



JUN 14 2011

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

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

FROM: ARLIE A. WEBB (b) (6)
JERRY J. KISSELL (b) (6)
Accountability Specialists

SUBJECT: MSHA Office of Accountability Audit, Coal District 6,
Elkhorn City Field Office, and (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 Specialists Jerry J. Kissell and 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) through (b) (6) and included a review of administrative, inspection, technical, and other areas such as the Alternative Case Resolution Initiative (ACRI) and Special Investigations Program (SI). Accompanying the Accountability Specialists during the audit were Silas Adkins – (b) (6) (b) (6)

The audit team traveled with the inspection party to the mine on a regular (E01) inspection. Areas and activities examined included the active section (MMU 001-0), air readings, roof and rib conditions, Joy continuous mining machine, Fletcher dual-head roof bolter, Eimco roof bolter, Joy shuttle cars, S&S scoops, escapeway map, and the immediate return. Also examined were the section belt conveyor and belt drive, main belt conveyor and drive, belt fire detection and suppression systems, the mine communication and tracking systems, primary and alternate escapeways including lifelines and signage, SCSR caches, the refuge alternative, and a set of seals. Fire valves, hoses and nozzles were examined and a functional test was conducted on two separate fire valves, hoses and nozzles.

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Surface areas examined during the audit included the fan house, mine tracking computer, atmospheric monitoring system, surface belts, mine office, mine record books and the mine map.

S&S Rate Comparison

During FY 2010 (October 01, 2009 through September 30, 2010), the S&S rate for the Elkhorn City field office was slightly lower than the average for District 6 and the national average.

S&S Rate Comparison

Fiscal Year	Elkhorn City, KY Field Office	Coal District 6	National Average
2009	37%	35%	35%
2010	31%	33%	34%

Citations issued during the audit were appropriately issued and consistent with policy and procedures.

Time and Activity Comparison

A comparison of FY 2009 and FY 2010 time distribution for regular (E01) inspections at surface facilities shows:

1. District-wide, time in the other category has remained the same and on-site time has decreased.
2. At the Elkhorn City field office, time in the other category has decreased 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
2009	Elkhorn City FO	13%	17%	69%	5%	1%	100%
	District 6	16%	19%	65%	7%	0%	100%
	National Average	17%	17%	66%	5%	0%	100%
2010	Elkhorn City FO	14%	16%	71%	5%	0%	100%
	District 6	17%	19%	63%	6%	1%	100%
	National Average	18%	15%	66%	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 2009 and FY 2010 time distribution for regular (E01) inspections at surface mines shows:

1. District-wide, time in the other category has remained the same and on-site time has decreased.
2. At the Elkhorn City field office, time in the other category has increased and on-site time has decreased.

Time Distribution (%) – E01 Inspections at Surface Mines							
FY	Area/Office	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total
2009	Elkhorn City FO	16%	15%	69%	7%	0%	100%
	District 6	16%	18%	65%	7%	0%	100%
	National Average	19%	15%	66%	5%	0%	100%
2010	Elkhorn City FO	16%	16%	68%	6%	0%	100%
	District 6	17%	18%	64%	6%	1%	100%
	National Average	19%	13%	68%	5%	0%	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 2009 and FY 2010 time distribution for regular (E01) inspections at underground mines shows:

1. District-wide, time in the other category has decreased and on-site time has remained the same.
2. At the Elkhorn City field office, time in the other category has increased and on-site time has decreased.

Time Distribution (%) – E01 Inspections at Underground Mines							
FY	Area/Office	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total
2009	Elkhorn City FO	12%	19%	68%	6%	1%	100%
	District 6	13%	18%	69%	6%	0%	100%
	National Average	15%	17%	67%	6%	1%	100%
2010	Elkhorn City FO	13%	20%	67%	6%	0%	100%
	District 6	14%	17%	69%	6%	0%	100%
	National Average	16%	15%	68%	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. An Office of Accountability audit conducted in District 6 and Pikeville, Kentucky field office during November of 2009 revealed that radial-type feeler gauges (required for checking diametrical clearances during permissibility inspections) were not available at any of the offices in the district. This issue has been resolved. The district office and each field office now have at least one set of radial-type feeler gauges.
2. The Elkhorn City field office currently has one mine in a 103(i) spot inspection category. The mine is in the 15-day spot inspection category. No 103(i) spot inspections were missed during the time period reviewed.

