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

THROUGH:  
KEVIN G. STRICKLIN  
Administrator for  
Coal Mine Safety and Health Administration  

JAY P. MATTOS  
Director, Office of Assessments, Accountability, Special Enforcement and Investigations  

FROM:  
ALFRED L. CLAYBORNE  
Deputy Director, Office of Accountability, Special Enforcement and Investigations  

SUBJECT:  
MSHA Office of Accountability Audit, Coal District 6, Pikeville, Kentucky Field Office and  

Introduction  

This memorandum summarizes the Office of Accountability’s 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 Activity Reviews (FARs); Accompanied Activities (AAs); second level reviews; 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 and issues identified requiring attention are included in this audit report.
Overview

The audit was conducted by Accountability Specialist Troy Davis and Supervisory Accountability Specialist Ted Smith from [redacted] through [redacted] the audit team chose to visit a producing mine for this audit. On [redacted] the audit team traveled with the inspection party to the [redacted] on an E01 (regular) mine inspection. Areas and activities examined included the alternate escapeway from the portal to the No. 2 Working Section, communication and tracking system, escape lifelines (in both the alternate and primary escapeways), No. 2 Working Section (MMU’s 004-0 & 005-0). The inspection party conducted an examination of all working faces on the working section for imminent dangers, took air readings, checked test holes, and observed dust parameters and work practices. The section roof support system and ventilation controls along with rock dusting and cleanup were observed during this inspection. A safety talk was conducted on the section with the section crew. Topics discussed included recent accidents both in the district and nationally, current mining conditions and methane liberation for the mine. Also discussions with miners on the section were conducted to determine the knowledge level or adequacy of training concerning the roof control and ventilation plan.

The outby areas visited included the No. 11 belt and belt drive for the No. 2 Working Section. The team also traveled a portion of the primary escapeway to the working section refuge alternative (RA) observing the lifeline and signage to the RA. The RA is a Strata and equipped with stainless steel fittings as required. The team made visual observations of the outby ventilation controls including the equipment airlock doors just inby the portal. Rock Dust applications were observed in all areas traveled. The No. 1 Mine currently has implemented the use of trickle rock dusters to continuously apply rock dust in the returns and other strategic locations. A portion of the A1 seals, were examined (Minova 120 psi seals). These seals are on the intake and were being pre-shifted as required. The seals have been ring grouted with permanent ventilation controls installed and extended up to the face of the seals.

Surface areas examined during the audit included the check-in/check-out system, mine map and mine record books. The audit team observed pre- and post inspection conferences conducted by the inspector.
Audit Results

This audit revealed positive findings in several areas as follows:

1. Inspectors at the Pikeville Field Office were courteous and professional in their interactions with miners and mine operators.

2. The mine conditions as observed in the areas inspected during the mine visit reflected the level of enforcement reviewed in the Key Indicator Reports.

3. The operator has implemented the use of trickle dusters.

4. Good utilization of the Inspection Tracking System (ITS) for integration into the inspectors hardcopy notes.

5. Rockdust Inspection procedures and documentation were in accordance with GIPH.

This audit revealed one issue that requires corrective action:
(Supporting data for this issue can be found in the Office of Accountability (OA) checklist)

1. The documentation for inspections is not complete and thorough for the E01 event
Attachments

A. Internal Review Summary

B. Office of Accountability Checklist

C. Citations/Orders Issued During Audit
   
   No citations were issued during the audit

D. Examples of Citations Issued During Previous E01 Inspections

   See Attachment D

E. Audit Checklist Item #2

F. District Corrective Action Plan
### Attachment A – Internal Review Summary

The table below lists the most common internal review findings following mine disasters. District 6 had one of the most commonly identified issues.

