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

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

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 Review, Coal District 3,
St. Clairsville, Ohio Field Office, and pizza

Introduction

This memorandum, prepared by Ted Smith, Supervisor, Office of Accountability,
summarizes the Office of Accountability’s review of Coal District 3, St. Clairsville, Ohio
Field Office, and pizza, pizza. The review also 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 review 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, as well as issues requiring attention are included in this report.
Overview

The review was conducted by Accountability Specialist Mark Odum and Supervisory Accountability Specialist Ted Smith from [redacted].

On [redacted], the Office of Accountability Review Team traveled to the [redacted] along with the [redacted] on an E02, 103(i) spot inspection. Areas and activities examined by the inspection group included the alternate escapeway/track travelway from the surface to the 3 Right longwall recovery area, MMU 005-0. The group inspected conditions along the travelway including roof and rib support, ventilation, date, times, and initials of examinations, and escape lifelines and signage. The inspection included examinations of the headgate area, the recovery face, recovery rooms and chutes, and a former loading point for imminent dangers; methane tests along the face and shields; air readings; and permissibility checks of a battery scoop. The inspection team observed safe work practices and scoop operations in the removal of a section of panline. The inspection also included observations of the recovery area roof support system and ventilation controls, along with rock dusting and cleanup. The Refuge Alternative (RA) for the recovery area was properly located and emergency communications were tested at the location. Safety talks were conducted with miners as encountered.

The outby areas visited included the belt drive and head/transfer area for the Main North/Main East belts. Visual observations in the outby areas included ventilation, cleanup, rock dust applications, and roof control.

Surface areas examined included the check-in/check-out system; escapeway map and mine record books; and communication and tracking system. The review team observed pre-inspection and post-inspection conferences conducted by the inspector and supervisor.
Review Results

This review revealed positive findings in several areas as follows:

1. [Redacted] used calendars to aid in tracking for required 103(i) spot inspections.
2. The district and field office used an Electronic Uniform Mine File system and electronic Inspection Tracking System (ITS).
3. Inspectors used the ITS pages for integration into their inspection notes.
4. The Rockdust Map included documentation of bag numbers of rock dust samples providing best review and tracking capabilities.
5. Inspectors and supervisory staff were professional in conduct and displayed good rapport with miners.

The review of the District 3 and St. Clairsville, Ohio Field Office and the [Redacted], E01 event No. [Redacted] – [Redacted], revealed three findings from the Office of Accountability Review Checklist items that require corrective actions. Under Item 1, specific sub-part items are noted: (Supporting information can be found in the Office of Accountability Review Checklist and Attachment E)

1. Office of Accountability Review Checklist Item #2 – The documentation of inspections was not complete and thorough.

   A. The E01 Tracking Map was not marked with all information required according to the Coal General Inspection Procedures Handbook (GIPH).

      1. Air readings for working sections were not included on the tracking map.

   B. The Rock Dust Map did not include all information required according to the GIPH.

      1. Citations issued for non-compliant samples were not included on the Rock Dust Map.

   C. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the roof control plans.

   D. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the ventilation plans.

   E. Inspection notes did not always include a copy of the Ventilation Plan approval page and pertinent pages of the plan when citations of 75.370(a)(1) were issued.

   F. Aircourses maintained in the ITS were not identified as escapeways with the aircourse name.
2. **Office of Accountability Review Checklist Item #18** - The required Field Activity Reviews (FARs) had not been conducted and documented according to agency policy and procedures for FY 2013.

3. **Office of Accountability Review Checklist Item #19** - The required Accompanied Activity Reviews (AAs) had not been conducted and documented according to agency policy and procedures for FY 2013.

The district along with the review team analyzed the findings identified during this review to determine the root causes of the noted deficiencies. Item 1 deficiency was a result of a combination of insufficient attention to detail, not recognizing items needed to be documented, and insufficient management oversight of inspection documentation. Item 2 and 3 deficiencies were the result of insufficient management oversight. The [missing data] during FY 2013 did not ensure the minimum number of FARs and AAs were conducted as required.

