



DEC 07 2011

MEMORANDUM FOR PATRICIA W. SILVEY
Deputy Assistant Secretary for Operations
Mine Safety and Health Administration

THROUGH: PETER J. MONTALI (b) (6)
Acting Director of Accountability
Mine Safety and Health Administration

FROM: ARLIE A. WEBB (b) (6)
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Coal District 7,
Barbourville, Kentucky Field Office, (b) (6)
(b) (6)

Introduction

This memorandum summarizes the Office of Accountability audit of the district office, field office, and mine. The audit included MSHA field activities, level of enforcement, conditions and practices at the mine, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, and the district's technical (plan approval) division. The audit was conducted by Accountability Specialist Arlie A. Webb. Positive findings as well as issues requiring attention are included in this audit report.

Overview

The audit was conducted from (b) (6), and included a review of administrative, inspection, and technical areas. The (b) (6) (b) (6) accompanied the accountability specialist during the audit.

(b) (6)

The audit team traveled with the inspection party to the mine on a regular (E01) inspection. Areas and activities examined included personnel carriers (mantrip), track (from portal to the section), air lock doors, and the 1st NW Mains working section (001-0 mmu). Observations on the working section included an examination of the working faces for imminent dangers and observation of the mining cycle. Equipment examined included a Joy 14CM remote-control continuous mining machine and cable, Joy 10SC and 21 SC shuttle cars and cables, Fletcher dual-head roof bolting machine and cable, section power center, feeder/breaker, and section battery charging station.

Outby areas included the 1st NW Mains section belt conveyor, # 5 belt conveyor, #5 belt drive and tailpiece, #5 belt drive fire suppression system, atmospheric monitoring system, #4 belt drive fire suppression system, waterlines, fire valves, fire hoses and nozzles, the mine communication and tracking system, primary and alternate escapeways, lifelines, signage, refuge alternatives, and intake and return stoppings.

Surface areas examined during the audit included the mine tracking system (L3 Communications), atmospheric monitoring system computer, mine record books, mine map, bulletin boards and check in/check out system.

(b) (6)

The audit team traveled with the inspection party to the mine on a regular (E01) inspection. Areas and activities examined included the mine office, bulletin board, record books, mine map, highwall, working pit, work cycle, and an examination of the working areas for imminent dangers. Equipment examined included a Caterpillar B400 articulated haul truck, Caterpillar 365 excavator, Komatsu 475 bulldozer, Caterpillar D10 bulldozer, Caterpillar 988B front end loader and a Peterbilt coal haul truck. The coal stock pile, haulage roads, radio and telephone communications, and first aid supplies were also examined.

S&S Rate Comparison

During FY 2010 and FY 2011, the S&S rate for the Barbourville field office was above the average for District 7 and above the national average.

S&S Rate Comparison

Fiscal Year	Barbourville, KY Field Office	Coal District 7	National Average
2010	46%	39%	33%
*2011	48%	39%	35%

* Data as of September 16, 2011

Time and Activity Comparison

A comparison of FY 2010 and FY 2011 time distribution for regular (E01) inspections at surface facilities inspected by the Barbourville field office shows time in the other category has been reduced and on-site time has increased.

Time Distribution (%) – E01 Inspections at Surface Facilities							
FY	Area/Office	Travel	**Other	*Total On-Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent*
2010	Barbourville FO	19%	18%	63%	7%	<1%	100%
	Nat'l Avg	18%	15%	66%	5%	1%	100%
2011	Barbourville FO	18%	16%	66%	13%	<1%	100%
	Nat'l Avg	17%	16%	67%	6%	1%	100%

* Includes calibration of gas detection equipment, respirable dust pumps, and preparation and mailing of gas and rock dust samples

** Total On-Site time includes citations written on-site

A comparison of FY 2010 and FY 2011 time distribution for regular (E01) inspections at surface mines inspected by the Barbourville field office shows time in the other category remained the same and on-site time has increased.

Time Distribution (%) – E01 Inspections at Surface Mines							
FY	Area/Office	Travel	**Other	*Total On Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent*
2010	Barbourville FO	22%	13%	65%	5%	<1%	100%
	Nat'l Avg	19%	13%	68%	5%	1%	100%
2011	Barbourville FO	20%	13%	67%	7%	<1%	100%
	Nat'l Avg	19%	13%	68%	5%	1%	100%

* Includes calibration of gas detection equipment, respirable dust pumps, and preparation and mailing of gas and rock dust samples

** Total On-Site time includes citations written on-site

A comparison of FY 2010 and FY 2011 time distribution for regular (E01) inspections at underground mines inspected by the Barbourville field office shows time in the other category remained the same and on-site time has decreased slightly.

