



AUG 27 2018

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for
Mine Safety and Health Administration

THROUGH:

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

FROM:

THOMAS W. CHARBONEAU [REDACTED]
Director, Office of Assessments

SUBJECT:

Mine Safety and Health Administration (MSHA)
Office of Accountability Review, Coal District 9,
Craig, Colorado Field Office, [REDACTED]
[REDACTED] ID No. [REDACTED]

Introduction

This memorandum summarizes the Office of Accountability's review of the Coal District 9, Craig, Colorado Field Office. The review focused on enforcement activities at the [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 one Regular Safety and Health Inspection (E01), of the [REDACTED] (ID No. [REDACTED] Event No. [REDACTED] The OA selected the mine for review because it utilizes a longwall mining system. The Review Team conducted the on-site review from [REDACTED] The review focused on enforcement activities during FY 2017 and included a review of supervisory oversight activities.

Mine Visit

The Review Team accompanied the [REDACTED] for Enforcement, the [REDACTED], and an inspector to the mine on [REDACTED] on a Spot Inspection (E16).

The mine is an underground coal mine located in [REDACTED] and employs approximately [REDACTED] miners working two ten-hour production shifts per day and five days a week. Coal is mined from one active continuous mining machine working section and one active long wall working section producing an average of [REDACTED] of raw coal daily. The coal is transported from the mine by conveyor belts to the surface preparation plant. During the mine visit, the Review Team evaluated general conditions at the mine; assessed whether conditions at the mine correspond 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:

- examinations of the 13 Left, Mechanized Mining Unit 002-0, working section for imminent dangers, methane tests and air readings
- communication and tracking system
- refuge alternative and escapeway maps
- primary escapeway from the portal to the section
- lifelines and signage
- dates, times, and initials of required examinations
- 13 Left conveyor belt drive and transfer
- 1 Left Seals, No. 1 – 3
- examination records and postings
- check-in/check-out system
- the inspector's discussions with the operator

During the mine visit, the inspector issued 12 enforcement actions. (Attachment E)

Review Results

The review revealed positive findings in the following areas:

- Inspectors used printed sheets from the Inspection Tracking System as notes to assist in documentation.
- Inspectors used printed citation/order writing note sheets to assist in documentation of findings.
- Inspectors took pictures, in some cases, to document enforcement actions.
- Inspectors showed start/stop and color coding on the tracking map.

The accountability review identified two issues that required a corrective action plan. District staff along with the Review Team analyzed the findings identified during this review to determine the root causes of the issues. The corrective action plan memorandum outlining the root causes of the issues and corrective actions implemented is included in an attachment to this memorandum. (Attachment A)

Issue 1: The documentation reviewed for the Regular Health and Safety Inspection (E01), Event No. [REDACTED] was not complete. (Office of Accountability Checklist Item #2)

- A. A copy of the approval letter and pertinent pages of the ventilation plan was not included with the notes for the enforcement action issued for failure to comply with the approved plan.
- B. 2000-86 forms were not complete.
- C. The tracking maps were not dated and initialed by the Field Office Supervisor.

Issue 2: The Uniform Mine File (UMF) was not being maintained according to current agency policy and procedures. (Office of Accountability Checklist Item # 20)

- A. The 2000-223 review forms for review of the Emergency Response Plan and the 2000-204 forms for review of the roof control and ventilation plans for January through March 2018, were not maintained in the UMF.
- B. Correspondence to inspectors and the supervisor regarding deficiencies noted on 2000-204 forms for roof control and ventilation plans were not maintained in the UMF. The Assistant District Manager and Field Office Supervisor confirmed that correspondence had been prepared for the inspectors and supervisor, but had not been placed in the UMF.

The Review Team discussed with District personnel some inspection and procedural best practices as described in the Coal Mine Safety and Health General Inspection Procedures Handbook. A general outline of discussion topics is included in an attachment to this memorandum. (Attachment C)

As a part of the review, the OA compared enforcement levels of the mine with the Field Office, District, and national averages. The mine had a Significant and Substantial (S&S) rate of 9 percent in FY 2017 compared to the Field Office S&S rate of 10 percent; a District S&S rate of 14 percent; and the national S&S rate of 22 percent. While the S&S rate for the mine was lower

than the average S&S rates of the Field Office, District and nation, the enforcement levels were appropriate with existing mining conditions and work practices based on the review and observations made during the mine visit.