3. ACRI files reviewed were very well organized with correspondence, notifications, decisions and justifications well documented. The CLRs maintain a detailed log of all activities.
4. Staff and safety meetings at the Elkhorn City field office were well documented and show a commendable attention to detail regarding MSHA policies, initiatives, and keeping the inspectorate well informed of current issues.
5. Inspectors at the Elkhorn City field office were courteous and professional in their interactions with miners, mine operators, other agencies, and the public.

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

1. Although the tracking system for supervisory mine visits shows that each active underground mine in District 6 was visited by a manager or supervisor during FY 2010, four positions within the district did not meet the required minimum number of mine visits. During the period reviewed, the (b) (6) and the (b) (6) were detailed as the lead investigators for the Upper Big Branch Mine disaster and were not available to conduct mine visits.
2. Required information is not being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner.
 - a. A review of air sample results for all 90 of the underground mines in District 6 listed in active status at the time of this audit revealed that 43 mines liberate methane. Data retrieved from MSIS shows only 9 mines in the district liberate methane.
 - b. A comparison of the air sample results to the data entered into MSIS reveals incorrect liberation rates and incorrect 103(i) inspection categories in MSIS. However, all 103(i) inspections were conducted within the proper time frames during FY 2010.

Attachments

A. Office of Accountability Checklist

B. Citations/Orders issued during this audit

1.	(b) (6)	75.208
2.	(b) (6)	316(b)
3.	(b) (6)	75.380
4.	(b) (6)	75.203
5.	(b) (6)	75.380
6.	(b) (6)	75.400
7.	(b) (6)	75.211
8.	(b) (6)	75.220
9.	(b) (6)	75.380(d)(7)(i)
10.	(b) (6)	316(b)
11.	(b) (6)	75.1100-2
12.	(b) (6)	75.1403
13.	(b) (6)	75.333(c)
14.	(b) (6)	75.360
15.	(b) (6)	75.202(a)
16.	(b) (6)	75.1101

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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

A review of (b) (6) issued at the (b) (6) during previous E01 inspections shows that evaluations are consistent with policy and procedure. However, additional detail in the supporting documentation (notes) is recommended.

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.

(b) (6)

(b) (6)

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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

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

Adequate Inadequate Not Applicable Comments Below

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

Records reveal areas deemed too wet to sample are re-visited and sampled if conditions have changed

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.

11. 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

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

Adequate Inadequate Not Applicable Comments Below

Each inspection report contained excellent documentation of close out conferences.

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

Adequate Inadequate Not Applicable Comments Below

Evaluate 103(i) spot inspection (E02) reports for the office/district being audited

15. 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

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

Adequate Inadequate Not Applicable Comments Below

Eleven hazard complaint (E03 / E04) inspections were selected at random for review. Investigations were conducted on all eleven complaints.

1. Two complaints received via telephone were coded as E03 inspections rather than E04 inspections.
2. A complaint containing allegations of advance notice of inspections was received by the district office and referred to the same field office mentioned in the allegations. Such allegations are to be referred to the appropriate Administrator for action.
3. Violations of mandatory safety and health standards that were not related to

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conditions or practices alleged in the complaint were cited on the complaint event. Such violations are to be cited on a separate inspection event.

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 up being conducted and documented according to agency policy and procedures?
Adequate Inadequate Not Applicable Comments Below

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

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 as per current agency policy and procedures.
Adequate Inadequate Not Applicable Comments Below
Documents in the UMF were up to date, and no outdated materials were found.

22. Are supervisors thoroughly reviewing Uniform Mine Files at least annually?
Adequate Inadequate Not Applicable Comments Below

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

Adequate Inadequate Not Applicable Comments Below

The tracking system for supervisory mine visits shows that each active underground mine in District 6 was visited by a manager or supervisor during FY 2010.

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

No retreat mining is currently being conducted at the subject mine. However, other mines in the district where retreat mining is conducted are receiving the required monthly inspections.

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

Staff and safety meetings are well documented

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

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

Adequate Inadequate Not Applicable Comments Below

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)
(b) (6)

30. Determine if district management personnel are reviewing work products and reports for accuracy and completeness. Adequate <input checked="" type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Comments Below <input type="checkbox"/>

32. Determine if managers and supervisors in the district office are conducting required mine visits and properly completing the mine visit spreadsheet. (b) (6)
(b) (6)

33. Determine if District Manager is using discretion in granting conferences and monitoring the ACRI program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CLR's. (b) (6)

34. Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases. (b) (6)

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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

Key Indicators and information from the district's Program Analyst is being used.