<table>
<thead>
<tr>
<th>Common Internal Review Findings</th>
<th>Examples of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to identify deviations in approved plans.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>X</strong> Incomplete or inadequate inspections</td>
<td>Not following policy or procedures for conducting inspections. Failure to cite all violations. Not inspecting all areas and equipment.</td>
</tr>
<tr>
<td>Failure to conduct 103(i) spot inspections according to policy.</td>
<td>Not conducting spot inspections, not conducted in a timely manner and at irregular intervals.</td>
</tr>
<tr>
<td>Supervisors did not provide adequate oversight.</td>
<td>No review/lax review of inspection reports. Inadequate review of PKW/SAR forms. Failure to conduct required Field Activity Reviews and Accompanied Activities.</td>
</tr>
<tr>
<td>Improper evaluations of gravity, negligence and type of enforcement action.</td>
<td>Inadequate documentation to support citation and evaluation. Failure to consider and document aggravating or mitigating circumstances.</td>
</tr>
<tr>
<td><strong>Inadequate Peer Reviews</strong></td>
<td>Inadequate district level Peer Reviews. Failure to adopt and follow corrective action plans. Failure to follow up or monitor effectiveness of corrective action plans.</td>
</tr>
<tr>
<td>Weakness in the ACR Program</td>
<td>Not following ACR handbook. Inadequate management oversight. Failure to follow the Mine Act, MINER Act, 30 CFR and MSHA policy.</td>
</tr>
<tr>
<td>MSHA data not used or reviewed.</td>
<td>Key Indicators, Mine Profile, Inspection completion reports not being used. Failure to keep MSIS data up to date and accurate.</td>
</tr>
<tr>
<td>Lack of unwarrantable failure tracking system</td>
<td>No or inadequate unwarrantable failure sequence tracking system.</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>Inspecting prior employers, employment of relatives</td>
</tr>
<tr>
<td>Failure to comply with Hazard Complaint Procedures.</td>
<td>Improper coding of inspections. Inadequate documentation of inspections/investigations.</td>
</tr>
<tr>
<td>Investigations of multi-phase plans</td>
<td>Failure to conduct on-site evaluations of plans.</td>
</tr>
<tr>
<td>Failure to observe retreat mining.</td>
<td>Inadequate periodic evaluations when retreat mining is conducted.</td>
</tr>
<tr>
<td><strong>Upper Branch Internal Review Corrective Actions</strong></td>
<td>Corrective Actions implemented as of March 31, 2013</td>
</tr>
</tbody>
</table>
Attachment B – Audit Checklist

1. Determine if complete and thorough E01 inspections are being conducted and/or if policy and procedures were properly followed.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

2. Determine if documentation for inspections is complete and thorough.
   Adequate [ ]  Corrective Action Needed [X]  Comments Below [X]
   See Appendix E

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.

3. Adequate [X]  Corrective Action Needed [ ]  Comments Below [X]
   See Appendix D

4. Evaluate inspector/specialist examination of required record books and postings for compliance with applicable standards.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

5. Evaluate inspector/specialist examination of the operator’s maps (on-site) for accuracy, escapeway locations, etc.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

6. Upon arrival on the working section, accompany and evaluate inspector/specialist examination of all working faces for imminent dangers.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]
7. Evaluate the inspector/specialist observation of the work cycle and conditions on the working section during the audit.
   Adequate ✔ Corrective Action Needed ☐ Comments Below ☐

8. Evaluate the inspector/specialist air quantity, quality, and gas checks during the audit.
   Adequate ✔ Corrective Action Needed ☐ Comments Below ☐

9. Evaluate inspector/specialist examination of equipment electrical cables during the audit.
   Adequate ✔ Corrective Action Needed ☐ Comments Below ☐

10. Evaluate inspector/specialist examination for permissibility during the audit.
    Adequate ☐ Corrective Action Needed ☐ Comments Below ✔
    No permissibility was examined during this audit.

11. Determine if previous E01 inspections include examinations of the condition and maintenance of conveyor belts, belt entries, belt drives, fire detection and suppression systems, and separation of belt entries from other air courses.
    Adequate ✔ Corrective Action Needed ☐ Comments Below ☐

12. During the audit, evaluate the inspection of at least one set of seals, including methods for obtaining samples from sealed area.
    Adequate ✔ Corrective Action Needed ☐ Comments Below ✔
    Minova 120 psi seals were examined, no sampling was conducted during this inspection.
13. Determine if adequate close-out conferences are being conducted at the end of each inspection.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

14. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

15. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [X]

Of the E02 inspection reports reviewed there were no rockdust samples taken, however this is not required by the GIPH but is recommended when conditions exist that warrant sampling.

16. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

17. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.
   Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Are required Field Activity Reviews (FARs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Are Accompanied Activities (AAs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Determine if a 104(d) tracking system is in place and being kept current at the office being audited.</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Tracking through ITS and tracking maps.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Are supervisors thoroughly reviewing Uniform Mine Files at least annually?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Determine if supervisors are visiting each active underground mine at least annually.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
24. Are all sections where retreat mining is occurring (not to include longwall mining) being inspected at least monthly?

Adequate X  Corrective Action Needed  Comments Below

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

Adequate X  Corrective Action Needed  Comments Below

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

Adequate X  Corrective Action Needed  Comments Below

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

Adequate X  Corrective Action Needed  Comments Below

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

Adequate X  Corrective Action Needed  Comments Below
Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Field Activity Reviews and Accompanied Activities.

Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

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

Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

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

Adequate [X]  Corrective Action Needed [ ]  Comments Below [ ]

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

Adequate [ ]  Corrective Action Needed [ ]  Comments Below [X]

The ACRI program was not reviewed during this audit.

Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases.
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<tbody>
<tr>
<td>34.</td>
<td>Determine if managers and supervisors are using required standardized reports to review critical data relevant to inspections and investigations.</td>
<td>Adequate</td>
<td>Corrective Action Needed</td>
<td>Comments Below</td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
<td></td>
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<td></td>
<td>MSHA Report Center on MSHAnet website, MSIS, and MPA</td>
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<td>35.</td>
<td>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.</td>
<td>Adequate</td>
<td>Corrective Action Needed</td>
<td>Comments Below</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td></td>
<td>Last District Peer Review was conducted August 29 through September 2, 2011</td>
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<td>36.</td>
<td>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?</td>
<td>Adequate</td>
<td>Corrective Action Needed</td>
<td>Comments Below</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
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</tbody>
</table>
UBB Internal Review Corrective Actions
(Implemented as of March 31, 2013)

   Adequate X  Corrective Action Needed  Comments Below  

38.  (#3) On August 30, 2012, the Administrator for Coal directed district managers to use MPA database system to identify overdue responses from operators and take appropriate actions.
   Adequate X  Corrective Action Needed  Comments Below  

39.  (#4) Enforcement personnel were instructed that MSHA policy only allows violations of 30 CFR 48.5, 48.6, 48.7, 48.8, and 48.11 to be cited under section 104(g)(1) of the Mine Act for untrained miners at underground mines. Also trained on records that must be inspected to ensure that an operator is providing all required training. This includes checking training records for AMS operators, responsible persons, and persons who sample atmospheres behind seals.
   Adequate X  Corrective Action Needed  Comments Below  

40.  (#5) Identify training records required by 30 CFR 75.338(a) and 75.1501(a)(3) as records that are to be inspected during a regular inspection, as well as any records of any other training required by MSHA regulations;
   • Specify the percentage of miners for which training records are to be inspected during a regular inspection;
   • Inspectors are to question miners on their training related to roof control plans and document such information per CMS&H Memo No. HQ-08-055-A. This also applies to training related to ventilation plans.
   Adequate X  Corrective Action Needed  Comments Below X
   Documentation of training adequacy (roof and vent plans) is in the Inspector’s notes and
also documented on the MSHA Form 2000-204.

(#7) A complete permissibility inspection of each longwall system shall be conducted by electrical specialists or inspectors who hold a current MSHA electrical qualification card on at least an annual basis.

Adequate X Corrective Action Needed No longwalls in the District.

(#11) Conduct a proper examination of the AMS system and/or AMS systems that operate CO sensors for the purposes of 75.1101. A complete inspection includes those items in the revised GIPH (AMS checklist).

Adequate X Corrective Action Needed Comments Below

(#12) Inspectors are to review examination records with the purpose of determining whether:

- Examinations have been conducted at required intervals;
- Records include violations of mandatory safety or health standards;
- Hazardous conditions have been properly recorded;
- Records of violations or hazardous conditions indicate a need for inspectors to follow up;
- Corrective actions have been recorded for reported hazardous conditions;
- Ventilation of worked out and outby areas have been evaluated properly.

