



FEB 12 2018

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for
Mine Safety and Health Administration

THROUGH: TIMOTHY R. WATKINS
Deputy Administrator for
Coal Mine Safety and Health

FROM: THOMAS W. CHARBONEAU
Director, Office of Assessments

SUBJECT: Mine Safety and Health Administration (MSHA)
Office of Accountability Review, Coal District 5,
Pikeville, Kentucky Field Office and

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.

Purpose

The purpose of this accountability review is to determine whether MSHA enforcement policies, procedures and guidance are being followed consistently; and to assess whether mission critical enforcement activities are accomplished effectively. The accountability review also identifies areas for improvement and the subsequent implementation of effective corrective actions to address any identified issues.

Overview

Office of Accountability (OA) Specialists Jerry Kissell and Mark Odum (Review Team) conducted a review of Coal's District 5 and the Pikeville, Kentucky Field Office in accordance with the annual accountability review plan schedule. The Review Team conducted the on-site portion of the review from [REDACTED]. The review focused on inspection and supervisory oversight activities for Regular Safety and Health Inspection (E01), Event No. [REDACTED] of [REDACTED] conducted during the third quarter of FY 2017. The OA selected the mine for review because it is a large mine and utilizes retreat second mining as part of the mining process.

Mine Visit

The Review Team accompanied the Assistant District Manager for Enforcement, the Field Office Supervisor, the Staff Assistant, and an inspector to the mine on [REDACTED] on a Spot Inspection (E02). During the visit the Review Team evaluated general conditions and observed work practices at the mine. The team also assessed whether conditions corresponded with enforcement levels documented in the inspection reports reviewed.

The mine is located in [REDACTED] and employs approximately [REDACTED] miners working two, ten-hour production shifts and a maintenance shift, five days per week. The mine consists of two mining sections with three Mechanized Mining Units (MMUs) producing an average of [REDACTED] of raw coal annually. Coal is transported by conveyor belts to the surface and then by an overland belt to the off-site preparation plant.

The mine visit included inspections and observations of the following:

- mine examination records;
- escapeway map;
- communication and tracking system;
- check-in/check-out system;
- discussions with the mine personnel;
- #1 section, MMUs 006 and 007;
- section air readings and checks of the section for imminent dangers;
- section power center, SCSRs, and refuge alternative;
- 4B conveyor belt drive/transfer area;
- alternate escapeway from the section;
- lifelines and signage; and
- general conditions in all areas traveled – roof and rib conditions, ventilation, clean-up, and rock dusting.

Review Results

The inspection event reviewed revealed positive findings in the following areas:

- Inspectors documented safety talks with miners on all shifts.
- Inspectors used pre-printed note sheets to assist in documenting inspection results.

The review identified one issue that required a corrective action plan. (See Attachment A)

Issue 1: [REDACTED]

[REDACTED] See Attachment B for Issues requiring a Corrective Action Plan and Attachment C for Office of Accountability Checklist Items)

District Staff along with the Review Team analyzed the findings to determine the cause of [REDACTED]

The Review Team discussed with District personnel inspection and procedural best practices as described in the Coal Mine Safety and Health General Inspection Procedures Handbook (GIPH). A general outline of discussion topics is attached. (See Attachment E)

As a part of the review, the OA compared enforcement levels of the mine with the District and National averages. The mine had the following statistics for FY 2017: an S&S rate of 20% which was slightly lower than the District average of 25% and the National average of 22% for the same period; an elevated negligence rate of 7.3% as compared to the District average of 6.1% and National average of 4.4%; and had a violation per inspection hour (VPIH) rate of 0.16 compared to the District rate of 0.11 and the National rate of 0.10.

During the mine visit on [REDACTED] the inspector issued eight 104(a) enforcement actions. (See Attachment D). Based on observations made during the mine visit, the inspector's enforcement levels were appropriate.

Attachments

- A. Corrective Action Plan
- B. Issues Requiring Corrective Action
- C. Office of Accountability Checklist
- D. Enforcement Actions Issued During the Mine Visit
 - [REDACTED] 75.202(a)
 - [REDACTED] 75.220(a)(1)
 - [REDACTED] 75.370(a)(1)
 - [REDACTED] 75.1505(a)(1)
 - [REDACTED] 75.1714-4(e)
 - [REDACTED] 75.1505(a)(3)
 - [REDACTED] 75.400
 - [REDACTED] 75.606
- E. Discussion Topics

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Mine Safety and Health Administration
Office of Accountability

District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Attachment A - Corrective Action Plan

