



December 02, 2008

MEMORANDUM FOR RICHARD STICKLER  
Acting Assistant Secretary for  
Mine Safety and Health Administration

FROM:

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Mine Safety and Health Administration

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Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, Vansant, Virginia,  
Field Office, [REDACTED]

### Introduction

This memorandum summarizes the Office of Accountability audit of the subject mine and field office. Audit subjects included the Uniform Mine File, MSHA field activities, level of enforcement, Field Activity Reviews (FARs), MSHA supervisory and managerial oversight, mine plans, and the conditions and practices at the mine. The audit was conducted during the weeks of [REDACTED] by Charles J. Thomas and Arlie A. Webb. Positive findings and issues requiring attention are included in this audit report.

### Overview

The audit schedule was modified to avoid interference with MSHA activities related to a potentially explosive atmosphere behind a set of underground seals. The field office review was conducted on [REDACTED] the impoundment was examined on [REDACTED] and the underground portion of the mine was delayed until [REDACTED].

Accompanying the auditors at various times during the audit were [REDACTED]

[REDACTED] Areas of the mine examined during this audit included the longwall section, advancing sections, primary and alternate escapeways, belt conveyors, ERP supplies, and the impoundment. Selected pieces of equipment underground and on the surface were inspected.

The audit revealed positive findings in several categories, including the following:

1. Inspector time distribution for the Vansant field office during the previous 12-month period is admirable.

	% Travel	% Pit/MMU	% Outby	% On-Site	% Other
Surface Facilities	12.4			72.1	15.5
Surface Mines	17.7	59.5		65.9	16.4
Underground Mines	13.5	20.1	20.7	64.6	21.7
Buchanan Mine # 1	11.4	11.8	24.8	70.2	19.3

2. The supervisor, the Assistant District Manager (Inspection), and the District Manager have visited numerous mines during the time period covered by this audit.
3. With few exceptions, the level of enforcement appears commensurate with the conditions and practices observed.
4. Inspection documentation indicated thorough and complete inspections.
5. The 104(d) tracking system is well maintained and up to date.
6. District-level Peer Reviews (Accountability Reviews) are thorough, detailed, and document root causes, corrective actions, and timelines for correction.

The audit also revealed several issues that require corrective actions, including the following:

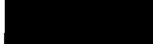
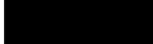
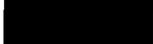
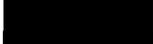
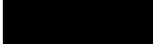
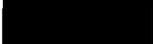
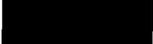
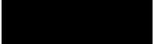
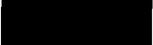
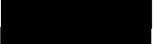
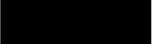
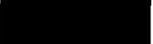
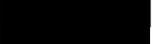
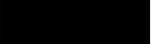
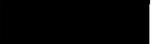
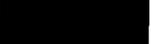
1. Inspection Event Calendars and Time and Activity sheets were not always adequately reviewed and compared to identify conflicts in shifts and inspection days.
2. Repetitive errors that resulted in citations being modified or vacated, or where multiple violations were documented on a single citation, were not always identified and corrected.
3. Observed deficiencies during Field Activity Reviews, Accompanied Activities, and 2<sup>nd</sup> level reviews, were not always identified, documented or corrected.
4. Spot inspections conducted under 103(i) of the Mine Act were not always conducted at irregular intervals, some were conducted on consecutive days of the week and not as set forth by the Mine Act and MSHA policy.

### **Audit Results**

The attached checklist addresses the findings of the audit. Positive issues as well as issues requiring action are covered in detail in the checklist.

**Attachments**

- A. Office of Accountability Checklist, with comments, recommendations, and references
- B. Results of inspection at High-hazard impoundment
- C. Citations issued during this audit

- |     |   |                  |
|-----|---|------------------|
| 1.  |    | 77.216-3(c)      |
| 2.  |    | 77.216-3(c)      |
| 3.  |    | 77.216-3(a)(1)   |
| 4.  |    | 77.216(a)        |
| 5.  |    | 77.216(a)        |
| 6.  |    | 77.216(a)        |
| 7.  |    | 77.216(a)        |
| 8.  |    | 77.216(a)        |
| 9.  |    | 77.216-3(a)(1)   |
| 10. |    | 75.1100-3        |
| 11. |    | 75.1725(a)       |
| 12. |    | 75.1107-16(b)    |
| 13. |   | Miner Act 316(b) |
| 14. |  | 75.1403          |
| 15. |  | 75.333(b)(1)     |
| 16. |  | 75.1714-3(a)     |
| 17. |  | Miner Act 316(b) |
| 18. |  | 75.1200          |
| 19. |  | 75.403           |

- D. Photos of High-Hazard Impoundment

District  Field Office  Mine ID

1. Evaluate supervisory review of inspection reports and documentation for completeness.

Adequate  Inadequate  Not Applicable  Comments Below

Event No. [redacted] at [redacted] contained the following errors relative to the event calendar:

- Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes were marked for [redacted] although no time was recorded for the 3<sup>rd</sup> shift
- Although Time and Activity information indicates the 1<sup>st</sup> and 2<sup>nd</sup> shift were worked on [redacted] only the 2<sup>nd</sup> shift is marked.
- Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes were marked for [redacted] although no time was recorded for the 3<sup>rd</sup> shift
- Both the 2<sup>nd</sup> and 3<sup>rd</sup> shift boxes were marked for [redacted] although Time and Activity information indicates the 1<sup>st</sup> and 2<sup>nd</sup> shifts were worked.