Adequate X Corrective Action Needed Comments Below

(#19) Supervisors are to utilize standard oversight reports in the review of rockdust sampling and to also ensure inspectors have valid reasons for not collecting samples, including visiting some areas that inspectors indicated were too wet to sample.

Adequate X Corrective Action Needed Comments Below
(#21) Inspectors were re instructed to review required records and postings, including Mine Accident, Injury, and Illness Reports (MSHA Form 7000-1) and Quarterly Employment and Coal Production Reports (MSHA Form 7000-2) during each regular inspection. This will help identify mine operators that routinely under report or inaccurately report accidents, injuries, illnesses, employment, and production.

The District Managers were instructed to hold supervisors accountable for enforcing compliance with this directive.

Adequate ☒ Corrective Action Needed ☐ Comments Below ☐

(#32) Districts are to monitor the time required to process plans and take appropriate administrative actions when necessary. The Administrator for Coal directed district managers and district personnel to use the “Days to Reach Decision” Report in the MSHA Report Center to monitor the time required to process plans and take appropriate administrative action when necessary.

Adequate ☒ Corrective Action Needed ☐ Comments Below ☒

Reports being pulled weekly and disseminated to the appropriate personnel.

(#33) The Coal Safety Division provided training on the procedures outlined in the Mine Ventilation Plan Approval Procedures Handbook regarding six-month plan reviews to all inspectors and specialists to help ensure that the in-mine physical inspection of the mine ventilation system is properly conducted and documented.

District Managers were instructed to monitor the six-month reviews to verify their effectiveness and take follow-up corrective action if necessary.

(#38&64) Coal revised the Program Policy Manual provision governing the establishment of Mechanized Mining Unit (MMU) numbers under 30 CFR 70.207.

The revised policy provides that the reduced respirable dust standard, due to the presence of quartz, will not change when the operator changes equipment on a mining section.

Adequate ☒ Corrective Action Needed ☐ Comments Below ☐
(#42) The Administrator for Coal directed staff to monitor the implementation of new regulations to ensure districts enforce the provisions of final rules within the effective dates specified. This will be tracked through Field Activity Reviews, Accompanied Activities, Second Level Reviews, and District Peer Reviews.

Adequate [X] Corrective Action Needed [ ] Comments Below [ ]

(#47) The Roof Control Plan SOP should comply with the established Program Policy Manual requirements as identified by the OIG report to address deficiencies identified in the Internal Review report. The SOPs should account for:

- to check that required information is submitted
- check for communication with other plan approval groups
- assure that designated MSHA personnel contact the operator for additional information
- discuss results of on-site evaluations with the operator and identified miners’ representatives.

Adequate [X] Corrective Action Needed [ ] Comments Below [ ]

(#48&49) Six month In-mine physical evaluation of the Roof Control Plan shall be properly conducted and documented (checklists). GIPH provides guidance on when six month reviews of complex roof control plans should be forwarded to Technical Support for evaluation. Complex plans should be reviewed by roof control specialists and/or forwarded to Tech Support.

Adequate [X] Corrective Action Needed [ ] Comments Below [ ]
(58) SSI's are required to maintain a memorandum detailing the reasons for not conducting a special investigation when the district manager decides to take no further action, in accordance with the Special Investigations Procedures Handbook.

(65) The Coal Health Division provided training on proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys. Proper documentation to include blue cards, 2000-86's, etc.

Adequate X Corrective Action Needed □ Comments Below □

(66) Managers and enforcement personnel should monitor respirable dust violations from issuance to termination to reduce miners' exposure to respirable coal mine dust. The "Abatement Times for Respirable Dust Citations" report is located in the MSHA Report Center on MSHA.net website.

Adequate X Corrective Action Needed □ Comments Below □

(67) Retraining of inspectors report is available so that districts can track the training process of their inspectors in real time. This report also allows districts to integrate retraining of inspectors conducted at other sites and certified by Coal. The reports are now available on one reporting system. The Administrator for Coal will provide an annual report to the Assistant Secretary detailing compliance with this policy at the end of each fiscal year.

