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

FROM: THOMAS W. CHARBONEAU
Director, Office of Assessments

SUBJECT: Office of Accountability Review, Coal District 3, McHenry,
Maryland, Field Office, and ID No.

Introduction

This memorandum summarizes the Office of Accountability’s review of the subject
district office, field office, and mine. This review included MSHA field activities; level of
enforcement; conditions and practices at the mine; and MSHA supervisory and
managerial oversight. The accountability review also included evaluations to determine
if there were any issues in areas commonly identified during Agency internal reviews of
MSHA’s actions following past mine disasters.

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Purpose

The purpose of this accountability review is to determine whether MSHA enforcement policies, procedures, and guidance are being followed consistently; assess whether mission critical enforcement activities are accomplished effectively; and to evaluate and improve the overall performance of MSHA's enforcement program. The major outcome expected from the Office of Accountability review program is to identify potential or actual areas for improvement, and the subsequent implementation of effective corrective actions to address any identified issues.

Office of Accountability (OA) Specialists Jerry Kissell and Troy Davis conducted this review of Coal District 3 and the McHenry, Maryland Field Office, (FO) from [redacted]. This review focused on inspection activities during FY 2016. The review concentrated specifically on documentation of the regular E01 inspection, Event No. [redacted] conducted by the McHenry, Maryland FO of the [redacted] an underground coal mine.

Overview

This review of the District 3 McHenry, MD FO was conducted in accordance with the annual accountability review plan schedule. The [redacted] was selected for review because it has two working sections with expansive worked out areas, and had a significant and substantial (S&S) rate of 19 percent for FY 2015, which was lower than the McHenry FO, district and national S&S rates.

As a part of this review, the Review Team conducted a mine visit focusing on general mine conditions, whether conditions at the mine are commensurate with enforcement levels documented in the inspection reports reviewed; and to observe work practices at the mine site.

This accountability review revealed two issues or material weaknesses that required corrective actions. The Team also identified some non-material issues along with inspection best practices as described in the General Inspection Procedures Handbook (GIPH) during the review and a general outline of discussion points is included in an attachment to this memorandum.

1 The Accountability Program Handbook, AH13-III-1, defines material weaknesses as those that, if left unaddressed, would likely result in continuing deficient operations, and are important enough to warrant a corrective action.

2 According to the Accountability Program Handbook, non-material deficiencies are deficiencies identified during the reviews but are not determined to be material weaknesses. These non-material deficiencies should be discussed with management during the accountability review closeout conferences but do not need to be included as deficiencies in the accountability review reports.
Mine Visit

The Review Team accompanied the Acting Assistant District Manager (ADM), Acting FC Supervisor and an inspector to [redacted] on [redacted] as part of a Regular Safety and Health Inspection (E01).

The [redacted] is located in [redacted]. The mine employs approximately [redacted] miners working two ten-hour production shifts and one maintenance shift per day, five days per week. It has two active working sections that produce an average of [redacted] of raw coal daily. The mining process involves the use of Joy continuous mining machines, a Caterpillar continuous haulage system and shuttle car haulage. The coal is extracted using the room and pillar method. Coal is transported from the mine by conveyor belts to the surface, and then transported via over-the-road trucks to an off site preparation plant where it is prepared for shipment to the customer.

The inspection group traveled to the Mechanized Mining Unit (MMU) 001-0 located in the #5 panel of 1 North. The section was in the process of advancing the conveyor belt and section power at the time of the inspection. The mine visit included observations of the following: inspections of the working section; examinations of the working section and faces for imminent dangers; methane tests; air readings; ventilation; rock dusting and cleanup; roof and rib conditions; the communication and tracking system; the section belt tailpiece; a permissibility inspection of the Fletcher right side double boom roof bolting machine; inspection of the Joy continuous mining machine's methane monitor and proximity detection systems; an AL Lee 30 person refuge alternative for the working section and escapeway maps. The group also observed the inspector conduct safety talks with miners.