Time Distribution (%) – E01 Inspections at Underground Mines							
FY	Area/Office	Travel	**Other	*Total On Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent*
2010	Barbourville FO	19%	16%	64%	9%	1%	100%
	Nat'l Avg	16%	15%	68%	6%	1%	100%
2011	Barbourville FO	19%	16%	63%	10%	2%	100%
	Nat'l Avg	16%	14%	69%	6%	1%	100%

* Includes calibration of gas detection equipment, respirable dust pumps, and preparation and mailing of gas and rock dust samples

** Total On-Site time includes citations written on-site

Audit Results

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

1. Appropriate use of enforcement tools were observed during the mine site visit.
2. During FY 2010 and FY 2011, Barbourville field office personnel conducted all 103(i) spot inspections within the required time frames for each mine.
3. Staff and safety meetings at the Barbourville field office were well documented and show a review of information regarding MSHA policies and initiatives.
4. Inspectors at the Barbourville field office were courteous and professional in their interactions with miners and mine operator.
5. All active underground mines within the district were visited by District 7 management or field office supervisors during FY 2011. In addition, each supervisor and manager met or exceeded the required number of mine visits.
6. All required Accompanied Activities (AAs) and Field Activity Reviews were conducted at the Barbourville, Kentucky field office during FY 2011.

This audit also revealed issues that require corrective actions, including the following:
(Supporting data for each issue can be found in the OA checklist and attachments)

1. The visit conducted at the underground mine during the audit revealed areas where deterioration of the coal ribs is significant. The number of roof falls along with the number of citations issued for roof and rib related violations show the district should review the currently approved roof control plan to determine if it adequately addresses current and future mining, especially in areas of excessive overburden.
2. The MSIS database is not being kept up to date with accurate information regarding methane liberation rates and mine status. For several mines, information regarding methane liberation does not correspond to the most recent air sample results. Several mines have been designated in "Temporarily Idled" or "New Mine" status for extended periods of time. The district should review the status of each mine to ensure they are properly coded.
3. Documentation of citations and orders issued during previous inspections did not always support evaluations for gravity, negligence, level of enforcement, and number of persons affected. Examples are included in Appendix C of this report.
4. Inspections/investigations of hazardous conditions were not always conducted as per policy and procedures. Some reports contained materials not relevant to the complaint.

Attachments

A. Office of Accountability Checklist

B. Citations/Orders issued during this audit

(b) (6)

1. (b) (6) 75.340(a)
2. (b) (6) 75.202(a)
3. (b) (6) 75.601-1
4. (b) (6) 75.900
5. (b) (6) 75.606
6. (b) (6) 75.1600-2(e)
7. (b) (6) 75.220(a)(1)
8. (b) (6) 75.1403
9. (b) (6) 75.333(b)(3)
10. (b) (6) 75.400
11. (b) (6) 75.1100-3

(b) (6)

1. (b) (6) 77.1109(a)
2. (b) (6) 77.1002
3. (b) (6) 77.504
4. (b) (6) 77.1103(a)

C. Examples of citations issued during previous E01 inspections

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Attachment A – Audit Checklist

1. Determine if complete and thorough inspections are being conducted.

Adequate Inadequate Not Applicable Comments Below

Determine if citations and orders issued during previous inspections were

2. properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.

Adequate Inadequate Not Applicable Comments Below

Documentation in inspection notes or the narrative of the citations did not always support evaluations for gravity, negligence, number of persons affected, and the level of enforcement. Examples are included in Attachment C of this report.

3. Evaluate inspector/specialist examination of required record books and postings for compliance with applicable standards.

Adequate Inadequate Not Applicable Comments Below

4. Evaluate inspector/specialist examination of the operator's maps (on-site) for accuracy, escapeway locations, etc.

Adequate Inadequate Not Applicable Comments Below

5. Upon arrival on the working section, accompany and evaluate inspector/specialist examination of all working faces for imminent dangers.

Adequate Inadequate Not Applicable Comments Below

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6. Evaluate the inspector/specialist observation of the work cycle and conditions on the working section during the audit.

Adequate Inadequate Not Applicable Comments Below

7. Evaluate the inspector/specialist air quantity, quality, and gas checks during the audit.

Adequate Inadequate Not Applicable Comments Below

8. Evaluate inspector/specialist examination of equipment electrical cables during the audit.

Adequate Inadequate Not Applicable Comments Below

The continuous mining machine cable was examined, along with portions of the cables for 2 Joy shuttle cars and a Fletcher roof bolting machine on the 1st North West Mains section.

