [6] as no hazards observed at 6:00 A.M. on 06/02/2005. John Travise has engaged in aggravated conduct by his failure to record and take action on a known hazard. This violation is an unwarrantable failure to comply with a mandatory standard. The mine operator immediately deenergized and removed the #3 scoop charger from service.

Continuation of 17. Action to Terminate  
service.

See Continuation Form ☐

Section III—Subsequent Action Taken

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

Section IV—Inspection Data

|                              |                                 |
|------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01 | 10. Event Number<br>4054745     |
| 11. Sign<br>[6]              | 12. Date Mo Da Yr<br>06/02/2005 |
| AR Number<br>[6]             | 13. Time (24 Hr. Clock)<br>0715 |



Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|  |   |  |
|--|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/Order Number<br>7097835 - 01 |
| Served To<br>Bill Currence Mine Foreman                                      | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID<br>46-08791 (Contractor)                   |  |

Section II—Justification for Action

| Change              | From      | To        |
|---------------------|-----------|-----------|
| 12. Type of Action1 | 104(d)(2) | 104(d)(1) |

Reason Issued under the wrong type of action in error.

Issued under the wrong type of action 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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

|                              |                                 |
|------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01 | 10. Event Number<br>4054745     |
| 11. Signature<br>L. 6        | 12. Date Mo Da Yr<br>06/07/2005 |
| AR Number<br>[6]             | 13. Time (24 Hr. Clock)<br>0359 |

Form 7000-3a, Mar 85 (revised)

me  
6/13

Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

|  |   |  |
|--|---|--|
| 1. Subsequent Action 1a. Continuation<br><input checked="" type="checkbox"/> | 2. Dated (Original Issue)<br>Mo Da Yr<br>06/02/2005   | 3. Citation/Order Number<br>7097835 - 02 |
| Served To<br>Bill Currence Mine Foreman                                      | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |  |
| 6. Mine<br>SAGO MINE   | 7. Mine ID (Contractor)<br>46-08791                   |  |

Section II—Justification for Action

| Change                       | From  | To       |
|------------------------------|---|----------|
| 14. Initial Action           | Order   | Citation |
| Reason                       | Failed to modify line #14 from box (B) Order to box (A) Citation when line #12 was modified.      |          |
| 14. E. Citation/Order Number | 7097827   | 7097825  |
| Reason                       | Failed to modify line #14, E from Order #7097827 to Citation #7097825 when line #12 was modified. |          |

Missed modifying line no.14, Initial Action from box (B) Order to box (A) Citation and line #14, E form Order #7097827 to Citation #7097825 when line no.12, Type of Action was modified.

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 |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

|                                 |                                 |
|---------------------------------|---------------------------------|
| 9. Type of Inspection<br>E01    | 10. Event Number<br>4054745     |
| 11. Signature<br>[Signature]    | 12. Date Mo Da Yr<br>06/09/2005 |
| 13. Time (24 Hr. Clock)<br>1510 |                                 |

me  
6/13

## Mine Citation/Order

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

## Section I--Violation Data

|   |                                |   |
|---|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>05/20/2005       | 2. Time (24 Hr. Clock)<br>0320 | 3. Citation/<br>Order Number<br>7097827               |
| 4. Violation<br>Travise - Shift Foreman |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine<br>SAGO MINE                    |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |
| 8. Condition or Practice                |                                | 8a. Written Notice (103g) <input type="checkbox"/>    |

The pre-shift examination for the #3 coal conveyor belt is inadequate in that the following conditions were observed by this inspector and should have been recognized by any prudent mine examiner given the responsibility of conducting an mine examination to detect hazards at there earliest possible stages. A excessive amount of combustibile materials in the form of loose coal, coal fines and float coal dust is allowed to accumulate at the #3 conveyor belt drive and take-up. The accumulations under the bottom conveyor belt measured 9 1/2 feet in length by 24 inches wide by 7 to 11 inches deep and range from powder dry to damp to the touch. The bottom conveyor belt is running in the accumulations for a distance of 7 feet in length and one bottom roller is gobbled out by the accumulations. The float coal dust has accumulated on previously rock dusted surfaces of the mine

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

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

## 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                           |  |   |  |                                    |
| 12. Type of Action<br>104(d)(1)   |  | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input checked="" type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>  |  | E. Citation/<br>Order Number<br>7097825   |  | F. Dated<br>Mo Da Yr<br>05/20/2005 |

15. Area or Equipment The #3 coal conveyor belt drive, take-up and conveyor belt for a total of 70 feet in length.

|                     |                                   |                        |
|---------------------|-----------------------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>05/20/2005 | B. Time (24 Hr. Clock) |
|---------------------|-----------------------------------|------------------------|

## Section III--Termination Action

17. Action to Terminate John Travise ( Shift Foreman ) inner the conditions that he seen in this area in the pre-shift and on-shift record book.

|                |                                   |                                |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date<br>Mo Da Yr<br>05/20/2005 | B. Time (24 Hr. Clock)<br>0735 |
|----------------|-----------------------------------|--------------------------------|

## Section IV--Automated System Data

|  |                             |                      |
|--|-----------------------------|----------------------|
| 19. Type of Inspection<br>(activity code)<br>E01 | 20. Event Number<br>4054745 | 21. Primary or Mill  |
| 22. Signature<br>[Signature]                     |                             | 23. AR Number<br>[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 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  
5/31

## Mine Citation/Order

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

## Section I--Violation Data

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| 1. Date<br>Mo Da Yr<br>05/20/2005 | 2. Time (24 Hr. Clock)<br>0315 | 3. Citation/<br>Order Number<br>7097825               |
| 4. Mine<br>SAGO MINE              |                                | 5. Operator<br>ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Condition or Practice          |                                | 7. Mine ID<br>46-08791<br>(Contractor)                |

8a. Written Notice (103g) ☐

A excessive amount of combustible materials in the form of loose coal, coal fines and float coal dust is allowed to accumulate at the #3 conveyor belt drive and take-up. The accumulations under the bottom conveyor belt measured 9 1/2 feet in length by 24 inches wide by 7 to 11 inches deep these accumulations range from powder dry to damp. The bottom conveyor belt is running in the accumulations for a distance of 7 feet in length and one bottom belt roller is also gobbled out by the accumulations. The float dust has accumulated on previously rock dusted surfaces of the mine floor, ribs, 6 inch water line, conveyor belt structure, take-up frame and take-up roller bearings. The float coal dust measured from 1/16 of an inch to 2 inches deep by 70 feet in length. Ranging from powder dry to damp to the touch and is black to reddish brown in color. Accumulations around the

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

|              |  |                      |  |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>75.400 |
|--------------|--|----------------------|--|

## 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 |
| C. Intelligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>                          |  |   |  |                                    |
| 12. Type of Action<br>104(d)(1)   |  | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |  |                                    |
| 14. Initial Action<br>A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>   |  | E. Citation/<br>Order Number  |  | F. Dated<br>Mo Da Yr               |
| 15. Area or Equipment   |  |   |  |                                    |

|                     |                                   |                                |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr<br>05/20/2005 | B. Time (24 Hr. Clock)<br>0600 |
|---------------------|-----------------------------------|--------------------------------|

## Section III--Termination Action

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate |                     |                        |
| 18. Terminated          | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |

## Section IV--Automated System Data

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

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Wp  
5/31