Corrective actions for the deficiencies are included in the corrective action plan in the memorandum from the district, which has been reviewed and approved by the Coal Administrator. (See Attachment F)
Attachments

A. Internal Review Summary

B. Office of Accountability Review Checklist

C. Citations/Orders Issued During This Review

Five citations issued during the review:

- [Redacted] — 75.1730(e)
- [Redacted] — 75.333(d)(3)
- [Redacted] — 75.220(a)(1)
- [Redacted] — 75.220(a)(1)
- [Redacted] — 75.380(d)(7)(vii)(B)

D. Examples of Citations Issued During Previous E01 Inspections — N/A

E. Findings from Office of Accountability Review Checklist Items and Requirements

F. District Corrective Action Plan
The table below lists the most common internal review findings following mine disasters. District 3 had two 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>x Incomplete or inadequate inspections</td>
<td>Not following policy or procedures for conducting/documenting 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>x 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>Inadequate Peer Reviews</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>Upper Big Branch Internal Review Corrective Actions</td>
<td>Corrective Actions implemented as of March 31, 2013.</td>
</tr>
</tbody>
</table>
Attachment B – Office of Accountability Review 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 Review Results and Attachment E

3. 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 [X]  Corrective Action Needed [ ]  Comments Below [ ]

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

5. Evaluate inspector/specialist examination of the operator's maps (on-site) for accuracy, escapeway locations, etc.
6. Upon arrival on the working section, accompany and evaluate inspector/specialist examination of all working faces for imminent dangers.

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

8. Evaluate the inspector/specialist air quantity, quality, and gas checks during the review.

9. Evaluate inspector/specialist examination of equipment electrical cables during the review.

10. Evaluate inspector/specialist examination for permissibility during the review.

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

<table>
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<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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NA - No seals in the mine.

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

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<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<tr>
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14. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

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<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<td>X</td>
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</table>

Not reviewed as a part of this review.

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

<table>
<thead>
<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<tbody>
<tr>
<td>X</td>
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</table>

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

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<thead>
<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<tr>
<td>X</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<tbody>
<tr>
<td>X</td>
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</tbody>
</table>
18. Are required Field Activity Reviews (FARs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?
   Adequate [ ] Corrective Action Needed [X] Comments Below [X]
   See Review Results and Attachment E.

19. Are Accompanied Activities (AAs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?
   Adequate [ ] Corrective Action Needed [X] Comments Below [X]
   See Review Results and Attachment E.

20. Determine if a 104(d) tracking system is in place and being kept current at the office being reviewed.
   Adequate [X] Corrective Action Needed [ ] Comments Below [ ]

21. Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.
   Adequate [X] Corrective Action Needed [ ] Comments Below [ ]

22. Are supervisors thoroughly reviewing Uniform Mine Files at least annually?
   Adequate [X] Corrective Action Needed [ ] Comments Below [ ]

23. Determine if supervisors are visiting each active underground mine at least annually.
   Adequate [X] Corrective Action Needed [ ] Comments Below [ ]
24. Are all sections where retreat mining is occurring (not to include longwall mining) being inspected at least monthly?

Adequate [ ] Corrective Action Needed [ ] Comments Below [X]  
NA - Longwall mining only.

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.

<table>
<thead>
<tr>
<th>District</th>
<th>Coal District 3</th>
<th>Field Office</th>
<th>Mine ID</th>
<th>Date</th>
</tr>
</thead>
</table>

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

- Adequate: X
- Corrective Action Needed: □
- Comments Below: □

31. 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: □

32. 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 review.