*Action Required - Supervisors must review inspection reports and time sheets to ensure there are no conflicts. The FAR report may aid in this review and comparison of activities.*

*Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews*  
*Reference - Coal Mine Safety & Health Supervisor's Handbook*

2. Determine if supervisors address report deficiencies immediately

Adequate  Inadequate  Not Applicable  Comments Below

Modified citations, vacated citations, and errors on time sheets and event calendars occurred repeatedly during the past 12 months, indicating that supervisors were not immediately addressing deficiencies nor conducting adequate following up.

*Action Required - Observed deficiencies must be corrected immediately.*

*Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews.*  
*Reference - Coal Mine Safety & Health Supervisor's Handbook*

District  Field Office  Mine ID

3. Determine if supervisors are visiting each assigned mine at least annually

Adequate  Inadequate  Not Applicable  Comments Below

*Positive Comment:* Supervisory mine visits are entered into the database provided by headquarters, as well as an information sheet maintained at the field office. The visit logs were up to date and contained all required information.

4. Evaluate the quality of Field Activity Review reports (FARs)

Adequate  Inadequate  Not Applicable  Comments Below

Eighteen FARs were examined during this audit. There was little or no documentation of observed deficiencies, corrective actions, or constructive criticism.

*Action Required - All observed deficiencies, errors, and exceptional achievements should be documented during FARs and AAs.*

*Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews*

*Reference - Coal Mine Safety & Health Supervisor's Handbook*

6. Evaluate the quality of Accompanied Inspections

Adequate  Inadequate  Not Applicable  Comments Below

Twenty-five AAs were examined during this audit. There was little or no documentation regarding the supervisor's observation of deficiencies relative to inspection activities. There were no corrective actions or constructive criticisms documented.

*Action Required - All observed deficiencies, errors, and exceptional achievements should be documented during FARs and AAs.*

*Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews*

*Reference - Coal Mine Safety & Health Supervisor's Handbook*

District  Field Office  Mine ID

7. Determine if supervisors are thoroughly reviewing mine files at least annually

Adequate  Inadequate  Not Applicable  Comments Below

Uniform Mine File Reviews were documented by signature on the appropriate form.

11. Determine if ADMs and DMs are visiting mines with poor compliance at least monthly

Adequate  Inadequate  Not Applicable  Comments Below

13. Evaluate the location, workload, and availability of specialists (roof control, ventilation, electrical, etc.) within the district

Adequate  Inadequate  Not Applicable  Comments Below

14. Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames

Adequate  Inadequate  Not Applicable  Comments Below

- On 3 separate occasions, the spot inspections were conducted on consecutive Wednesdays [REDACTED]
- On 1 occasion, the spot inspections were conducted on consecutive Tuesdays ([REDACTED]) [REDACTED]
- On 2 separate occasions, the spot inspections were conducted on consecutive Thursdays [REDACTED]
- On 1 occasion, the spot inspections were conducted on 3 consecutive Tuesdays [REDACTED]

*Action Required - 103(i) Spot inspections must be conducted in accordance with the Mine Act.*

*Reference - The Mine Act states, in part, that 103(i) spot inspections are to be conducted, "...during every 5 working days at irregular intervals."*

District  Field Office  Mine ID

15. Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection

Adequate  Inadequate  Not Applicable  Comments Below

17. Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector

Adequate  Inadequate  Not Applicable  Comments Below

An evaluation of inspector time distribution among shifts revealed almost 31% of the total inspection time was being spent on off shifts. However, inspection personnel failed to indicate which shift was being worked more than 15% of the time.

Inspection time distribution by day of the week indicated more than 16% of inspection work was conducted on Monday, and more than 11% was conducted on Fridays, and more than 6% was done on weekends.

*Recommendation - Supervisors should ensure that inspection personnel are accurately documenting on Time and Activity forms which shift was being worked.*

18. Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures

Adequate  Inadequate  Not Applicable  Comments Below

Standard Operating Procedures are in place, and are current. SOPs were also found in pertinent locations (i.e.: the 104(d) tracking SOP in each UMF book) to promote consistency.

20. Determine if supervisors are adequately evaluating the level of enforcement by visiting each producing mine

Adequate  Inadequate  Not Applicable  Comments Below

*Positive Comment:* The number and scope of supervisory mine visits is commendable. With very few exceptions, the level of enforcement at this mine appears commensurate with inspection documentation and the conditions and practices in the mine.

District  Field Office  Mine ID

23. Determine if second level reviews and Peer Reviews are used to assess supervisory review of enforcement actions

Adequate  Inadequate  Not Applicable  Comments Below

See items 1, 2, 3, 4, 37, and 79.

25. Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

29. Determine if complete and thorough inspections are being conducted and adequately documented

Adequate  Inadequate  Not Applicable  Comments Below

A thorough review of the two most recently completed E01 reports, along with interviews with inspectors and supervisors, indicate that inspection activities in this field office are in compliance with the Mine Act, and MSHA policy.

30. Determine if inspection notes, air samples, rock dust samples, and tracking map/diagram support the inspector's assertion that the mine was inspected in its entirety

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID

35. Determine if all provisions of the MINER Act are evaluated during the inspection

Adequate  Inadequate  Not Applicable  Comments Below

36. Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals

Adequate  Inadequate  Not Applicable  Comments Below

37. Evaluate each citation/order/safeguard for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement

Adequate  Inadequate  Not Applicable  Comments Below

During the period from May to July of 2008, there were at least 15 citations vacated by inspectors in the Vansant field office. Some examples are:

- Citation [REDACTED] issued for inadequate on-shift examination, was vacated because there had not been any production on that shift.
- Citation [REDACTED] issued for an inoperative spill switch, was vacated because there is no requirement in 30 CFR for installation of a spill switch.
- Citation [REDACTED] issued for improper location of a CO sensor, was vacated after the inspector reviewed the CO Handbook.
- Citation [REDACTED] issued for failure to provide a fire hose outlet at a belt conveyor tailpiece, was vacated after a second examination of the area revealed the valve had been overlooked.

Note - Approximately 60% of inspection personnel at the Vansant field office have less than two years experience as Authorized Representatives.

*Action Required - Inspection personnel should be more thorough in their examinations, observations and reviews. Supervisors should enhance efforts to mentor inspectors, and thus reduce the number of citations being vacated and or modified. FAR's are a useful tool to document deficiencies and reward improvement.*

*Reference - Corrective Action Plan: Sago, Aracoma and Darby Internal Reviews*

*Reference - Coal Mine Safety & Health Supervisor's Handbook*

District  Field Office  Mine ID

38. Accompany and evaluate inspector's imminent danger run

Adequate  Inadequate  Not Applicable  Comments Below

The inspector's imminent danger runs were thorough. The inspector stopped and held a "mini" safety talk with each miner encountered during the IDR.

39. Check adequacy of preshift/onshift examinations

Adequate  Inadequate  Not Applicable  Comments Below

40. Evaluate inspector's observation of roof conditions

Adequate  Inadequate  Not Applicable  Comments Below

Miners were questioned on each section if they believed the current roof control plan was adequate and all interviewed replied that the current plan was adequate for current conditions.

42. Evaluate conditions on working section and observe work cycle

Adequate  Inadequate  Not Applicable  Comments Below

Conditions on the working sections were commendable. Rock dusting, roof control, and ventilation were well maintained. Rockdusting was outstanding throughout the mine.

43. Observe air quantity, quality, and gas checks by inspector

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID

44. Determine adequacy of Emergency Response Plan training (interview miners)

Adequate  Inadequate  Not Applicable  Comments Below

Interviews with numerous miners indicate that ERP training is thorough, and exhaustive. All miners interviewed were well acquainted with escape routes, lifelines, ERP sled location and contents, and SCSR locations.

45. Determine adequacy of training regarding roof, ventilation, and other plans (interview miners)

Adequate  Inadequate  Not Applicable  Comments Below

Interviews with at least 16 miners revealed an extraordinary level of familiarity with roof control, ventilation, and emergency response plans. Even miners who do not normally perform functions related to roof support or ventilation knew the roof control plan and ventilation plan requirements.

46. Evaluate Self-Contained, Self-Rescuer condition, storage, signage

Adequate  Inadequate  Not Applicable  Comments Below

SCSR locations were readily identified and easy to locate. SCSRs were found to be in excellent condition.

47. Determine if the mine operator has conducted SCSR donning expectation training and if the inspector has observed and evaluated the training

Adequate  Inadequate  Not Applicable  Comments Below

48. Examine electrical cables on several pieces of equipment

Adequate  Inadequate  Not Applicable  Comments Below

Trailing cables and other cables were examined and found to be in very good condition.

District  Field Office  Mine ID

49. Evaluate several pieces of equipment for permissibility

Adequate  Inadequate  Not Applicable  Comments Below

50. Examine lifelines, manddoors, and related signage

Adequate  Inadequate  Not Applicable  Comments Below

Signage was accurately located, and easily understood.

51. Examine escapeway map for compliance with regulations

Adequate  Inadequate  Not Applicable  Comments Below

Escapeway maps were accurate, up to date, and legible. Maps were found at the "dinner hole" as well as in the ERP sled.

52. Evaluate integrity of primary and alternate escapeways

Adequate  Inadequate  Not Applicable  Comments Below

Stopping lines were intact, well installed, and plastered in accordance with regulations and plans.

53. Evaluate integrity of return side stopping line

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID

54. Travel and evaluate condition and maintenance of section conveyor belt, structures, and entries

Adequate  Inadequate  Not Applicable  Comments Below

Portions of several section conveyor belts and main line conveyor belts were examined and found to be in excellent condition. Spot rock dust samples taken in 3 locations revealed the incombustible content to be in compliance.

