



September 21, 2012

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

THROUGH: NEAL H. MERRIFIELD (b) (6)  
Administrator for  
Metal Nonmetal Mine Safety and Health

FROM: JAY MATTOS (b) (6)  
Director, Office of Assessments, Accountability, Special Enforcement  
and Investigations

SUBJECT: MSHA Office of Accountability Audit, MNM North Central District,  
Lansing Michigan Field Office, (b) (6)  
(b) (6)

Introduction

This memorandum summarizes the Office of Accountability audit of the subject district office, field office and mine. The audit included MSHA field activities; level of enforcement; conditions and practices at the mine; Field Accompanied Reviews (FARs); Office Reviews (ORs), and MSHA supervisory and managerial oversight.

The audit included evaluations to determine if there were any deficiencies in areas commonly identified during Agency internal reviews of MSHA's actions following past mine disasters.

Positive findings are included in this audit report.

Overview

The field office audit was conducted by Accountability Specialist Jerry J. Kisseli from (b) (6) (b) (6). The (b) (6) accompanied the Accountability specialist during this audit.

The audit team traveled with the inspection party to the (b) (6) on (b) (6) (b) (6) on a regular (E-01) inspection. Areas examined included the power house main power center disconnect room, operators control booth, primary feed hopper, drum feed conveyor belt, drum, oversize conveyor belt, big screen, scrubber feed conveyor

belt, peastone scrubber, peastone conveyor belt, freestall screw, the 2NS sand screw, 2NS sand conveyor belt, 12 inch well pump, 8 inch well pump, the sand pump, overhead conveyor belt, the little screen, fines screen, 4A conveyor belt, 5A conveyor belt, 5A transfer screen conveyor, 6A conveyor belt, 6A transfer conveyor belt, and three settling ponds. Mobile equipment included the water truck, a Komatsu WA 480 front end loader, and a Clark forklift. Other area's traveled and equipment inspected included the truck shop, scale house, truck scales, the quality control lab room, firefighting equipment and records. The inspection team also observed miner work practices during the mine site visit.

### Audit Results

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

1. Enforcement personnel conducted themselves in a professional and courteous manner at all times during the audit and during the inspection.
2. Enforcement personnel used appropriate enforcement tools during the mine site visits
3. Field Accompanied Reviews (FARs) and Office Reviews (ORs) for the Lansing field office in the first half of FY 2012 office were adequately documented.
4. Staff and safety meetings were well documented and consistently included updates and reviews of MSHA initiatives and policy memoranda and safety topics reviewed for MSHA personnel.

This audit revealed no issues that require corrective action.

### Attachments

- A. Internal Review Summary
- B. Office of Accountability Checklist
- C. Statistics
- D. Citations/Orders issued during this audit

(b) (6)

- |             |             |
|-------------|-------------|
| 1. (b) (6)  | 56.12032    |
| 2. (b) (6)  | 56.12032    |
| 3. (b) (6)  | 56.12034    |
| 4. (b) (6)  | 56.12004    |
| 5. (b) (6)  | 56.9300(a)  |
| 6. (b) (6)  | 56.11002    |
| 7. (b) (6)  | 56.12004    |
| 8. (b) (6)  | 56.12004    |
| 9. (b) (6)  | 56.14100(b) |
| 10. (b) (6) | 56.12008    |
| 11. (b) (6) | 56.20014    |
| 12. (b) (6) | 56.4101     |
| 13. (b) (6) | 56.4104(b)  |

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|-------------|-------------|
| 14. (b) (6) | 56.14107(a) |
| 15. (b) (6) | 56.11002    |
| 16. (b) (6) | 56.20003(a) |

E. Examples of citations with potential issues from previous E01 inspections.

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District North Central Field Office Lansing, Michigan Mine ID (b) (6) Date (b) (6)

### Attachment A – Internal review Summary

The table below lists the most common internal review findings following mine disasters. The Lansing, Michigan field office had none of the most commonly identified issues.