33. 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: X

The SI program was not reviewed during this review.
34. 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 ❑

35. 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 ❑

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

Adequate ❑ Corrective Action Needed ❑ Comments Below ❑
UBB Internal Review Corrective Actions
(Implemented as of March 31, 2013)

<table>
<thead>
<tr>
<th>#</th>
<th>Action Description</th>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
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<tbody>
<tr>
<td>37</td>
<td>(#2) Training which covered an overview of Part 48 and Part 48 inspection procedures, emphasizing a purposeful examination of training records. Guidance concerning CMS&amp;H Memo No, HQ-08-055-A. Annual refresher online training concerning Part 48.</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>38</td>
<td>(#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.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>(#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.</td>
<td>X</td>
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</tbody>
</table>
(§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 ✗ Corrective Action Needed □ Comments Below □

(§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 ✗ Corrective Action Needed □ Comments Below □

(§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 ✗ 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 ✗ Corrective Action Needed □ Comments Below □
44. (#19) Supervisors are to utilize standard oversight reports in the review of rock dust 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 [ ]

45. (#21) Inspectors were reinstructed 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 [X]  Corrective Action Needed [ ]  Comments Below [ ]

46. (#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 [X]  Corrective Action Needed [ ]  Comments Below [ ]
(#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.

Adequate ☑ Corrective Action Needed ☐ Comments Below ☐

(#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 ☑ 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 ☑  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 ☑  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.

Adequate ☐  Corrective Action Needed ☐  Comments Below ☑

Not reviewed as a part of this review.

(#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 ☑  Corrective Action Needed ☐  Comments Below ☐
54. (#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.

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55. (#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.

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56. (#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.

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<tr>
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</table>
Safety Chains, suitable locking devices or automatic cut-off valves were not provided on two separate 1/4 inch air lines on the 3 Right Section (MMU 065-0). The airlines were both located in the track entry at # 2 x-cut.
United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

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

Section I: Violation Data

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Time (24 hr. Clock)</th>
<th>3. Citation/Order Number</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

4. Served To

5. Signature

6. Mins. ID

7. Date (Completed)

8. Violation of Practice

9. Written Notice

Equipment doors installed on the 3 Right Section (MMP 005-0) at X-cut, between the track and intake entry are not being maintained to form an airlock. The track side doors would not close completely leaving a 4 inch gap between the door frame and door.

Standard 75.333(d)(3) was

0 to a contractor).

Section II: Description of Violation

<table>
<thead>
<tr>
<th>A. Violation Acct. No.</th>
<th>B. Section of Act</th>
<th>C. Paragraph Section of Title 30 CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>75.333(d)(3)</td>
</tr>
</tbody>
</table>

10. Gravitas

A. Injury or illness (has) [x]:
   - 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 [x]
   - Permanent Disabling [ ]
   - Fatal [ ]

C. Significant Substantiation:
   - Yes [x]
   - No [ ]

11. Negligence (check one):
   - A. Non- [ ]
   - B. Low [ ]
   - C. Moderate [x]
   - D. High [ ]
   - E. Reckless or Willful [ ]

12. Type of Action

13. Type of Issuance (check one):
   - Citation [x]
   - Order [ ]
   - Safeguard [ ]
   - Written Notice [ ]

14. Initial Action

15. Area or Equipment

Section III: Termination Action

16. Term of Action

17. Action to Terminate

Section IV: Enforcement Action

18. Terminals

Section V: Automated System Data

19. Type of Inspection (check code):

20. Event Number

21. Primacy or MSHA

22. OR: Name

MSHA Form 7005-3, 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 Enforcement Ombudsman and Advocacy Program (Ombudsman) to provide a means for small businesses about Federal agency enforcement actions. The Ombudsman monitors enforcement activities and makes recommendations to the Administrator about enforcement actions. The Ombudsman can assist small businesses in understanding the requirements of the law, in obtaining information from Federal agencies, and in resolving disputes with Federal agencies. The Ombudsman is available to provide assistance to small businesses, including the right to contest citations and proposed penalties and orders in a hearing before the Federal Mine Safety and Health Review Board.

Page 21
The operator failed to follow their approved roof control plan on the 3 Right Section (MANU 005-0), on page 10, item #18 states that bolt spacing in primary roof support will not exceed 5 feet. At the mid-face recovery chute, the outby corner towards the headgate has sloughed off leaving an area of roof exposed measuring 5 foot 8 inches from the nearest roof support. This condition exposes miners to hazards associated with falls of roof or rib.