Adequate X Corrective Action Needed □ Comments Below □
(75) The Administrator for Coal provided uniform guidance to all district managers and assistant district managers to provide acting field office supervisors with the level of oversight necessary to manage their work groups on a temporary basis. The guidance will be included in each District's SOP for training newly promoted field office supervisors. An online distance learning training course with a knowledge check for temporarily promoted supervisors has been developed for this purpose.

| Adequate | ☒ | Corrective Action Needed | ☐ | Comments Below | ☐ |
Attachment C – Citations Issued During Audit

No citations were issued during the audit.
Attachment D – Examples of Citations Issued During Previous Inspections

<table>
<thead>
<tr>
<th>Mine ID</th>
<th>Violation</th>
<th>Date Issued</th>
<th>Type Issue</th>
<th>Standard Cited</th>
<th>S&amp;S</th>
<th>Likely</th>
<th>Injury</th>
<th>Affect</th>
<th>Neg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>104(a)</td>
<td></td>
<td>Citation</td>
<td>75.1731(b)</td>
<td>N</td>
<td>UL</td>
<td>LD</td>
<td>1</td>
<td>Mod</td>
</tr>
</tbody>
</table>

The company #2B belt is observed with several of the bottom roller stands rubbing the conveyor belt that are warm to the touch when checked. A bottom roller is also observed out of line, causing the roller to rub the bottom roller hanger making a loud noise. This condition is producing heat, and is leaving metal shavings on the mine floor at this roller. These conditions create a fire/smoke inhalation hazard along this conveyor.

Would more than 1 person have been affected? Would an elevated gravity of RL, S&S be appropriate given the history of mine fires in the nations mines contributed to by misaligned belt conveyors? This standard was cited ___ at this mine during the previous ___

<table>
<thead>
<tr>
<th>Mine ID</th>
<th>Violation</th>
<th>Date Issued</th>
<th>Type Issue</th>
<th>Standard Cited</th>
<th>S&amp;S</th>
<th>Likely</th>
<th>Injury</th>
<th>Affect</th>
<th>Neg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>104(a)</td>
<td></td>
<td>Citation</td>
<td>75.400</td>
<td>N</td>
<td>UL</td>
<td>LD</td>
<td>1</td>
<td>High</td>
</tr>
</tbody>
</table>

Float coal dust has been allowed to accumulate over previously rock dusted areas on the mine ribs, floor and on belt structure along the 2B conveyor belt. This float coal dust is damp to dry and is dark gray to black in color. Brighter whit foot prints are observed on the mine floor where people have walked, carrying off some of the float coal dust from the floor. There are little to no water is being applied to the bottom belt allowing it to run dry, creating visible dust in the air near the 2B head drive and allowing float dust to settle over the previously rock dusted areas. This mine is currently on a 10 day spot for methane liberation.

Would more than 1 person have been affected? Would an elevated gravity of RL, S&S be appropriate given the history of mine fires and/or explosions in the nations mines contributed to by accumulations of loose coal and float coal dust? This standard was cited ___ at this mine during the previous ___
United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability  

District  Coal District 6  Field Office  Pikeville, KY  Mine ID  

<table>
<thead>
<tr>
<th>Mine ID</th>
<th>Violation</th>
<th>Date Issued</th>
<th>Type Issue</th>
<th>Standard Cited</th>
<th>S&amp;S</th>
<th>Likely</th>
<th>Injury</th>
<th>Affect</th>
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</tr>
</thead>
<tbody>
<tr>
<td>104(a)</td>
<td>Citation</td>
<td>75.400</td>
<td>Y</td>
<td>UL</td>
<td>LD</td>
<td>1</td>
<td>High</td>
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</tbody>
</table>

Additional scooping, cleaning and dusting is needed on the 001 MMU. Loose coal, gob and float coal dust is present starting at the last open cross cut and extending to the faces of #1 - #8 headings on this section. These combustible materials range from one inch deep to approximately 15 inches along the ribs in the cited area. The mine roof has a layer of coal across it with no rock dust applied to it for approximately 80" in length in the #8 entry. Several other entries do not have adequate rock dust applied to the roof and ribs as required. This mine is on a 10 day for methane liberation, .45% Ch4 was detected on the section today with all minimum ventilation requirements maintained. Several ignition sources are present on the section during normal mining conditions, the cutting of the continuousminer, roof bolter bolting, and scoops scooping the mine floor creating friction. These conditions together create a fire/ignition/explosion hazard and would be expected to occur if these normal mining conditions occur and these issues go uncorrected. Three separate foreman have examined this area over 3 shifts without correcting these conditions.

