



**MAR 08 2010**

MEMORANDUM FOR:

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Deputy Assistant Secretary for Operations  
Mine Safety and Health

THROUGH:

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Acting Director of Accountability for  
Mine Safety and Health

FROM:

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Accountability Specialist

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Accountability Specialist

SUBJECT:

MSHA Office of Accountability Audit, South Central  
District, San Antonio, Texas, Field Office, and the [REDACTED]  
[REDACTED]

**Introduction**

This memorandum summarizes the Office of Accountability audit of the subject field office and mine. Audit subjects included mine files, MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, and the conditions and practices at the mines. The audit was conducted by Pete Montali, Jerry Kissell, and Billy Randolph, during the week of [REDACTED]. Positive findings and issues requiring attention are included in this audit report.

**Overview**

The field office audit was conducted on [REDACTED] and the on-site portion of the audit was conducted on [REDACTED]. Accompanying the audit team were [REDACTED] and [REDACTED].

On-site areas examined included the:

Conveyor belts, number 2, 3, 4, 5, 6, and 11, material haulage structures, guarding, electrical, primary crusher, primary crusher operators booth, gypsum fines silo, aggregate gypsum silo, load-out operators booth, repair shop, storage warehouse, truck load-out, open pit, high walls, haul roads, berms, signage, skid steer, bulletin boards, and partial records exam.

Quarry, rock breaker, 1 conveyor belt, front end loader, skid steer, truck load-out, haulage roads, berms, signage, training plans and records.

**S&S Rate Comparison**

S&S rates for the San Antonio field office as compared to the district and the national levels for FY 2008, as well as in FY 2009.

<b>S&amp;S Rate Comparison</b>			
<b>Fiscal Year</b>	<b>San Antonio Field Office</b>	<b>SC District</b>	<b>National Average</b>
2008	23.17%	19.42%	21.44%
2009	26.98%	27.95%	28.03%

**Time and Activity Comparison**

Time distribution for E01 inspections conducted out of the San Antonio, Texas field office from October 2008 to November 2009 indicated that onsite time for surface facilities increased from 54.87% in FY 2008 to 55.65% in FY 2009. Time spent in the "other" category increased from 14.35% to 17.24% during the same time period.

<b>Time Distribution (Percent) - E01 Inspections at Surface Facilities</b>						
	<b>Travel</b>	<b>Other</b>	<b>Total On-Site</b>	<b>Citations written On-site</b>	<b>Citations written Off-site</b>	<b>Total Percent</b>
FY 2008	23.74%	14.35%	54.87%	0.87%	7.05%	100.0%
FY2009	19.77%	17.24%	55.65%	1.44%	7.33%	100.0%

Time distribution for E01 inspections conducted out of the San Antonio, Texas field office from October 2008 to November 2009 indicated that onsite time for surface mines decreased from 51.99% in FY 2008 to 49.83% in FY 2009. Time spent in the "other" category increased from 16.84% to 20.34% during the same time period.

**Time Distribution (Percent) - E01 Inspections at Surface Mines**

	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
FY 2008	24.67%	16.84%	51.99%	1.96%	6.50%	100.0%
FY 2009	23.96%	20.34%	49.83%	1.93%	5.86%	100.0%

Time distribution for E01 inspections conducted out of the San Antonio, Texas field office from October 2008 to November 2009 indicated that onsite time for underground mines decreased from 55.16% in FY 2008 to 47.44% in FY 2009. Time spent in the "other" category increased from 16.34% to 29.68% during the same time period.

<b>Time Distribution (Percent) - E01 Inspections at Underground Mines</b>						
	Travel	Other	Total On-Site	Citations Written On-site	Citations Written Off-site	Total Percent
FY 2008	24.10%	16.34%	55.16%	3.13%	9.5%	100.0%
FY 2009	19.13%	29.68%	47.44%	0.99%	9.5%	100.0%

### **Audit Results**

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

1. FAR's/AA's had been completed and exceeded by the field office supervisor. The supervisor had completed more than the minimum required accompanied inspections, traveling with all inspectors for the past year.
2. Health surveys for the field office are well documented and tracked.
3. All field office records and mine files were made immediately available when requested demonstrating excellent file maintenance.
4. The district and field office staff was professional, courteous and very cooperative towards the office of accountability specialists.
5. The field office staff demonstrated an enthusiastic attitude in accomplishing their assigned inspections.
6. Field office staff demonstrated excellent knowledge on the MSHA regulations, law and policy. Inspectors were well prepared with tools/equipment necessary to perform inspection duties.
7. Open and positive communications between MSHA personnel and the mine operator, including miners, safety personnel, and management were observed.

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

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1. FARS/AA's had no documentation to show area's for improvements. Of the 26 reports reviewed, only one report indicated any feedback identifying room for improvement to an inspector. (See Items #4 & #6 )
  2. Evaluation of gravity, negligence, number of persons affected, and level of enforcement do not appear commensurate with the notes or the narrative of the citations. (See Attachment D)
  3. [REDACTED] review of inspection work products does not appear to adequately identify and address deficiencies. Corrective actions and follow up are not documented.
  4. (See item #27)
  5. Site inspection time for previous inspections at the [REDACTED] quarry do not appear appropriate for the mine size, equipment or mine type. (See Item 32)
  6. Guarding enforcement appears to be an issue pertaining to area guards, no guarding, and modified guards for the convenience of the mine operator. 22% of all the violations issued during the audit were associated with guarding standards. (See attachments B and C)
  7. The district should review the status of intermittent and full-time operations for accuracy. A review of man-hour reports for some operations listed in intermittent status indicate they should be classified as full-time.

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A. Office of Accountability Checklist with comments, recommendations, and references

B. Citations/Orders issued at [REDACTED] during this audit

1.	[REDACTED]	56.14112b	15.	[REDACTED]	56.11012
2.		56.14110	16.		56.14100d
3.		56.14201b	17.		56.14207
4.		56.14130g	18.		56.14107a
5.		56.14100b	19.		56.20003b
6.		56.11027	20.		56.14107a
7.		56.1101	21.		56.15005
8.		56.11006	22.		56.20003b
9.		56.11012	23.		56.4101
10.		56.14107a	24.		56.14130e
11.		56.14107a	25.		56.9300(a)
12.		56.14107a	26.		56.12004
13.		56.11027	27.		56.11012
14.		56.11027			

C. Citations issued at [REDACTED] during this audit

1.	[REDACTED]	56.9100a	7.	[REDACTED]	56.14132a
2.		56.14206b	8.		56.14107a
3.		56.14207	9.		56.4101
4.		56.15004	10.		56.14132a
5.		56.20003a	11.		56.9300a
6.		56.14107a			

D. Enforcement actions with questionable evaluations

E. Photos taken during audit

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

Adequate  Inadequate  Not Applicable  Comments Below

CAV Notices issued at [REDACTED] addressed untrained miners and lack of a training plan. No citations or 104(g) orders were issued at that time and no persons were withdrawn from mine property. Although inspection notes documented this lack of training, no enforcement actions were taken. During the following E-01 regular inspections, event number [REDACTED] inspection notes reviewed indicated that the training plan and the training requirements had not been complied with and an additional seven days were granted to comply.

*Reference - 30 CFR, Part 46*

During the audit, untrained miners were encountered and removed from mine property.

*Action Required - Supervisors must ensure that proper enforcement actions are taken when untrained miners are encountered or when an operator does not have an acceptable training plan.*

*Reference - Section 104(g) of the Mine Act*

Inspection reports for event numbers [REDACTED] documented that a contract drilling and blasting company at the [REDACTED] were inspected and reviewed. This mine is under Part 48 training requirements and the inspector incorrectly reviewed the training in accordance with Part 46.

*Reference - 30 CFR, Part 48.21*

A review of citations issued at both mining operations during previous inspections revealed questionable evaluations of gravity, negligence and level of enforcement. (See Attachment D)

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2. Determine if supervisors address report deficiencies immediately

Adequate  Inadequate  Not Applicable  Comments Below

The [REDACTED] stated when errors are found in reports, he directs [REDACTED] to make corrections immediately. [REDACTED]

(See Attachment D)

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

Adequate  Inadequate  Not Applicable  Comments Below

Although the required number of FARs were completed for the time period audited, thirteen FARs reviewed during the audit had no comments regarding deficiencies. This indicates the supervisor determined that all inspection reports he reviewed had no errors and therefore no room for improvement regarding note taking, issuance and evaluation of citations, and inspection procedures. FARs serve as a tool to enhance inspector performance through the year and should document areas where improvement is needed as well as areas where the inspector excels.

*Reference - AH09-III-1(1), Chapter Two, Section B.*

5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted

Adequate  Inadequate  Not Applicable  Comments Below

With one exception where poor handwriting was noted, no comments regarding needed improvements were found in the AA reports reviewed during the audit. During the audit, the Assistant District Manager stated his appreciation for the attention the audit team was giving to reinforce the district's actions to improve inspector performance. Although some personnel appeared to need to improve their level of performance, no documentation was found in the AAs or FARs to indicate what the deficiencies were or what improvements were needed.

Also see Item 4 above.

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6. Evaluate the quality of Accompanied Inspections

Adequate  Inadequate  Not Applicable  Comments Below

With one exception where poor handwriting was noted, no comments regarding needed improvements were found in the AA reports reviewed during the audit. This indicates the supervisor determined the inspector followed all required inspection and note-taking procedures, and properly issued and evaluated citations. These reports serve as a tool to enhance inspector performance through the year and should represent areas of improvement as well as areas of excellence.