Standard 75.220(a)(1) was

Section 5: General Evaluation

10. Gravity:
   A. Injury or illness (but not death) / Unlikely
   B. Injury or illness could reasonably be expected to be
   C. Significant and Substantial Yes ☑ No ☐

11. Negligence (check one)
   A. No ☐ B. Low ☐ C. Moderate ☐ D. High ☐ E. Reckless Disregard ☐

12. Type of Action
   A. Citation ☐ B. Order ☐ C. Suspension ☐ D. Written Notice ☐

14. Initial Action
   A. Citation ☐ B. Order ☐ C. Suspension ☐ D. Written Notice ☐

15. Area or Equipment

Section 10: Citation Data

1. Date

2. Time (24 Hr. Clock)

3. Citation/Order Number

5. Operator

7. Mine ID

8. Violation

9. Section

11. Type of Action

12. Citation

13. Order

14. Suspension

15. Written Notice

Section 11: Mine ID

Date

Section 12: Field Office

St. Clairsville, Ohio Field Office

Mine ID

Date

Section 13: District

Coal District 3
United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

<table>
<thead>
<tr>
<th>District</th>
<th>Field Office</th>
<th>Mine ID</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coal District 3</td>
<td>St. Clairsville, Ohio Field Office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mine Citation/Order**

<table>
<thead>
<tr>
<th>Section IX-Inspector's Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date: 05-09-2016</td>
</tr>
<tr>
<td>2. Time (24-Hr. Clock): 16:00</td>
</tr>
<tr>
<td>3. Citation/Order Number: [Redacted]</td>
</tr>
<tr>
<td>4. Granted</td>
</tr>
<tr>
<td>5. Mine ID: [Redacted]</td>
</tr>
</tbody>
</table>
| 6. Condition or Practice: 

The operator failed to follow their approved roof control plan on the 3 Right Section (MNU-005-0), on page 10, item 18 states that bolt spacing in primary roof support will not exceed 5 feet. In the belt lined at 3 x-cut the inky corner towards the track has a corner that has sloughed off leaving an area of roof exposed measuring 9 feet, 7 inches from the nearest roof support. This condition exposes miners to hazards associated with falls of roof or rib.

Standard 75.220(a)(1) was [Redacted] |

| 7. Violation |
| A. Health Safety Other |
| 8. Section of Act |
| 9. Part/Section of Title 30 CFR |
| 10. Citation/Order Number |

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

| 12. Type of Action: 104(a) |
| 13. Type of issuance (check one): Citation |
| 14. Initial Action |
| A. Citation |
| B. Order |
| C. Safeguard |
| D. Written Notice |
| E. Citation/Order Number |

| 15. Area or Equipment |

| 16. Termination Due |
| A. Date: 05-09-2016 |
| B. Time (24-Hr. Clock): 16:00 |

**Section III-Termination Action**

| 17. Action to Terminate |
| Ground to roof support has been installed. |

| 18. Terminate |
| A. Date: 05-09-2016 |
| B. Time (24-Hr. Clock): 16:00 |

**Section IV-Assigned System Data**

| 19. Type of Inspection (activity code): | 20. Event Number: [Redacted] |
| 21. Primary or MI |

| 22. AR Name: [Redacted] |
| 23. AR Number: [Redacted] |

MSHA Form 7000-1, Apr 28 (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 Outreach Program and 10 Regional Fairness Boards to receive comments from small businesses about enforcement actions. The Outreach Program annually evaluates enforcement activities and takes each agency's recommendations to small business. If you want to comment on the enforcement actions of MSHA, you may call 1-888-PTR-SAF (1-888-778-7223) or write the Outreach Program at Small Business Administration, Office of the National Outreach Program, 440 4th Street SW, MC 3210, Washington, DC 20415. Please note, however, that your right to a hearing under the Mine Act is in addition to any other rights you may have, including the right to contest citations and proposed assessments and obtain a hearing before the Federal Mine Safety and Health Review Commission.
A branch line leading from the primary escapeway lifeline was not provided on the 2 Right Section (MXU 005-0). The Refuge Alternative was located in the track entry at x-cut with no branch line leading into the intake.