Would more than 1 person have been affected? This standard was cited at this mine during the previous . Was an increase in the level of enforcement considered, given the fact that three foreman have examined this area over three shifts without correcting the condition.

Based on laboratory analysis of the rock dust samples collected on 3-26-13, indicated an incombustible content less than 80 percent in the 5th Southwest mains 40 feet inby s.s.#4158 in the #5 entry, 500 feet inby s.s.#4292 in the 4 right crosscut, 1000 feet inby s.s.#4292 in the #4 entry, 500 feet inby s.s.#4292 in the 5 right crosscut.

Would more than 1 person have been affected?
The alternate (secondary) escapeway, 2-3 crosscuts outby the 002 section power center, is not being maintained in a safe condition to always assure passage of anyone, including disabled persons. The escapeway is blocked with 4 pallets of bulk dust, 2 pallets of belt structure, and 1 pallet of rib jacks. This was observed under the lifeline.

Would more than 1 person have been affected? Would the Cumberland Commission Decision be reason to elevate to RL and S&S given the scenario a mine emergency has occurred?

A branch line is not provided from the lifeline to the refuge alternative located 5 x-cuts inby 4D belt head in the primary escapeway for 001-0 MMU.

Would more than 1 person have been affected? Would the Cumberland Commission Decision be reason to elevate to RL and S&S given the scenario a mine emergency has occurred?

The 002-0 MMU Refuge Alternative does not currently have reflective directional signs in the #2B conveyor belt entry to show the location of the alternative in the primary escapeway for the 002-0 MMU. Should this area have to be accessed in the event of an emergency, this would greatly decrease the chances of finding the alternative from this entry in a smokey mine atmosphere.

Would the Cumberland Commission Decision be reason to elevate to RL and S&S given the scenario a mine emergency has occurred?
1. The aircourses (including Escapeways) were not correctly listed in the ITS to include all Aircourses identified on the mine map.

*Requirement: GIPH page 3-41 & 42*

During each regular inspection, the inspector should compare the mine operator's weekly examination records of aircourses to the mine map to assure that the mine operator is examining the mine in its entirety. The inspector will assure that all **aircourses required to be examined are maintained in the ITS by name and identified with an intake or return designation. If the aircourse is also an escapeway, it should be so identified with the aircourse name.**

**Documentation Required:** The inspector should record in the inspection notes each aircourse that is inspected. The aircourse should be **identified in the inspection notes as it appears in the ITS.** The inspector is not required to document the inspection of aircourses by date and initials in the ITS. If an aircourse is not inspected in its entirety, the starting and stopping points, as correlated to a permanent reference point such as a crosscut number or spad number on the mine map should be included in the inspection notes. The inspector should clearly mark the extent of daily travels that contribute to the E01 inspection by date and initials on the mine tracking map, including any approved evaluation or measurement point locations associated with the aircourse and the beginning and ending point of each day's travel until each intake or return aircourse is fully inspected (this does not apply to routine travel of or incidental travel through an aircourse).

2. The inspection of the AMS system was not documented properly in the inspector's hard copy notes. The manufacturer and model of the system was not documented.

*Requirement: GIPH page 3-43,46*

An AMS is a network consisting of hardware and software meeting the requirements of §§ 75.351 (Atmospheric monitoring systems) and 75.1103-2 (Automatic fire sensors; approved components; installation) that are capable of...
measuring atmospheric parameters; transmitting the measurements to a designated surface location; providing alert, alarm, or warning signals; processing and cataloging atmospheric data; and providing reports.

**Documentation Required:** Compliance with this procedure should be recorded in the inspection notes, including the AMS manufacturer and model.

