



JUN 27 2011

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

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

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

SUBJECT: MSHA Office of Accountability Audit, MNM South Central District
Rolla-North, Rolla, Missouri Field Office, and (b) (6)
(b) (6)

Introduction

This memorandum summarizes the Office of Accountability (OA) audit of the Metal and Nonmetal South Central District, Rolla, Missouri (Rolla-North) field office. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, and the conditions and practices at the mine. The audit was conducted by Jerry J. Kissell and Arlie A. Webb during the week of (b) (6) through (b) (6). Positive findings as well as issues requiring attention are included in this audit report.

Overview

The administrative (field office) portion of the audit was conducted on (b) (6) and included an examination of the mine files, regular inspection reports, hazard complaint inspections, Field Activity Review reports, and Accompanied Activity reports.

The mine site portion of the audit was conducted on (b) (6) and (b) (6) during a regular (E-01) inspection and included an examination of the mine office, mine records, the primary gyratory crusher, the #1 conveyor belt, south conveyor belt, and east conveyor belt, the primary crusher MCC power center and generator, the crusher control booth, the quarry haul roads, high walls, and benches (Bethany ledge and the Shale ledge). The Ingersoll Rand track bench drill, the Gardener Denver track bench drill and the Ford tractor and fuel trailer. Equipment and areas also included the east plant secondary jaw crusher and control booth, the east stacker conveyor belt, the # 2 conveyor Belt, the #3 conveyor belt, the west stacker conveyor belt, the east tunnel conveyor belt, the west tunnel conveyor belt the electrical MCC power room for the east plant. Drilling practices were observed on the Bethany ledge bench. Loading and dumping operations in the pit and at the main crusher were observed during the mine visit as well.

Accompanying the Accountability Specialist during the audit was (b) (6)
 (b) (6) Little Rock, Arkansas, field office.

S&S Rate Comparison

During FY 2010, the S&S rates for the Rolla-North Field Office were slightly higher than the average for the South Central district and national average.

S&S Rate Comparison

Fiscal Year	Rolla-North Field Office	South Central District	National Average
2009	30%	28%	28%
2010	39%	36%	38%

Time and Activity Comparison

A comparison of FY 2009 and FY 2010 time distribution for regular (E01) inspections at surface facilities showed time in the other category for the Rolla-North field office has increased. On-site time has decreased for inspections at surface facilities and is below the national average.

Time Distribution (%) – E01 Inspections at Surface Facilities

	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2009	28%	7%	60%	5%	5%	100%
Nat'l Avg FY 2009	20%	11%	62%	4%	7%	100%
FY 2010	25%	11%	58%	1%	6%	100%
Nat'l Avg FY 2010	20%	10%	62%	4%	8%	100%

* Other time includes calibration of health sampling equipment, and mailing of 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 showed at the Rolla-North field office, time in the other category has increased. On-site time for inspections at surface mines was unchanged and is comparable to the national average.

Time Distribution (%) – E01 Inspections at Surface Mines

	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2009	28%	10%	57%	3%	5%	100%
Nat'l Avg FY 2009	26%	12%	56%	3%	6%	100%
FY 2010	26%	13%	56%	3%	5%	100%
Nat'l Avg FY 2010	25%	12%	56%	4%	7%	100%

* Other time includes calibration of health sampling equipment, and mailing of 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 showed at the Rolla-North field office, time in the other category was unchanged. On-site time for inspections at underground mines has decreased, but is comparable to the national average.