Outby inspections included the travelway from the portal to the MMU 001-0; signage; lifelines; outby self-contained self-rescuers (SCSRs) stored in the alternate escapeway; dates, times, and initials of required examinations; a portion of the primary escapeway; a portion of the alternate escapeway; the 5 North working section conveyor belt entry, belt drive and associated fire protection system; a functional test conducted on the Atmospheric Monitoring System (AMS) for early fire detection; a functional test of the communication and tracking system and visual observations of the belt conveyor entries incidental to traveling to the working section.

Surface areas included the mine examination records and postings; the check-in/check-out system; communication and tracking monitors; escapeway maps; and the inspector's pre- and post-inspection discussions with the operator. Three enforcement actions were issued to the mine operator during the mine visit.

Review Results

This accountability review revealed positive findings in the following areas:

- The inspectors consistently conducted and documented safety meetings with miners for the inspection report reviewed.
The Review Team identified two issues or material weaknesses that required a Corrective Action Plan (See Attachment A for Checklist Items for corrective actions). The Team also identified some non-material weaknesses along with inspection best practices as described in the General Inspection Procedures Handbook (GIPH)\(^3\) during the review, and a general outline of discussion topics is included in Attachment D to this memorandum. These non-material weaknesses did not require a corrective action plan.

A corrective action plan from the District Manager addressing the identified issues is included and attached to this report. (See Attachment E)

The district, along with the Review Team, analyzed the findings identified during this review to determine the root causes of the noted issues. Checklist item 2 weaknesses was collectively a result of insufficient training and insufficient supervisory oversight/feedback to inspectors concerning the requirements to include both valid and voided dust samples for purposes of recording on Form 2000-22, and the lack of attention to detail in documenting ventilation plan discussions with miners. Checklist item 39 weaknesses was a result of inspectors' insufficient attention to detail and not recognizing all procedures required to be performed and documented, and insufficient supervisory oversight/feedback to inspectors regarding inspection procedure and documentation.

As a part of the review, enforcement levels of the mine and FO were compared with the district and national averages. The had the following statistics:

- The mine had a S&S rate of 19 percent during FY 2015 compared to the FO S&S rate of 22 percent; a district S&S rate of 25 percent; and the national S&S rate of 25 percent.

This comparison of FY 2015 showed the S&S rate for the mine was lower than the average S&S rates of the FO, district and nation.

Based on the review of Event No. discussions with FO personnel concerning the mine's intermittent operations; and observations during the mine visit, the Review Team determined that the enforcement levels for the are commensurate with existing mining conditions and work practices.

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Attachments

A. Office of Accountability Checklist

B. Citations/Orders issued during this review

Citation No. 75.204(c)(1)
Citation No. 75.370(a)(1)
Citation No. 75.604(b)

C. Issues requiring a Corrective Action Plan

D. Discussion Topics

E. Corrective Action Plan
Attachment A - Office of Accountability 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 Attachment C

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.
   - 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. Evaluate, upon arrival on the working section, 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 review.

