



NOV 30 2018

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for
Mine Safety and Health Administration

THROUGH:

KEVIN G. STRICKLIN
Acting Administrator for
Metal and Nonmetal Mine Safety and Health

FROM:

THOMAS W. CHARBONEAU
Director, Office of Assessments

SUBJECT:

Mine Safety and Health Administration (MSHA)
Office of Accountability Review
Metal and Nonmetal Northeastern District
Albany, New York Field Office

Introduction

This memorandum summarizes the Office of Accountability's review of the Northeastern District, Albany, New York Field Office. The review focused on enforcement activities at [REDACTED]. This review included MSHA field activities, level of enforcement, conditions and practices at the mine, and MSHA supervisory and managerial oversight.

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 evaluates 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 the review in accordance with the annual accountability review plan schedule. The review concentrated on two Regular Safety and Health Inspections (E01) of the [REDACTED] [REDACTED] (ID No. [REDACTED]), Event Nos. [REDACTED] and [REDACTED]. The OA selected the [REDACTED] mining operation because it had an elevated Significant and Substantial (S&S) violation rate, an elevated negligence rate, and an elevated Violation per Inspection Hour (VPIH) in Fiscal Year (FY) 2017 as compared to the Field Office, District and nation. Specialist Kissell conducted the on-site review from [REDACTED] through [REDACTED]. The review focused on enforcement activities during FY 2017 and FY 2018, including a review of supervisory oversight activities.

Mine Visit [REDACTED] [REDACTED] [REDACTED]

Specialist Kissell accompanied the Staff Assistant, Field Office Supervisor, and an inspector to the mine on [REDACTED], as part of an E01 Regular Safety and Health Inspection.

The mine is a [REDACTED] operation located in [REDACTED] and employs approximately [REDACTED] miners working one eight-hour production shift per day, five days a week. [REDACTED] is drilled, blasted, loaded into a haul truck and moved to the primary crusher. The [REDACTED] is transported by conveyor belts to sizing screens and secondary crushers where it is sized, sorted, and transferred into stock piles. The processed material is then transported by trucks to the customer. During the mine visit, Specialist Kissell evaluated general conditions at the mine, assessed whether conditions at the mine compared with enforcement levels documented in the inspection reports reviewed, and observed work practices at the mine site.

The mine visit included inspections and observations of the following:

Surface

- pre-inspection discussions with the mine operator
- examination records / pre-operational records
- work practices
- front-end loaders
- plant/operator control tower
- quarry-high walls, road ways and berms
- primary crusher, secondary crushers
- four screen plants (screening and sizing of material)
- six conveyor belts
- water storage tanks
- conex storage facilities
- two welders and welding leads
- traffic/warning/hazard signage
- mine roads and berms
- two skid steers, one excavator, one walk behind utility loader

- safety talks with miners in the active plant area
- daily close-out conference

During the inspection, the accompanying inspector issued seven enforcement actions.

Review Results

The review revealed positive findings in the following areas:

1. Inspection notes reviewed were neat and detailed.
2. Violation photos showed the violation clearly and the termination action.
3. Office Reviews completed exceeded the minimum. (8 additional reviews completed)
4. Second level reviews completed exceed the minimum. (6 Office Reviews and 7 Field Activity Reviews over the minimum required were completed)
5. Communication to the operator and miners was clear, concise and thorough.
6. The review did not identify any issues that require a corrective action plan.

Specialist Kissell discussed with District personnel some inspection and procedural best practices as described in the Metal and Nonmetal General Inspection Procedures Handbook. A general outline of discussion topics is included in an attachment to this memorandum. (Attachment A)

As a part of the review, the OA compared FY 2017 and first half FY 2018 enforcement levels of the mine with the Field Office, District, and national averages.

- The mine had an S&S rate of 43 percent compared to the Field Office S&S rate of 19 percent; a District S&S rate of 23 percent; and the national average S&S rate of 23 percent.
- The mine's elevated negligence rate was 24.5 percent compared to the Field Office rate of 3.8 percent; a District rate of 6.4 percent; and the national rate of 9.2 percent.
- The mine's VPIH rate was 0.76 compared to the Field Office VPIH rate of 0.31; a District VPIH rate of 0.21; and the national VPIH rate of 0.22.

The S&S rate, elevated negligence enforcement rate, and VPIH rate for the mine was higher than the Field Office, District and nation in FY 2017. The Field Office Supervisor met with the mine operator during August and September of 2017 to review the elevated enforcement numbers in 2017 and to identify areas to improve compliance. Subsequently, the operator made some efforts and changes at the mine to achieve compliance.