Time Distribution (%) – E01 Inspections at Underground Mines

	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2009	21%	11%	64%	3%	4%	100%
Nat'l Avg FY 2009	24%	11%	60%	2%	5%	100%
FY 2010	25%	11%	60%	2%	4%	100%
Nat'l Avg FY 2010	23%	11%	60%	2%	6%	100%

*Other time includes calibration of health sampling equipment, and mailing of samples

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

Audit Results

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

1. MSHA personnel conducted themselves in a professional and courteous manner at all times during the audit and during the inspection.
2. Inspection procedures observed during the audit were in compliance with MSHA policy and procedures.
3. MSHA personnel demonstrated excellent communications skills with miners and the mine operator.
4. FARs, AAs and 2nd level reviews for the Rolla-North field office were well documented at each level.
5. Appropriate use of enforcement tools were observed during the mine visit.
6. Inspection notes and inspection practices observed show good use of Sound Pressure Level (SPL) readings taken during the inspection to evaluate appropriate health inspection needs and areas for sampling if determined necessary

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

1. The field notes for Event No. (b) (6) did not contain adequate documentation to determine that highwalls, benches, and elevated roadways were inspected. Two citations were issued during the audit for failure to provide back-up alarms on either of two bench drills located in the quarry. Both drills had been documented as inspected during previous inspections. A citation was also issued for the operator's failure to provide safe access to the second level of the primary crusher, a condition that had existed for an extended period of time. (Checklist Item No.5)
2. Five of 6 Accompanied Activity Reviews (AA's) were completed for the Rolla-North field office for FY 2010. The completed AA reports were well documented. (Checklist Item No.13)

Attachments

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

B. Citations/Orders issued during this audit

1.	(b) (6)	56.14110
2.	(b) (6)	56.11001
3.	(b) (6)	56.12006
4.	(b) (6)	56.20011
5.	(b) (6)	56.20003a
6.	(b) (6)	56.14110
7.	(b) (6)	56.11027
8.	(b) (6)	56.11012
9.	(b) (6)	56.14109
10.	(b) (6)	56.4101
11.	(b) (6)	56.4101
12.	(b) (6)	56.14100b
13.	(b) (6)	56.14205
14.	(b) (6)	56.14209b
15.	(b) (6)	56.14205
16.	(b) (6)	56.14100b
17.	(b) (6)	56.4104a
18.	(b) (6)	56.14132b1
19.	(b) (6)	56.14132b1
20.	(b) (6)	58.620
21.	(b) (6)	58.620
22.	(b) (6)	56.14100b
23.	(b) (6)	56.9300a
24.	(b) (6)	56.4102

C. Examples of previous enforcement actions evaluations

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

District Field Office Mine ID Date

Attachment A – Audit Checklist

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

Adequate Inadequate Not Applicable Comments Below

The field notes for Event No. (b) (6) did not contain adequate documentation to determine that highwalls, benches, and elevated roadways were inspected. These areas were documented in previous inspections.

Two citations were issued during the audit for failure to provide back-up alarms on either of two bench drills located in the quarry. Both drills had been documented as inspected during previous inspections.

A citation was also issued for the operator's failure to provide safe access to the second level of the primary crusher, a condition that had existed for an extended period of time.

2. Determine if citations and orders issued during previous inspections were 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 24 citations/orders issued during previous E-01 inspections revealed that more detail could be provided in the narrative regarding violations and the inspector's evaluations for gravity, negligence, and number of persons affected.

(Examples are listed in attachment C)

3. Evaluate inspector/s examinations of required records and postings for compliance with applicable standards.

Adequate Inadequate Not Applicable Comments Below

4. Evaluate the inspectors physical examination of the active working area's of the mine and inspection of all mining cycles during the audit.

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

5. Evaluate the inspectors on-site contaminant assessment and documentation
(b) (6)
(b) (6)

6. Evaluate examination of electrical equipment, transformer stations, and/or electrical circuits
Adequate Inadequate Not Applicable Comments Below

7. Determine if adequate close-out conferences are being conducted at the end of each inspection.
Adequate Inadequate Not Applicable Comments Below
Inspection reports included documentation that close-out conferences are being held in compliance with current MSHA policy and procedure.

8. Determine if Possible knowing/Willful (PKW) forms are documented and processed according to agency policy and procedures.
Adequate Inadequate Not Applicable Comments Below

9. 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
There are no 103(i) mines currently assigned to this field office.