Standard 75.380(d)7(vii)(b) was not followed (0 to a contractor).
Attachment D – Examples of Citations Issued During Previous Inspections

N/A
Attachment E – Findings from the Office of Accountability Checklist Items:

1. **Office of Accountability Review Checklist Item #2 – The documentation for inspections was not complete and thorough.**

   A. The E01 Tracking Map was not marked with all information required according to the GIPH.

   1. Air readings for working sections were not included on the tracking map.

   Requirements:

   *GIPH p. 3-67 - . . . the inspector should only once clearly mark each working section air readings that contribute to the E01 inspection by date and initials on the mine tracking map, including the locations of any approved evaluation or measurement points associated with the aircourse.*

   B. The Rock Dust Map did not include all information required according to the GIPH.

   1. Citations issued for non-compliant samples were not included on the rock dust map.

   Requirements:

   *GIPH p. 5-19 - A map of each mine will be maintained at the field office showing ventilation air courses, float coal dust sources, sample locations, sample collection dates, dust violations and other pertinent information. This map will be used in the E01 regular inspection rock dust review and may be used in discussions with the mine operator. The previous E01 rock dust map(s) should be maintained with the affected E01 inspection report.*

   C. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the roof control plans.

   Requirements:

   *GIPH p. 3-64 - Roof and Rib observations should be documented in the inspection notes to show the MMU number, and that the roof and ribs appear adequately supported. If geological conditions that are abnormal to regular mining conditions (faults, interfaces, etc.) are observed, they should be noted. A general statement about the discussion held with miners for each MMU inspected about current mining activities*
and conditions, and training with respect to the roof control plans is adequate; focusing especially on training with respect to retreat mining activities will suffice.

D. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the ventilation plans

Requirements:

GIPH p. 3-59 - Health and safety discussions by the inspector should be documented in the inspection notes to show the mechanized mining unit number. Also a general statement about the discussion held with a representative number of miners for each MMU inspected about current mining activities and conditions, and training with respect to the ventilation plans is adequate will suffice.

E. Inspection notes did not always include a copy of the ventilation plan approval page and pertinent pages of the plan when citations of 75.370(a)(1) were issued.

Requirements:

GIPH p. 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.

F. Aircourses maintained in the ITS were not identified as escapeways with the aircourse name.

Requirements:

GIPH p. 3-41- 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.

2. Office of Accountability Review Checklist Item #18 – The required Field Activity Reviews (FARs) had not been conducted and documented according to agency policy and procedures for FY 2013.

A. The required FARs were not completed for all inspectors during FY 2013 –(at least 10 FARs were not conducted for inspectors during FY 2013)
Requirements:

CMS&H Supervisor's Handbook - AH14-III-4, page 1-13 - The supervisor must document at least one FAR conducted on a completed inspection assignment for each of his/her inspectors and specialists during the first half and during the second half of each fiscal year. The FAR must be on an E-code event, such as an E01, E02, E03, E16, etc. At least one FAR per fiscal year half should be conducted on a complete E01 inspection. At least one FAR per fiscal year half should be conducted on an E02 inspection if the work group has mines in Section 103(i) status.

3. Office of Accountability Review Checklist Item #19 – The required Accompanied Activity Reviews (AAs) had not been conducted and documented according to agency policy and procedures for FY 2013.