9. Evaluate inspector/specialist examination for permissibility during the audit.

Adequate Inadequate Not Applicable Comments Below

One shuttle car was examined for permissibility during this mine visit.

10. Determine if areas deemed too wet for rock dust surveys during previous inspections were re-visited and sampled.

Adequate Inadequate Not Applicable Comments Below

Areas deemed to be too wet for sampling are being revisited and sampled if conditions permit.

11. Determine if previous E01 inspections include examinations of the condition and maintenance of conveyor belts, belt entries, belt drives, fire detection and suppression systems, and separation of belt entries from other air courses.

Adequate Inadequate Not Applicable Comments Below

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12. During the audit, evaluate the inspection of at least one set of seals, including methods for obtaining samples from sealed area.

Adequate Inadequate Not Applicable Comments Below

Seals were not examined during this mine visit.

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

Adequate Inadequate Not Applicable Comments Below

14. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

Adequate Inadequate Not Applicable Comments Below

15. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate Inadequate Not Applicable Comments Below

Records indicate that all 103(i) spot inspections were conducted within the appropriate time frames.

16. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.

Adequate Inadequate Not Applicable Comments Below

Ten E03 inspection reports for inspections made for 103(g) written notification of hazardous conditions were reviewed during this audit. The type of inspection and the documentation within the reports do not always comply with established guidelines for 103(g) inspections. Examples are as follows:

- (b) (6) does not contain documentation of how the complaint was received. There is no sanitized copy of the complaint and no documentation that a sanitized copy of the complaint was given to the operator.
- (b) (6) does not contain documentation of how the complaint was

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received. Inspection notes document that a sanitized copy of the complaint was not was not given to the operator, but do not explain why. There is no sanitized copy of the complaint in the inspection report.

- (b) (6) was clearly identified as an anonymous complaint, yet was coded as an E03 inspection. Although not required, a notice of negative findings was issued to the operator. A citation was issued for a violation not related to the complaint.
- (b) (6) does not contain documentation of how the complaint was received. There is no sanitized copy of the complaint and no documentation that a sanitized copy of the complaint was given to the operator. Although a notice of negative findings was issued, it does not list the complaint allegations nor does it document why the inspector's findings were negative.
- (b) (6) was conducted in response to a telephone complaint and is therefore not a written complaint.
- Five other E03 reports reviewed during this audit (b) (6) (b) (6) were similarly coded in error.

17. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.
Adequate Inadequate Not Applicable Comments Below

18. Are required Field Activity Reviews (FARs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?
Adequate Inadequate Not Applicable Comments Below

19. Are Accompanied Activities (AAs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?
Adequate Inadequate Not Applicable Comments Below

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20. Determine if a 104(d) tracking system is in place and being kept current at the office being audited.

Adequate Inadequate Not Applicable Comments Below

21. Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.

Adequate Inadequate Not Applicable Comments Below

22. Are supervisors thoroughly reviewing Uniform Mine Files at least annually?

Adequate Inadequate Not Applicable Comments Below

23. Determine if supervisors are visiting each active underground mine at least annually.

Adequate Inadequate Not Applicable Comments Below

24. Are all sections where retreat mining is occurring (not to include longwall mining) being inspected at least monthly?

Adequate Inadequate Not Applicable Comments Below

25. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to current issues and the Agency's mission.

Adequate Inadequate Not Applicable Comments Below

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26. After an in-mine visit, evaluate approved plans (ventilation, roof control, training, etc.) for compatibility with mining conditions and equipment.

Adequate Inadequate Not Applicable Comments Below

While other plans were deemed adequate for the conditions at the subject underground mine, the in-mine visit conducted during the audit revealed several outby areas where deterioration of the coal ribs is significant. In these areas the thickness of the overlying strata varied from 700 feet to as much as 1500 feet. The average mining height in these areas was from 6 to 8 feet. The following factors were considered in the evaluation of the roof control plan:

- The mine operator reported 12 roof fall accidents at this mine between (b) (6) (b) (6). These falls ranged from 16 to 80 feet wide, from 19 to 60 feet long, and from 6 to 14 feet in thickness.
- (b) (6) relative to the operator's failure to control or support the ribs were issued at this mine between (b) (6). Of these, 10 were evaluated as significant and substantial.
- A review of citations issued under 30 CFR, 75.220 reveals the operator has a history of non-compliance with his approved roof control plan.
- Although the currently approved roof control plan lists the maximum cover as 1800 feet, the plan allows a minimum entry and crosscut centers of 60 feet, leaving a 40' x 40' block of coal).