10. Determine if Hazard complaint inspections/investigations are being conducted according to policy and procedures
Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

12. Are required Office Reviews (FAR's) and supervisory follow-up being conducted and documented according to agency policy and procedures?
(One E-01/Inspector/every six months/FY – minimum)

Adequate Inadequate Not Applicable Comments Below

Required office reviews for FY 2010 were completed and in compliance with current MSHA policy and procedure.

13. Are required Field Accompanied Activity Reviews (AAs) and supervisory follow-up being conducted and documented according to agency policy and procedure?
(One E-01/inspector/FY – minimum)

Adequate Inadequate Not Applicable Comments Below

Five of the 6 required Accompanied Activities were completed in FY 2010. The completed AAs were well documented for accomplishments and deficiencies and in compliance with current MSHA policy and procedure.

14. 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

15. Determine if required mine files are legible, up to date, and reviewed by supervisors.

Adequate Inadequate Not Applicable Comments Below

16. Determine if supervisors are visiting mines

Adequate Inadequate Not Applicable Comments Below

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

District Field Office Mine ID Date

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

Adequate Inadequate Not Applicable Comments Below

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

(b) (6)

(b) (6)

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

Adequate Inadequate Not Applicable Comments Below

Random inspection reports are reviewed at the district and are documented with a feedback report for the field office supervisors.

20. Determine if District Manager is using discretion in granting conferences and is monitoring the ACRI 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 audit did not review the ACRI program as it was specific to the Rolla field office and mine visit.

21. 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 SI program was not reviewed as part of this audit.

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

District Field Office Mine ID Date

22. 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

In addition to Key Indicators the district tracks its own data and monitors inspection activity

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

Adequate Inadequate Not Applicable Comments Below

24. 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

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

Adequate Inadequate Not Applicable Comments Below

26. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate Inadequate Not Applicable Comments Below

See Checklist Item No.2

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

District South Central Field Office Rolla, MO North 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 #1 conveyor in the primary crushing plant has excessive accumulations of material on the framework. The accumulations range in size from approx. 1'x 1'x 1' to 1'x 1'x 2' and are approx. 60' above ground level. This condition creates a fall of material hazard to miners that work or travel in this area.</p>			
<small>See Continuation Form (MSHA Form 7000-3a)</small>			
9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14110
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 [04a]		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 Mit M	
22. Signature (b) (6)		23. AR Number (b) (6)	
<p><small>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.</small></p>			

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

District South Central Field Office Rolla, MO North 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) (Contractor)		
8. Condition or Practice			

8a. Written Notice (103g)

Safe access has not been provided to the primary crusher working platform. Miners must use an approx. 9.5' ladder to reach the floor grading level then climb over or through the handrails. This condition creates a fall of person hazard of approx. 9.5'.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11001

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
	(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	(b) (6)	21. Primary or Mill	M
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 South Central Field Office Rolla, MO North 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) (Contractor)
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The main electrical cabinet in the crushing plant electrical building has 17 breakers that are not labeled to identify which circuit they control. This condition creates the hazard of miners not knowing which breaker to trip in the event of electrical shock or an electrical fire.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12006

Section II—Inspector's Evaluation

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

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
	(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)	M
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 South Central Field Office Rolla, MO North 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)	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 area north of the primary crusher control booth has an approx. 40' open ledge that is not barricaded nor posted with warning signs. This condition creates a fall of person hazard of approx. 17'.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.20011
--------------	--	-------------------	---

Section II—Inspector's Evaluation

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

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 M
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.