3. Citations [redacted] and [redacted] issued on [redacted] for noncompliance with 30 CFR 75.403 did not have the lab analysis included as part of the inspector’s notes. The E01 inspection report did not contain a copy of the lab analysis reports.

**Requirement:** GIPH page 2-21

If an enforcement action results from failure to comply with an approved plan, permit, or petition, a copy of the related approval letter and pertinent page(s) shall be included with the inspector’s notes. *When enforcement or subsequent action(s) are taken based upon the results of analysis report(s), that report shall be included with the inspector notes.*

4. No documentation found as to the type of training records or number reviewed by the Inspector on E01.

**Requirement:** GIPH page 3-18,19

**Review of Training Plans and Training Records.** The inspector shall review a representative number of training records (at least 10%) of all persons working at the mine. If the review indicates 25% of the records reviewed have deficiencies, then additional records shall be reviewed.

**Documentation Required:** The inspector should document the specific type of training record reviewed (annual refresher, hazard, newly employed inexperienced miner, etc.) and the approximate number of training records reviewed.

5. Improper documentation of Air Samples for the following:
   - MSHA Form 2000-22 – item 13(a) has 8 samples taken vs. the inspection report has a total of 13 air samples taken with results on the event.
   - A total of seven additional air samples were taken and results received
back from the lab. These additional samples were not entered in the ITS.

- Three air samples taken on ______ were marked as TL incorrectly

Requirement: GIPH page 2-16

Item 13. Number of Samples Collected. This section summarizes the type(s) and total number of samples taken during the period covered by the inspection report.

1) Item 13.a. Air Samples. Enter the total number of bottle samples collected.

Requirement: GIPH page 3-74

J. Air Sample Locations.

Samples may also be collected at other locations deemed necessary to evaluate air quality.

Documentation Required: The quantity of airflow measured (including velocity and area), the date and time collected, the handheld methane (CH₄) and oxygen (O₂) readings in percentage, the bottle number of samples collected, and the location of the measurement or collection, the type of sample (total liberation or other) and any special remarks concerning sample collected, should be documented in the inspection notes and entered into the applicable areas of the ITS.
MEMORANDUM FOR: TED SMITH  
Supervisor of Accountability  
Mine Safety and Health Administration

FROM: NORMAN G. PAGE  
District Manager, Coal Mine Safety and Health  
District 6

SUBJECT: Proposed Corrective Action

This is in response to the audit conducted by your office from [redacted] at the Pikeville, KY Field Office and [redacted]. The results of your audit identified one area of deficiency with 5 items which are required to be addressed by this office.

DEFICIENCY NO. 1-1:

The aircourses (including Escapeways) were not correctly listed in the ITS to include all Aircourses identified on the mine map.

ROOT CAUSE:

Misinterpretation of the requirement led to improper supervisory oversight.

PROPOSED CORRECTIVE ACTIONS:

Re-Train the CMI's and Supervisors to use the accepted method for listing Aircourses.

OFFICE RESPONSIBLE FOR IMPLEMENTING:

Field offices will be responsible for re-training and compliance reviews.

TIMEFRAME FOR COMPLETION:

This should be finalized by April, 2014. Training will be conducted in December and January but it cannot be fully evaluated until the next round of E01’s are completed and reviewed for accuracy.

METHOD FOR COMPLETION:
Step one will be re-training of CMI’s during monthly staff meeting at each field office. Review of implementation will be completed during the quarterly supervisory review of the E01’s that are completed.

**METHOD FOR DETERMINING SUCCESS:**

The implementation of the training will be deemed a success if all E01’s for the quarter are reviewed and no additional errors are noted.

**DEFICIENCY NO. 1-2:**

The inspection of the AMS system was not documented properly in the inspector’s hard copy notes. The manufacturer and model of the system not documented.

**ROOT CAUSE:**

Inadequate training of CMI’s and inadequate oversight by supervisors.

**PROPOSED CORRECTIVE ACTIONS:**

Re-Train the CMI’s and Supervisors to fully document the manufacturer and model as required.

**OFFICE RESPONSIBLE FOR IMPLEMENTING:**

Field offices will be responsible for re-training and compliance reviews.