   A. The required AAs were not completed for all inspectors during FY 2013 – (At least 15 AAs were not conducted for inspectors during FY 2013)

Requirements:

CMS&H Supervisor's Handbook - AH14-III-4, page 1-13 - Supervisors shall document an AA with each of their inspectors and specialists at least twice during the first half and at least twice during the second half of each fiscal year. The AA review may be on one or more assigned field activities, such as E01, E02, E03, E16, etc. At least one AA review per fiscal year half should be conducted on an E02 inspection if the work group has mines in Section 103(i) status.
November 21, 2014

MEMORANDUM FOR JAY P. MATTOS
Director of OAASEI

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

CHARLES J. THOMAS
Deputy Administrator for Coal Mine Safety and Health

FROM: CARLOS T. MOSLEY
District Manager – District 3
Coal Mine Safety and Health

SUBJECT: Proposed Corrective Actions

This is a response to the review conducted by the Office of Accountability at the St. Clairsville, Ohio Field Office, District 3, and the . The results of your review identified 3 deficiencies, consisting of a total of 6 subparts, which are required to be addressed by this district.

DEFICIENCY:

Office of Accountability Review Checklist Item #2 – The documentation of inspections was not complete and thorough.

A. E01 Tracking Map was not marked with all information as per the GIPH.
   - Air readings for working sections were not included on the tracking map. GIPH p. 3-67

B. Rock Dust Map did not include all information as per the GIPH.
   - Citations issued for non-compliant samples were not included on the rock dust map. GIPH p. 5-19

C. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the roof control plans. GIPH p. 3-64
D. Inspection notes did not always include documentation of discussions with miners on all MMUs regarding current mining activities and conditions, and training with respect to the ventilation plans. GIPH p. 3-59

E. Inspection notes did not always include a copy of the ventilation plan approval page and pertinent pages of the plan when citations of 75.370(a)(1) were issued. GIPH p. 2-21

F. Aircourses maintained in the ITS were not identified as escapeways with the aircourse name. GIPH p. 3-41

ROOT CAUSE:

The root cause of the deficiencies was a combination of lack of attention to detail, the problem was not recognized and lack of management oversight.

PROPOSED CORRECTIVE ACTIONS:

The District Manager discussed the results of the accountability audit with all supervisors during a supervisory staff meeting held on November 17, 2014. The District Manager and Assistant District Manager for Inspection Programs reviewed the deficiencies identified in the audit and compared them to the deficiencies identified in the audit. Supervisors were retrained that attention to detail while reviewing citations and orders is necessary. The following proposed corrective actions and policy/handbook requirements were discussed and developed in conjunction with all District 3 supervisors.

An existing E01 completion checklist was revised to include additional bullets to remind supervisors that the last open rosscut quantity air readings and the citation number and location of non-compliant rock dust samples must be included on the mine map. Citation numbers for non-compliant rock dust samples will be obtained from IPAL or Mines Access Data Bank.

To assure enforcement personnel discuss and adequately document discussions with miners regarding the adequacy of the mine roof control and ventilation plans, AR’s will be instructed to document on the MSHA Form 2000-204 plan review form the date of the discussions. If the discussions occur as part of a Technical Spot Inspection, Technical Group Supervisors will ensure the 2000-204 form, with discussion documentation, is sent to proper Field Office Supervisor.

To assure inspection notes always include a copy of the approval page and pertinent page of the ventilation plan, all Office Assistants (OA) will be provided a list of the specific regulations that pertain to plan violations. When citations associated with the ventilation plan, the roof control plan, the emergency response plan or a safeguard are processed, the OA will then notify the appropriate supervisor if an associated plan page/safeguard is not attached to documentation prior to processing. A copy of the corresponding plan will be attached to the violation before it is processed. The supervisors were retrained that attention to detail while reviewing citations
and orders is necessary. Note: This deficiency was isolated to one [Redacted] and a very limited number of enforcement actions. Violations issued for non-compliance with ventilation and roof control plans were spot checked at several underground mines throughout a number of inspections and the corresponding plan page was always provided.

To assure intake air courses that are designated as escapeways are properly identified in the ITS, the ITS documentation requirement will be covered during the training.

Additionally, CMS&H District 3 will discuss the results of the review and proposed corrective actions with all Authorized Representatives and Trainees during regularly scheduled staff meetings. The training will be conducted by the immediate supervisor and an attendance roster will be signed by all participants and a record of the training will be maintained with the corrective actions for this review.