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

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

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

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

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

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

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

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

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

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

NA- seals were not inspected during the mine visit
<table>
<thead>
<tr>
<th>13.</th>
<th>Determine if adequate close-out conferences are being conducted at the end of each inspection.</th>
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<tr>
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<td>Adequate [X] Corrective Action Needed [ ] Comments Below [ ]</td>
</tr>
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<thead>
<tr>
<th>14.</th>
<th>Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.</th>
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<tbody>
<tr>
<td></td>
<td>Adequate [X] Corrective Action Needed [ ] Comments Below [ ]</td>
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<thead>
<tr>
<th>15.</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
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<td>Adequate [X] Corrective Action Needed [ ] Comments Below [ ]</td>
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<tr>
<th>16.</th>
<th>Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.</th>
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<tbody>
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<td>Adequate [X] Corrective Action Needed [ ] Comments Below [ ]</td>
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<thead>
<tr>
<th>17.</th>
<th>Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adequate [X] Corrective Action Needed [ ] Comments Below [ ]</td>
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<thead>
<tr>
<th>18.</th>
<th>Determine if required Accompanied Activities (AAs); Field Activity Reviews (FARs) and supervisory follow-ups are being conducted and documented according to agency policy and procedures?</th>
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<td></td>
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<tr>
<td>19.</td>
<td>Determine if a 104(d) tracking system is in place and being kept current at the office being reviewed.</td>
</tr>
<tr>
<td>20.</td>
<td>Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.</td>
</tr>
<tr>
<td>21.</td>
<td>Determine if supervisors are thoroughly reviewing Uniform Mine Files at least annually?</td>
</tr>
<tr>
<td>22.</td>
<td>Determine if supervisors are visiting each active underground mine at least annually.</td>
</tr>
<tr>
<td>23.</td>
<td>Determine if all sections where retreat mining is occurring (not to include longwall mining) are being inspected at least monthly?</td>
</tr>
<tr>
<td>24.</td>
<td>Determine if documentation of staff meetings/safety meetings are effective and relevant to current issues and the Agency’s mission.</td>
</tr>
<tr>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>District Coal District 3 Field Office McHenry, MD Field Office Mine ID   Date</td>
<td></td>
</tr>
</tbody>
</table>

25. Determine, after an in-mine visit, if approved plans (Ventilation, Roof Control, Training, Emergency Response Plan (ERP), etc.) are compatible with mining conditions and equipment.

Adequate **X** Corrective Action Needed   Comments Below   

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

Adequate **X** Corrective Action Needed   Comments Below   

27. 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   

28. 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   Corrective Action Needed   Comments Below   

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

Adequate **X** Corrective Action Needed   Comments Below   

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Adequate</th>
<th>Corrective Action Needed</th>
<th>Comments Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>Determine if District Managers, Assistant District Managers, and supervisors are conducting required mine visits and properly completing the required spreadsheet.</td>
<td>Adequate: X</td>
<td>Corrective Action Needed: ❌</td>
<td>Comments Below: ❌</td>
</tr>
<tr>
<td>31.</td>
<td>Determine if District Manager is using discretion in granting conferences and monitoring the Alternative Case Resolution (ACR) program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the Conference and Litigation Representatives (CLRs).</td>
<td>Adequate: ❌</td>
<td>Corrective Action Needed: X</td>
<td>Comments Below: X</td>
</tr>
<tr>
<td></td>
<td>NA – Not part of this review.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Determine if managers and supervisors are using standardized reports to review critical data relevant to inspections and investigations.</td>
<td>Adequate: ❌</td>
<td>Corrective Action Needed: X</td>
<td>Comments Below: X</td>
</tr>
<tr>
<td></td>
<td>NA – Not part of this review.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Determine if Districts are conducting reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.</td>
<td>Adequate: X</td>
<td>Corrective Action Needed: ❌</td>
<td>Comments Below: ❌</td>
</tr>
<tr>
<td>34.</td>
<td>Determine if information (mine status, methane liberation, number of employees, etc.) is being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?</td>
<td>Adequate: X</td>
<td>Corrective Action Needed: ❌</td>
<td>Comments Below: ❌</td>
</tr>
</tbody>
</table>
Determine if District Managers are using the Report Center to identify overdue responses from operators and take appropriate actions.

Determine if a complete permissibility inspection of each longwall system is being 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: [ ]
- Comments Below: X

Determine if a proper examination of the Atmospheric Monitoring System (AMS) and/or AMS systems that operate Carbon Monoxide (CO) sensors for the purposes of 75.1101 is being conducted. A complete inspection includes those items in the Coal General Inspection Procedures Handbook (GIPH) AMS checklist.

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

Determine if SSIs are maintaining 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: X
- Comments Below: X

NA – Not part of this review.

Determine if proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys are being followed.

Proper documentation to include blue cards, 2000-86s, etc.

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

See Attachment C
Determine if District Managers and Assistant District Managers are providing acting field office supervisors with the level of oversight necessary to manage their work groups on a temporary basis including an online distance learning training course with a knowledge check for temporarily promoted supervisors. The guidance will be included in each District's Standard Operating Procedure (SOP) for training newly promoted field office supervisors.
A roof bolt installed at the #4 block area of the #5 North panel travelway does not have a firmly installed bearing plate. Contact by mobile equipment has dislodged a roof bolt creating a 1" gap between the mine roof and the bearing plate.