The district should review and evaluate the currently approved roof control plan to determine if it adequately addresses current and future mining, especially in areas of excessive overburden.

27. Determine if approved plans are being revised/updated to reflect changes in conditions and/or equipment.

Adequate Inadequate Not Applicable Comments Below

See Items No. 26 and No. 38.

28. Determine if plan reviews are in compliance with current agency policy and procedures (performed within required timeframes, tracked from the date of submission, properly documented, and contain input from all affected departments and field offices).

Adequate Inadequate Not Applicable Comments Below

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29. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Field Activity Reviews and Accompanied Activities.

(b) (6)

30. Determine if district management personnel are reviewing work products and reports for accuracy and completeness.

Adequate Inadequate Not Applicable Comments Below

32. Determine if District Managers, Assistant District Managers, and supervisors are conducting required mine visits and properly completing the required spreadsheet.

Adequate Inadequate Not Applicable Comments Below

33. Determine if District Manager is using discretion in granting conferences and monitoring the ACR program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CLRs.

Adequate Inadequate Not Applicable Comments Below

The district's ACR program was not reviewed during this audit.

34. Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases.

Adequate Inadequate Not Applicable Comments Below

The Special Investigations Department was not reviewed during this audit.

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35. 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

36. Determine if Districts are conducting in-depth Peer Reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate Inadequate Not Applicable Comments Below

37. Is information (mine status, methane liberation, number of employees, etc) being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate Inadequate Not Applicable Comments Below

At the time of this audit, the MSIS database was not being kept up to date regarding mine status. Several mines have been in temporarily idled status for extended periods of time even though there are no employees listed. Examples are:

• Surface Facilities:

- (b) (6) has been in temporarily idled status for more than 23 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 20 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 15 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 11 years. The last recorded on-site inspection activity at this mine was on (b) (6)

• Surface Mines:

- (b) (6) has been in temporarily idled status for more than 19 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 12 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 11 years. The last recorded on-site inspection activity at this mine was on (b) (6)
- (b) (6) has been in temporarily idled status for more than 11 years. The last recorded on-site inspection activity at this mine was on (b) (6)

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- **Underground Mines:**
 - (b) (6) has been in temporarily idled status for more than 13 years. The last recorded on-site inspection activity at this mine was on (b) (6)
 - (b) (6) has been in temporarily idled status for more than 13 years. The last recorded on-site inspection activity at this mine was on (b) (6)
 - (b) (6) has been in temporarily idled status for more than 6 years. The last recorded on-site inspection activity at this mine was on (b) (6)
 - (b) (6) has been in temporarily idled status for more than 4 years. The last recorded on-site inspection activity at this mine was on (b) (6)

- There are at least 15 mines in District 7 that have no designation as to the mine type, but have been listed in new mine status for an extended period of time. There is no record of on-site inspection time for the following mine ID numbers:
 - (b) (6) has been in new mine status for more than 4 years.
 - (b) (6) has been in new mine status for more than 4 years.
 - (b) (6) has been in new mine status for more than 4 years.
 - (b) (6) has been in new mine status for more than 3 years.
 - (b) (6) has been in new mine status for more than 3 years.
 - (b) (6) has been in new mine status for more than 3 years.
 - (b) (6) has been in new mine status for more than 3 years.
 - (b) (6) has been in new mine status for more than 2 years.
 - (b) (6) has been in new mine status for more than 2 years.
 - (b) (6) has been in new mine status for more than 1 year.
 - (b) (6) has been in new mine status for more than 1 year.
 - (b) (6) has been in new mine status for more than 1 year.
 - (b) (6) has been in new mine status for more than 1 year.
 - (b) (6) has been in new mine status for more than 1 year.
 - (b) (6) has been in new mine status for more than 1 year.

Methane liberation rates and 103(i) spot inspection categories found in the MSIS database are outdated or incorrect when compared to the results of air samples analyzed at the Mount Hope Gas and Dust Laboratory. Examples are:

- Air sample results for mine ID (b) (6) show a methane liberation rate of 408,845 cubic feet per 24 hours. MSIS data indicates a methane liberation rate of only 110,246 cubic feet per 24 hours. In addition, this mine is shown to be in a 10-day spot inspection category.
- Air sample results for mine ID (b) (6) show a methane liberation rate of 30,301 cubic feet per 24 hours. MSIS data indicates a methane liberation rate of only 4,852 cubic feet per 24 hours.
- Air sample results for mine ID (b) (6) show a methane liberation rate of 11,567 cubic feet per 24 hours. MSIS data indicates a methane liberation rate of "0."
- Air sample results for mine ID (b) (6) show a methane liberation rate of 31,104 cubic feet per 24 hours. MSIS data indicates a methane liberation rate of "0."
- Air sample results for mine ID (b) (6) show a methane liberation rate of

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100,858 cubic feet per 24 hours. MSIS data indicates a methane liberation rate of 83,117 cubic feet per 24 hours.

38. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.
Adequate Inadequate Not Applicable Comments Below

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District **Coal Dist 7** Field Office **Barbourville, KY** Mine ID **(b) (6)** Date **(b) (6)**

Attachment B – Citations issued during the Audit

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I--Violation Data			
1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)	
4. Served To (b) (6)	5. Operator (b) (6)		
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	
<p>The fire proofing material applied to the coal ribs adjacent to the 002 section scoop charger is not adequate. The coal rib is visible in most areas. Additional material will need to be applied to comply with manufactures recommendations to provide adequate fire protection.</p> <p>Sec. 75.340 Underground electrical installations.</p> <p>(a) Underground transformer stations, battery charging stations, substations, rectifiers, and water pumps shall be housed in noncombustible structures or areas or be equipped with a fire suppression system meeting the requirements of Sec. 75.1107-3 through sec. 75.1107-16.</p>			
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.340(a)
Section II--Inspector's Evaluation			
10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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) (6)	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	
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.

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District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Data

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

The operator has failed to adequately support an over hanging brow that was created when mining equipment dislodged the coal from underneath it. A cord lash strap installed on the top section of the brow would be ineffective to control the brow from falling and causing crushing injuries to a miner working and traveling the area.. The brow is located on the outby left corner of the intersection of number 5 entry where station spad # 567 is installed on the 001 MMU.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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) (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	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 20415. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

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

The energized 2/0 995 volt trailing cable supplying power to the Joy continuous miner being operated on the 001 MMU is not provided with an adequate short circuit protection. When checked the 800 ampere breaker with a instantaneous trip range of 1500-3000 amperes that the cable was connected to was set on high 3000 amperes the maximum allowable setting for the 2/0 cable is 1500 amperes. Refer to 30 CFR part 18 table # 8

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:
 A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred
 B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal
 C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

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

17. Action to Terminate The instantaneous trip range has now been adjusted to 1500 amperes on the 800 amp miner breaker. This now provides an adequate short circuit protection for the 2/0 miner cable.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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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
22. Signature (b) (6)		23. AR Number (b) (6)

MSHA Form 7000-3, Apr 03 (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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

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

The 225 ampere breaker installed in the No. 6 circuit of the 001 MMU section power center is not being maintained as required. The adjustment screw to adjust the instantaneous trip is damaged. The setting of the instantaneous trip could not be determined when inspected. The operator has taken the #6 circuit out of service at this time and the circuit will remain out of service until a new breaker can be installed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.900
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Section II--Inspector's Evaluation				
10. Gravity.				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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) (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
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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Data

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

The operator is failing to protect the #2 AWG trailing cable supplying power to the Co. #5 twin head roof bolter. The cable was observed with tire tracks on it and being mashed down into the mud in the area in front of the 001 MMU section power center. No visible damage to the cables outer jacket was observed at time cited

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.606
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Section II--Inspector's Evaluation

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

17. Action to Terminate The cable has now been removed from the area and in now being protected.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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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
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 20415. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District **Coal Dist 7**

Field Office **Barbourville, KY**

Mine ID **(b) (6)**

Date **(b) (6)**

Mine Citation/Order

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



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

The mine phone provided at the 001 section feeder was found to be inoperable when checked. Wireless 2 way communications was available at the time cited. The operator will begin repairs to the phone failure condition at once.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.1600-2(c)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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) (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
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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Data		
1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)		5. Operator (b) (6)
6. Mine (b) (6)		7. Mine ID (b) (6) (Contractor)
Ba. Written Notice (103g) <input type="checkbox"/>		

8. Condition or Practice
(b) (6) The operator has failed to follow the approved roof control plan dated page # 19 line 4. The cord lash straps and boards installed along the number 5 belt line is not being effective to control the loose ribs. In the area of cross cuts number 46 and 42 the ribs have rode through the bands and boards at the area adjacent to the number 5 head drive the rib is loose and the straps and board installed at this location would also be ineffective. Persons traveling the area at the time of rib failure would be exposed to possible permanently disabling crushing injuries. With this standard of the 30 CFR being cited (b) (6) and being one of the rules to life by standards this citation will be special assessed