Common Internal Review Findings	Examples of Deficiencies:
Failure to identify deviations in approved plans.	Not identifying operator departures from requirements in any plan that requires approval, such as training plans, roof control plans, ventilation plans, emergency response plans, etc.
Incomplete or inadequate inspections.	Not following policy or procedures for conducting inspections. Failure to cite all violations. Not inspecting all areas and equipment.
Failure to conduct 103(i) spot inspections according to policy.	Not conducting spot inspections in a timely manner and at irregular intervals.
Supervisors did not provide adequate oversight.	No review/lax review of inspection reports. Inadequate review of PKW/SAR forms. Failure to conduct required Field Activity Reviews and Accompanied Activities.
Improper evaluations of gravity, negligence and type of enforcement action.	Inadequate documentation to support citation and evaluation. Failure to consider and document aggravating or mitigating circumstances.
Inadequate Peer Reviews	Inadequate district level Peer Reviews. Failure to adopt and follow corrective action plans. Failure to follow up or monitor effectiveness of corrective action plans.
Weakness in the ACR Program	Not following ACR handbook. Inadequate management oversight. Failure to follow the Mine Act, MINER Act, 30 CFR and MSHA policy.
MSHA data not used or reviewed.	Key Indicators, Mine Profile, Inspection completion reports not being used. Failure to keep MSIS data up to date and accurate.
Lack of unwarrantable failure tracking system	No or inadequate unwarrantable failure sequence tracking system.
Conflict of Interest	Inspecting prior employers, employment of relatives
Failure to comply with Hazard Complaint Procedures.	Improper coding of inspections. Inadequate documentation of inspections/investigations.
Investigations of multi-phase plans	Failure to conduct on-site evaluations of plans.
Failure to observe retreat mining.	Inadequate periodic evaluations when retreat mining is conducted.

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Attachment B – Audit Checklist

1. Determine if complete and thorough E01 inspections are being conducted.

Adequate  Corrective Action Needed  Comments Below

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  Corrective Action Needed  Comments Below

3. Evaluate inspector(s) examination of required records and postings for compliance with applicable standards.

Adequate  Corrective Action Needed  Comments Below

4. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles.

Adequate  Corrective Action Needed  Comments Below

5. Evaluate the inspector(s) on-site contaminant assessment and documentation.

Adequate  Corrective Action Needed  Comments Below

No health samples were taken during this inspection. A review of previous Inspection reports shows the last health surveys were conducted in June 2010.

6. Evaluate inspector(s) examination of electrical equipment, transformer stations, and/or electrical circuits.

Adequate  Corrective Action Needed  Comments Below

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District  Field Office  Mine ID  Date

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

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

No PKW's were reviewed during this audit.

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  Corrective Action Needed  Comments Below

There are no 103(i) mines in the jurisdiction of the Lansing field office.

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

Adequate  Corrective Action Needed  Comments Below

11. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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District  Field Office  Mine ID  Date

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13. Are Field Accompanied Reviews (FARs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?  
(one/inspector/year - minimum)

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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15. Determine if the Mine Files are legible, up to date and reviewed by supervisors.

Adequate  Corrective Action Needed  Comments Below

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16. Determine if supervisors are visiting active mines.

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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

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

Adequate  Corrective Action Needed  Comments Below

(b) (6)

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

Adequate  Corrective Action Needed  Comments Below

The ACR program was not reviewed during this audit

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

Adequate  Corrective Action Needed  Comments Below

The Special Investigations Program was not included in this audit.

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

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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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  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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

Adequate  Corrective Action Needed  Comments Below

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District North Central Field Office Lansing, Michigan Mine ID (b) (6) Date (b) (6)

Attachment C – Statistics

S&S Rate Comparison

During FY 2011, the S&S rates for the Lansing, Michigan Field Office are lower than the average for the North Central District and national average. Citations issued during the audit were appropriately issued and consistent with policy and procedures. (See attachment D)

Fiscal Year	Lansing Field Office	North Central District	National Average
2010	27%	28%	35%
2011	24%	25%	30%

Time and Activity Comparison

A comparison of FY 2010 and FY 2011 time distribution for the Lansing field office at surface facilities shows that time in the other category has increased and on-site time has stayed about the same.