U.S. Department of Labor

Mine Safety and Health Administration
PO. Box 346
London, Virginia 24010



Date: January 11, 2018

MEMORANDUM FOR TED SMITH
Supervisor, Office of Accountability

Through: TIMOTHY R. WATKINS [REDACTED]
Deputy Administrator for
Coal Mine Safety and Health

MARCUS A. SMITH [REDACTED]
Supervisor, Accident Investigation/
Special Investigation/ACR Group

FROM: Gregory B. Meikle [REDACTED]
Acting District Manager
District No. 5

SUBJECT: Proposed Corrective Action Plan

This is a response to the review conducted by the Office of Accountability from [REDACTED] at the Pikeville, Kentucky Field Office, District 5, and the [REDACTED]. The results of your review identified one (1) deficiency, which is required to be addressed by District 5.

Issue No. 1:

[REDACTED]

- **Root Cause** [REDACTED]
- **Proposed Corrective Actions:** The proposed corrective action for this deficiency, which was identified during the OA Review conducted [REDACTED]

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Attachment B - Issues requiring Corrective Action

Issue 1:

Requirements:

Citation and Order Writing Handbook for Coal Mines and Metal and Nonmetal Mines, PH13-I-1, June 2013 –

p. 2 - Mine Safety and Health Administration (MSHA) personnel must constantly strive for accuracy in writing citations and orders. A significant percentage of citations and orders have been overturned during the legal process for reasons such as:

- failure to cite the appropriate standard;
- failure to establish the existence of an imminent danger;
- assumptions or suppositions not based on evidence of facts;
- failure to specifically describe the area of danger or area affected;
- issuance of a 107(a) order for control purposes when no imminent danger exists;
- illegible or confusing writing; and

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- failure to properly evaluate the degree of gravity, exposure to the hazard, or the mine operator's negligence.

The description of a violation must be written in such a manner that all parties know the true nature of the situation. The descriptive narrative must include information that clearly establishes a violation and describes with particularity the nature of the violation. The proposed civil penalty prepared by the Office of Assessments is determined, in part, by information contained in the citation or order.

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Attachment C - 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 Corrective Action Needed Comments Below

2. Determine if documentation for inspections is complete and thorough.

Adequate Corrective Action Needed Comments Below

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 Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

5. Evaluate inspector/specialist examination of the operator's maps (on-site) for accuracy, escapeway locations, etc.

Adequate Corrective Action Needed Comments Below

6. Evaluate, upon arrival to the active pit, inspector/specialist examination of all working areas and highwalls for imminent dangers.

Adequate Corrective Action Needed Comments Below

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7. Evaluate the inspector/specialist observation of the work cycle and conditions in the active mining area during the review.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate 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 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

Seals not inspected due to none near the inspection area.

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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.

Adequate Corrective Action Needed Comments Below

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

Adequate 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 Corrective Action Needed Comments Below

18. 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.

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

Adequate Corrective Action Needed Comments Below

20. Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.

Adequate Corrective Action Needed Comments Below

21. Determine if supervisors are thoroughly reviewing Uniform Mine Files at least annually.

Adequate Corrective Action Needed Comments Below

22. Determine if supervisors are visiting each active underground mine at least annually.

Adequate Corrective Action Needed Comments Below

23. Determine if all sections where retreat mining is occurring (not to include longwall mining) are being inspected at least monthly.

Adequate Corrective Action Needed Comments Below

24. Determine if documentation of staff meetings/safety meetings are effective and relevant to current issues and the Agency's mission.

Adequate Corrective Action Needed Comments Below

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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.

25. Adequate Corrective Action Needed Comments Below

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

26. Adequate Corrective Action Needed Comments Below

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).

27. Adequate 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.

28.

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

29.

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

NA – not part of this review

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

Determine if information (mine status, methane liberation, number of
34. employees, etc.) is being entered into the MSHA Standardized Information
System (MSIS) accurately and in a timely manner?

Adequate Corrective Action Needed Comments Below

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Determine if District Managers are using the Report Center to identify
35. overdue responses from operators and take appropriate actions.

Determine if a complete permissibility inspection of each longwall system is
36. being 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

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

Adequate Corrective Action Needed Comments Below

Determine if SSIs are maintaining a memorandum detailing the reasons for
38. 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 part of this review.

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

Adequate Corrective Action Needed Comments Below

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- 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
40. 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.



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:

41.
 - checking that required information is submitted
 - checking for communication with other plan approval groups
 - assuring that designated MSHA personnel contact the operator for additional information
 - discussing results of on-site evaluations with the operator and identified miners' representatives.