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75 220(a)(1)
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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 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr (b) (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
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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

Section I--Violation Data		
1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)		5. Operator (b) (6)
6. Mine (b) (6)		7. Mine ID (b) (6) (Contractor) <input type="checkbox"/>

B. Condition or Practice Ba. Written Notice (103g)

The operator has failed to provide a 24" wide travel way along both sides of the number 5 belt conveyor. Starting at the tail section and traveling out by to the head drive the following material was observed in the designated 24" travel way. Wooden crib blocks, draw rock of various thickness, water lines, mud and water of various depths. These items listed above are impeding safe passage and creating slip and trip hazards. One mine examiner is required to travel the belt flight each shift conducting required examination..

Refer to 30 CFR 75.1403-5 (g)

Standard 75.1403 was cited (b) (6) at mine (b) (6) (7 to the

See Continuation Form (MSHA Form 7003-3a)

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr (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
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 Field Office Mine ID Date

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

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

Section II--Justification for Action

Continuation of 8. Condition or Practice
operator, 0 to a contractor).

See Continuation Form

Section III--Subsequent Action Taken

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

9. Type of Inspection	E01	10. Event Number	(b) (6)						
11. Signature	(b) (6)	AR Number	(b) (6)	12. Date	Mo	Da	Yr	13. Time (24 Hr. Clock)	(b) (6)

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

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

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

8. Condition or Practice
 The operator has failed to maintain the permanent stoppings installed between the #5 belt flight and the 001 MMU intake air course. Travel along the belt flight revealed several stoppings with holes in them and several stoppings that needed mine sealant applied to them to provide adequate fireproofing.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr (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
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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Data

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

The operator has allowed wet loose coal and coal dust to accumulate underneath and along side the number 5 belt conveyor. The cited area starts at the head roller and extends inby a distance of 150 feet.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr (b) (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
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, N/C 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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

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

The fire fighting equipment provided at the number 5 head drive was found to not be maintained in a usable condition. When a request to demonstrate a quick response to a fire drill. A total time of 45 minutes passed before the 2 miners could connect the fire hose and provide water to the requested area. Fire fighting equipment is required to be maintained in a readily usable condition.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1100-3
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Section II--Inspector's Evaluation							
10. Gravity:							
A. Injury or illness (has) (s):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected. 002		
11. Negligence (check one)		A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
14. Initial Action				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) (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
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 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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I—Violation Data

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

When checked no fire fighting protection is provided for the mine office located inside a formerly used school bus on site.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.1109(a)
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Section II—Inspector's Evaluation

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

17. Action to Terminate Fire fighting protection has now been provided for the mine office location as required.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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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
22. Signature (b) (6)		23. AR Number (b) (6)

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

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 (b) (6)	Da (b) (6)	Yr (b) (6)
3. Citation/ Order Number (b) (6)				
4. Served To (b) (6)			5. Operator (b) (6)	
6. Mine (b) (6)			7. Mine ID (b) (6) (Contractor)	

Section II--Justification for Action

Change	From	To
2. Issue Time	(b) (6)	(b) (6)
Reason Incorrect issue time entered by error.		

See Continuation Form

Section III--Subsequent Action Taken				
8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated
<input checked="" type="checkbox"/> E. Modified				
Section IV--Inspection Data				
9. Type of Inspection E01	10. Event Number (b) (6)			
11. Signature (b) (6)	AR Number (b) (6)	12. Date Mo Da Yr (b) (6)	13. Time (24 Hr. Clock) (b) (6)	

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

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
	(b) (6)	(b) (6)	(b) (6)
4. Served To		5. Operator	
(b) (6)		(b) (6)	
6. Mine		7. Mine ID	
(b) (6)		(b) (6)	
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

Observations of the area around the mine office and employee parking area indicate cracks developing in the existing spoil directly above the active mining work area and advancing to the rear of the mine office location. The active work area is advancing in a box type pit construction approximately 40 feet from the mine office. Should the condition be allowed to continue a spoil failure with allow the portable mine office to tumble into the work area.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			77.1002

Section II--Inspector's Evaluation

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

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
	(b) (6)	(b) (6)	(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	21. Primary or Mill
		(b) (6)	
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 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 Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I—Violation Data