*Reference - AH09-III-1(1), Chapter Two, Section A.(See Items 4 and 5)*

8. Determine if Assistant District Manager is holding supervisor accountable for Field Activity Reviews and Accompanied Activities

Adequate  Inadequate  Not Applicable  Comments Below | X |

The ADM is holding the FO supervisor accountable for conducting the required number of FARs, and AAs. However, the quality of these activities did not appear to achieve the desired goals as per Items No. 1, 4, and 5 above.

*Recommendation - Training should be provided for supervisors regarding FARs, AAs, and second-level reviews.*

*Reference - AH09-III-1(1)*

14. Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness

Adequate  Inadequate  Not Applicable  Comments Below

See Item No. 1 and Attachment D.

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

Adequate  Inadequate  Not Applicable  Comments Below

Key Indicators are used on a monthly basis to monitor inspection activities.

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

Adequate  Inadequate  Not Applicable  Comments Below

18. Determine if supervisors are adequately evaluating the level of enforcement by visiting mine

Adequate  Inadequate  Not Applicable  Comments Below

Interviews indicate the supervisor travels with inspectors during accompanied activities and evaluates enforcement levels relative to the conditions observed during these visits.

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

Adequate  Inadequate  Not Applicable  Comments Below | X |

Although second-level reviews were completed on FARs and AAs for this field office, it appears there is room for improvement as noted in Item 8 above.

22. Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance

Adequate  Inadequate  Not Applicable  Comments Below

The [redacted] stated they are addressing performance issues specifically and working with human resources to ensure policy is followed in these areas.

As noted in Items 4, 5, 6, and 8, no documentation was provided to indicate what deficiencies had been identified or what actions were being taken to correct those deficiencies.

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26. 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

Supervisors and managers monitor the Key Indicators.

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

Adequate  Inadequate  Not Applicable  Comments Below

The violation history shows eight citations were issued during four E01 inspections conducted from November 2007 through April 2009 at S&S rate. During the accountability audit citations were issued at a S&S rate.

*Reference - Metal and Nonmetal General Inspections Procedures Handbook (PH09-IV-1), and Section 103 of The Mine Act*

28. Determine if inspection notes support the inspector's assertion that the mine was inspected in its entirety, including health sampling

Adequate  Inadequate  Not Applicable  Comments Below

During the inspection conducted as part of the audit, all areas of the mine traveled were adequately documented in the inspector's notes.

29. Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate  Inadequate  Not Applicable  Comments Below

No weekend or night shift production is performed at the mines visited.

30. Determine if all mine records and postings are examined during the inspection

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Adequate  Inadequate  Not Applicable  Comments Below

Although an entire inspection was not completed as part of the audit, previous inspection notes document an examination of required records and postings.

32. 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

The E01 inspection that was being conducted at the [redacted] during this audit (Event No. [redacted]) included a total of [redacted] hours of on-site time.

A review of the four previous E01 inspections revealed on-site times of [redacted] hours (Event No. [redacted]), [redacted] hours (Event No. [redacted]), [redacted] hours (Event No. [redacted]), and [redacted] hours (Event No. [redacted]). Information obtained during the audit indicates no major increase in equipment or the size of the mine has occurred. (See attachment B)

The inspection that was being conducted at the [redacted] mine during this audit (Event No. [redacted]) included a total of [redacted] hours of on-site time.

A review of the three previous E01 inspections revealed on-site times of [redacted] hours (Event No. [redacted]), [redacted] hours (Event No. [redacted]), and [redacted] hours (Event No. [redacted]). Information obtained during the audit indicates no major increase in equipment or the size of the mine has occurred. (See attachment B)

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

Adequate  Inadequate  Not Applicable  Comments Below

Evaluations of citations and orders issued during the audits at both mine sites visited

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were adequate. (Event No [REDACTED] & Event No [REDACTED])

35. Check adequacy of work place examinations/pre-operational examinations

Adequate  Inadequate  Not Applicable  Comments Below

As evidenced by the number of citations issued at both mines on inadequate guarding and equipment defects during the audit. (See Attachment B and C)

36. Evaluate inspector's observation of back/Ground conditions

Adequate  Inadequate  Not Applicable  Comments Below

The [REDACTED] highwalls were being maintained in excellent condition.

37. Evaluate conditions of working areas and observe work cycle

Adequate  Inadequate  Not Applicable  Comments Below

Citations were issued at [REDACTED] for housekeeping.  
(See Attachment B)

Citations were also issued at [REDACTED] related to housekeeping and safe working practices. (See Attachment C).

Complete work cycles were not observed at the [REDACTED] because much of the operation was not running during the inspection.

38. Observe noise SPL and air quantity, quality, and gas checks by inspector

Adequate  Inadequate  Not Applicable  Comments Below

The inspector had SPL meter available for checks. Gas checks and air quantity checks are not applicable at the operations visited during this audit.

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39. Determine adequacy of training plans (interview miners)

Adequate  Inadequate  Not Applicable  Comments Below

Training plans at the operations visited during this audit were found to be adequate.

See Item No. 61 below regarding previous inspections.

45. Evaluate condition and maintenance on conveyor belts, structures, and guarding

Adequate  Inadequate  Not Applicable  Comments Below

Cited during inspection conducted as part of audit. (See Attachment B & C)

47. Observe and evaluate fire detection/warning methods

Adequate  Inadequate  Not Applicable  Comments Below

Citations were issued at both mines during the audit for lack of fire protection, HazCom signage, and improper signage at combustible storage areas. (See Attachment B and C)

49. Evaluate cleanup of accumulations/housekeeping

Adequate  Inadequate  Not Applicable  Comments Below

Citations were issued for inadequate housekeeping. (See Attachment B & C).

54. Determine if districts are conducting sufficient, in-depth Peer Reviews

Adequate  Inadequate  Not Applicable  Comments Below

Interviews with Assistant District Manager indicated that five Peer Reviews were conducted during the past three years. The audit team did not have the opportunity to review these materials during the audit.

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55. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews

Adequate  Inadequate  Not Applicable  Comments Below

The audit team did not have the opportunity to review these materials during the audit.

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

Adequate  Inadequate  Not Applicable  Comments Below

A review of previous E-01 reports for [REDACTED] indicated the inspection of training documents were inadequate, in that Part 46 training requirements for a contractor were accepted even though the mine falls under the requirements of Part 48. (See Item No. 1 above)

*Reference - 30 CFR, Part 48.21*

In addition, the E01 inspection completed on 11/18/2008 (Event No. [REDACTED] at [REDACTED]) does not document a review of the training plan or Legal Identity forms. Inspection notes indicate that although the mine was idle during the inspection visit, two miners were on the mine site performing tasks. The E01 inspection completed on 07/24/2008 [REDACTED] documents the lack of a training plan and required training. The inspection report indicates that thirteen persons were working at this site at this time.

Notes did not always appear to indicate all items documented were actually reviewed or inspected. Check marks used to indicate that some items were inspected were not checked in field notes.

*Reference - Inspection Procedures handbook, PH09-IV-1, Chapter 5, section J & T*

63. Citations and orders issued during previous inspections

Adequate  Inadequate  Not Applicable  Comments Below

~~There were no citations issued during the two previous regular inspections at the [REDACTED].~~  
The audit team examined citations issued prior to the aforementioned two inspections and found that documentation of conditions or

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practices did not sufficiently support the evaluations of gravity, negligence and level of enforcement.

[REDACTED] was issued [REDACTED] citations during this audit. Some of the cited conditions appeared to have existed for an extended period of time and may have even existed during those previous inspections. (Attachment B & D)

Similarly, documentation regarding four citations issued a [REDACTED] did not provide appropriate detail of conditions or practices to support the evaluations of gravity, negligence and level of enforcement. (See Attachment D)

64. 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

65. Determine mine files are legible, and up to date

Adequate  Inadequate  Not Applicable  Comments Below

71. Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists

Adequate  Inadequate  Not Applicable  Comments Below

73. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below

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

Adequate  Inadequate  Not Applicable  Comments Below | X |

A close out conference was conducted at [REDACTED] during the audit. The inspection at [REDACTED] was not completed during the audit and therefore a close out conference was not observed.

76. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.

Adequate  Inadequate  Not Applicable  Comments Below

(b) (6) does not conduct drilling or blasting operations.  
No blasting, drilling or loading procedures were conducted at (b) (6) during the audit.

77. Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.