Attachments

- A. Corrective Action Plan
- B. Issues Requiring Corrective Action
- C. Discussion Topics
- D. Office of Accountability Checklist
- E. Enforcement Actions Issued During the Mine Visit

Citation No.	Standard Cited
[REDACTED]	75.360(g)
[REDACTED]	75.370(a)(1)
[REDACTED]	75.351(d)(2)
[REDACTED]	75.370(a)(1)
[REDACTED]	75.400
[REDACTED]	75.400
[REDACTED]	75.403
[REDACTED]	75.517
[REDACTED]	75.503
[REDACTED]	75.400
[REDACTED]	75.400
[REDACTED]	75.333(h)

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

District | Coal District 9 | Field Office | Craig, CO | Mine ID | [REDACTED] | Date | [REDACTED]

Attachment A: Corrective Action Plan

Date August 15, 2018

MEMORANDUM FOR THOMAS W. CHARBONEAU
Director, Office of Assessments

THROUGH: TED SMITH
Supervisor, Office of Accountability

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

THROUGH: MARCUS SMITH [REDACTED]
Supervisor, Accident Investigations/
Special Investigations/ ACR Group
[REDACTED]

FROM: RICHARD A. GATES
District Manager
District 9

SUBJECT: Proposed Corrective Actions

This is a response to the review conducted by the Office of Accountability from [REDACTED] at the Craig, Colorado field office, District 9, and the [REDACTED]. The results of the review identified two deficiencies consisting of five subparts, which are required to be addressed by this district.

DEFICIENCY

Issue 1: The documentation reviewed for the Regular Health and Safety Inspection (E01), Event No. [REDACTED] was not complete. (Office of Accountability Checklist Item #2)

- A. A copy of the approval letter and pertinent pages of the ventilation plan was not included with the notes for the enforcement action issued for failure to comply with the approved plan.
- B. 2000-86 forms were not completed properly.
 - 1. MMU 002, no supervisor's signature for Section 10.
 - 2. MMU 006, no supervisor's signature for Section 10 and no mining height information for Section 12.
- C. The tracking maps were not dated and initialed by the Field Office Supervisor.

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ROOT CAUSE:

Issue 1 was the result of a lack of attention to detail on the part of the supervisor and inadequate administrative controls.

PROPOSED CORRECTIVE ACTIONS:

The Assistant District Manager for Enforcement will retrain all field office supervisors on the requirements outlined.

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

The Assistant District Manager for Enforcement will implement the corrective actions and subsequent audits.

TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

The identified deficiencies will be discussed in an all supervisors meeting on August 20, 2018. Training in all field offices and specialist groups will be completed by August 31, 2018. The training will be documented in the agenda, notes will be taken at the meeting, and a roster will be compiled to show attendance. Final rosters will be maintained in the district with training records.

METHOD FOR DETERMINING SUCCESS:

Review of the implementation will be conducted during the quarterly supervisory review of completed EOLs. At the end of the 4th Quarter of FY 2018, a random quarterly inspection of a mine will be reviewed in its entirety to assure that requirements have been successfully completed.

A DESCRIPTION OF THE DOCUMENTATION THAT WILL DEMONSTRATE CLOSURE OF THE CORRECTIVE ACTION:

The District Manager will send a memorandum to Thomas Charboneau, Director, Office of Assessments; through Ted Smith, Supervisor, Office of Accountability; through Timothy Watkins, Deputy Administrator for Coal Mine Safety and Health; through Marcus Smith, Supervisor to the Accident Investigation/Special Investigation/ACR Group, upon completion of the corrective actions.

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Issue 2: The Uniform Mine File (UMF) was not being maintained according to current agency policy and procedures. (Office of Accountability Checklist Item # 20)

- A. The 2000-223 review forms for review of ERP and the 2000-204 forms for review of the roof control and ventilation plans for January through March 2018 were not maintained in the UMF.
- B. Correspondence to inspectors and the supervisor regarding deficiencies noted on 2000-204 forms for roof control and ventilation plans were not maintained in the UMF. The Assistant District Manager and Field Office Supervisor confirmed that correspondence had been prepared for the inspectors and supervisor but had not been placed in the UMF.

ROOT CAUSE:

Issue 2 was the result of a lack of attention to detail on the part of the supervisor and inadequate administrative controls. The field office had been without an office assistant.

PROPOSED CORRECTIVE ACTIONS:

The Assistant District Manager for Enforcement will retrain all field office supervisors on the requirements outlined.

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

The Assistant District Manager for Enforcement will implement the corrective actions and subsequent audits.

TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

The identified deficiencies will be discussed in an all supervisors meeting on August 20, 2018. Training in all field offices and specialist groups will be completed by August 31, 2018. The training will be documented in the agenda, notes will be taken at the meeting, and a roster will be compiled to show attendance. Final rosters will be maintained in the district with training records.