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

When checked an unsecured 12 volt battery system with bare connectors along with wires containing bare connections are found to be used to provide energy to a small portable light and fan located inside the mine office. Electrical connections or splices; suitability. Electrical connections or splices in electric conductors shall be mechanically and electrically efficient, and suitable connectors shall be used. All electrical connections or splices in insulated wire shall be reinsulated at least to the same degree of protection as the remainder of the wire.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.504
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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 104(a) 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 09/15/2011	B. Time (24 Hr. Clock) 1800
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Section III—Termination Action

17. Action to Terminate The 12 volt battery system, the wiring system, the portable light, and the portable fan have now been removed from the mine office eliminating the hazard.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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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
22. Signature (b) (6)		23. AR Number (b) (6)

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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



Section I--Violation Date

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

When checked a flammable liquid storage tank of approximately 15 gallons is located inside the mine office to supply diesel fuel to the portable space heater located inside the mine office. The area is used as a combination mine office and night security station. Flammable liquids shall be stored in accordance with standards of the National Fire Protection Association. Small quantities of flammable liquids drawn from storage shall be kept in properly identified safety cans.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.1103(a)
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Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr (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
22. Signature (b) (6)		23. AR Number (b) (6)

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Attachment C – Examples of citations issued during previous E01 inspections

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.220(a)(1)	N	UL	LD	1	Mod
<p>The approved roof control plan was not being followed on the 002 section which requires roof bolts to be installed on 4' X 4' centers, 1 row of bolts (4) in the last open break between #5 and #6 entries was measured to be 60" to 66" apart.</p> <p>The mine operator reported 12 roof fall accidents at this mine between (b) (6). These falls ranged from 16 to 80 feet wide, from 19 to 60 feet long, and from 6 to 14 feet in thickness. The average amount of cover (overburden) at this mine ranges from 1000 feet to 1500 feet. This section of 30 CFR was cited (b) (6) in the previous (b) (6). Consideration should have been given to evaluating this violation as S&S.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.203(e)(1)	N	UL	LD	1	Mod
<p>Due to sloughing of the ribs the area in the cross-cut between the No. 1 and 2 entries cross-cut # 18 located on the 001 section is 21 feet and 6 inches wide this condition extends a distance of 25 feet. The operator has failed to install additional roof support to reduce the width to less than 20 feet as required.</p> <p>The mine operator reported 12 roof fall accidents at this mine between (b) (6). These falls ranged from 16 to 80 feet wide, from 19 to 60 feet long, and from 6 to 14 feet in thickness. The average amount of cover (overburden) at this mine ranges from 1000 feet to 1500 feet. Consideration should have been given to evaluating this violation as S&S. How long had the condition existed? Was a citation considered for inadequate examinations?</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.203(e)(1)	N	UL	LD	4	Mod
<p>Due to sloughing of the ribs the area in the cross-cut between the No. 4 and 5 entries cross-cut # 20 located on the 001 section is 21 feet and 6 inches wide this condition extends a distance of 25 feet. The operator has failed to install additional roof support to reduce the width to less than 20 feet as required.</p> <p>The mine operator reported 12 roof fall accidents at this mine between (b) (6). These falls ranged from 16 to 80 feet wide, from 19 to 60 feet long, and from 6 to 14 feet in thickness. The average amount of cover (overburden) at this mine ranges from 1000 feet to 1500 feet. Consideration should have been given to evaluating this violation as S&S. Was a citation considered for inadequate examinations.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.400	N	UL	LD	1	Mod
<p>There is accumulations of combustible materials in the form of belt muck on the #3 belt. These accumulations are located on the top of the first overcast in by the # 3 drive and measure in depth of approximately 3 to 4 inches. These accumulations are in contact with the bottom belt while in production.</p> <p>This section of 30 CFR was cited (b) (6) at this mine during the previous (b) (6). The nature of the accumulations should be better defined as to content. If the "muck" consisted of combustible materials, then consideration should have been given to an evaluation of S&S. What was the distance across the overcast?</p>									

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

District Coal Dist 7 Field Office Barbourville, KY Mine ID (b) (6) Date (b) (6)