**TIMEFRAME FOR COMPLETION:**

This should be finalized by April, 2014. Training will be conducted in December and January but it cannot be fully evaluated until the next round of E01’s are completed and reviewed for accuracy.

**METHOD FOR COMPLETION:**

Step one will be re-training of CMI’s during monthly staff meeting at each field office. Review of implementation will be completed during the quarterly supervisory review of the E01’s that are completed.

**METHOD FOR DETERMINING SUCCESS:**

The implementation of the training will be deemed a success if all E01’s for the quarter are reviewed and no additional errors are noted.
DEFICIENCY NO. 1-3:

Citations [REDACTED] and [REDACTED] issued on [REDACTED] for incompliance with 30 CFR 75.403 did not have the lab analysis included as part of the inspectors notes. The E01 inspection report did not contain a copy of the lab analysis reports.

ROOT CAUSE:

Inadequate training for the CMI and inadequate oversight by the supervisors.

PROPOSED CORRECTIVE ACTIONS:

Re-Train the CMI's and Supervisors to verify the lab analysis is present.

OFFICE RESPONSIBLE FOR IMPLEMENTING:

Field offices will be responsible for re-training and compliance reviews.

TIMEFRAME FOR COMPLETION:

This should be finalized by April, 2014. Training will be conducted in December and January but it cannot be fully evaluated until the next round of E01's are completed and reviewed for accuracy.

METHOD FOR COMPLETION:

Step one will be re-training of CMI's during monthly staff meeting at each field office. Review of implementation will be completed during the quarterly supervisory review of the E01's that are completed.

METHOD FOR DETERMINING SUCCESS:

The implementation of the training will be deemed a success if all E01's for the quarter are reviewed and no additional errors are noted.

DEFICIENCY NO. 1-4:

No documentation found as to the type of training records or number reviewed by the Inspector on E01.

ROOT CAUSE:
Inadequate training for the CMI and inadequate oversight by the supervisors.

PROPOSED CORRECTIVE ACTIONS:

Re-Train the CMI's and Supervisors to correctly document the records checked and put in notes the number of records checked.

OFFICE RESPONSIBLE FOR IMPLEMENTING:

Field offices will be responsible for re-training and compliance reviews.

TIMEFRAME FOR COMPLETION:

This should be finalized by April, 2014. Training will be conducted in December and January but it cannot be fully evaluated until the next round of E01's are completed and reviewed for accuracy.

METHOD FOR COMPLETION:

Step one will be re-training of CMI's during monthly staff meeting at each field office. Review of implementation will be completed during the quarterly supervisory review of the E01's that are completed.

METHOD FOR DETERMINING SUCCESS:

The implementation of the training will be deemed a success if all E01's for the quarter are reviewed and no additional errors are noted.

DEFICIENCY NO. 1-5:

Improper documentation of Air Samples for the following:

- MSHA Form 2000-22 – item 13(a) has 6 samples taken vs. the inspection report has a total of 13 air samples taken with results on the event.
- A total of seven additional air samples were taken and results received back from the lab. These additional samples were not entered in the ITS.
- Three air samples taken on [redacted] were marked as TL incorrectly.

ROOT CAUSE:

Final review of the completed E01 file did not include a verification that the corrected form 2000-22 was in the file.
PROPOSED CORRECTIVE ACTIONS:

Re-Train the CMI’s and Supervisors to verify that the correctly completed 2000-22 is in the completed E01 file.

OFFICE RESPONSIBLE FOR IMPLEMENTING:

Field offices will be responsible for re-training and compliance reviews.

TIMEFRAME FOR COMPLETION:

This should be finalized by April, 2014. Training will be conducted in December and January but it cannot be fully evaluated until the next round of E01’s are completed and reviewed for accuracy.

METHOD FOR COMPLETION:

Step one will be re-training of CMI’s during monthly staff meeting at each field office. Review of implementation will be completed during the quarterly supervisory review of the E01’s that are completed.

METHOD FOR DETERMINING SUCCESS:

The implementation of the training will be deemed a success if all E01’s for the quarter are reviewed and no additional errors are noted.