56. Evaluate fire valves and hoses (condition, compatibility of fittings, pressure test)

Adequate  Inadequate  Not Applicable  Comments Below

Fire valves and hoses were examined at numerous locations, and functional tests of the valve, hose and nozzles were conducted at three separate locations. In each instance, all equipment performed as required. At each area selected by the audit team for the functional tests, mine personnel were asked to demonstrate their response to a fire. In each case, they succeeded in applying water to the belt in less than 3 minutes.

58. Evaluate cleanup of accumulations and application of rock dust

Adequate  Inadequate  Not Applicable  Comments Below

Only one violation related to rock dusting combustible content was issued during this audit. All belt conveyor entries examined during the audit were very well rock dusted. All working sections were well dusted. One spot sample on the active longwall tailgate travelway was found inadequate for incombustible content for a very short distance and that citation was abated. No action required.

59. Evaluate condition of conveyor belt drives, and fire suppression systems

Adequate  Inadequate  Not Applicable  Comments Below

*Positive Comment:* Belt conveyors audited were in excellent condition both mechanically and rock dusting is on a strict schedule and belts are routinely rock dusted on a continual basis.

District  Field Office  Mine ID

60. Determine if all required record books are adequately completed and in compliance with applicable standards

Adequate  Inadequate  Not Applicable  Comments Below

61. Examine mine map for accuracy of workings and escapeway locations

Adequate  Inadequate  Not Applicable  Comments Below

Mine maps on the working sections and on the surface were frequently updated and very accurate.

62. Examine mine bulletin board and evaluate adequacy of all required postings

Adequate  Inadequate  Not Applicable  Comments Below

63. Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes

Adequate  Inadequate  Not Applicable  Comments Below

65. Examine and evaluate at least one set of seals, including methods for obtaining samples from sealed area

Adequate  Inadequate  Not Applicable  Comments Below

District  Field Office  Mine ID 

66.	Determine if districts are conducting sufficient, in-depth Peer Reviews		
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
Comments Below			
A very thorough district-level accountability review, led by an ADM from a neighboring district, was conducted at the Vansant, Virginia field office in August of 2008.			

67.	Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews		
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>
		Not Applicable	<input checked="" type="checkbox"/>
Comments Below			
Headquarters conducted the required four audits, but did not conduct a review in District 5 during CY 2008.			

68.	Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.		
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
Comments Below			
The district-level review conducted in August of 2008 identified root causes of deficiencies and listed proposed corrective actions along with time frames for completion.			

70.	Determine if Peer Reviews include a visit to the mine, and include observation of the producing section, conveyor belt entries, escapeways and the ERP provisions		
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
Comments Below			
Observations during the district-level review were well documented.			

72.	Determine if approved plans and the Uniform Mine File books are addressed during each Peer Review		
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
Comments Below			
District-level reviews included a detailed examination of the UMF.			

District  Field Office  Mine ID

75. Evaluate approved training plan after discussion with miners

Adequate  Inadequate  Not Applicable  Comments Below

Miners were well aware of the provisions of the approved training plan.

77. Evaluate the two most current completed E01 (regular) inspection reports (two quarters)

Adequate  Inadequate  Not Applicable  Comments Below

With the exceptions noted in item 37 above, the reports indicated thorough, complete inspections.

78. Evaluate the ten most current completed E02 (103(i) spot) inspection reports

Adequate  Inadequate  Not Applicable  Comments Below

*Recommendation - 103(i) spot inspections should include an examination of at least one area particular to that type of inspection, such as permissibility on one or more pieces of equipment on a section or in a return air course, i.e. check calibration of methane monitors, inspect trailing cables for ignition source, permissibility of face equipment such as the continuous mining machine, roof bolting machine, or a inspect permissible pump in a return.*

District  Field Office  Mine ID

79. Citations, orders, and safeguards issued during previous two quarters

Adequate  Inadequate  Not Applicable  Comments Below

There were at least 9 instances where multiple violations were listed on a single citation. Some examples are:

- Citation [REDACTED] The failure to maintain the 50/50 requirement for water pressure/flow rate at fire hose outlets along two separate belt conveyors was documented on a single citation.
- Citation [REDACTED] - [REDACTED]
- Citation [REDACTED] & Citation [REDACTED]

Each water line, lifeline, or belt flight is an individual entity. For example, each belt flight (the combination of a belt drive, belt conveyor flight, and tailpiece) is considered an independent, dust generation source and separate piece of equipment.

- Citation [REDACTED] issued for 5 fire extinguishers not being maintained/inspected at three different distinct surface locations were "bundled" together and should have been 3 separate violations instead of one citation.

*Action Required - Each citation must describe, with particularity, the nature of the violation, and multiple violations must not be listed on a single citation.*

*Reference - Each citation or order must be in writing and shall describe with particularity the nature of the violation, including reference to the provision of the Mine Act, standard, rule, regulation, or order alleged to have been violated. - §104(a), 1977 Mine Act*

80. Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date

Adequate  Inadequate  Not Applicable  Comments Below

Each mine file in the Uniform Mine Files contains a 104(d) Tracking Systems SOP and tracking sheet behind the appropriate tab divider.