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.1722(a)	N	UL	LD	1	Mod
<p>The Cogar feeder co#2 s/n# 1002-A on the 002 sections is provided with a guard for the motor and speed reducer area, but when checked the guard had been removed and was not replaced. This condition creates an area measuring approximately 24 inches by 48 inches exposing the coupling. The feeder is not in production at this time.</p> <p>Was the violation on the side of the belt normally travelled for operation, examination or maintenance? Would the cover have been replaced before production began? How long had this condition existed? Additional details should have been included in the condition or practice.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.1731(b)	N	UL	LD	1	Mod
<p>The #1 belt is not properly aligned to prevent the moving belt from becoming in contact with the structure. When checked the bottom belt is rubbing the belt stand in several locations along the belt on the intake side. No fire hazard at this time.</p> <p>Belt friction against belt stands or hangers provides an ignition source. What was the extent of the violation (length, number of contact points, location along belt, etc)? Was the belt conveyor operating? Were the stands or hangers warm to the touch? Additional details should have been included in the condition or practice.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.400	N	UL	LD	1	Mod
<p>Coal dust, including float coal dust, black in color, had been allowed to accumulate along both sides and x-cuts of the entire length of the #5 belt line. Also some of the mine roof in this entry had not been rock dusted.</p> <p>What was the length of the belt line? What was the depth of the coal dust and float coal dust? When was the last examination of the belt? Should consideration have been given to issuing a citation for inadequate examinations? Was a citation issued for failure to rock dust this area? This section of 30CFR was cited at this mine (b) (6) in the previous (b) (6).</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	72.620	N	UL	PD	1	Mod
<p>Effective dust control measures are not being used on the Reedrill SK45i drill. When checked, the following items were found: 1) The skirting hinge is damaged allowing the skirting to fold out and not block dust, 2) Sneezer tube is 3 ft from the ground which allows free dust into the air, 3) Table bushing is no longer round and has an accumulation of dust around it, 4) Chip deflector is no longer round, leaving a gap in the chip deflector, 5) There is a 6 inch cut in the skirting, 6) Damaged and missing weather-stripping on dust filter doors. Visible dust emissions and accumulations were observed while the drill was being operated. The drill has been removed from service until all effective dust controls are corrected.</p> <p>Was a citation considered for inadequate pre-operational checks? Was consideration given to evaluating violation as S&S? Should the inspector have conducted respirable dust sampling? The number and extent of the cited conditions indicates these conditions had existed for an extended period of time.</p>									

INTERNAL REVIEW AUDIT MATRIX SCORING SYSTEM - BARBOURVILLE, KY FIELD OFFICE AUDIT, SEPT 16, 2011										
CAT	Applies to Program Area	Internal Review Findings	Summation or Examples	Category Base Point Value	Base Points Value	RESPONSIBILITY			SUM	Internal Review Category Percentage
						Inspector = 1	Supervisor = 2	District = 3		
1	C/MNM	MSHA failed to identify the deviations in approved plans	All plans, training, escape, roof, ventilation, anything that requires approval	5	0	0	0	0	0	0%
2	C/MNM	Incomplete or inadequate inspections	Not following policy, procedures, failure to cite violations, inspecting all areas/equipment, conducting 103(i) inspections	5	0	0	0	0	0	0%
3	C/MNM	Supervisors did not provide adequate oversight	No review/lax review of inspection reports/PKW/SAR/FAR/AA	5	0	N/A	0	0	0	0%
4	C/MNM	Improper evaluation of gravity, negligence, type of enforcement action	Self evident/ Inadequate documentation/note taking	5	0	0	0	0	0	0%
5	C/MNM	Peer Reviews were inadequate	Did not include audit reviews, follow up, FARs/AAs	4	0	N/A	0	0	0	0%
6	C/MNM	Weakness in the ACRI Program	Not following ACRI policy/handbook, management oversight of ACRI program, ACRI program consistent with Mine Act, 30 CFR, MSHA policy	3	0	N/A	N/A	0	0	0%
7	C/MNM	MSHA Data not used/reviewed	Key Indicators, Mine Profile, Inspection Completion Statistics, Databases not maintained	2	2	0	2	3	7	88%
8	C/MNM	Lack of Unwarrantable Failure Tracking System	Self Explanatory	1	0	N/A	0	0	0	0%
9	C/MNM	Conflict of Interest	Prior employment, supervision of relatives, etc.	1	0		0	0	0	0%
10	C/MNM	Failure to comply with Hazard Complaints procedures	Hazard Complaint handbook, policies, procedures not being followed	1	1	1	2	0	4	57%
11	C	Failure to conduct investigations for multi-phase plans	No on-site investigations	1	0	N/A	N/A	0	0	0%
12	C	Failure to observe retreat mining	Wherever retreat mining is conducted (except longwall mining)	1	0	0	0	0	0	0%
TOTAL SCORE									11	

Minimum Score = 0
Coal Maximum Score = 96
MNM Maximum Score = 85

Summary:

A) The audit revealed the Barbourville, Kentucky field office had 2 of the 12 most common issues found in the internal review reports as issues identified by the audit team.