Adequate  Inadequate  Not Applicable  Comments Below

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Mine Citation/Order

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Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
7. Mine ID		(Contractor)	
8a. Written Notice (103g) <input type="checkbox"/>			

Located on the lower deck of the #4 Conveyor headpulley and the #3 Conveyor Tailpulley work platform, a access ladder was observed that was not provided with a barrier to prevent a person from falling back through the ladder handhold openings to the ground (about 7 feet). A hazard exists in that a person could fall through the opening and suffer injuries that could result in a fatality.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11012
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Section II—Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date	[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	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW, MP 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order

U.S. Department of Labor  
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Section I—Violation Data

1. Date	3. Citation/Order Number
(Contractor) <input type="checkbox"/>	

8. Condition or Practice

8a. Written Notice (103g)

Located on the #3 Conveyor headpulley work platform, a large hole (12x24 inches) was observed in the decking between the conveyor and the drive motor, gearbox and drive belts. A hazard exists in that a person could fall into the opening and suffer injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11027

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

MSHA Form 7000-3, . . . 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Date

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED] Vr	3. Citation/Order Number [REDACTED]
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To [REDACTED] (Contractor)

Section II—Justification for Action

The area in question was barricaded off and preparation made to close the opening.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To A. Date [REDACTED]	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection EQ1	10. Event Number [REDACTED]
11. Signature [REDACTED]	12. Date [REDACTED] Vr 13. Time (24 Hr Clock)

MSHA Form 7000-3a, Mar 86 (revised)

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(6)	3. Citation/Order Number	(b)(6)
4. Sent To	(b)(6)		

8. Condition or Practice

8a. Written Notice (103g)

Located on the #3 Conveyor tailpulley work platform, inadequate handrails was observed. A section of handrails (about 20 inches wide) was missing from the platform in an area next to the #3 Conveyor. A hazard exists in that without proper handrails, a person could fall to the ground ( about 9 feet) through the opening and suffer injuries that could result in a fatality.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11027
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) [REDACTED]	3. Citation/Order Number [REDACTED]
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[REDACTED]

[REDACTED]

(Contractor)

Section II—Description of the Problem

The area in question was barricaded off and preparations made to fabricate new handrails and install them.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date [REDACTED]	Time (24 Hr. Clock) [REDACTED]	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV—Inspection Data

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

MSHA Form 7000-3a, Mar 86 (revised)

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
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8. Condition or Practice	8a. Written Notice (103g)	<input type="checkbox"/>
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Located on the #4 conveyor tailpulley was observed to not be provided with an adequate guard to limit access to the pinch points of the pulley and belt. The tailpulley is about 33 inches off the ground and access can be gained from under during cleanup. In addition, the drive belts of the headpulley are exposed and not provided with a guard. A hazard exists in that without a guard to limit access to the pinch points of the pulley and belt, a person could become entangled and suffer crushing injuries or amputation of body parts.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

MSHA Form 7000-3, (Rev. 10/1999) Pursuant to the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
2. Reported To		[REDACTED]	
(Contractor)			
8a. Written Notice (103g) <input type="checkbox"/>			

Located on the #5 conveyor, an inadequate guard was observed on the conveyor head pulley. The pulley is not provided with a guard on one side but is guarded on the opposite side with a guard that has been altered allowing access, the . A hazard exists in that without a guard to limit access to the pinch points of the pulley and belt, a person could become entangled and suffer crushing injuries or amputation of body parts.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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Section II—Inspector's Evaluation

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

Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (Revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID (b)(1)(C)	[REDACTED]	Date (b)(1)(C)	[REDACTED]
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Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/> [REDACTED]	2. Dated (Original Issue) (Mo. Da. Yr.) [REDACTED]	3. Citation/Order Number [REDACTED]
		(Contractor)

Section II—Justification for Penalty

The area in question was barricaded off and preparations made to fabricate and install adequate guarding.

See Continuation Form

Section III—Subsequent Action Taken

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

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Signature	[REDACTED]	12. Date	[REDACTED]
		13. Time (24 Hr. Clock)	[REDACTED]

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

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	1 [REDACTED] 9
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	Time (24 Hr. Clock)	[REDACTED]	3. Citation/Order Number	[REDACTED]
				5. Operator	[REDACTED]
					(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>					

Located under the Secondary Shaker House, an inadequate guard was observed on the #11 Conveyor tail pulley. The pulley is guarded on the opposite side but not on the side above the #5 conveyor. A hazard exists in that without a guard to limit access to the pinch points of the pulley and belt, a person could become entangled and suffer crushing injuries or amputation of body parts.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input 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 [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	B. Time (24 Hr. Clock)

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (rev 06) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small businesses. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(6)	3. Citation/Order Number	(b)(6)
To	(b)(6)		

8. Condition or Practice

8a. Written Notice (103g)

Located in the Secondary Shaker House, an unguarded opening was observed that is intended for access to a crossunder to the other side of the conveyor. The opening in question is adjacent to the main platform in the Shaker House as you enter it topside. In addition, a stairs landing was observed directly across the platform from the drive motor and gearbox of the conveyor. A hazard exists in that without a barrier to prevent a person from falling into the crossunder access opening or falling back onto the stairs, a person could fall and suffer injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11012
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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 type="checkbox"/>	D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number
15. Area or Equipment	F. Dated Mo Da Yr			

16. Termination Due	A. Date	Mo Da Yr
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Section III—Termination Action

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (rev 6/05) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsmen annually evaluate 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(7)(C)
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Mine Citation/Order  
 Continuation

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



Section I-Subsequent Action/Continuation Data

1. Subsequent Action is: Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) ( )	3. Citation/Order Number ( )
( )	5 7	( )
		(Contractor)

The areas in question were barricaded off and preparations made to install permanent barriers.

See Continuation Form

Section III-Subsequent Action Taken

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

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

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

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. [REDACTED]	[REDACTED]		
J:			
6.			
C			(Contractor)
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

Located in the Secondary Shaker House, a access ladder was observed that had not been provided with handholds above the landing. The ladder is used to access a crossunder to a platform on the opposite side of the conveyor. A hazard exists in that without proper handholds, a person could loose their balance or grip while accessing the ladder and fall to the deck of the crossunder platform and suffer injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11006
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Section II—Inspector's Evaluation

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

16. Termination Due	A. Date [REDACTED] v-	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	B. Time (24 Hr. Clock)

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
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8. Condition or Practice

(Contractor)  
 8a. Written Notice (103g)

Located at the Hill Belt Head Pulley Platform, an access stair was observed with the first two lower steps covered with material and debris. In addition, a guard was observed to be pushed out of its proper position onto the platform area reducing the width of the platform (26 inches) by 10 inches. A hazard exists in that without safe access to the different areas of the platform, a person could slip or trip and suffer injuries.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11001
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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: 001

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

12. Type of Action 104a

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

14. Initial Action

A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date	[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	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	[REDACTED]	21. Primary or MUI	P
22. Signature	[REDACTED]	23. AR Number	[REDACTED]		

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I--Violation Data

1. Date	(b)(6)	3. Citation/Order Number	(b)(6)
2. Sent To	(b)(6)		
			(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

Located on the Hill Belt Head Pulley Platform, a area was observed that was not provided with handrails. The area in question was about twenty inches wide and in the area of a chute. Without the handrails in question, a person could become entangled in the pinch points of the belt and troughing rollers and suffer crushing injuries or amputation of body parts.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11027
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date (b)(6)	B. Time (24 Hr. Clock) (b)(6)
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Section III--Termination Action

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

Section IV--Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
J 6 C S <small>Signature of Representative for Mine Operator</small>		(Contractor)

The area of the missing handrails in question was barricaded off and preparation made to install new handrails made.

See Continuation Form

Section III—Subsequent Action Taken			
8. Extended To	A. Date [REDACTED]	I. Time (24 Hr. Clock) [REDACTED]	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
Section IV—Inspection Data			
9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Signature	[REDACTED]	IAR Number	[REDACTED]
12. Date	Mo Da Yr [REDACTED]	13. Time (24 Hr. Clock)	[REDACTED]

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

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID (b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
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4. Sent To	(b)(6)
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(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The Safety Bar of the Bobcat 753 (# 121) was found to be defective. When tested with the Safety Bar in the upright position, the equipment could be driven backwards and forwards. The test was conducted several times and the safety bar failed to function properly on each test. A hazard exists in that without the safety bar functioning correctly, a person could raise the bar to perform a task and the drive system would not be disengaged. In addition, the head lights were found to be defective and non functional.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14100b

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

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

22. Signature 23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(6)	2. Time (24 Hr. Clock)	(b)(6)	3. Citation/Order Number	(b)(6)
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8. Condition or Practice

(Contractor)   
 8a. Written Notice (103g)

The Bobcat 753 (# 121) was observed cleaning up material next to the #6 Conveyor and under the #2 Hill Belt. The operator of the Bobcat was not wearing the seatbelt that was provided on the equipment. This is a hazard in that if the Bobcat came to a sudden stop, the operator could be thrown forward or out of the cab and suffer injury.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14130g
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (rev 6/06) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order  
Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action	1a. Continuation	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number	[REDACTED]
4. [REDACTED]	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5. [REDACTED]							
6. [REDACTED]							(Contractor)
7. [REDACTED]							
8. [REDACTED]							

Retaining of operator of Bobcat in the wearing of a seatbelt scheduled for 12/17/2009.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date	Mo	Da	Yr	3. Time (24 Hr. Clock)	[REDACTED]	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			

Section IV—Inspection Data

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Signature	[REDACTED]	12. Date	[REDACTED]
		13. Time (24 Hr. Clock)	[REDACTED]

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

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID (b)(7)(C)	Date (b)(7)(C)
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Mine Citation/Order

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



Section I—Violation Data

1. Date (b)(7)(C)	2. Time (24 Hr. Clock) (b)(7)(C)	3. Citation/Order Number (b)(7)(C)
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8. Condition or Practice

(Contractor)  
 8a. Written Notice (103g)

The #6 Hill Belt was started up and ran. From the tailpulley area, the audible warning device could not be heard over the surrounding noise level. This is a hazard in that without the proper warning, a person making an adjustment or performing a maintenance task could become entangled and suffer injury that could result in a fatality if the belt started without their knowledge.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14201b
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Section II—Inspector's Evaluation

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

16. Termination Due	A. Date (b)(7)(C)	B. Time (24 Hr. Clock) (b)(7)(C)
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Section III—Termination Action

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

Section IV—Automated System Data

19. Type of inspection (activity code) E01	20. Event Number (b)(7)(C)	21. Primary or Mill P
22. Signature (b)(7)(C)	23. AR Number (b)(7)(C)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order  
 Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED]	3. Citation/Order Number [REDACTED]
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4. Served To [REDACTED]	5. Operator [REDACTED] (Contractor)
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Section II--Justification for Action

The #6 Hill Belt was taken out of service and locked out. Electricians were summoned to the mine to install another Audible Warning Device.