District  Field Office  Mine ID

81. Determine if all plans and documents in the Uniform Mine File are legible, and up to date

Adequate  Inadequate  Not Applicable  Comments Below

Uniform Mine File books contain (where applicable) an up-to-date summary of impoundment plans, including a map.

However, two issues corrected during the audit were a lack of mine ID, mine name and company name on four (4) 2000-137 forms. Two (2) Supervisor/ Accountability Review Forms 2000-138, did not have mine name or company name. All these items have been corrected. The summary petition form MSHA form 2000-177 lack entries for mine ID, mine name, company name, section of law, or brief description for any of the petitions listed.

*Action required:* Train administrative assistants and supervisors on correct UMF maintenance.  
*Reference:* UMF Handbook.

82. Determine if all applicable plan reviews were performed within six months, or within the timeframes required

Adequate  Inadequate  Not Applicable  Comments Below

The supplements for the [REDACTED] were reviewed and approved in a timely manner.

85. Determine if miners are adequately trained in the provisions of any new plan prior to its implementation

Adequate  Inadequate  Not Applicable  Comments Below

Onsite interviews with miners indicated they were very familiar with the provisions of approved plans.

86. Determine if Standard Operating Procedures (SOPs) adequately address requirements of MSHA Program Policy Manual

Adequate  Inadequate  Not Applicable  Comments Below

The field office has copies of SOPs. UMF books contain SOPs (where applicable) placed behind the tabbed dividers.

District  Field Office  Mine ID

92.	Determine if a copy of the most recent plan is provided for inclusion in the Uniform Mine File					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

110.	Determine if the overall design of the mine plan was assessed to avoid future problems					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
<i>Positive Comment:</i> Separation of longwall panels into smaller manageable "districts" has greatly reduced problems related to spontaneous combustion and buildup of mine gases in mined areas and effectiveness of bleeders.						

114.	Determine if spreadsheets and/or databases provided for tracking of mine visits by supervisors and managers is kept up to date					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

115.	Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

119.	Determine if adequate close-out conferences are being conducted at the end of each inspection.					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

District

Coal Dist 5

Field Office

Vansant, VA

Mine ID

**Inspection of the [REDACTED] Impoundment**

The mine's impoundment was visited on September 29, 2008, as a part of this audit. During this inspection, the following items were noted:

1. The operator was not including all pertinent areas of the impoundment in the required examinations, and several of these examinations were not being properly recorded. (Citations [REDACTED])
2. It was also evident from the impoundment inspection notes taken by the weekly examiner ([REDACTED]) that the examiner was not aware of the location and function of at least 3 French Drains. ([REDACTED])
3. Compaction tests were observed. The tests were properly conducted, and the results were recorded.
4. Lift thickness was observed at several locations and found to be in compliance with the approved plan.
5. There were no cracks or scarps on the crest or on the slopes of the impoundment.
6. Decant trash racks were in place and maintained clear, and there were no depressions or sinkholes in the slurry surface?
7. Approximately 6 to 10 inches of sediment had accumulated in a 100-foot long portion of the Uniform Section Mat (USM) used to line a diversion ditch on the impoundment. (Citation [REDACTED])
8. There was no evidence of erosion, deterioration, bulging, or sloughing of the slopes of impoundment, and there was no evidence of any surface movement evident in the valley bottom or on the hillsides.
9. Several extensometers and piezometers were not being properly maintained. (Citation [REDACTED])
10. All underground mines adjacent to or beneath any portion of the impoundment are plotted on the impoundment maps and located on the surface by survey markers/flags. Water flow out of these mines is constantly monitored. Several monitoring areas were visited during the audit.
11. Inspectors from the field office, as well as specialists from the district office, are conducting thorough inspections and examinations of impoundment. Interviews with the specialist and several inspectors indicated they were adequately trained.
12. Supervisors regularly accompany inspectors/specialists during impoundment inspections.

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Section I - Violation Data

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

The Company was not including the French Drain No.1, French Drain No. 2 and the discharge end of the 24" diameter decant pipe as part of the Weekly Impoundment Inspection as outlined in the Approved Construction Specifications.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
	<input checked="" type="checkbox"/>		77.216(a)

Section II - Inspector's Evaluation

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

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

Section III - Termination Action

17. Action to Terminate The Company included the drains and discharge end of the decant pipe on the [REDACTED] report.

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

Section IV - Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E23	[REDACTED]	[REDACTED]
22. Signature		23. AR Number
[REDACTED]		[REDACTED]

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

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Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	(Contractor)

8. Condition of Practice

8a. Written Notice (103g)

The Company did not include as part of the Weekly Impoundment Inspection the horizontal drains located adjacent to curve no. 2 as outlined in the Approved Construction Specifications.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
	<input checked="" type="checkbox"/>		77.216(a)

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 002

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

12. Type of Action 104(a)

13. Type of Issuance (check one) Citation  Order  Safeguard

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate: The Company included the horizontal drains on the report.