Time Distribution (%) – E01 Inspections at Surface Facilities							
FY	Area/Office	Travel	**Other	*Total On-Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
2010	FO	29%	6%	60%	3%	5%	100%
	Nat'l Avg	20%	10%	62%	4%	8%	100%
2011	FO	26%	8%	60%	2%	6%	100%
	Nat'l Avg	21%	11%	61%	3%	6%	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 2010 and FY 2011 time distribution for the Lansing field office at surface mines shows that time in the other category has increased and on-site time has stayed about the same.

Time Distribution (%) – E01 Inspections at Surface Mines							
FY	Area/Office	Travel	**Other	*Total On-Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
2010	FO	25%	10%	59%	5%	6%	100%
	Nat'l Avg	25%	12%	56%	4%	7%	100%
2011	FO	26%	11%	58%	5%	5%	100%

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District North Central Field Office Lansing,  
Michigan Mine ID (b) (6) Date (b) (6)

	<b>Nat'l Avg</b>	26%	12%	55%	3%	7%	100%
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\*\* 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 2010 and FY 2011 time distribution for the Lansing field office at underground mines shows that time in the other category has increased and on-site time has remained about the same.

Time Distribution (%) – E01 Inspections at Underground Mines							
FY	Area/Office	Travel	**Other	*Total On-Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
2010	FO	19%	10%	66%	1%	5%	100%
	Nat'l Avg	23%	11%	60%	2%	6%	100%
2011	FO	17%	14%	66%	15	3%	100%
	Nat'l Avg	25%	11%	58%	2%	6%	100%

\*\* Other time includes calibration of health sampling equipment, and mailing of samples  
 \* Total On-Site time includes citations written on-site

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Attachment D- Citations issued during the Audit

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District North Central Field Office Lansing, Michigan Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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

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

The 480 volt control panel for the Drum soft start, had an opening in the side of the panel. The 4 inch diameter opening, located 71 inches high from the floor, had wrenches hanging on the wall next to it. The wrenches ranged in size, with the smallest near the opening. Should a wrench fall into the opening and rest on the exposed lugs within the panel, high temperature arcing could occur, energizing the control panel, resulting in a miner receiving subsequent harmful voltages. The wrenches are used on as needed basis.

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 56.12032
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input 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 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 <span style="color: red;">(b) (6)</span>	B. Time (24 Hr. Clock) <span style="color: red;">(b) (6)</span>
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Section III—Termination Action

17. Action to Terminate A piece of metal was securely installed over the opening.

18. Terminated	A. Date <span style="color: red;">(b) (6)</span>	B. Time (24 Hr. Clock) <span style="color: red;">(b) (6)</span>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <span style="color: red;">(b) (6)</span>	21. Primary or Mill P	23. AR Number <span style="color: red;">(b) (6)</span>
22. Signature <span style="color: red;">(b) (6)</span>			

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

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District North Central Field Office Lansing, Michigan 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)	<div style="border: 1px solid black; padding: 2px;">(b) (6)</div>		
6. Mine	7. Mine ID		(Contractor)
(b) (6)	<div style="border: 1px solid black; padding: 2px;">(b) (6)</div>		
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

In the Start Up room, the start/stop station had 5 openings in the front of the panel. The openings were 1 1/4 inch in diameter, and within 1 1/2 inch of the lugs located on the back of the existing buttons. Should accidental contact with the 110 volt circuitry within the panel occur, electrical shock and/or electrical burns could be received. This area is accessed at least 2 times per shift to start/stop the components of the plant.

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
			56.12032

Section II—Inspector's Evaluation:

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

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 Spare buttons were installed in the openings and labeled as spare.

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

Section IV—Automated System Data

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

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District North Central Field Office Lansing, Michigan 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"/>

There was an unguarded 110 volt incandescent light bulb located in a ceiling fixture. The bottom of the bulb glass was located 75 inches high from the metal floor. Should the glass be broke and expose the energized conductors within, electrical shock and/or electrical burns would be received by a miner. This area is accessed at least 2 times per shift to start/stop the components of the plant.