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

District South Central Field Office Rolla, MO North 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 west stacking conveyor catwalk in the secondary crushing plant has an accumulation of spilled material along the first approx. 10'. The spilled material is composed of approx. 6" diameter rocks and is approx. 10" in depth. According to the operator the plant is in the same condition as it was when last operated. This condition creates slip, trip and fall hazards to miners. Mine management engaged in aggravated conduct consisting of more than ordinary negligence by being aware of this condition and not taking appropriate actions to correct the cause of this continuing safety hazard. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

10. Gravity:							
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:			D. Number of Persons Affected:				
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	001				
11. Negligence (check one)							
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action 104d2			13. Type of Issuance (check one)				
			Citation <input type="checkbox"/>		Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>	Written Notice <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr		
A. Citation <input type="checkbox"/>		B. Order <input checked="" type="checkbox"/>	(b) (6)		(b) (6)		

15. Area or Equipment The west stacking conveyor catwalk in the secondary crushing plant.

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

Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	23. AR Number (b) (6)
22. Signature (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 of 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 South Central Field Office Rolla, MO North 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"/>

An area of approx. 40' long and 10' wide under the west stacking conveyor in the secondary crushing plant, including a travelway, has no guards, shields or other devices to protect miners from falling material. This material is generated by the operation of the west stacking conveyor. The material that falls in this area is approx. 6" in diameter. This condition creates the hazard of miners being struck by material falling from heights of between approx. 10' to 30'.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other: <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14110
--------------	---	-------------------	--

Section II—Inspector's Evaluation

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

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 M	23. AR Number (b) (6)
22. Signature (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 South Central Field Office Rolla, MO North 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)

The east stacking conveyor feed box working platform has not been maintained in good condition. The floor grading is loose and separated on 2 sides of an approx. 2' x 3' section at the corner. This condition creates a fall of persons hazard.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

12. Type of Action 104a

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

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

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 The east stacking conveyor feed box working platform has been repaired and is now in good condition.

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 Mili M
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 South Central Field Office Rolla, MO North 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 (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)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The east stacking conveyor catwalk has an approx. 2' x 2.5' opening at the top approx. 3' under the V-belt guard at the head pulley. This condition creates a fall of person hazard of approx. 25'.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11012
--------------	--	-------------------	---------------------------------	----------

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

Section III--Termination Action
 17. Action to Terminate The opening at the top of the east stacking conveyor catwalk has been covered.

18. Terminated	A. Date (b) (6)	B. Time (24 Hr. Clock) (b) (6)
----------------	-----------------	--------------------------------

Section IV--Automated System Data		
19. Type of Inspection (activity code)	20. Event Number (b) (6)	21. Primary or Mill M
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 South Central Field Office Rolla, MO North 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 <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 east stacking conveyor catwalk has an approx. 100' section that is not equipped with an emergency stop device or a railing positioned to prevent a person from falling on or against the conveyor. The existing emergency stop device is disabled approx. 25' up the conveyor and is broken and wrapped around a support approx. 25' from the top of the conveyor. This condition creates an entanglement hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14109</u>
--------------	---	-------------------	--

Section II--Inspector's Evaluation

10. Gravity:								
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>		
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input 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: <u>001</u>			
11. Negligence (check one)		A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action <u>104a</u>		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 <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	
---------------------	------------------------------------	---------------------------------------	--

Section III--Termination Action

17. Action to Terminate A properly positioned railing has been installed on the east stacking conveyor along the entire length of the catwalk.

18. Terminated	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	
----------------	------------------------------------	---------------------------------------	--

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 <u>M</u>	23. AR Number <u>(b) (6)</u>
22. Signature <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, 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 South Central Field Office Rolla, MO North 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)	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"/>

A readily visible sign prohibiting smoking and open flames is not posted where lube oil is stored and retrieved outside the east plants MCC. This condition creates a fire hazard due to miners being unaware of the restrictions on smoking and open flames.