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

Section IV--Automated System Data

19. Type of Inspection (activity code) R23

20. Event Number

21. Primary or Mill

22. Signature

23. AR Number

MSHA Form 7000-3a (Rev. 10-2000) is required by the Small Business Regulatory Enforcement Fairness Act of 1996. The Small Business Administration has established a National Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency activities and rates each agency's responsiveness to small business. If you wish to comment on the activities of MSHA, you may do so by writing the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

French Drain No. 3 located near the refuse bin was not being monitored or results recorded on the Weekly Impoundment Inspection report.

See Continuation Form (MSHA Form 7000-3a)

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

Section II-Inspector's Evaluation

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

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

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

Section IV-Automated System Data

19. Type of Inspection (activity code)	B23	20. Event Number	21. Primary or Mill
22. Signature			23. AR Number

MSHA Form 7 established a... provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has... ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator		
(Contractor) <input type="checkbox"/>			

8. Condition or Practice

8a. Written Notice (103g)

A section of the Uniform Section Mat (USM) was not being properly maintained. A section approximately 100 feet long by approximately 10 feet wide needs to be cleaned due to sediment build-up in the right side diversion ditch adjacent to curve no. 2. The sediment varies from approximately 6"-10" thick.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 002

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

12. Type of Action  13. Type of Issuance (check one) Citation  Order  Safeguard

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

22. Signature  23. AR Number

MSHA Form 7000-3a (Rev. 10-2000) provides information on the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED] (Contractor) <input type="checkbox"/>
8. Condition or Practice The Company has installed Extensometer BX-3 and the instrument was not being properly maintained. The instrument was not sealed and rigid at the collar. The instrument appeared to operating properly.		9a. Written Notice (103g) <input type="checkbox"/>

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.216(a)
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

MSHA Form 7000-3a is a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business Regulatory Enforcement Fairness Board to receive comments from small businesses about federal agency actions and rates each agency's responsiveness to small business. If you wish to comment on the actions of MSHA, please write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, 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.

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Section I—Violation Data

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

The Company has installed Extensometer BX-4 and the instrument was not being properly maintained. The instrument was not sealed and rigid at the collar. The instrument appeared to operating properly.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

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

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

MSHA Form 7000-3a is required for all citations and orders issued under the Small Business Regulatory Enforcement Fairness Act of 1996. The Small Business Administration has established 10 Regional Fairness Boards to receive comments from small businesses about federal agency actions and rates each agency's responsiveness to small businesses. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3277), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, 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.

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Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED] (Contractor) <input type="checkbox"/>

8. Condition or Practice

8a. Written Notice (103g)

The Company has installed Pneumatic Piezometer BV-5 and the instrument was not read and recorded on the 9-23-08 Weekly Impoundment Inspection report. The instrument read properly and was recorded on the [REDACTED] weekly report.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.216(a)
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Section II—Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 002

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The Company monitored Piezometer BV-5 on [REDACTED] and recorded the results on the Weekly Impoundment Inspection Report.

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

Section IV—Automated System Data

19. Type of Inspection (activity code) T02 20. Event Number [REDACTED] 21. Primary or Mill

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3a established a National Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions or if you wish to file a complaint, you may call the Ombudsman at (800) 734-3247, or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

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

The Company has installed Pneumatic Piezometer BV-6 and the instrument was not read and recorded on the [REDACTED] Weekly Impoundment Inspection report. The instrument read properly on [REDACTED] and was recorded on the weekly report.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

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

Section III--Termination Action

17. Action to Terminate The Company monitored Piezometer BV-6 on [REDACTED] and recorded the results on the [REDACTED] Weekly Impoundment Inspection Report.

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	T02	20. Event Number	21. Primary or Mill
22. Signature			23. AR Number

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

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Section I--Violation Data

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

Based upon review of the impoundment inspection notes the weekly examiner provided by [REDACTED] for the weekly impoundment inspection did not know the location, function and did not examine French Drains (FD) Nos. 1 and 2 located near the 24" diameter decant discharge and the French Drain No. 3 near the coarse refuse bin.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.216-3(a)(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 checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		D. Number of Persons Affected: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action: 104(a)		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	
14. Initial Action		F. Dated Mo Da Yr	
15. Area or Equipment			

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

Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E23	20. Event Number	21. Primary or Mill
22. Signature	23. AR Number	

MSHA Form 7000-3a (Rev. 10-2000) Under the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I—Violation Data

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

The Fire Extinguisher being provided for the energized trickle duster rock dusting device, being used on the active 004 MMU, is not being maintained in usable and operative condition and is not being supplied with a permanently attached tag for the required six month examination to be recorded onto. The Fire extinguisher is missing the pull pin and the seal which provides visual evidence that the Fire Extinguisher has not been tampered with.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1100-3

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

17. Action to Terminate The Fire Extinguisher has been replaced with a new fire extinguisher that is being provided with both a pull pin and tamper proof seal and also a metal tag to record examinations on.

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

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E02		
22. Signature		23. AR Number

MSHA Form 7000-3a is required by the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman and Boards rates 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 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.