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
			56.12034

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

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

Section III--Termination Action

17. Action to Terminate A new light fixture was installed complete with glass globe and metal cage.

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

Section IV--Automated System Data			
19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill
		(b) (6)	P
22. Signature			23. AR Number:
(b) (6)			(b) (6)

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

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 Mine Safety and Health Administration  
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District North Central Field Office Lansing, Michigan 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		(Contractor)
(b) (6)	(b) (6)		
6. Mine	7. Mine ID		
(b) (6)	(b) (6)		

8. Condition or Practice

8a. Written Notice (103g)

The Drum Feed conveyor 480 volt cable, had the outer protective jacket damaged. There was a cut approximately 1 1/2 inches long, which exposed the insulated inner conductors to mechanical damage from vibration and exposure to the elements. Should the insulation fail, miners would be exposed to electrical burns or fatal electrical shock. This is not a normal travel way, and no visible damage to the conductor insulation was observed.

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
			56.12004

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 The damaged area was repaired with wrappings of electrical tape.

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

Section IV—Automated System Data

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

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

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

District North Central Field Office Lansing, Michigan 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"/>

At Settling Pond #1, there was no berm or guard rail located along the water to prevent over travel of equipment. The 10' deep pond had evidence of excavator tracks within 7' of the edge of the pond. The excavator was in the area 1 month prior cleaning out the fines from the pond. The area could be accessed from both the north and south ends. Should a piece of mobile equipment over travel the edge of the pond and overturn, a fatal drowning could occur.

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
			56.9300a

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 A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
15. Area or Equipment				F. Dated Mo Da Yr

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

Section III—Termination Action

17. Action to Terminate A berm was installed along the water edge and at both entrance points.

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

Section IV—Automated System Data

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

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

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

District North Central Field Office Lansing, Michigan 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		6. Mine	
(b) (6)	(b) (6)		(b) (6)	
(b) (6)	7. Mine ID		(Contractor)	
	(b) (6)			
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>	

The stairway on the Overhead conveyor had no handrails on the north side, and the handrail above the feeder was not maintained. The top of the stairs was 51 inches from ground. There was an existing handrail on the south side. The ground below the stairs was of loose composition, consisting of small rock 2 inch and minus. Should a miner accessing this area loose balance or footing, sprains or broken bones could be received. This area is accessed at least 1 time per month to grease.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR	56.11002
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Section II—Inspector's Evaluation

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

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 A handrail was fabricated and securely installed on the stairway, and the handrail was maintained over the feeder.

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

Section IV—Automated System Data

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

MSHA Form 7000-3, Apr 08 (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 North Central Field Office Lansing, Michigan 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 Fines Screw 480 volt cable had the outer protective jacket damaged. There was a cut 1/4 inch long, which exposed damage to the inner conductor insulation of the green and red conductors. The damaged area was located 73 inches above the clean out hole. There was an accumulation of water in the hole. Should this condition have been allowed to continue and moisture enter the cable, a path could be established to the metal framework of the screw. Should a miner inadvertently contact the framework, electrical burns and/or fatal electrical shock would be received. This area is normally accessed with a loader to clean accumulations of fines.

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
			56.12004

Section II—Inspector's Evaluation

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

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

Section III—Termination Action

17. Action to Terminate The affected conductors were individually wrapped with electrical tape and the protective jacket was wrapped with electrical tape.

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

Section IV—Automated System Data

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

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

District North Central Field Office Lansing, Michigan 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 5A Screen conveyor had the outer protective jacket damaged. There was a 1/2 inch wear area which exposed damage to the inner conductor insulation of the black conductor. The damaged area was located 55 inches high from ground, with the cable located next to the metal framework supporting the conveyor. Should this condition have continued through normal mining operations, the framework would become energized by contact or introduction of moisture. Inadvertent contact would result in a miner receiving electrical burns and/or fatal electrical shock.