OFFICE OR POSITION RESPONSIBLE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):

Each Field Office and Technical Group Supervisor will conduct the training in respective regularly scheduled staff meetings.

TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

The training will be completed by January 1, 2015.

METHOD FOR DETERMINING SUCCESS:

At least one mine map from each field office will be reviewed each quarter by the Staff Assistant or Assistant District Manager for Inspection Programs to assure non-compliant rock dust samples and last open crosscut quantity readings are included on the mine map. The mine name, inspection quarter reviewed, and whether or not the inspection procedures were followed, will be documented and maintained each fiscal year. If the deficiency no longer exists after four consecutive quarters in all field offices, this documentation will no longer be required.

At least one MSHA Form 2000-204 from each field office will be reviewed each quarter by the Staff Assistant or Assistant District Manager for Inspection Programs to assure discussions are documented. The mine name, inspection quarter reviewed, and whether or not the inspection procedures were followed, will be documented and maintained each fiscal year. If the deficiency no longer exists after four consecutive quarters in all field offices, this documentation will no longer be required.

The District 3 management team will conduct additional focused internal audits of underground mines completed E01’s from each Field Office focusing on the identified deficiencies. If the audits determine the deficiencies still exist, additional E01’s will be reviewed. The audits will take place after the completion of 2nd Quarter FY15.
DEFICIENCY:

The previous [mask] failed to assure the minimum number of FARs and AAs were conducted in FY 2013 by the [mask] St. Clairsville Field Office Work Group No. 1 as per the Coal Mine Safety and Health Supervisor’s Handbook requirements. The required Field Activity Reviews (FARs) and Accompanied Activity Reviews (AAs) were not been conducted and documented according to agency policy and procedures for FY 2013 (at least 10 FARs and 14 AAs were not conducted for inspectors during FY 2013).

ROOT CAUSE:

The [mask] position was vacant between [mask] and [mask]. Additionally, after the vacancy was filled, the [mask] was on [mask]. Persons acting in the [mask] position, the [mask] and [mask] were unaware that FAR’s and AA’s were required by persons in an acting capacity. This was a result of inadequate quality control (no checks) and an inadequate management system (oversight lacking).

PROPOSED CORRECTIVE ACTION:

A Microsoft Excel spreadsheet exists on the District 3 Digital Dashboard. The newly selected ADM for Enforcement enters each FAR and AA by field office supervisor, the date that the FAR/AA is conducted, and event type. The Assistant to the Enforcement ADM also has access to this spreadsheet and has been instructed to assist the Enforcement ADM by monitoring the number of FARs and AAs conducted to assure the minimum requirements of the handbook are met. Additionally, field office supervisors were notified in writing of the minimum FAR and AA requirements.

OFFICE OR POSITION RESPONSIBLE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):

The Assistant District Manager for Inspection Programs.

TIMEFRAME FOR COMPLETION OF CORRECTIVE ACTION:

Corrective action has already been initiated.

METHOD FOR DETERMINING SUCCESS:

Success will be measured by the monitoring the spreadsheet and assuring completion of the minimum number of FAR’s and AA’s.
A DESCRIPTION OF THE DOCUMENTATION THAT WILL DEMONSTRATE CLOSURE OF THE CORRECTIVE ACTION:

The District Manager will send a memorandum to Alfred L. Clayborne, Deputy Director, Office of Assessments, Accountability, Special Enforcement and Investigations through Ted Smith, Supervisor, Office of Accountability upon completion and evaluation of the corrective actions.

The E01 inspection under review was assigned to the Technical Staff out of the Morgantown District Office, with a Technical Group supervisor overseeing the inspection work. The St. Clairsville Field Office had no part of this E01.

District 3 requests that a member of top staff (management) be included and present during future Office of Accountability Reviews and also requests a face to face close out to provide additional information, offer mitigating information, and to ensure a complete thorough review was conducted.

Our Point of Contact in this office is Michael Stark, Staff Assistant at (304) 225-6851.

Attachments (4)

c: A. Clayborne
   T. Smith