See Continuation Form (MSHA Form 7000-3a)

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

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:			D. Number of Persons Affected:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			001			
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104a			13. Type of issuance (check one)			
			Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action					E. Citation/Order Number	
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					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)
---------------------	-----------------------------	--------------------------------

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 M	23. AR Number (b) (6)
22. Signature (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 South Central Field Office Rolla, MO North 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)	(b) (6)
4. Served To			5. Operator
(b) (6)			(b) (6)
6. Mine			7. Mine ID
(b) (6)			(b) (6)
			(Contractor) <input type="checkbox"/>
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

A readily visible sign prohibiting smoking and open flames is not posted on the portable diesel fuel storage/fueling trailer located on the Bethany ledge. This condition creates a fire hazard due to miners being unaware of the restrictions on smoking and open flames.

See Continuation Form (MSHA Form 7000-3e)

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

Section II—Inspector's Evaluation

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

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	(b) (6)	M
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 South Central Field Office Rolla, MO North 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)	(b) (6)
4. Served To		5. Operator	
(b) (6)		(b) (6)	
6. Mine		7. Mine ID	
(b) (6)		(b) (6)	
			(Contractor)
			8a. Written Notice (103g) <input type="checkbox"/>

8. Condition or Practice
 The John Deere tracker used to tow the portable fuel storage/fueling trailer, located on the Bethany ledge, has exposed battery terminals. This condition creates the hazard of arcing and possible explosion of the battery should metal tools or other metal objects come into contact with the terminals.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14100b

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

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

Section III--Termination Action
 17. Action to Terminate The John Deere tracker's exposed battery terminals have been covered.

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

Section IV--Automated System Data		
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	(b) (6)	M
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 South Central Field Office Rolla, MO North 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)
8a. Written Notice (103g) <input type="checkbox"/>		

8. Condition or Practice

The portable fuel storage/fueling trailer hitch is not being used in accordance with the manufactures designed intended capacity. The clamping mechanism that holds the hitch on the ball of the receiver is missing. The approx. 4" diameter steel sleeve of the hitch is resting over an approx. 1 7/8" ball. This trailer is hauled through many areas of the mine over rough terrain and steep grades. This condition creates the hazard of this trailer becoming detached from the tractor while being hauled and striking a miner on foot or colliding with another piece of mobile equipment. Additionally, there are no safety chains used or installed on this trailer or the tractor being used to haul this trailer contributing to the hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14205
--------------	---	-------------------	---

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr (b) (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 M

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 South Central Field Office Rolla, MO North 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)	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

The portable fuel storage/fueling trailer has no safety chains used or installed on this trailer or the tractor being used to haul this trailer. This trailer is hauled through many areas of the mine over rough terrain and steep grades. This condition creates the hazard of this trailer becoming detached from the tractor while being hauled and striking a miner on foot or colliding with another piece of mobile equipment. Additionally, the hitch is not being used in accordance with the manufactures designed intended capacity, the clamping mechanism that holds the hitch on the ball of the receiver is missing and the approx. 4" diameter steel sleeve of the hitch is resting over an approx. 1 7/8" ball, all contributing to the hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14209b
--------------	---	-------------------	--

Section II—Inspector's Evaluation

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

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

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

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

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr (b) (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 M

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 NC 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 South Central Field Office Rolla, MO North 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)	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)
8a. Written Notice (103g) <input type="checkbox"/>		

8. Condition or Practice

No apparent effort was made to repair the hitch on the portable fuel storage/fueling trailer located on the Bethany ledge. The portable fuel storage/fueling trailer is hereby ordered withdrawn from service until the hitch repaired and an MSHA inspector can observe the hitch is repaired and functions as the manufacturer intended.