See Continuation Form (MSHA Form 7000-3a)

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

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)	(b) (6)

Section III--Termination Action

17. Action to Terminate The affected conductor was wrapped with electrical tape and the protective jacket was wrapped with electrical tape.

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

Section IV--Automated System Data

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

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

District North Central Field Office Lansing, Michigan 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"/>

When tested, the brake lights on the Komatsu WA480 front end loader, s/n A38047, did not function properly when the brake pedal was utilized. The loader is mainly used to feed the wash plant and load trucks. Without operating brake lights, the operator of another vehicle, not knowing the intentions of the loader operator, could run into the loader resulting in bruising or lacerations. The loader was observed in use earlier in the shift.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

10. Gravity:

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

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

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

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

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

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

15. Area or Equipment

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
		(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)	P
22. Signature			23. AR Number
(b) (6)			(b) (6)

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

District North Central Field Office Lansing,  
Michigan Mine ID (b) (6) Date (b) (6)

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

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

Section II--Justification for Action

The termination time is extended to allow the operator time to procure and install the correct parts. Phone verification with supplier, parts expected to arrive on (b) (6)

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV--Inspection Data

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

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

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

District North Central Field Office Lansing, Michigan Mine ID (b) (6) Date (b) (6)

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

**Section I—Subsequent Action/Continuation Data**

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

**Section II—Justification for Action**

Change	From	To
10. D. Persons Affected	1	2

**Reason**

Wrong number of persons affected on citation.

See Continuation Form

**Section III—Subsequent Action Taken**

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

**Section IV—Inspection Data**

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

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

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

District North Central Field Office Lansing, Michigan 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"/>

In the Shop Utility room, a 110 volt cord supplying power to the water heater, was not substantially bushed. A bushing was installed on the cord, but was not secured to the water heater housing. This did not provide strain relief for the terminations within. Should the terminations be pulled while under load, arcing could occur, energizing the framework. Employees accessing the room could receive electrical burns and/or electrical shock. The room is accessed on as needed basis for mops and buckets.

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
			56.12008

Section II--Inspector's Evaluation					
10. Gravity:					
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 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 The bushing was securely installed in the water heater housing.

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

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

MSHA Form 7000-3, Apr 08 (rev/isd) 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 North Central Field Office Lansing, Michigan 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)
8. Condition or Practice					8a. Written Notice (103g) <input type="checkbox"/>

In the Shop toilet/restroom, bottles of drinking water and Gatorade were stored. The bottles were located in a closed lid cooler. Cleaning products, isopropyl alcohol, and iodine solution were stored on a shelf in the area. Employees were exposing themselves to the possibility of injury or illness if these beverages were to become contaminated and then ingested. There were no open bottles observed. The restroom was clean.

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	56.20014
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Section II—Inspector's Evaluation

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

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

17. Action to Terminate The cooler containing the beverages was removed from the toilet/restroom area and placed outside the door in the shop area.

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

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

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

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

District North Central Field Office Lansing, Michigan 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"/>

In the Shop, there were no readily visible signs to warn of no smoking in the area of oil, aerosol can storage and battery charging station. There was an existing sign on the north service door. The door was locked at time of inspection. The south end of the building service and overhead doors were open. Extinguished cigarette butts were observed on the floor near the storage/charging area. With no signs prohibiting smoking, miners were exposed to the possibility of fire or explosion, resulting in smoke inhalation and burn.

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
			56.4101

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 No smoking signs were installed in easily read locations.

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill	23. AR Number
		(b) (6)	P	(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 North Central Field Office Lansing, Michigan 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>(b) (6)</b>	2. Time (24 Hr. Clock) <b>(b) (6)</b>		3. Citation/Order Number <b>(b) (6)</b>
4. Served To <b>(b) (6)</b>	5. Operator <b>(b) (6)</b>			
6. Mine <b>(b) (6)</b>	7. Mine ID <b>(b) (6)</b>			(Contractor)
8. Condition or Practice				8a. Written Notice (103g) <input type="checkbox"/>

In the Shop, a plastic garbage can containing cardboard boxes, did not have a cover on it. The can was located near oil, aerosol can storage and a battery charging station. Also, shop rags were observed in a plastic milk crate. Extinguished cigarette butts were observed in the area of the garbage can. With no lid, and the container not constructed of metal or equivalent flame containment characteristics, employees working in the area were exposed to the possibility of a fire starting, resulting in burns or smoke inhalation.