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Section I - Violation Data

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

The Fletcher Roof Bolter S.N. 90133, being used on the active 012 MMU, is not being maintained in safe operating condition. Three Hydraulic fluid hoses have the outer jacket damaged and the metal wires of the hose have become frayed and broken. On the Operator's side (left side) of the machine the Mast Jack hose has a damaged area of 4 inches long and 1/2 inch wide and the Drill Pot hose has a damaged area of 2 and 1/2 inches long and 1/2 inch wide. On the Off side (right side) of the machine the Drill Pot hose has a damaged area of 9 inches long by 3/4 of an inch wide. These hoses are supplying pressurized fluid that reaches high temperatures when in use. These hoses are located in close proximity to the two machine Operator's work areas in which they install roof Supports from on a regular basis. This condition exposes the two Operators to possible flailing injuries if

See Continuation Form (MSHA Form 7000-3a)

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

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

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

17. Action to Terminate The hoses have been replaced with new hoses.

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

19. Type of Inspection (activity code) E02	20. Event Number	21. Primary or Mill
22. Signature	23. AR Number	

MSHA Form 7000-3a (Rev. 10-2003) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247); or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation   2. Dated (Original Issue) Mo Da Yr  3. Citation/Order Number

4. Served To  15. Operator  (Contractor)

Section II-Justification for Action

Continuation of 8, Condition or Practice

the hoses were to break and violently thrash due to the pressurization of the fluid in the hoses and also exposes the Operators to burn injuries from the hot high temperature fluid in the hoses. The Operator's Safety Representative removed this machine from service.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To A. Date Mo Da Yr  B. Time (24 Hr. Clock)   C. Vacated  D. Terminated  E. Modified

Section IV-Inspection Data

9. Type of Inspection  10. Event Number

11. Signature  12. Date Mo Da Yr  13. Time (24 Hr. Clock)

MSHA Form 7000

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Section I-Violation Data

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

The Fire Suppression System for the Fletcher Roof Bolter S.N. 90133, being used on the active 012 MMU, is not being properly maintained. The pop off valve for the dry chemical storage canister, located in the Operator's Deck, has been broken off and an opening in the system has been created due to the missing valve. This condition would not allow the pressure from the manual actuators to activate the plunger in the canister and properly disperse the dry chemicals inside of the canister to extinguish a fire on this machine.

See Continuation Form (MSHA Form 7000-3a)

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

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

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

17. Action to Terminate The pop off valve has been replaced and the fire suppression system is now operable.

18. Terminated	A. Date Mo Da Yr <input type="text" value="[REDACTED]"/> <input type="text" value="[REDACTED]"/> <input type="text" value="[REDACTED]"/>	B. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>
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Section IV-Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number <input type="text" value="[REDACTED]"/>	21. Primary or Mill <input type="text" value="[REDACTED]"/>
22. Signature <input type="text" value="[REDACTED]"/>		23. AR Number <input type="text" value="[REDACTED]"/>

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

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Section I - Violation Data

1. Date  12 Time (24 Hr. Clock)  3. Citation/Order Number

4. Served To  5. Operator  (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The Additional Plan Content Provisions, listed in the approved Emergency Response Plan for this mine, to be provided on each working section are not being properly provided and made readily available to the employees on the active 001 MMU. The storage container, which opens up from the side, has been installed up against and to within only 12 inches of the Coal rib. The placement of the storage container for the Additional Plan Content Provisions has made the usage of these supplies inadequate due to high effort of retrieval required. Two representatives of the mine had to search for a chain hoisting device to pull the storage container away from the rib to gain access.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health  Safety  Other  B. Section of Act  C. Part/Section of Title 30 CFR

Section II - Inspector's Evaluation

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date  B. Time (24 Hr. Clock)

Section III - Termination Action

17. Action to Terminate

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

Section IV - Automated System Data

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

22. Signature  23. AR Number

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

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Section I--Violation Data

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

A start and stop switch for the 3 East #1 conveyor belt, being used to transport coal from the active working sections at this mine, is not being provided in the required distance of 1000 feet. Start stop switches are installed at cross cut # 26 and in the middle of cross cut # 17 and # 18. This is a distance of 1225 feet. No other switches are being provided between these two locations.

See Continuation Form (MSHA Form 7000-3a)

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

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

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Section I--Violation Data

1. Date	<input type="text" value="[REDACTED]"/>	3. Citation/Order Number	<input type="text" value="[REDACTED]"/>
4. Served To	<input type="text" value="[REDACTED]"/>	5. Operator	<input type="text" value="[REDACTED]"/>
			(Contractor) <input type="checkbox"/>
8. Condition or Practice			9a. Written Notice (103g) <input type="checkbox"/>

A PERMANENT STOPPING LOCATED IN THE INTAKE TAIL ENTRY OF THE 11 RIGHT LONGWALL SECTION IS NOT BEING MAINTAINED TO SEPARATE THE INTAKE AND RETURN AIR COURSES. AN OPENING OF 8 INCHES BY 16 INCHES IS PRESENT IN THE STOPPING. THIS STOPPING IS LOCATED AT CROSSCUT NO. 59. THE AIR MOVEMENT, WHEN CHECKED, WAS MOVING FROM THE INTAKE TOWARD THE RETURN.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.333(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 checked="" type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>
	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action <input type="text" value="104(a)"/>		13. Type of Issuance (check one)	
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action			
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>
E. Citation/Order Number		F. Dated Mo Da Yr	
15. Area or Equipment			