Adequate

Corrective Action Needed

Comments Below

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District Coal District 5 Field Office Pikeville, KY Mine ID Date

Attachment D - Enforcement Actions Issued During the Mine Visit

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

Section I - Violation Data	
1. Date <u> </u> Mo <u> </u> Da <u> </u> Yr <u> </u>	2. Time (24 Hr. Clock) <u> </u>
3. Citation/Order Number <u> </u>	
4. Served To <u> </u>	5. Operator <u> </u>
6. Mine <u> </u>	7. Mine ID <u> </u> (Contractor)
8. Condition or Practice	8a. Written Notice (103g)

The roof, face and ribs of areas where persons work or travel shall be supported or otherwise controlled to protect persons from hazards related to falls of the roof, face or ribs and coal or rock bursts. Drawrock is present located at the end of track and in the travelway on the 006/007 mmu. When measured the drawrock inby the end of track (approx. 90') was approx. 2 inches thick, when pulled it broke into 3 different pieces was pulled each piece was approx. 2' long 12 to 18 inches wide. The drawrock in the travelway was approx. 5 inches thick and was 12' wide when pulled it broke into 2 pieces. This condition exposes miners to the hazards related to injuries from fallen rock.

See Continuation Form (MSHA Form 7000-3a)

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

Section II - Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: (00)
11. Negligence (check one): A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action: 104(a)		13. Type of Issuance (check one): Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action: A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/Order Number	F. Dated: Mo <u> </u> Da <u> </u> Yr <u> </u>
15. Area or Equipment				

16. Termination Due	A. Date <u> </u> Mo <u> </u> Da <u> </u> Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
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Section III - Termination Action
17. Action to Terminate <u>The operator scaled down the drawrock.</u>

18. Terminated	A. Date <u> </u> Mo <u> </u> Da <u> </u> Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
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Section IV - Automated System Data		
19. Type of Inspection (activity code) <u>E02</u>	20. Event Number <u> </u>	21. Primary or MII
22. AR Name <u> </u>	23. AR Number <u> </u>	

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

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District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order Continuation		U.S. Department of Labor Mine Safety and Health Administration		
Section I-Subsequent Action/Continuation Data				
1. Subsequent Action To: Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr	3. Citation/Order Number	[REDACTED]
4. Served To	[REDACTED]		5. Operator	[REDACTED]
6. Mine	[REDACTED]		7. Mine ID	[REDACTED] (Contractor)
Section II-Justification for Action				
Continuation of II. Condition of Practice				
Standard 75.202(a) was cited [REDACTED]				

See Continuation Form				
Section III-Subsequent Action Taken				
8. Extended To	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
Section IV-Inspection Data				
9. Type of Inspection	E02		10. Event Number	[REDACTED]
11. AR Name	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

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District Field Office Mine ID Date

Mine Citation/Order

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

1. Date Mo Da Yr <input type="text"/>	2. Time (24 Hr. Clock) <input type="text"/>	3. Citation/ Order Number <input type="text"/>
4. Served To <input type="text"/>		5. Operator <input type="text"/>
6. Mine <input type="text"/>		7. Mine ID <input type="text"/> (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The operator has failed to comply with the approved roof control plan dated . The #8 heading bud off was not bolted to within 4 feet of the face as required by page #17 of the roof control plan. When measured the last row of bolts was approx. 6 feet from the face. This condition exposes miners to the hazards of traveling inby permanent support.

Standard 75.220(a)(1) was cited

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.220(a)(1)
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Section II - Inspector's Evaluation

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

15. Termination Due	A. Date Mo Da Yr <input type="text"/>	B. Time (24 Hr. Clock) <input type="text"/>
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Section III - Termination Action

17. Action to Terminate: The operator has installed another row of permanent roof support.

18. Terminated	A. Date Mo Da Yr <input type="text"/>	B. Time (24 Hr. Clock) <input type="text"/>
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Section IV - Automated System Data

19. Type of Inspection (activity code)	E02	20. Event Number <input type="text"/>	21. Primary or Mit
22. AR Name <input type="text"/>		23. AR Number <input type="text"/>	

MSHA Form 7000-3, Apr 98 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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Section I—Violation Date

1. Date Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Served To	5. Operator	
6. Mine	7. Mine ID	

8. Condition or Practice

8a. Written Notice (103g)

The operator has failed to comply with the approved ventilation plan dated [REDACTED] on the 007 mmu. Page # 23 requires 2,000 cfm behind the line curtain in idle places. When checked the #5 right and #8 heading didn't have the required amount of air. When checked only 1,133 cfm was at 5 right and only 784 cfm was at 8 heading. This condition exposes miners to the hazards related to methane build up. 0% methane was detected across the section.