See Continuation Form

Section III--Subsequent Action Taken

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

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

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

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	Date
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Mine Citation/Order

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



Section I—Violation Data

1. Date	3. Citation/Order Number
4. Sent To	5. Operator
(Contractor)	
8. Location of Practice	
8a. Written Notice (103g)	

Located under the #2 Hill Belt (from the lower plant) next to the #6 Conveyor tail pulley, material was observed in the framework. This location is used as a travelway under the #2 Conveyor. No guarding was present to prevent a person from being stuck by falling material. No signage could be observed in this area warning of this condition. A hazard exists in that a person could be struck by the material falling from the frame work and suffer injury.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR  56.14110
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Section II—Inspector's Evaluation

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

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

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number	21. Primary or Minor P	22. Signature	23. AR Number
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MSHA Form 7000-3, Apr 08 (rev1664) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(6)	3. Citation/ Order Number	(b)(6)
2. Operator	(b)(6)	7	
			(Contractor)
			8a. Written Notice (103g) <input type="checkbox"/>

Located on the tail pulley end of the #6 Conveyor, both sides of the conveyor's troughing rollers guards has been pushed out of position by spilt material rendering the guards as ineffective. The guards in question were not securely fastened in position. The openings in the guards allows access to the pinch points of the belt and rollers of the conveyor. A person could suffer crushing injuries or amputation of body parts if entangled with the pinch points of the moving parts of the belt.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14112b
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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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b)(6)	(b)(6)

Section III—Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b)(6)	(b)(6)

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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 Mine Safety and Health Administration  
 Office of Accountability

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order  
 Continuation

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



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) (b)(6)	3. Citation/Order Number (b)(6)
4. Operator (b)(6)		(Contractor)
Change	From	To

8. Condition Or Practice

**Reason** Modify the body of the citation to add the following to end of sentence on fifth row of the paragraph. The electric drive motor (20 h.p., three phase and 480 volt ) of the #4 conveyor has a rusted out lower section of it's cooling fan guard. The rusted out opening exposes the cooling fan blades.

Other violations observed on the same equipment.

See Continuation Form

Section II—Subsequent Action Taken

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

9. Type of Inspection	E01	10. Event Number	(b)(6)
11. Signature	(b)(6)	12. Date	(b)(6)

MSHA Form 7000-3a, Mar 66 (revised)

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(7)(C)
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Mine Citation/Order

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 Mine Safety and Health Administration



Section I—Violation Data	
1. Date Mo Da Yr (b)(7)(C)	2. Time (24 Hr. Clock)
3. Citation/ Order Number (b)(7)(C)	4. Operator (b)(7)(C)
5. (Contractor)	6. Written Notice (103g)

Defects that affect safety on the Bobcat 753 #121 were observed on 12/15/2009 by the Leadman but a record of the defects was not made. The records of defects that affect safety on mobile equipment are to be kept at the mine office until the defects are corrected.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.14100d
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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 type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action	104a	13. Type of Issuance (check one)		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number	F. Dated	Mo Da Yr
15. Area or Equipment							

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

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	(b)(7)(C)	21. Primary or Mill	P
22. Signature	(b)(7)(C)	23. AR Number		(b)(7)(C)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsmen annually evaluate 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, 408 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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 Office of Accountability

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(6)	2. Time (24 Hr. Clock)	(b)(6)	3. Citation/Order Number	(b)(6)
4. Operator			(b)(6)		
(Contractor)					

8. Condition or Practice

8a. Written Notice (103g)

An over the road haul truck was observed parked on a grade in front of the Fines Barn. The wheels of the truck was not chocked. The parking brake was engaged. The operator of the truck was out of the cab and was removing some material due to being overloaded. A hazard exists in that if the parking brakes failed, the truck would runaway down the grade possibly striking a person resulting in a fatality.

See Continuation Form (MSHA Form 7000-3a)

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

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

16. Termination Due	A. Date	(b)(6)	B. Time (24 Hr. Clock)	(b)(6)
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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

18. Type of Inspection (activity code)	E01	20. Event Number	(b)(6)	21. Primary or MII	P
22. Signature	(b)(6)	23. AR Number		(b)(6)	

MSHA Form 7000-3, page 100 (1/1999) 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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District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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Section I—Violation Data

1. Date	3. Citation/Order Number
(b)(6)	(b)(6)
(Contractor) <input type="checkbox"/>	

8. Continuation of Citations

8a. Written Notice (103g)

Located on the top of the Fines Tank, the elevated passageway from the #2 conveyor to the upper work platform of the Ag-gyp Tank was covered with fine material. A hazard exists in that a person passing through this area could slip or trip in the material and be injured.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14107a

Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input 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	Yr	B. Time (24 Hr. Clock)
	(b)(6)		(b)(6)

Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	(b)(6)	21. Primary or MIB	P
22. Signature				23. AR Number	
(b)(6)				(b)(6)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAJR (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	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(7)(C)	Date	(b)(7)(C)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b)(7)(C)	3. Citation/Order Number	(b)(7)(C)
5. Operator	(b)(7)(C)	(Contractor)	
8a. Written Notice (103g) <input type="checkbox"/>			

Located on the Ag-gyp tank upper work platform, the deck had several items laying on it such as a rolled up air hose, air wand, 4 foot section of 1 1/4 inch pipe and other debris. A hazard exists in that persons accessing this deck could slip or trip over the items on the deck and suffer injury.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.20003b
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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: 001

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

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

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

15. Area or Equipment

16. Termination Due A. Date (b)(7)(C) B. Time (24 Hr. Clock) (b)(7)(C)

Section III—Termination Action

17. Action to Terminate

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	(b)(7)(C)	21. Primary or Mill	P	23. AR Number	(b)(7)(C)
22. Signature		(b)(7)(C)					

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(7)(C)
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Mine Citation/Order

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

Section I—Violation Data

1. Date	(b)(6)	2. Time (24 Hr. Clock)	(b)(6)	3. Citation/Order Number	(b)(6)
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8. Condition or Practice

(Contractor)  
 a. Written Notice (103g)

Located on the Ag-gyp tank second level work platform, the Bag Belt head pulley is provided with an inadequate guard. The south side of the head pulley is provided with a guard but it has been bent outward so that there is a opening that allows access to the pinch points. The north side of the Bag Belt head pulley was missing a guard and the pinch points could be accessed. In addition, the Bag Belt drive motor and gearbox had an opening in the guard that allowed access to the pinch points of the motor pulley and drive belts. A hazard exists in that a person could become entangled in the pinch points and suffer crushing injuries or amputation of body parts.

See Continuation Form (MSHA Form 7000-5a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14107a
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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: 001

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

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

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

15. Area or Equipment

16. Termination Due	A. Date	(b)(6)	B. Time (24 Hr. Clock)	(b)(6)
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Section III—Termination Action

17. Action to Terminate

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

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

MSHA Form 7000-5, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsmen annually evaluate enforcement activities and rate 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	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b)(6)	Date	(b)(6)
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Mine Citation/Order

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



Section I--Violation Data

1. Date	(b)(6)	3. Citation/Order Number	(b)(6)
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8. Condition or Practice

8a. Written Notice (103g)

In the Truck Load Out Control Room, a door was observed that opens to the outside of the building. The door is used by the plant operator to flag trucks into different positions while loading. No fall protection or barrier is used to prevent the plant operator from falling out of the door (a fall of 8 foot 4 inches). A hazard exist in that if this condition continued, a person could fall and a fatality could result.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.15005
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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: 001

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

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

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

15. Area or Equipment

16. Termination Due A. Date (b)(6) Yr B. Time (24 Hr. Clock) (b)(6)

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of inspection (activity code) E01 20. Event Number (b)(6) 21. Primary or Mill P

22. Signature (b)(6) 23. AR Number (b)(6)

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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	MNM South Central	Field Office	San Antonio, TX	Mine ID		Date	
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Mine Citation/Order

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Section I—Violation Data	
1. Date	2. Time (24 Hr. Clock)
3. Citation/Order Number	
(Contractor)	
8a. Written Notice (103g)	

Located on the Ag-gyp tank first level work platform, the deck had several items laying on it such as a section of 1 1/4 inch pipe, 3/4 inch conduit and a build up of spilled material and other debris. A hazard exists in that persons accessing this deck could slip or trip over the items on the deck and suffer injury.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.20003b

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

16. Termination Due	A. Date	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 MII	23. AR Number
E01		P	
22. Signature			

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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Section I—Violation Data		3. Citation/Order Number	
1. Date	2. Time (24 Hr. Clock)	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8. Condition or Practice		8a. Written Notice (103g)	

A large propane tank was observed on the west side of the mine office that was not provided with the proper signage. The signs fastened to the tank have faded and come apart from exposure to the elements. The signs state Danger and anything else that it might have said is faded out. The signs should state the prohibiting of smoking or open flame and the content of the tank.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.4101
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has): No Likelihood <input checked="" type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 000
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 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment				
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)				
Section III—Termination Action				
17. Action to Terminate				
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)				

Section IV—Automated System Data

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

MSHA Form 7000-3, as revised 10/19/99. Under 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, 408 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]
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(Contractor)