FY 2018 first half enforcement levels show:

- For the first half of FY 2018, the mine had an S&S rate of 20 percent compared to the Field Office S&S rate of 18 percent; a District S&S rate of 21 percent; and the national average S&S rate of 23 percent.
- The mine's elevated negligence rate was 0.0 percent compared to the Field Office rate of 4.1 percent; a District rate of 6.5 percent; and the national rate of 8.7 percent.
- The mine's VPIH rate was 0.19 compared to the Field Office VPIH rate of 0.29; a District VPIH rate of 0.19; and the national VPIH rate of 0.22.

For the first half of FY 2018, the mine's S&S rate decreased to 20 percent while the elevated negligence enforcement and VPIH both decreased to levels lower than the Field Office, District, and nation. Based on the review and observations made during the mine visit, the enforcement levels were appropriate with existing mining conditions and work practices.

Attachments

A. Discussion Topics

B. Office of Accountability Checklist

C. Mine visit enforcement actions

- No. [REDACTED] 56.20011
- No. [REDACTED] 56.14132(a)
- No. [REDACTED] 56.14100(a)
- No. [REDACTED] 56.12004
- No. [REDACTED] 56.14112(a)(1)
- No. [REDACTED] 56.11002
- No. [REDACTED] 56.14100(c)

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

Attachment A – Discussion Topics

- Enforcement and inspection best practices
 - Section 107(a) imminent danger inspection practices
 - Pre-conference discussions
- Conference litigation feedback for inspectors
- Inspection documentation/note taking
- Hazard Complaint activity and procedure

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

Attachment B – 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(s) examination of required records and postings for compliance with applicable standards.
Adequate Corrective Action Needed Comments Below

5. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles.
Adequate Corrective Action Needed Comments Below

6. Evaluate the inspector(s) on-site contaminant assessment and documentation.
Adequate Corrective Action Needed Comments Below

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

10. 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

The Field Office does not have any mines in a 103(i) status.

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

Adequate Corrective Action Needed Comments Below

12. 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

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

13. Are required Field Accompanied Reviews (FARs), Office Reviews (ORs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?

14. 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

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

Adequate Corrective Action Needed Comments Below

16. Determine if supervisors are visiting active mines.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

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

Adequate Corrective Action Needed Comments Below

20. 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

21. Determine if Districts, when required, are conducting in-depth accountability reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████	Date	██████
----------	--------------	--------------	------------	---------	--------	------	--------

Determine if inspectors have an understanding of when a violation of Section 103(a) for Advance Notice occurs and whether appropriate citations are issued for Advance Notice.

Adequate Corrective Action Needed Comments Below

26. Determine if the management resource tracking tool is being used to track resources regarding Special Investigations.

Adequate Corrective Action Needed Comments Below

27. Determine if retraining of supervisors, inspectors, and specialists is being tracked.

Adequate Corrective Action Needed Comments Below

28. Determine if supervisors are rotating the mine assignments annually among inspectors assigned to their Field Office.

Adequate Corrective Action Needed Comments Below

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

District	Northeastern	Field Office	Albany, NY	Mine ID	██████████	Date	██████████
----------	--------------	--------------	------------	---------	------------	------	------------

Attachment C – Mine visit enforcement actions

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

Section I--Violation Data

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

A barricade or warning sign was not in place at the first scalp screen feed conveyor and at the right side of the feed hopper of the primary jaw crusher. Material up to three inches in size had fallen in the travel way under the scalp screen feed conveyor. ██████ ranging from 10 to 18 inches in size had fallen to the ground at the right side of the feed hopper. This condition does not warn a miner working in the area of a falling material hazard. In the event of an accident lost workday restricted duty injuries would be expected. The mine operator has begun to correct the cited condition. The abatement time has been set to allow the mine operator to complete the abatement. Photo taken.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.20011
--------------	---	----------------------	------------------------------------	----------

Section II--Inspector's Evaluation

10. Gravity:
 A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred
 B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal
 C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

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

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

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

15. Area or Equipment

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

Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr ██████	B. Time (24 Hr. Clock) ██████
----------------	----------------------------	----------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number ██████	21. Primary or Mill P
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 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	Northeastern	Field Office	Albany, NY	Mine ID	██████████	Date	██████████
----------	--------------	--------------	------------	---------	------------	------	------------

Mine Citation/Order

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



Section I—Violation Data

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

The automatic activated travel alarm located on the PC 50 excavator (S/N KMTPC094C05007930) failed to function when tested. The machine was in operation near the first scalp screen of the primary plant. When tested the travel alarm did not sound. This condition does not warn a miner that the machine is about to move and creates a run over by mobile equipment hazard. There was foot traffic in the area near the excavator. In the event of an accident it would be reasonably likely that permanently disabling injuries would be expected.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14132 (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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number
14. F. Dated Mo Da Yr				
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) E01	20. Event Number ██████████	21. Primary or Mill P
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 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	Northeastern	Field Office	Albany, NY	Mine ID		Date	
----------	--------------	--------------	------------	---------	--	------	--

Mine Citation/Order

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



Section I--Violation Data

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

An adequate pre-trip examination was not conducted on PC 50 excavator (S/N KMTPC094C05007930). The travel alarm on the excavator failed to function. Information gathered indicated that a pre - trip examination was conducted prior to placing the excavator into service but that the travel alarm had not been inspected. Operating mobile equipment that has not had an adequate pre - trip exam exposes a miner to injuries from mobile equipment with safety defects. In the event of an accident permanently disabling injuries would be expected. Photo Taken.