Standard 75.370(a)(1) was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety/Other	B. Section of Act	C. Part/Section of Title 30 CFR
			75.370(a)(1)

Section II—Inspector's Evaluation

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

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

17. Action to Terminate The operator has increased the amount of air in the idle places. 5 right has 2,483 and 8 heading has 2,256.

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

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mit
E02	[REDACTED]	[REDACTED]
22. AR Name		23. AR Number
[REDACTED]		[REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To				5. Operator	
6. Mine				7. Mine ID	(Contractor)
8. Condition or Practice				9a. Written Notice (103g)	

The Escapeway map provided for the 006/007 mmu is not being kept up to date. When checked the map does show the outby refuge shelter and doesn't clearly mark the route of travel in that previously mined panel still show the escapeway route. This condition would delay escape of the miners.

Standard 75.1505(a)(1) was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.1505(a)(1)
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Section II--Inspector's Evaluation

10. Gravity					
A. Injury or illness (has) (is). No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 013	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)			13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number	
15. Area or Equipment					
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)					

Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E02	20. Event Number	[REDACTED]	21. Primary or Mit	
22. AR Name				23. AR Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The SCSR's stored on the 006/007 mmu is not be stored properly. The SCSR's storage boxes are damage. The lid on the 3 SCSR box lid will not close and the main SCSR's box has been weight down causing the top to sag in and not allowing the door to open and the other door will not close. When checked no visible damage was seen.

Standard 75.1714-4E was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1714-4(e)
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Section II - Inspector's Evaluation

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

Section III - Termination Action

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

Section IV - Automated System Data

19. Type of Inspection (activity code) E02	20. Event Number [REDACTED]	21. Primary or Mill
22. AR Name [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I—Violation Data

1. Date Mo Da Yr	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The Escapeway map provided for the 006/007 mmu refuge shelter is not being kept up to date. When checked the map does show the outby refuge shelter and doesn't clearly mark the route of travel in that previously mined panel still show the escapeway route. This condition would delay escape of the miners.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety or Other: <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1505(a)(3)
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Section II—Inspector's Evaluation

10. Gravity:

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

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

C. Significant and Substantial: Yes No D. Number of Persons Affected: 013

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

12. Type of Action: [04(a)]

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

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

E. Citation/Order Number

F. Dated: Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo Da Yr B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate

18. Terminated: A. Date Mo Da Yr B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity code): E02

20. Event Number [REDACTED]

21. Primary or Mill

22. AR Name [REDACTED]

23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-754-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I - Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]	
4. Served To [REDACTED]		5. Operator [REDACTED]	
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)	
8. Condition or Practice		8a. Written Notice (103g)	

Combustible material is present around the 006/007 mmu section tailpiece. Coal spillage is present at the front of the tailpiece and at the tail roller. The spillage at the front measure up to 4 inches deep and was starting to come in contact with the moving belt. The spillage at the rear was approx. 7 inches high. The tailpiece was setting in standing water approx. 4 inches deep.

Standard 75.400 was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.400
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Section II - Inspector's Evaluation

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

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

17. Action to Terminate The operator shovel up the coal spillage.

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

19. Type of inspection (activity code) E:02	20. Event Number [REDACTED]	21. Primary or Mill	
22. AR Name [REDACTED]		23. AR Number [REDACTED]	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20415. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Coal District 5 Field Office Pikeville, KY Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I—Violation Date

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]		5. Operator [REDACTED]
6. Mine [REDACTED]		7. Mine ID [REDACTED] (Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The Shuttle car (s/n ET16909) cable is not be protected from mobile equipment. When checked the shuttle car was park on top of its cable. This shuttle car is used to haul coal on the 006 mmu. This condition exposes miners to the hazards related to electrical shock. The section is wet with standing water in places.

Standard 75.606 was cited [REDACTED]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	75.606
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one): A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action: [04(a)]		13. Type of Issuance (check one): Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action: A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

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

17. Action to Terminate The operator moved the shuttle car and checked the cable for damage.

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

19. Type of inspection (activity code) E02	20. Event Number [REDACTED]	21. Primary or Mill
22. AR Name [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 405 3rd Street, SW, MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

District Field Office Mine ID Date

Attachment E – Discussion Topics

Enforcement Actions:

- discussed documentation of reasons for gravity and negligence for five of 82 issuances (See GIPH p. 2-20 for reference)

Uniform Mine File:

- discussed the need to remove obsolete information in UMF – one letter needed to be removed from special attention area
- discussed the need to update 104(d) status/tracking information (See Coal Uniform Mine File Procedures Handbook, PH14-V-1, January 2014, p. 1-1 and 1-2 for reference)