8a. Written Notice (103g)

The Roll-over protective structure (ROPS) of the Bobcat 753 (#121) has been altered. Holes have been drilled in it to mount a bracket for a light and a fire extinguisher. The forward part of the rops (as you enter the cab) has the corner posts twisted inward and the hand holds attached to the rops corner post are bent inward also. If the practice of altering the rops structure continues, the structural integrity of the rops could diminish and the rops could fail in an accident and the operator of the Bobcat could suffer injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14130e

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 Debilitating  Fatal

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 001

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

12. Type of Action 104a

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

14. Initial Action

A. Citation  B. Order  C. Safeguard  D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due

A. Date [REDACTED]

Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate

18. Terminated

A. Date Mo Da Yr

B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number [REDACTED]

21. Primary or Mill P

22. Signature [REDACTED]

23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-794-3247), 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]	Date	[REDACTED]
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Mine Citation/Order

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



Section I-Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
4. Cited To	[REDACTED]	[REDACTED]	[REDACTED]
			(Contractor)
8a. Written Notice (103g) <input type="checkbox"/>			

Located in the lower crusher area, a pond (about 40 feet in diameter and 6 to 8 feet deep with about eighteen inches of standing water) was observed that had a roadway adjacent to it and was not provided with berming in this area. The roadway is about twenty to twenty-five feet from the roadway. The roadway had been traveled recently. A hazard exists in that without proper berming a vehicle could overtravel the roadway into the pond and overturn, endangering persons in the equipment.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.9300a
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Section II-Inspector's Evaluation

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

Section III-Termination Action

17. Action to Terminate		Berming has been installed between the pond and the roadway.		
18. Terminated		A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]		

Section IV-Automated System Uses

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

MSHA Form 7000-3, April 1995 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 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.

United States Department of Labor  
 Mine Safety and Health Administration  
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Mine Citation/Order

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



Section I - Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
[REDACTED]		[REDACTED]	

(Contractor)

8a. Written Notice (103g)

Located under the Primary Screen and next to the Hill Conveyor, a run of sealtight flexible conduit was observed that had a defect. The run of sealtight conduit had an opening torn in the outer sheathing exposing the metal flexible conduit inside. The exposed area was rusted and had a hole in it that the conductors could be observed through. A hazard exists in that a fault or short could develop if the sharp edges of the flex conduit (where the rusted hole exist) cut into the insulation of the wiring and contacted the energized conductors, this condition could lead to a person suffering a burn or shock that could result in a fatality.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12004
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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: 001

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

12. Type of Action 104a

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

14. Initial Action

A. Citation <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
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15. Area or Equipment

16. Termination Due

A. Date	[REDACTED]
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Section III - Termination Action

17. Action to Terminate

18. Terminated

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

19. Type of Inspection (activity code)	E01	20. Event Number	[REDACTED]	21. Primary or MBI	P
22. Signature	[REDACTED]	23. AR Number	[REDACTED]		

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 406 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order  
Continuation

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



Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED]	3. Citation/Order Number [REDACTED]
[REDACTED]		
(Contractor)		

The defective sealtight flexible conduit located under the primary screen has been replaced with new sealtight conduit.

See Continuation Form

Section III-Subsequent Action Taken

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

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

MSHA Form 7000-3a, Mar 86 (revised)

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

Located on the elevated work deck of the Screen Belt headpulley drive motor and gearbox, an access ladder was observed that was not provided with a barrier to prevent a person from falling back through the ladder handhold openings to the lower deck (about 5 1/2 feet). A hazard exists in that a person could fall through the opening and suffer injuries that could result in a fatality.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11012
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	
15. Area or Equipment			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 access ladder of the elevated work deck of the Screen Belt head pulley is now provided with a chain to prevent persons from falling back through the opening to the deck below.

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

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

MSHA Form 7000-3, Apr 08 (rev 6/04) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b) (6)
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Mine Citation/Order

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



Section I—Violation Data

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
(b) (6)	(b) (6)	(b) (6)

(Contractor)

8a. Written Notice (103g)

(b) (6) employee, did not receive the MSHA-required Experienced Miner Training. Any employee who doesn't have the required training must be withdrawn from the mine until the training is received. The Federal Mine Safety and Health Act of 1977 states that an untrained miner is a hazard to himself and to others.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	46.6a
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104g1		13. Type of issuance (check one) Citation <input type="checkbox"/> Order <input checked="" 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
14. Initial Action F. Dated Mo Da Yr				

15. Area or Equipment (b) (6)

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

Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	(b) (6)	21. Primary or Mill P.	(b) (6)
22. Slip	(b) (6)	23. AR Number	(b) (6)		

MSHA, in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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.

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

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
[REDACTED]	[REDACTED]	[REDACTED]

(Contractor)

Written Notice (103g)

The mine operator is not controlling traffic on roadways. There are no traffic control signs posted. A hazard of trucks colliding is likely and injuries are likely to result in broken bones. Large mining equipment and transfer trucks use the roads daily. Rules governing speed shall be established and followed at each mine.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.9100a

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

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

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	20. Event Number	21. Primary or Mill P
[REDACTED]	[REDACTED]	[REDACTED]
22. S	23. AR Number	
[REDACTED]	[REDACTED]	

MSHA Form 7000-3a (Apr 08) (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor  
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 Office of Accountability

District	MNM South Central	Field Office	San Antonio, TX	Mine ID	[REDACTED]
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Mine Citation/Order

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



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
2. Name of the Clerk		4. Name of the Mine	
[REDACTED]		[REDACTED]	
5. Location of the Violation		6. Written Notice (103g)	
[REDACTED]		[REDACTED]	

The KOMATSU WA-320 Front End Loader was parked with the movable parts raised in the air approx two to three feet. Employees who work/travel around this equipment were exposed to crushing injuries with these parts. When mobile equipment is unattended the forks shall be lowered to the ground.

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	65.14206b
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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	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>	E. Citation/Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate The movable parts were lowered.

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

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

MSHA Form 7000-3a (Rev. 10-1998) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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.

United States Department of Labor  
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District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b) (6)
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Mine Citation/Order

U.S. Department of Labor  
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Section I—Violation Data

1. Date	(b) (6)	3. Citation/Order Number	(b) (6)
(b) (6)		(b) (6)	
(Contractor) <input type="checkbox"/>			
sa. written Notice (103g) <input type="checkbox"/>			

The KOMATSU WA-320 Front End Loader was parked, without the parking brake being set. Employees who work/travel around this equipment were exposed to the possibility of being struck/run over if the loader moved after it was parked. Mobile equipment shall not be left unattended unless the controls are left in park and the parking brake is set.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14207
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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 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate Employee set the parking brake.

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

19. Type of Inspection (action)	20. Event Number	21. Primary or Mill P	(b) (6)
22. Signa	23. AR Number		(b) (6)

MSHA Form 7000-3a (ed) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Mine Citation/Order

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 Mine Safety and Health Administration



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
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8. Condition or Practice

8a. Written Notice (103g)

An employee was not wearing safety glasses while standing in close proximity of the Hydrasplit Rock Chopper while being operated. Small rock pieces and particles were flying about after the rock was cut and could result in serious eye injury. The employee had no safety glasses at work with him. All persons shall wear safety glasses where a hazard exists to the eyes. Small rock particles travel faster than one can react.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.15004
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Section II—Inspector's Evaluation

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

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

17. Action to Terminate Employee was provided safety glasses. He put them on.

16. Terminated	A. Date [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Citation/Order

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Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
5. JA	[REDACTED]		
7.			(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The workplace at the Hydrasplit Rock Chopper was not clean and orderly. There was a buildup of broken rock of various sizes in the immediate work areas where employees were chopping, sizing, and lifting rock. This buildup ranged from 6 inches to 3 feet deep. Additionally there were plastic water bottles and trash in the area. These conditions create a trip, stumble, and fall hazard. Employees work in these areas daily.

PHOTOS TAKEN

See Continuation Form (MSHA Form 7000-Sa)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.20003a
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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	104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated Mo Da Yr
15. Area or Equipment					

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

17. Action to Terminate	The work areas were cleaned.	
18. Terminated	A. Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated by

19. Type of Inspection	091	20. Event Number	[REDACTED]	21. Primary or Mill	P
22. S#	[REDACTED]	23. AR Number	[REDACTED]		

MSHA (www.msha.gov) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Mine Citation/Order

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Section I—Violation Data

1. Date	2. Time (24 Hr. Clock)	3. Citation/Order Number
		(b) (6)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

There is no guard on the coupling at the end of the Hydrasplit Rock Chopper conveyor belt. An employee stands next to this coupling while working. This unguarded condition exposes workers to moving parts and pinch point hazards. Coming into contact would result in entanglement/crushing injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14107a

Section II—Inspector's Evaluation

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

15. Area or Equipment

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

Section III—Termination Action

17. Action to Terminate The cover was reinstalled on the coupling.

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

Section IV—

19. Type of (activity)	Event Number	21. Primary or Mill
		P
22. Signat	23. AR Number (b) (6)	

MSHA Form 7000-3a In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Mine Citation/Order

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Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number	[REDACTED]
(Contractor) <input type="checkbox"/>			

8. Condition or Practice

or, Written Notice (103g)

The horn on the Front End Loader, KOMATSU WA-320, was not functional when tested. This mobile equipment is used daily in the quarry to pick up rocks and load trucks. Light foot traffic and other mobile equipment was observed in the area. Serious injury could occur from collision because of not being able to give an audible warning.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14132a
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Section II—Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date [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	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

[REDACTED]	E01	20. Event Number [REDACTED]	21. Primary or Mill P	23. AR Number [REDACTED]
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MSHA (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District	MNM South Central	Field Office	San Antonio, TX	Mine ID	Date
				[REDACTED]	[REDACTED] (b) (6)

Mine Citation/Order

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Section I--Violation Data

1. Date	3. Citation/Order Number
[REDACTED]	[REDACTED]

8. Condition or Practice

(Contractor)   
 Notice (103g)

Two pulleys and V-belts on the engine of the Hydrasplit Rock Chopper did not have guards. One pulley is approx two feet above the ground and the other is 28 inches above ground. The engine is in an active work area. Both unguarded areas were within reach of inspector. This condition exposes miners to moving parts and pinch point hazards. Coming into contact would result in entanglement/crushing injuries.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14107a

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 104a

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

14. Initial Action

A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due

A. Date

B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate Temporary wire screen was installed surrounding the moving parts. A permanent barrier will be installed.