See Continuation Form (MSHA Form 7000-3a)

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

Section II--Inspector's Evaluation

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

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

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)	20. Event Number	21. Primary or Mill P	
001			
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 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	Northeastern	Field Office	Albany, NY	Mine ID	██████████	Date	██████████
----------	--------------	--------------	------------	---------	------------	------	------------

Mine Citation/Order

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



Section I—Violation Data

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

The outer protective jacket of the positive and negative lead cables located on Lincoln 300 (K2499-3 11528 V1081204421) were damaged. There were two, 1/2 inch long cuts in the outer protective jacket of the negative lead. There were two cuts in the outer protective jacket of the positive lead. The inner conductors of the positive and the negative leads were visible in the damaged areas. This condition exposes a miner to electric shock, burns and reactionary injuries while the welder is in use. In the event of an accident lost workday restricted duty injuries would be expected. Photo Taken.

See Continuation Form (MSHA Form 7000-3a)

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

Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 1.04a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number
				F. Dated Mo Da Yr
15. Area or Equipment				

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

Section III—Termination Action

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

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number ██████████	21. Primary or Mill P
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 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	Northeastern	Field Office	Albany, NY	Mine ID	████████	Date	████████
----------	--------------	--------------	------------	---------	----------	------	----------

Mine Citation/Order

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



Section I—Violation Data

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

The tail pulley guard of the 3820 Simplicity screen under belt conveyor was not adequately constructed to withstand the vibration, shock and wear to which it is subjected. The rear section of the guard was constructed out of plastic snow fence material and was secured by plastic fasteners. There was a pile of ██████ resting against the guard it bending it. This condition exposes a miner to an entanglement with moving machine parts hazard should the plastic snow fence guard be damaged from the continued operation of the Simplicity 3820 screen and the 3820 Simplicity Screen underbelt conveyor. In the event of an accident permanently disabling injuries would be expected. Photo Taken.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14112 (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 type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action		13. Type of Issuance (check one)		
1.04a		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action				F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
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			
The plastic snow fence section of guard was removed and replaced by metal screen cloth guarding material. Photo taken.			
18. Terminated	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
		████████	████████

Section IV—Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	████████	P
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 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	Northeastern	Field Office	Albany, NY	Mine ID		Date	
----------	--------------	--------------	------------	---------	--	------	--

Mine Citation/Order

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



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

The handrail system for the elevated catwalk located at the Simplicity 3820 screen deck was not maintained in good condition. A provided mid rail section of the handrail system had vibrated loose and was missing. The affected section of damaged handrail system was approximately four foot long and the hand rail is approximately three foot high. This condition creates a fall hazard of up to eight foot to the gravel ground below the opening in the handrail of the catwalk. In the event of an accident permanently disabling injuries would be expected. Photo Taken.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11002

Section II--Inspector's Evaluation

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

16. Termination Due	A. Date Mo Da Yr	B. 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)	E01	20. Event Number	21. Primary or Mill
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 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	Northeastern	Field Office	Albany, NY	Mine ID	██████████	Date	██████████
----------	--------------	--------------	------------	---------	------------	------	------------

Mine Citation/Order

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



Section I--Violation Data

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

Four ready to use lifting straps had defects that made their continued use hazardous to the lifting straps user. The damaged lifting straps were located in the right side horizontal compartment of Chevy C-5500 service truck (██████████). There were numerous damaged sections along the surface and provided eye loops of the straps. Colored wear indicators were visible in the damaged areas of the lifting straps. Lifting straps are used at the mine to pick up oil drums and mobile equipment cutting edges. This condition exposes a miner to injury should the lifting straps fail while in use. In the event of an accident it would be reasonably likely that lost workday restricted duty injuries would be expected. Photo taken.

See Continuation Form (MSHA Form 7000-3a)

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

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 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number
15. Area or Equipment			

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

Section III--Termination Action

17. Action to Terminate
 The four lifting straps were destroyed by the mine operator. This citation is terminated. Photo taken.

18. Terminated	A. Date Mo Da Yr ██████ ████████ ████████	B. Time (24 Hr. Clock) ██████
----------------	---	----------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) 501	20. Event Number ██████████	21. Primary or Mill P
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 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.