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 56.4104b
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Section II—Inspector's Evaluation

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

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

17. Action to Terminate The plastic garbage can was removed from the area. A metal covered can was supplied for the shop rags.

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

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

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 North Central Field Office Lansing, Michigan 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)	
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The Sieve Shaker, located in the Lab, did not have a guard to prevent accidental contact with the moving machine parts. The moving machine parts consisted of the sheave and V-belt. The shaker was mounted to the floor. The exposed opening to the moving parts was 8 inches x 12 inches. A timer control was located 10 inches from the opening. Should contact occur while the shaker is in use, entanglement type injuries would be received resulting in loss of finger(s). The shaker is used multiple times per shift by the lab technician.

See Continuation Form (MSHA Form 7000-3a)

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

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occured <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input 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"/>				F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate A guard was fabricated and securely installed over the moving machine parts.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill P	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 North Central Field Office Lansing, Michigan 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 stairway at the Fuel trailer had no handrail on the north side to prevent a fall. The height of the trailer floor was 50 inches high from ground level. The composition of the ground was 1 inch and minus gravel. Also in the trailer, the floor was cluttered with V-belts and miscellaneous parts. Should a miner accessing the trailer slip/trip, bruising, lacerations, broken bones would be received. There was an existing handrail on the south side. This area is accessed at least 1 time per week for diesel fuel delivery.

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
			56.11002

Section II—Inspector's Evaluation

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

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

Section IV—Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill	23. AR Number
		(b) (6)	P	(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 North Central Field Office Lansing, Michigan 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 <span style="color: red;">(b) (6)</span>	2. Time (24 Hr. Clock) <span style="color: red;">(b) (6)</span>	3. Citation/Order Number <span style="color: red;">(b) (6)</span>
4. Served To <span style="color: red;">(b) (6)</span>		5. Operator <span style="color: red;">(b) (6)</span>
6. Mine <span style="color: red;">(b) (6)</span>		7. Mine ID <span style="color: red;">(b) (6)</span> (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The floor in the Fuel trailer was not kept in a clean and orderly manner. V-belts, plastic 5 gallon oil pails, a hydraulic jack, and miscellaneous parts were strewn on the floor. Miners accessing the area could slip/trip/fall on these items to the trailer floor or down the stairway, resulting in bruising, lacerations or broken bones. The trailer is accessed by the fuel delivery person at least 1 time per week.

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 <span style="color: red;">56.20003a</span>
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Section II—Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr <span style="color: red;">(b) (6)</span>	B. Time (24 Hr. Clock) <span style="color: red;">(b) (6)</span>
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Section III—Termination Action

17. Action to Terminate The trailer floor was cleaned of the items.

18. Terminated	A. Date Mo Da Yr <span style="color: red;">(b) (6)</span>	B. Time (24 Hr. Clock) <span style="color: red;">(b) (6)</span>
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <span style="color: red;">(b) (6)</span>	21. Primary or Mill P	23. AR Number <span style="color: red;">(b) (6)</span>
22. Signature <span style="color: red;">(b) (6)</span>			

MSHA Form 7000-3, Apr 09 (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 North Central Field Office Lansing, Michigan Mine ID (b) (6) Date (b) (6)

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

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

Section II--Justification for Action

Change	From	To
16. B. Termination Due Time	(b) (6)	(b) (6)

Reason

Change termination due time. Wash plant operator stated no miners or personnel accessing the area of the hazard.

See Continuation Form

Section III--Subsequent Action Taken

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

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

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

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

District North Central Field Office Lansing,  
Michigan Mine ID (b) (6) Date (b) (6)

Attachment E – A review of nine citations from previous E01 inspections for the mine visited as well as over 100 random citations for the field office found no issues.