Equipment: The Portable fuel storage/fueling trailer.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14205
--------------	---	-------------------	---------------------------------	----------

Section II—Inspector's Evaluation

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

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

Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number (b) (6)	21. Primary or Mill	M
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 South Central Field Office Rolla, MO North 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 fuel pump motors muffler located on the portable fuel storage/fueling trailer has broke loose from the exhaust. This condition can cause back fires resulting in sparks and fire being expelled from the exhaust creating a fire hazard.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr (b) (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 M	23. AR Number (b) (6)
22. Signature (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 South Central Field Office Rolla, MO North 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 <u>(b) (6)</u>	
1. Date <u>(b) (6)</u>	Mo Da Yr	2. Time (24 Hr. Clock) <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"/>	

There fittings on the portable fuel storage/fueling trailers fueling hose has not been maintained in a leak free condition. There is approx 1-2 drops of diesel fuel leaking every 5 seconds from 2 different fittings. This condition creates a fire hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.4104a
--------------	---	-------------------	---------------------------------	----------

Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date <u>(b) (6)</u>	Mo Da Yr	B. Time (24 Hr. Clock) <u>(b) (6)</u>
---------------------	------------------------	----------	---------------------------------------

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 <u>(b) (6)</u>	21. Primary or Mill M	23. AR Number <u>(b) (6)</u>
22. Signature <u>(b) (6)</u>			

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.

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

District South Central Field Office Rolla, MO North 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)	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)

B. Condition or Practice

The Gardner Denver drill rig, located on the Bethany ledge, has not been provided with an automatic reverse activated alarm. This condition creates the hazard of miners being struck or ran over due to the unexpected movement of this drill rig.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14132b1
--------------	---	-------------------	---------------------------------	------------

Section II--Inspector's Evaluation

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

15. Area or Equipment

16. Termination Due	A. Date (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 M
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 South Central Field Office Rolla, MO North 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 <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

Ba. Written Notice (103g)

The Air Track drill rig, located on the Bethany ledge, has not been provided with an automatic reverse activated alarm. This condition creates the hazard of miners being struck or ran over due to the unexpected movement of this drill rig.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14132b1</u>
--------------	---	-------------------	--

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
---------------------	------------------------------------	--

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) <u>E01</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Mill <u>M</u>
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, 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 South Central Field Office Rolla, MO North 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 Gardner Denver drill rig was observed drilling dry holes without effective means of dust control. The dust collection system has been disconnected. This conditions creates the hazard of an over exposure to silica bearing dust and reduced visibility.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 58.620
--------------	---	-------------------	---

Section II—Inspector's Evaluation

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

Section III—Termination Action

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

Section IV—Automated System Data

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



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. Subject Tr. (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"/>

011

The Air Track drill rig was observed drilling dry holes without effective means of dust control. The dust collection system has been disconnected. This conditions creates the hazard of an over exposure to silica bearing dust and reduced visibility.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 58.620
--------------	---	-------------------	---

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr (b) (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 Minor M
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 South Central' Field Office Rolla, MO North 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"/>

The operators cab access step on the air track drill rig is missing. The operator must step down and climb up approx. 3'-4' depending on the terrain many times during a shift. This drill rig is operated on rough terrain and in muddy and slick conditions. This condition creates a slip, trip and fall hazard.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

10. Gravity:						
A. Injury or illness (was) (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:			D. Number of Persons Affected:			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			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		13. Type of Issuance (check one)				
104a		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

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	M
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 South Central Field Office Rolla, MO North 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 Ba. Written Notice (103g) <input type="checkbox"/>		

The elevated roadway along the southeast ledge of the Bethany ledge has no berm or guard rail along an approx. 300'-400' section. This roadway is routinely used as a haul road for CAT 777 haul trucks. The haul trucks leave the shale ledge travel down grade and must navigate a turn just prior to were this ledge begins. This condition creates the hazard of a haul truck over traveling and falling approx. 25' in the event of a loss of control incident. Mine management engaged in aggravated conduct constituting more than ordinary negligence in that members of management have been in this are many times and failed to take corrective action. This is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104d2		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input 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 The elevated roadway along the southeast ledge of the Bethany ledge.