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

Of the 90 underground mines listed by District 6 as being in active status, air sample results reveal 43 mines liberate methane. However, data from MSIS shows methane liberation at only 9 mines in District 6, all of which are in 103(i) spot inspection category. In addition, comparison of air sample results with MSIS reveals that data in MSIS is not being kept current. Examples of the differences between air sample results and MSIS data are:

1. Air sample results show mine ID (b) (6) has a methane liberation rate of 2,193,367 cubic feet per 24-hours. The district lists the mine in a 5-day spot inspection category and is conducting 103(i) spot inspections accordingly. However, information in the MSIS system shows a methane liberation rate of 512,216 cubic feet per 24-hours and a 10-day spot inspection category.
2. Air sample results show mine ID (b) (6) has a methane liberation rate of 1,102,110 cubic feet per 24-hours. The district lists the mine in a 5-day spot inspection category and is conducting 103(i) spot inspections accordingly. Although the information in the MSIS system shows a methane liberation rate of 1,140,108 cubic feet per 24-hours, the mine is in the correct status.
3. Air sample results show mine ID (b) (6) has a methane liberation rate of 799,394 cubic feet per 24-hours. This liberation rate shows the mine should be in a 10-day spot inspection category, but the district lists the mine in a 5-day category. Although information in the MSIS system shows the mine liberates 1,401,152 cubic feet of methane per 24-hours, it is listed in a 10-day spot inspection category.

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4. Air sample results show mine ID (b) (6) has a methane liberation rate of 581,828 cubic feet per 24-hours. The district lists the mine in a 10-day spot inspection category. However, information in MSIS shows the mine has a liberation rate of 1,146,000 cubic feet per 24-hours and should be in a 5-day spot inspection category.
5. Although the most recent air sample results for an additional 34 underground mines show a methane liberation rate from 500 to 160,000 cubic feet per 24-hours, these mines were listed in MSIS with 0 methane liberation.

Note – Required 103(i) inspections were conducted within the required timeframes.

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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Attachment B – Citations Issued During Audit

(b) (6)

Mine Citation/Order U.S. Department of Labor
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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"/>

THE COMPRESSED GAS CYLINDER (ACETYLENE) IN FRONT OF THE PUMP HOUSE IS NOT SECURED. COMPRESSED AND LIQUID GAS CYLINDERS SHALL BE SECURED IN A SAFE MANNER.

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
			77.208

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			

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 THE COMPRESSED GAS CYLINDER IS NOW SECURED.

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

Section IV—Automated System Data			
19. Type of inspection (activity code)	E01	20. Event Number	21. Primary or Mill
		(b) (6)	
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 6 Field Office Elkhorn City, KY Mine ID (b) (6) Date (b) (6)

(b) (6)

Mine Citation/Order

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



Section I—Violation Data

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

THE REFUGE ALTERNATIVE IS NOT PROVIDED WITH TWO WAY COMMUNICATION (PHONE). PAGE 13 OF THE APPROVED EMERGENCY RESPONSE PLAN STATES THE REFUGE ALTERNATIVE WILL BE SUPPLIED WITH TWO-WAY COMMUNICATION FACILITY THAT IS PART OF THE MINE COMMUNICATION SYSTEM WHICH CAN BE USED FROM INSIDE THE REFUGE ALTERNATIVE.

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 <u>316(b)</u>	C. Part/Section of Title 30 CFR
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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: 008

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 <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section III—Termination Action

17. Action to Terminate THE REFUGE ALTERNATIVE IS NOW PROVIDED WITH TWO-WAY COMMUNICATION.

18. Terminated	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	<u>(b) (6)</u>
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Section IV—Automated System Data

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

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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(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 LIFELINE INSTALLED IN THE PRIMARY ESCAPE WAY IS NOT MARKED PROPERLY. THE BRANCH LINE ATTACHED TO THE PRIMARY ESCAPE WAY LIFELINE LEADING TO THE SCSR CACHE IS NOT MARKED WITH FOUR CONES WITH THE BASE SECTIONS IN CONTACT TO FORM TWO DIAMOND SHAPES. THE BRANCH LINE ATTACHED TO THE PRIMARY ESCAPE WAY LIFELINE LEADING TO THE REFUGE ALTERNATIVE IS NOT MARKED WITH A RIGID SPIRALED COIL AT LEAST EIGHT INCHES IN LENGTH.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380
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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: 008