METHOD FOR DETERMINING SUCCESS:

Review of the implementation will be conducted during the quarterly supervisory review of completed E01s. At the end of the 4th Quarter of FY 2018, a random sampling of UMF's will be reviewed in their entirety to assure that requirements have been successfully completed.

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CLOSURE OF THE CORRECTIVE ACTION:**

The District Manager will send a memorandum to Thomas Charboneau, Director, Office of Assessments; through Ted Smith, Supervisor, Office of Accountability; through Timothy Watkins, Deputy Administrator for Coal Mine Safety and Health; through Marcus Smith, Supervisor to the Accident Investigation/Special Investigation/ACR Group, upon completion of the corrective actions.

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Attachment B: Issues Requiring a Corrective Action Plan

Issue 1: The documentation reviewed for the Regular Safety and Health Inspection (E01), Event No. [REDACTED] was not complete. (Office of Accountability Checklist Item #2)

- A. A copy of the approval letter and pertinent pages of the ventilation plan were not included with the notes for the enforcement action issued for failure to comply with the approved plan.
- B. 2000-86 forms were not completed properly.
 - 1. Mechanized Mining Unit (MMU) 002, no supervisor's signature for Section 10.
 - 2. MMU 006, no supervisor's signature for Section 10 and no mining height information for Section 12.
- C. The tracking maps were not dated and initialed by the Field Office Supervisor.

Requirements:

Coal Mine Safety and Health General Inspection Procedures Handbook, PH16-V-1, June 2016 (GIPH), page 2-22 - If an enforcement action results from failure to comply with an approved plan, permit, or petition, a copy of the related approval letter and pertinent page(s) shall be included with the inspector's notes.

Coal Mine Health Inspection Procedures, PH89-V-1 (27), June 2016, page 26 - When an inspector is conducting a health-related inspection activity (collecting respirable coal mine dust samples, monitoring the mine operator's sampling program, or conducting a respirable dust technical investigation) he/she shall complete in its entirety, MSHA Form 2000-86. Page 23 - Each MSHA Form 2000-86 will be reviewed and signed by the inspector's supervisor indicating that the data is complete and accurate.

Coal Mine Safety and Health Supervisor's Handbook, AH14-III-4, January 2014, page 1-3 - Upon completion of the E01, the supervisor shall date and initial the tracking map and include it with the final E01 inspection report.

Issue 2: The Uniform Mine File (UMF) was not being maintained according to current agency policy and procedures. (Office of Accountability Checklist Item # 20)

- A. The 2000-223 review forms for review of the Emergency Response Plan and the 2000-204 forms for review of the roof control and ventilation plans for January through March 2018 were not maintained in the UMF.
- B. Correspondence to inspectors and the supervisor regarding deficiencies noted on 2000-204 forms for roof control and ventilation plans were not maintained in the UMF. The Assistant District Manager and Field Office Supervisor confirmed that correspondence had been prepared for the inspectors and supervisor, but had not been placed in the UMF.

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Requirements:

Coal Uniform Mine File Handbook, PH14-V-1, January 2014, page 2-4 - A copy of the current approved roof control plan and all additional approved supplements and addenda, along with the letters of approval, are required to be filed in this sub-divided area. Ground control plans (as appropriate) for new mines, letters of approval for automated temporary roof support systems in lieu of canopies, and the latest quarterly roof control plan review form (MSHA Form 2000-204) completed by the inspector (including any correspondence to the inspector and to the Field Office Supervisor related to deficiencies identified on the form) are to be filed here as well.

Page 2-4 - MSHA Form 2000-204, filled out by the inspector during the last E01 inspection, is required to be filed here along with any correspondence to the inspector and to the Field Office Supervisor related to deficiencies identified on the form.

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Attachment C: Discussion Topics

Topics discussed with the District that do not require a corrective action plan are as follows:

- Enforcement Actions – documentation for gravity and negligence determination for 6 of 75 issuances. (See Citation and Order Writing Handbook For Coal Mines and Metal and Nonmetal Mines, PH13-I-1(1), pages 10-18; Coal Mine Safety and Health General Inspection Procedures Handbook (GIPH), PH16-V-1, June 2016, pages 2-19 through 2-22 for reference)
- The alternate escapeway return aircourse between 11 Left and 13 Left from crosscut 72 to crosscut 86 was not documented as inspected on the tracking map. (See GIPH, page 3-39 for reference)
- Documentation /Inspection Tracking System - some items inspected did not include No Violations Observed or NVO. (See GIPH page 3-1 for reference)
- Documentation of review of Exam Rule Calculator and Rules to Live By Calculator. (See GIPH, p. 2-6 for reference)
- Pre-inspection conference date was documented as 1/30/18 on the General Information Cover Sheet but the E01 inspection began 1/2/18.
- Possible ventilation plan and roof control plan revisions following the mine visit.
- Discussed pending ventilation and roof control plans. (See Mine Ventilation Plan Approval Procedures handbook, PH13-V-2, April 2013, page 3, for reference)

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Attachment D: 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

A. A copy of the approval letter and pertinent pages of the ventilation plan were not included with the notes for the enforcement action issued for failure to comply with the approved plan.