**Mine Citation/Order**

<table>
<thead>
<tr>
<th>Section L-Violation Data</th>
<th>U.S. Department of Labor</th>
<th>Mine Safety and Health Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Mo Da Yr</td>
<td>3. Citation/Order Number</td>
</tr>
<tr>
<td>Time (24 Hr. Clock)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Served To</td>
<td></td>
<td>5. Operator</td>
</tr>
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</table>

**Condition or Practice**

A roof bolt installed at the #4 block area of the #5 North panel travelway does not have a firmly installed bearing plate. Contact by mobile equipment has dislodged a roof bolt creating a 1" gap between the mine roof and the bearing plate.

**Section II-Inspector's Evaluation**

<table>
<thead>
<tr>
<th>9. Violation</th>
<th>A. Health</th>
<th>B. Safety</th>
<th>Other</th>
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</table>

**Type of Section of Title 30 CFR**

| 10. Statement            | 75.204(c)(1) |

**Section III-Injury or Illness (has) (is)**

<table>
<thead>
<tr>
<th>11. Negligence (check one)</th>
<th>A. None</th>
<th>B. Low</th>
<th>C. Moderate</th>
<th>D. High</th>
<th>E. Reckless Disregard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Number of Persons Affected:** 001

**Section IV-Initial Action**

<table>
<thead>
<tr>
<th>12. Type of Action</th>
<th>104(a)</th>
</tr>
</thead>
</table>

**Type of Issuance (check one):** Citation

**E. Citation/Order Number**

**Section V-Termination Due**

<table>
<thead>
<tr>
<th>13. Type of Issuance (check one)</th>
<th>Citation</th>
</tr>
</thead>
</table>

**F. Dated**

**A. Date**

**B. Time (24 Hr. Clock)**

**Section VI-Termination Action**

**The cited roof bolt was made to be (wedged) in firm contact with the mine roof.**

**B. Terminated**

<table>
<thead>
<tr>
<th>16. Terminated</th>
<th>A. Date</th>
<th>B. Time (24 Hr. Clock)</th>
</tr>
</thead>
</table>

**Section VII-Automatic System Data**

| 17. Action to Terminate     | The cited roof bolt was made to be (wedged) in firm contact with the mine roof. |

**AR Name**

**AR Number**
The approved ventilation plan is not being followed in the #3 face of the 001-D MMU. Ventilation curtain was observed to be rolled against the mine roof for a 20.5' distance from the fully bolted face. Page #3 of the approved ventilation plan states that the ventilation curtain will be maintained to within 10' of the face.

Standard 75.370(a)(1) was cited.
The trailing cable supplying 480 volt power to the #2 Fletcher bolter, operating on the 001-0 MMC, is not effectively insulated and sealed so as to exclude moisture. The bolter's cable contains a damaged (separated) 7.5" long repair area with only a 1" length of plastic tape installed around the phase leads at one end. This condition has allowed visible water and dirt to be present through out the repaired area. A phase lead within the repair was found with two 1/4" cuts in the inner insulation and the bolter operates in a wet mine environment. The operator immediately removed the bolter from service and began corrective actions.

Standard 75.604(b) was cited

Section 1-Violation Data


### Condition or Practice

The cable's damaged area was repaired and properly sealed.
Attachment C – Issues requiring a Corrective Action Plan

Checklist item #2 - Determine if documentation for inspections is complete and thorough.

1. MSHA Form 2000-22 - Section 13 D was not completed correctly. The numbers of samples taken during the inspection were not accurately recorded. (Respirable Dust = 15 recorded; 22 samples taken)

Requirement: GIPH pages 2-13 and 14 states in part “Mine Activity Data Form (MSHA Form 2000-22) as a cover page for all types of inspection or investigative activity reports ... All items (boxes) must be filled out by entering either the appropriate information or by entering zeros (0).”