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

12. Type of Action 04(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) (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 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

(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"/>

ADDITIONAL ROOF SUPPORTS ARE NEEDED IN THE FOLLOWING AREA OF THE MAIN INTAKE (MAIN TRAVELWAY, PRIMARY ESCAPE WAY). BEGINNING APPROXIMATELY 1 X-CUT OUTBY AND 1 X-CUT INBY SPAD #721. THE ROOF IN THIS AREA IS SWAGED DOWN AND BUSTED WITH MULTIPLE CRACKS. MEN ARE REQUIRED TO TRAVEL THIS ENTRY ENTERING AND EXISTING THE MINE. THIS CREATES A CRUSHING HAZARD.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.203
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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: 005	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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) (b) (6)

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, 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
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID 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 ENERGIZED #1 SCOOP CHARGER 480 VAC (BATTERY CHARGING STATION) IS INSTALLED IN THE PRIMARY ESCAPE WAY. BATTERY CHARGING STATIONS ARE NOT PERMITTED IN THE PRIMARY ESCAPE WAY.

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 75.380
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Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 002
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input 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)			

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 6 Field Office Elkhorn City, KY Mine ID (b) (6) Date (b) (6)

(b) (6)

Mine Citation/Order

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



Section I—Violation Data

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

ACCUMULATIONS OF COMBUSTIBLE MATERIALS HAS BEEN ALLOWED TO ACCUMULATE IN THE PRIMARY ESCAPE WAY, STARTING AT 1 X-CUT OUTBY SPAD #721 EXTENDING TO THE ACTIVE 001-0 MMU. THE ACCUMULATIONS ARE IN THE FORM OF OIL CANS, PLASTIC BIT BUCKETS AND EMPTY GLUE BOXES.

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 <u>75.400</u>
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Section II—Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 002

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

12. Type of Action 104(a)

13. Type of issuance (check one) Citation Order Safeguard 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 <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section III—Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<u>(b) (6)</u>
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Section IV—Automated System Data

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

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 Small Business Regulatory Enforcement Fairness Act (SBREFA) program. This program is designed to ensure that small businesses are treated fairly and equitably in the enforcement actions of MSHA. 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-BEFO-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 Coal Dist 6 Field Office Elkhorn City, KY Mine ID (b) (6) Date (b) (6)

(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			As Written Notice (103g) <input type="checkbox"/>

THE ROOF NEEDS SCALED IN THE PRIMARY ESCAPE WAY, STARTING 1 X-CUT OUTBY SPAD #721 EXTENDING TO 2 X-CUTS INBY SPAD #729. LOOSE ROCK IS PRESENT IN THIS AREA BETWEEN. MINERS ARE REQUIRED TO TRAVEL THIS AREA ENTERING AND EXISTING THE MINE. THIS CREATES A CRUSHING HAZARD.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.211

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: 005	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> 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)	
	(b) (6)	(b) (6)	

Section III--Termination Action

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

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 2128, 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

(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. Conclusion or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

THE APPROVED ROOF CONTROL PLAN IS NOT BEING FOLLOWED ON THE 001 SECTION. THE X-CUT BETWEEN #4 AND #5 HEADING MEASURES 21' WIDE FOR A DISTANCE OF APPROXIMATELY 10'. PAGE 5 OF THE APPROVED PLAN STATES MAXIMUM WIDTHS OF ENTRIES, CROSSCUTS, ROOMS, AND PILLAR SPLITS ARE 20'.

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

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

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 6 Field Office Elkhorn City, KY Mine ID (b) (6) Date (b) (6)

(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 §a. Written Notice (103g) <input type="checkbox"/>	

THE DIRECTIONAL LIFE LINE INSTALLED IN THE ALTERNATE ESCAPE WAY IS NOT BEING MAINTAINED THROUGHOUT THE ENTIRE LENGTH OF THE ESCAPE WAY. THE LIFE LINE IS HUNG WITH SIGNS ACROSS IT AND IS TANGLED WITH CABLES.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(d)(7)(i)
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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: 008	
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			
(b) (6)			
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, 408 3rd Street, SW MC 2125, 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

(b) (6)

Mine Citation/Order

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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 ALTERNATE ESCAPE WAY CACHE OF SCSR'S IS NOT PROVIDED WITH 14 SCSR'S, WHEN CHECKED TWO OF THE SCSR'S ARE BAD WITH THE HEAT INDICATOR BLOOD RED. PAGE 8 OF THE APPROVED EMERGENCY RESPONSE PLAN SHOWS THERE WILL BE 14 SCSR'S STORED IN THE ALTERNATE ESCAPE WAY CACHE.