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

Section III--Termination Action

17. Action to Terminate

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	23. AR Number (b) (6)
22. Signature (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 South Central Field Office Rolla, MO North 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 <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"/>

There is accumulations of diesel fuel under the fuel storage/fueling station. This accumulation covers an area of approx. 4'x6'. This condition creates a fire hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.4102</u>
--------------	---	-------------------	---

Section II--Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
---------------------	------------------------------------	--

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) <u>E01</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Mili <u>M</u>
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, 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

Attachment C - Examples of Previous Enforcement Actions Evaluations

Mine ID	Violation	Date Issued	Type	COS	30 CFR	S&S	Likely	Injury	Affected	Negligence
(b) (6)	(b) (6)	(b) (6)	104(a)	Citation	56.20002(a)	N	UL	LD	11	Low
No potable drinking water is provided for miners at this location. This creates the hazard of miners become dehydrated when working in extreme heat conditions.										
The narrative of the citation does not provide enough detail to support the inspector's determination of persons affected or negligence. (Actual location of nearest potable water source and environmental conditions could be more detailed to support evaluation)										

Mine ID	Violation	Date Issued	Type	COS	30 CFR	S&S	Likely	Injury	Affected	Negligence
(b) (6)	(b) (6)	(b) (6)	104(a)	Citation	56.14100(d)	N	NL	NLD	0	Low
Equipment safety check lists are not being filled out and maintained by the operator.										
There is not enough information in the narrative to determine if a violation existed. The standard cited requires the record be maintained until the defects are corrected. What equipment was inspected that required a record?										

Mine ID	Violation	Date Issued	Type	COS	30 CFR	S&S	Likely	Injury	Affected	Negligence
(b) (6)	(b) (6)	(b) (6)	104(a)	Citation	56.12030	N	UL	LD	1	Mod
Two extension cords are found available for use, on the T98 generator with damaged places in the outer jacket of the cable. The damaged places is approx 2 to 4 inches long the enter conductors of the cables are exposed. Miners use the cords on an as needed basis to power up tools and to activate the heaters on diesel equipment. This creates a shock and burn hazard to miners.										
The narrative of the citation supports a greater degree of likelihood and injury because miners could have come into contact with live current. Were the inner conductors exposed, or were the insulated inner conductors?										

INTERNAL REVIEW AUDIT MATRIX SCORING SYSTEM - ROLLA MISSOURI, ROLLA-NORTH FIELD OFFICE AUDIT, MARCH 7, 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%
2	C/MNM	Incomplete or inadequate inspections	Not following policy, procedures, failure to cite violations, inspecting all areas/equipment, conducting 103(i) inspections	5	5	1	2		8	73%
3	C/MNM	Supervisors did not provide adequate oversight	No review/lax review of inspection reports/PKW/SAR/FAR/AA	5		N/A			0	0%
4	C/MNM	Improper evaluation of gravity, negligence, type of enforcement action	Self evident/ Inadequate documentation/note taking	5					0	0%
5	C/MNM	Peer Reviews were inadequate	Did not include audit reviews, follow up, FARs/AAs	4		N/A			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		N/A	N/A		0	0%
7	C/MNM	MSHA Data not used/reviewed	Key Indicators, Mine Profile, Inspection Completion Statistics, Databases not maintained	2					0	0%
8	C/MNM	Lack of Unwarrantable Failure Tracking System	Self Explanatory	1		N/A			0	0%
9	C/MNM	Conflict of Interest	Prior employment, supervision of relatives, etc.	1					0	0%
10	C/MNM	Failure to comply with Hazard Complaints procedures	Hazard Complaint handbook, policies, procedures not being followed	1					0	0%
11	C	Failure to conduct investigations for multi-phase plans	No on-site investigations	1		N/A	N/A		0	0%
12	C	Failure to observe retreat mining	Wherever retreat mining is conducted (except longwall mining)	1					0	0%
TOTAL SCORE									8	

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

- Summary:
- A) The audit revealed the Rolla-North Field Office, Rolla Missouri had 1 of the 12 most common issues found in the internal review reports as issues identified by the audit team.
 - B) 1 of the 10 internal review categories that relate to the metal-nonmetal program area were identified during this audit.