GIPH pages 2-16 and 17 states in part: “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.”

- Item 13.d. Respirable Dust. Enter the total number of individual respirable dust samples collected, both valid and invalid.

2. Ventilation Plan discussions and knowledge checks for each MMU were not documented in the field notes. GIPH 3-59

Requirement: GIPH page 3-59 states in part “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.”

Checklist item #39 - Determine if proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys are being followed. Proper documentation to include blue cards, 2000-86s, etc.

The inspector did not conduct an examination of the dust control parameters approved in the ventilation plan for controlling respirable dust during roof bolting operations when sampling both MMUs for the...

- During the respirable dust sampling inspections for the MMUs the dry dust collection systems including the box, filters, vacuum pressures and air volumes required to be maintained in the working face where roof bolting is occurring were not measured or evaluated.
Requirements: Coal Mine Health Inspection Procedures Handbook, PH89-V-1Page 1-27 item 14 states in part "At least twice during the sampling shift, the inspector will verify that all dust control parameters stipulated in the approved ventilation plan are in place and functioning properly."
Topics discussed with the district that do not require a corrective action plan are as follows:


- Inspection Tracking System (ITS) – The inspection of all in use and available for use haulage, mobile, and portable equipment should be documented and maintained in the ITS. Some equipment documented as inspected in the notes was not listed in the ITS. Also some equipment documented in the ITS as inspected was not documented in the inspection notes. See GIPH, pages 3-51 and 52.

Aircourses (including escapeways) - all aircourses required to be examined are not maintained in the ITS by name and identified with an intake or return designation. GIPH 3-41

- Tracking Map - Start/Stop points for aircourses examined on 12/9/15 are unclear as to the areas traveled. GIPH 3-42

Tracking map depicts 1 North Intake to have been inspected on 10/20/15 but no documentation provided in the field notes that this area was inspected on this date. GIPH 3-42

MMU # or section name not identified on the map GIPH 3-2

- SCSRs Inspection – The inspector inspected 22 M20 SCSRs (belt wearable) during the inspection reviewed. The has approximately miners employed. GIPH page 3-10 item 13

No documentation in field notes that a general discussion with a representative number of miners was conducted to ensure effective donning and usage training was provided. GIPH 3-17

- First Day Inspection Activities - Mine map not reviewed and mantrip operation was not observed on the first day of inspection. GIPH 3-3

- AMS system documentation - No documentation for the manufacturer and model of the system being used. GIPH 3-46

- Seals – No air quality measurement documented in the entry nearest each set of seals. immediately after the air passes the seals. GIPH 3-66 item 14
- Methane Monitors on section equipment - No documentation in the field notes that the methane monitors were tested on the continuous mining machines. GIPH 3-65

- Travel with Examiners - No documentation in the inspection field notes as to the examiners name, area examined (pre-shift onshift 11/9; weekly 12/9). GIPH 3-8

- Training Records - No documentation in the inspection field notes that the training records were inspected the type and approximate number. The only reference to training records being inspected is the ITS. GIPH 3-19

- Aircourses - SE Mains intake air course in the belt / travelway entries (~2200') was not documented as inspected on the inspection tracking or in the field notes. GIPH 3-42
  2nd Left Mains intake air course in the travelway entries (~1500') was not documented as inspected on the inspection tracking or in the field notes. GIPH 3-42
  The inspection field notes do not identify each air course examined on 10/20/15; 12/8/15 and 12/9/15. GIPH 3-42

- Respirable Dust Surveys - Dust parameters measured while sampling exceeded 120 percent of the ventilation plan requirements. See Coal Mine Health Inspection Procedures Handbook, PH89-V-1; pages 1-25 and 26.

- Uniform Mine File (UMF) electronic – Diesel inventory not in UMF and one hazard complaint filed under wrong section.