18. Terminated

A. Date Mo Da Yr

B. Time (24 Hr. Clock)

Section IV--Automated System Loss

19. Type of System Loss	20. Event Number	21. Primary or Mill	23. AR Number
E01	[REDACTED]	P	[REDACTED] (b) (6)

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

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Mine Citation/Order

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Section I - Violation Data

1. Date	(b) (6)	2. Time (24 Hr. Clock)	(b) (6)	3. Citation/Order Number	(b) (6)
4. Operator				(b) (6)	
5. Location				(b) (6)	

8. Condition or Practice

or written Notice (103g)

Readily visible signs prohibiting smoking and open flames are not posted on the flammable and combustible fuel tanks located on the Hydrasplit Rock Chopper. Employees working in this area were exposed to the possibility of burns if there was a fire/explosion. These signs are required where a fire or explosion hazard exists.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.4101
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Section II - Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b) (6)	(b) (6)

Section III - Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	(b) (6)	(b) (6)

Section IV - Automated System Data

19. Type of Incident (activity of)	20. Event Number	21. Primary or Mill	(b) (6)
(b) (6)	(b) (6)	P	(b) (6)
22. Signature	23. AR Number (b) (6)		

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



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District	MNM South Central	Field Office	San Antonio, TX	Mine ID	(b) (6)	Date	(b) (6)
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Mine Citation/Order

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Section I—Violation Data

1. Date	(b) (6)	3. Citation/Order Number	(b) (6)
2. Location	(b) (6)	4. Quantity	(b) (6)
(Contractor)			
8a. Written Notice (103g) <input type="checkbox"/>			

The area south of the employee parking area was not provided with a berm. There is a 3 to 3 and 1/2 foot sloped - drop off adjacent to the parking area. This area is used daily by employees. Also the upper road, up the hill behind the Rock Chopper, there are some areas that are not bermed. A vehicle/equipment could drive over the edge seriously injuring the driver. Berms or guardrails must be provided and maintained where a drop-off exists.

PHOTOS TAKEN

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.9300a
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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"/> Occured <input type="checkbox"/>			
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action 104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input 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)
	(b) (6)	(b) (6)

Section III—Termination Action

17. Action to Terminate			
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	
	(b) (6)	(b) (6)	

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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 Office of Accountability

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Mine Citation/Order

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



Section I—Violation Data

1. Date	(b) (6)	2. Time (24 Hr. Clock)	(b) (6)	3. Citation/Order Number	(b) (6)
(Contractor)					

8. Condition or Practice

8a. Written Notice (103g)

(b) (6) did not receive the MSHA-required 24-hour New Miner Training within 90 days. He was only provided with 13 hours of training. Any employee who doesn't have the required training must be withdrawn from the mine until the training is received. The Federal Mine Safety and Health Act of 1977 states that an untrained miner is a hazard to himself and to others.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	46.5a
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Section II—Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>					
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action [04g]			13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" 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 (b) (6)					

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	20. Event Number	21. Primary or Mill P	23. AR Number
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MSHA. In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 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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Enforcement actions with questionable evaluations

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.14107(a)	N	UL	PD	1	Mod
<p>A guard was not provided for the v-belt pulleys, about 5'x 10', on the primary crusher, exposing pinch points and moving machine parts. Employees enter this area once every other week. Employees were exposed to the possibility of entanglement hazards, if they were to come in contact with the moving machine part/pinch points.</p> <p><i>Comment – There is insufficient detail to support the evaluation of non S&amp;S and likelihood. The term "pinch point" should not be used in the body of the citation.</i></p>									

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.12032	N	UL	FTL	1	Mod
<p>The electrical receptacle for the contactor control on the wire welder was missing a cover, exposing the metal conductors. The socket was plugged in to the receptacle, and about of the metal conductors were exposed. Employees working in and around this area were exposed to the possibility of injury from shock and/or fire by contacting the conductors. This condition has existed for more than one month.</p> <p><i>Comment – Narrative of the condition or practice indicates a higher level of enforcement should have been applied. Narrative should also have included the voltage of the circuit and the length of the exposed conductors.</i></p>									

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.13011	N	UL	LD	1	Mod
<p>The air receiver tank located at the truck load out was not equipped with a pressure gage. The pressure relief valve was covered with material that could possibly prevent it from working properly. Also, the tank had a layer of material and rust was observed that could damage the tank. A work area is located next to this tank when loading trucks.</p> <p><i>Comment – Narrative of the condition or practice indicates the S&amp;S and likelihood were not properly evaluated.</i></p>									

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.18002(b)	N	NL	NLD	0	Mod
<p>The workplace examination forms were not being logged and kept for the primary crusher. The plant operator stated that he did not have any forms and he was in charge of doing the examination at the primary section.</p> <p><i>Comment – Management should be held to a higher standard regarding workplace examinations.</i></p>									

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**Enforcement actions with questionable evaluations**

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
			104(a) Citation	56.14132(b)(1)i	N	UL	FTL	1	Mod

The back up alarm was not provided for the service truck. The Chevrolet pick up truck was used to transport oil tanks and also pulling the trailer carrying 2 large field diesel tanks. Employees working around this equipment were exposed to the possibility of injury by being backed into or over if they were unaware of its presences.

*Comment – Narrative of condition or practice, along with management's failure to provide an alarm, indicates the S&S, likelihood, and negligence were not adequately evaluated.*

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
			104(a) Citation	56.11002	N	UL	FTL	1	Mod

The elevated walkway on the #6 conveyor was missing a 4' section of handrail leaving an opening of 14"X48". This condition exposed miners to a 25' fall to ground. Elevated walkways shall be provided with handrails and maintained in good condition.

*Comments – Narrative indicates a violation that could easily result in a serious accident, as well as management's neglect in identifying or correcting the condition.*

Mine ID	Violation Number	Issue Date	Type Action	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
			104(a) Citation	56.14109(a)	N	UL	PD	1	Mod

The emergency stop-cord provided as a safety feature on the #5 conveyor was detached on one end leaving the cord hanging/sagging. This condition exposed miners to serious injuries if falling on or against the conveyor. Emergency stop devices installed on conveyors, shall be located so that a person falling on the conveyor can readily deactivate the drive motor.

*Comment – Evaluation of S&S and likelihood does not match the narrative. According to the narrative, little or no protection is being maintained.*

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Enforcement actions with questionable evaluations

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likely	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	47.31(a)	N	UL	LD	1	Mod
<p>A Haz-Com program had not been developed nor implemented at this mine. This condition was cited in a CAV notice issued on 06/24/2008. A Haz-Com program shall be developed and implemented by the mine operator.</p> <p><i>Comment – CAV notices are not to be used to determine negligence. The second sentence should not have been included in this citation (as per inspection procedures handbook). What materials are at this site that would require a Haz-Com program?</i></p>									

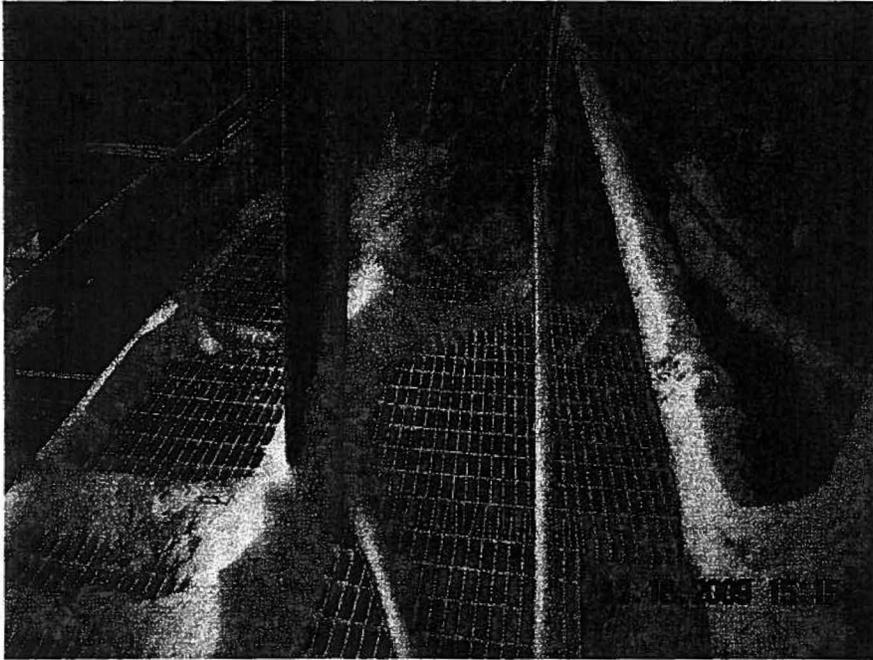
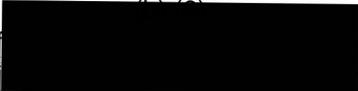
Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.15004	Y	RL	PD	1	Mod
<p>Two miners were not provided with safety glasses and two others were wearing conventional glasses (not safety glasses). The miners were working at rock chopper area and hammering rocks to bring them to the desired size and shape. Fly rock was seen and felt at the area. In the event that a fly rock hit a miner in an eye, serious eye injuries could result. All persons shall wear safety glasses when in or around an area where a hazard exists which could cause injury to the eyes.</p> <p><i>Comment - The narrative appears to indicate the existence of an imminent danger. Four persons are mentioned in the citation, yet only 1 person is listed as affected.</i></p>									