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 316(b)	C. Part/Section of Title 30 CFR
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Section II—Inspector's Evaluation

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

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

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

(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. Saved 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 HOSE OUTLET LOCATED AT SPAD #666 ON THE #2 BELT CONVEYOR IS 320' FROM THE LAST INBY FIRE HOSE OUTLET. FIRE HOSE OUTLETS ARE TO AT 300' INTERVALS ALONG EACH BELT CONVEYOR.

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 75.1100-2
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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			

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) (b) (6)

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 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The 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 (1-888-734-3347), 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 Field Office Mine ID Date

(b) (6)

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. 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 #2 BELT ENTRY 50' INBY THE #2 HEAD DRIVE WAS NOT DRIVEN TO PROVIDE 24" OF CLEARANCE ON THE TRAVEL BOTH SIDES OF THE BELT, IT MEASURED 19" IN THIS AREA.
 THIS IS A NOTICE OF A SAFEGUARD TO PROVIDE 24" OF CLEARANCE ON BOTH SIDES OF ANY CONVEYOR BELT INSTALLED IN THIS MINE.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:

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

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

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

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

12. Type of Action 314(b) 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)	(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, 400 3rd Street, SW MC 2128, 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

(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 PERSONNEL DOORS INSTALLED IN THE RETURN BRACKET, ! AT THE #2 HEAD DRIVE AND ! ONE X-CUT INBY IS PROPPED OPEN. ALL PERSONNEL DOORS WHEN NOT IN USE SHALL BE CLOSED.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(c)
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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				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 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) (b) (6)

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 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 Field Office Mine ID 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		9a. Written Notice (103g) <input type="checkbox"/>

AN INADEQUATE PRE-SHIFT EXAMINATION OF THE MAIN TRAVEL WAY (PRIMARY ESCAPE WAY). ADVERSE ROOF CONDITIONS, PHONE AT THE REFUGE ALTERNATIVE INOPERABLE, ACCUMULATIONS OF COMBUSTIBLE MATERIALS AND THE LIFE LINE NOT BEING MAINTAINED ARE ALL CITED DURING THIS INSPECTION. THE PRE-SHIFT BOOK SHOWS NONE OBSERVED DURING TODAYS PRE-SHIFT.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360
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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: 008

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) (6)	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 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 Coal Dist 6 Field Office Elkhorn City, KY Mine ID (b) (6) Date (b) (6)

(b) (6)

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. 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 ROOF IN THE #2 ENTRY IS NOT BEING SUPPORTED OR OTHERWISE CONTROLLED TO PREVENT THE FALL OF THE ROOF. ONE BOLT IN THE #2 ENTRY APPROXIMATELY 10' OUTBY THE LAST OPEN CROSS CUT IS KNOCKED LOOSE WITH THE BEARING PLATE MISSING.

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 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 (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III—Termination Action

17. Action to Terminate A NEW BOLT AND BEARING PLATE IS NOW.

18. Terminated	A. Date (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 06 (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.

(b) (6)

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

District Field Office Mine ID 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 (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
(b) (6)	7. Mine ID (b) (6)	(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

THE DELUGE FIRE SUPPRESSION SYSTEM INSTALLED ON THE #1 HEAD DRIVE LOCATED AT THE BELT PORTAL IS INOPERATIVE. THE 110 VAC POWER IS UN-PLUGGED FROM THE POWER SOURCE.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101
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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 FIRE SUPPRESSION SYSTEM IS NOW PROVIDED WITH 110 VAC AND IS OPERATING PROPERLY.

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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(b) (6)

INTERNAL REVIEW AUDIT MATRIX SCORING SYSTEM - ELKHORN CITY, KY FIELD OFFICE AUDIT, JANUARY 28, 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	5	N/A	2	3	10	100%
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	N/A	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	3	7	100%
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									24	

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

- Summary:
- A) The audit revealed the Elkhorn City, Kentucky field office had 3 of the 12 most common issues found in the internal review reports as issues identified by the audit team.
 - B) 3 of the 10 internal review categories that relate to the metal-nonmetal program area were identified during this audit.