- MSHA Report Center – Plans pending overdue report

- Ventilation Plan – The mine had recently started connecting the crosscuts between the active panel and the previously mined adjacent panel. This practice is not described in the currently approved ventilation plan.
MSHA is in a phase of transition of going to the electronic tracking of PKWs- also the district was inputting a 2 year history and in the process had either misplaced or lost the three PKWs in question.
June 6, 2016

MEMORANDUM FOR TED SMITH
Supervisor of Accountability

THROUGH: KENDRICK LIN
Administrator
Coal Mine Safety and Health

FROM: CARLOS T. MOSLEY
District Manager
Coal District 3

SUBJECT: Proposed Corrective Actions

This is a response to the review conducted by the Office of Accountability from the McHenry, Maryland Field Office and the field office on June 6, 2016. The results of your review identified two deficiencies, which are required to be addressed by this district.

Checklist item #2: Determine if documentation for inspections is complete and thorough.

1. MSHA Form 2000-22 - Section 13 D was not completed correctly. The number of samples taken during the inspection was not accurately recorded. (Respirable Dust = 15 recorded; 22 samples taken)

2. Ventilation Plan discussions and knowledge checks for each MMU were not documented in the field notes. CIPH 3-59

   - ROOT CAUSE:

   The item 2 deficiency was collectively a result of insufficient training and insufficient supervisory oversight/feedback to inspectors concerning the requirements to include both valid and voided samples for purposes of recording on Form 2000-22, and lack of attention to detail in the documentation of ventilation plan discussions with miners.
Some confusion existed as to the requirements for including invalid or voided samples in the total count for reporting on Form 2000-22.

**PROPOSED CORRECTIVE ACTIONS:**

Top Staff and the supervisors will cover the Office of Accountability Audit findings in the staff meeting scheduled for May 2, 2016. The first line supervisors will cover the topics in their next regularly scheduled staff meeting. A separate attendance roster will be signed by all participants and a record of the training will be kept with the corrective actions. The training will be completed by the end of June 2016.

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

  The Staff Assistant will ensure that all ARs receive the training. The record will be maintained by the District Office.

- **TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:**

  The training will be completed by the end of the 3rd Quarter of FY 2016 (June 2016).

- **METHOD FOR DETERMINING SUCCESS:**

  Top Staff will conduct a focused review of two E01 inspections from each field office within the District for the 3rd Quarter of FY2016 to specifically determine if this previously observed deficiency has been corrected.

  Checklist item #40 - Determine if proper procedures for conducting, documenting, and reviewing MSHA respirable dust surveys are being followed. Proper documentation to include blue cards, Form 2000-86s, etc.

  The inspector did not conduct an examination of the dust-control parameters approved in the ventilation plan for controlling respirable dust during roof-bolting operations when sampling both MMUs for the:

  - During the respirable dust sampling inspections for the MMUs, the dry dust collection systems including the box, filters, vacuum pressures, and air volumes required to be maintained in the working face where roof bolting is occurring were not measured or evaluated.

- **ROOT CAUSE:**
Checklist Item 40 deficiency was collectively a result of inspectors insufficient attention to detail and not recognizing all items that need to be documented, and due to insufficient supervisory oversight/feedback to inspectors concerning inspection documentation.

- **PROPOSED CORRECTIVE ACTIONS:**

  Top Staff and the supervisors will cover the Office of Accountability Audit findings in the staff meeting scheduled for May 2, 2016. The first line supervisors or members of the District Health Group will then cover the topics in their next regularly scheduled staff meeting. A separate attendance roster will be signed by all participants and a record of the training will be kept with the corrective actions.

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

  The Staff Assistant will ensure that all ARs receive the training. The record will be maintained by the District Office.

- **TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:**

  The training will be completed by the end of the 3rd Quarter of FY 2016 (June 2016).

- **METHOD FOR DETERMINING SUCCESS:**

  Top Staff or the Health Group Supervisor will conduct a focused review of two EOI events from each Field Office for the 3rd Quarter of FY 2016 to specifically determine if this previously observed deficiency has been corrected.

- **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 memorandum will document the closure of the corrective actions for both deficiencies by including the training rosters and the results of the review of the EOIs after the 3rd Quarter of FY 2016.