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.15001	N	UL	LD	1	Mod
<p>No stretcher nor blanket was provided at mine site. A CAV notice citing this condition was issued on 06/24/2008. Adequate first aid materials, including blanket and stretcher shall be provided at convenient areas of the working places.</p> <p><i>Comment – CAV notices are not to be included in the body of the citation. The second sentence should not have been included in this citation (as per inspection procedures handbook).</i></p>									

Mine ID	Violation Number	Date Issued	Type Issue	30 CFR	S&S	Likelihood	Injury	Persons Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a) Citation	56.14132(a)	N	UL	LD	1	Mod
<p>The back up alarm on the New Holland L185 skid loader was inoperable. This exposes persons traveling or working in the area the loader operates to the hazard of being backed over by the loader.</p> <p><i>Comments – Narrative indicates that a higher gravity, likelihood and injury was justified. Information should include a description of persons exposed.</i></p>									

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C [REDACTED]

Photo No. 1 - Lack of housekeeping on elevated walkway

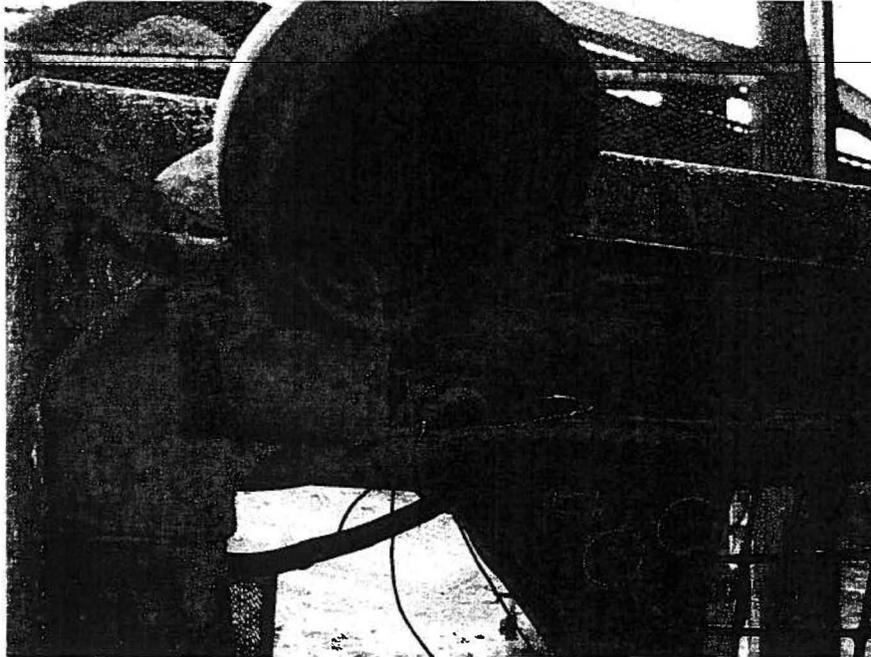


[REDACTED]

Photo No. 1 - Damaged FOPs/ROPs and lights on Bobcat

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[REDACTED] No. 3 - Defective lights on Bobcat



[REDACTED] Photo No. 4 - Lack of safe access on steps

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Photo No. 5 - Open hole in 2<sup>nd</sup> floor of shaker house

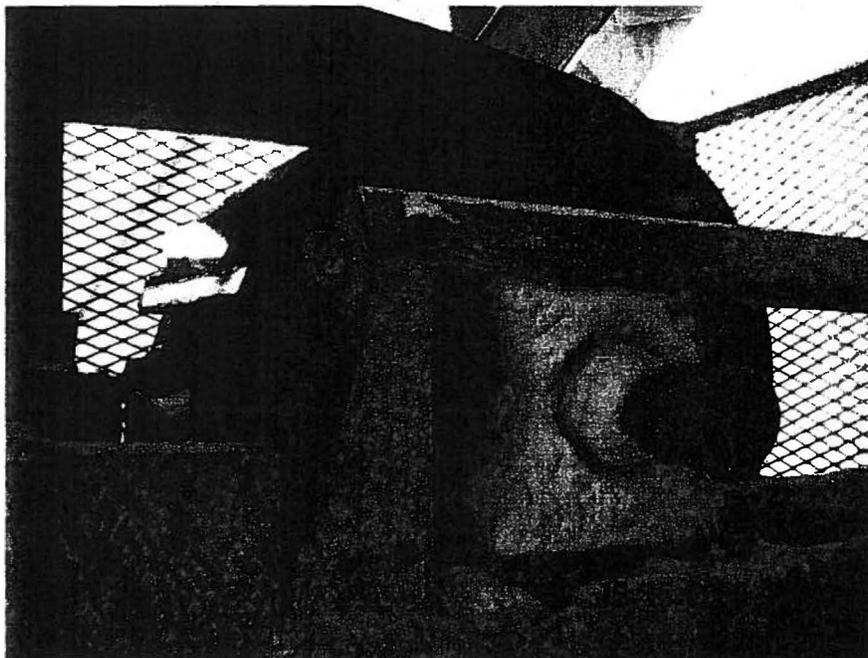
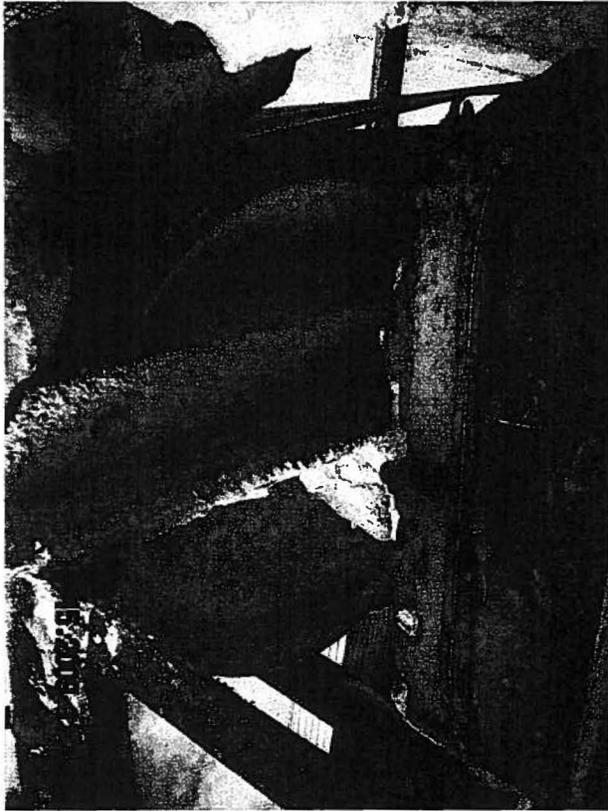
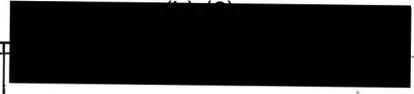


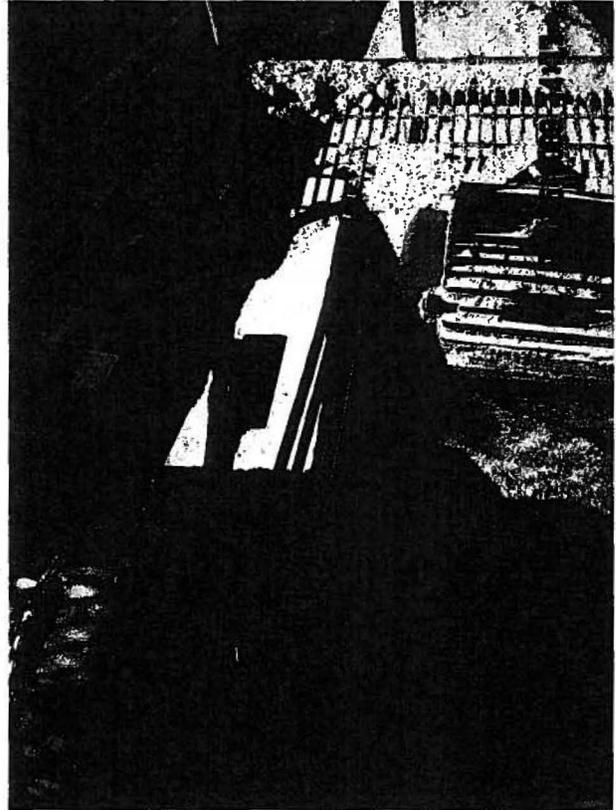
Photo No. 6 - Lack of guarding on belt roller