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

17. Action to Terminate THE OPENING HAS BEEN REPAIRED.

18. Terminated	A. Date Mo Da Yr <input type="text" value="[REDACTED]"/>	B. Time (24 Hr. Clock) <input type="text" value="[REDACTED]"/>
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Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2000) Under the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC-2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Saved To	5. Operator	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

THE OCENCO SELF CONTAINED SELF- RESCUER BEING STORED ON THE 11 RIGHT LONGWALL HEADGATE, IS NOT BEING MAINTAINED. THE SEAL ON THE UNIT ( S/N 06111979 ) HAS BEEN DAMAGED, REQUIRING IT TO BE REMOVED FROM SERVICE. THE OPERATOR IMMEDIATELY REMOVED THIS UNIT FROM SERVICE. THERE WERE 15 PERSONS ON THE LONGWALL TODAY, AND A TOTAL OF 23 SCSR'S WERE BEING STORED ON THE HEADGATE.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate THE SCSR HAS BEN REMOVED FROM THE MINE, AND BROUGHT TO THE SURFACE AREA.

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

Section IV--Automated System Data

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

22. Sign  23. AR Number

MSHA Form 7000-3a (Rev. 10/2007) provides information on the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established the Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman and the Regional Fairness Boards are available to help small businesses understand agency 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 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.

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District  Field Office  Mine ID

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Section I--Violation Data

1. Date: Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator	(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

THE MINE EMERGENCY RESPONSE PLAN IS NOT BEING COMPLIED WITH ON THE 010-0 MMU (11RIGHT) LONGWALL SECTION. THE PLAN REQUIRES, IN THE ADDITIONAL PLAN CONTENT PROVISIONS, SUFFICIENT BARRICADING MATERIALS BE PROVIDED ON EACH WORKING SECTION. WHEN CHECKED, THE BARRICADING MATERIALS ON THIS SECTION DID NOT CONTAIN THE REQUIRED 4 BRATTICE BOARDS, AND ONLY CONTAINED SEVEN OF THE REQUIRED, EIGHT ROOF JACKS.

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
		316(b)	

Section II--Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 009

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

12. Type of Action 104(a)

13. Type of Issuance (check one) Citation  Order  Safeguard  Written Notice

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10-2009) provides information on the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

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

The Approved Mine Map located on the surface area at this mine, is not accurate and up-to-date. The map shows man doors in the stopping line between the No. 1 and No. 2 entries on the 10 Right Longwall tailgate entry, at crosscut no's 14, 19, 24, 40, and 48. These man doors have been sealed with concrete blocks and are no longer available for use. This stopping line separates the intake longwall tailgate entry from the 10 Right gob area created by the previous longwall retreat mining.

See Continuation Form (MSHA Form 7000-3a)

8. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1200
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number [REDACTED]
15. Area or Equipment [REDACTED]				
16. Termination Due A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]				

Section III--Termination Action

17. Action to Terminate The map is now accurate and up-to-date.

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

19. Type of Inspection (activity code) B01	20. Event Number [REDACTED]	21. Primary or Mill
22. Signal [REDACTED]	23. AR Number [REDACTED]	

MSHA Form [REDACTED] 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 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.

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Section I--Violation Data	
1. Date <input type="text" value="Mo Da Yr"/> 2. Time (24 Hr. Clock) <input type="text" value=""/>	3. Citation/Order Number <input type="text" value=""/>
4. <input type="text" value=""/>	
5. Operator <input type="text" value=""/>	
6. <input type="text" value=""/>	
7. <input type="text" value=""/>	
8. Condition or Practice <input type="text" value=""/> (Contractor) <input type="checkbox"/>	
9a. Written Notice (103g) <input type="checkbox"/>	

Based on laboratory analysis of a rock dust survey taken on 10/09/2008 on the 010-0 MMU "Zero Point Survey Station No. 24535 + 50 feet, No. 1 entry" the lab results indicated that 1 of the 1 sample taken were deficient. Statutory provision requires that incombustible content in the intake entries be maintained at no less than 65 percent. This mine is on a five day I-spot inspection and liberates in excess 1 million cubic feet of methane per 24 hours, and this mine has a history of methane related incidents including a mine fire within the previous two years.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <span style="float: right;">75.403</span>
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Section II--Inspector's Evaluation

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

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

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

Section IV--Automated System Data

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

MSHA Form 7000-3a (Rev. 10/2007) Pursuant to the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Photograph 1. Portion of Impoundment, Drainage Ditch, and Sediment Pond



Photograph 2. Compaction Testing at Top of Impoundment

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Photograph 3. Slurry Pond atop Impoundment



Photograph 4. Monitoring Water Flow from Abandoned Mine Adjacent to Impoundment