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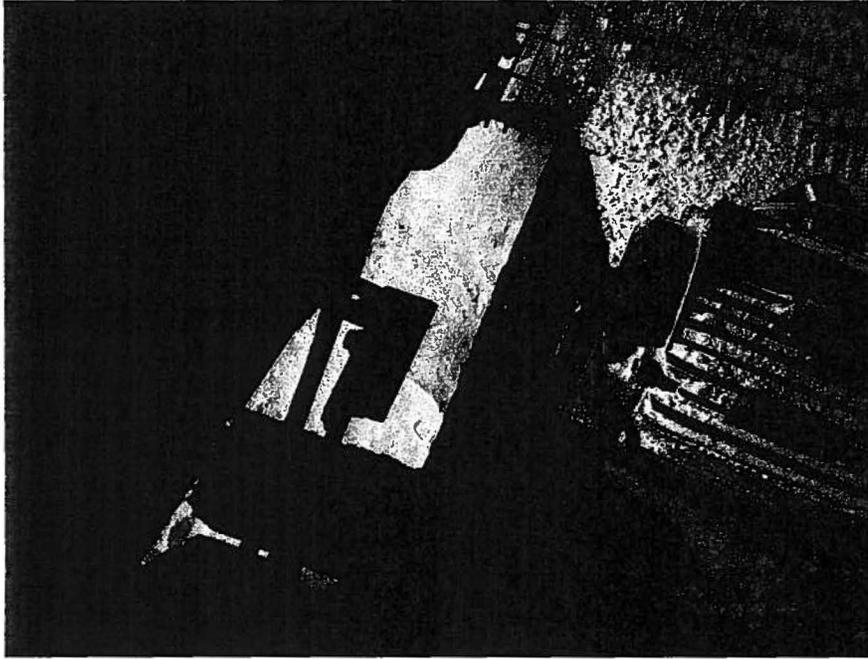
[Redacted] Photo No. 7 - Lack of guard on belt conveyor end roller



[Redacted] Photo No. 8 - Lack of guard for v-belt and pulleys

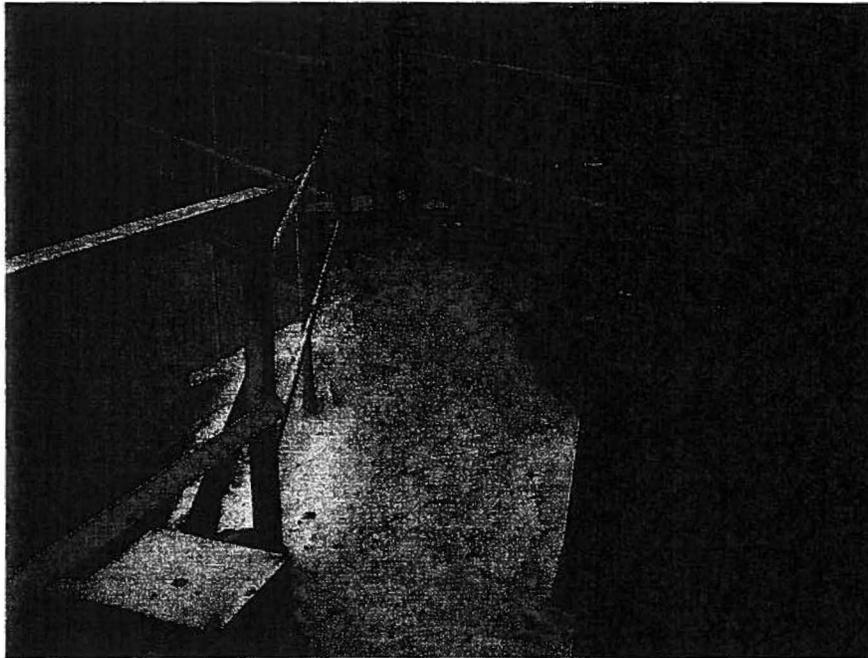
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[REDACTED]

- Portion of walkway had been removed



[REDACTED]

- Lack of housekeeping on elevated walkway

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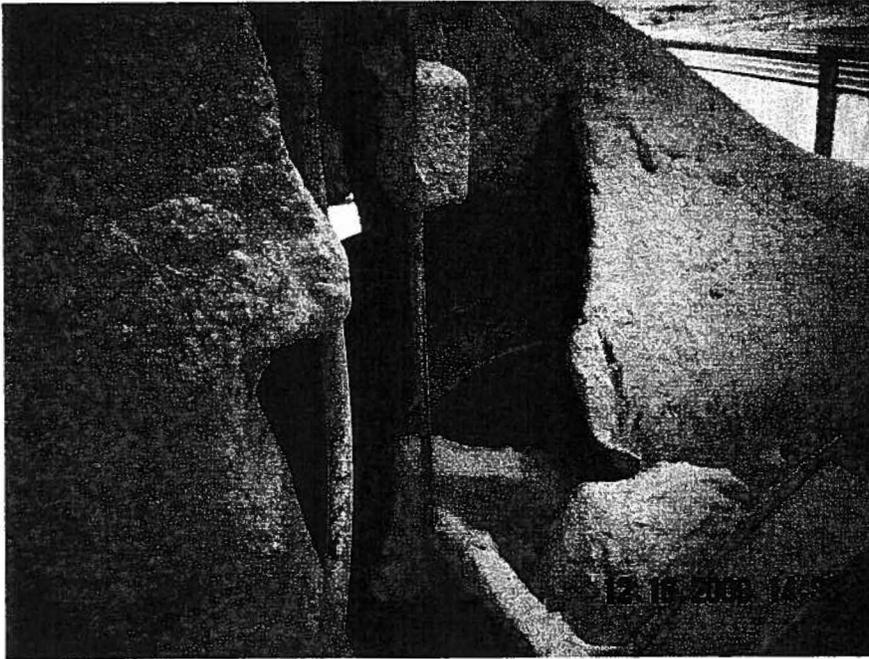
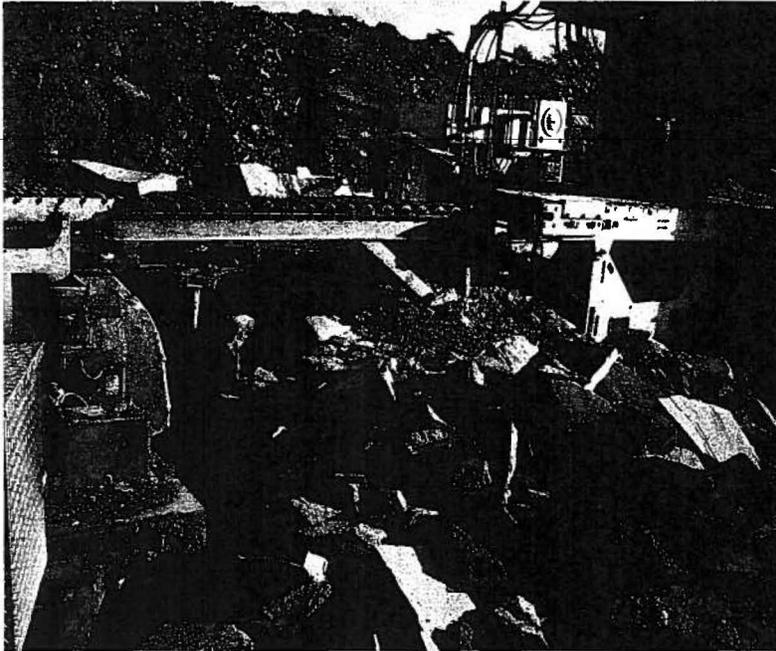


Photo No. 11 - Inadequate guard at belt conveyer end roller

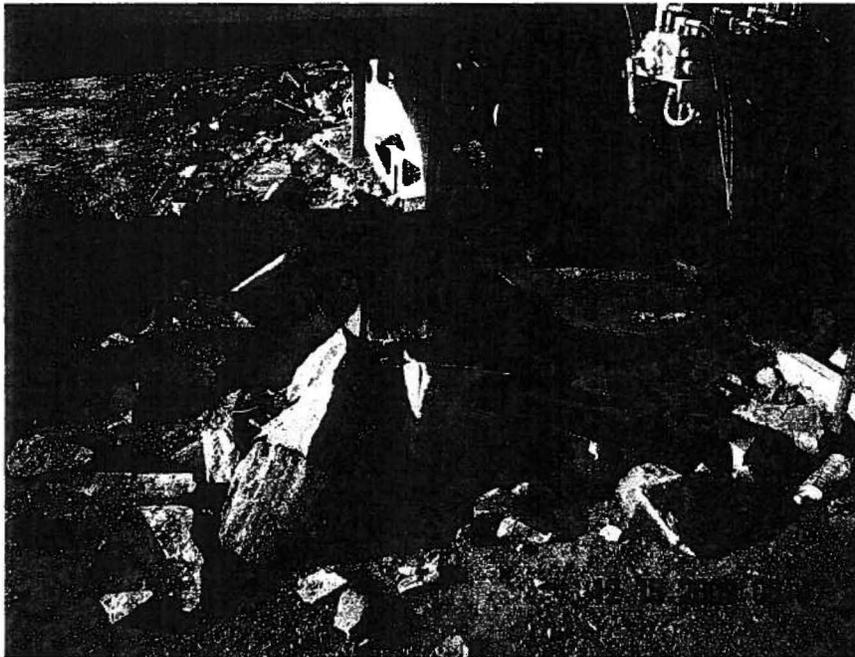
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[REDACTED]

No. 1 - Lack of safe access to work area



[REDACTED]

No. 1 - Lack of adequate housekeeping