B. 2000-86 forms were not completed properly.

C. The tracking maps were not dated and initialed by the Field Office Supervisor.

See Attachment B.

Determine if citations and orders issued during previous inspections were properly

3. 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

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6. Evaluate, upon arrival on the working section, inspector/specialist examination of all working faces for imminent dangers.

Adequate Corrective Action Needed Comments Below

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

Adequate 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

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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

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

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- 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?

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

- A. The 2000-223 review forms for review of Emergency Response Plan and the 2000-204 forms for review of the roof control and ventilation plans for January through March 2018 were not maintained in the Uniform Mine File (UMF).
- B. Correspondence to inspectors and the supervisor regarding deficiencies noted on 2000-204 forms for roof control and ventilation plans were not maintained in the UMF. The Assistant District Manager and Field Office Supervisor confirmed that correspondence had been prepared for the inspectors and supervisor but had not been placed in the UMF.

See Attachment B.

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

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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

Not Applicable

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

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

[REDACTED]

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

[REDACTED]

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

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

Adequate

Corrective Action Needed

Comments Below

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

Adequate

Corrective Action Needed

Comments Below

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

Adequate

Corrective Action Needed

Comments Below

36. Determine if a complete permissibility inspection of each longwall system is being conducted by electrical specialists or inspectors who hold a current MSHA electrical qualification card on at least an annual basis.

Adequate

Corrective Action Needed

Comments Below

37. Determine if a proper examination of the Atmospheric Monitoring System (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

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38. Determine if SSIs are maintaining a memorandum detailing the reasons for not conducting a special investigation when the district manager decides to take no further action, in accordance with the Special Investigations Procedures Handbook.

Adequate Corrective Action Needed Comments Below

Not part of this review

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

Adequate Corrective Action Needed Comments Below

See Issue 1 – documentation. See Attachment B.

40. Determine if District Managers and Assistant District Managers are providing acting Field Office Supervisors with the level of oversight necessary to manage their work groups on a temporary basis including an online distance learning training course with a knowledge check for temporarily promoted supervisors. The guidance will be included in each District's Standard Operating Procedure (SOP) for training newly promoted Field Office Supervisors.

Adequate Corrective Action Needed Comments Below

41. 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:

- 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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Attachment E: 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	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator		
6. Mine	7. Mine ID (Contractor)		

B. Condition or Practice Ba. Written Notice (103g)

In the general mine examination records there is a violation noted on [redacted] All preshift and corrective actions shall be countersigned by the mine foreman or equivalent by the end of their next scheduled shift.

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
			75.360 (g)

Section II - Inspectors 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 13. Type of Issuance (check one)

104 (a) 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

The timber has been re-set and the corrective action is noted in the record book and countersigned.

18. Terminated

A. Date Mo Da Yr

B. Time (24 Hr. Clock)

Section IV - Automated System Data

19. Type of Inspection (activity code)	E16	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 (1-888-734-9247), 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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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		6a. Written Notice (103g) <input type="checkbox"/>

In 13 Left cross-cut No. 62 from 2-3 entry there is two foam packs stored on the supplemental roof skid that are partially used and do not have the valves turned to the off position. Pg. 22 of the Mine Ventilation plan approved on [redacted] states that all polyurethane foam chemicals will be stored in the container supplied by the manufacturer, and handled in accordance with the manufactures specifications. The manufacture requires that when stored the valves need to be in the off position.

Standard 75.370(a) (1) 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 75.370(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: 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"/>
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12. Type of Action	104 (a)	13. Type of Issuance (check one)	Chaton <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>
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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
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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 valves have been turned to the off position.

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)	E16	20. Event Number	[redacted]	21. Primary or Mill	
22. AR Name	[redacted]	23. AR Number	[redacted]		

MSHA Form 7000-3, Apr 05 (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 1-800-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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Mine Citation/Order

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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) <input type="checkbox"/>

The Co monitor for the 13 Left tailpiece is not hung in the correct location, the monitor is hanging on the pumps along the rib in the beltline. Carbon Monoxide or smoke sensors must be installed near the center in the upper third of the entry.

Standard 75.351(d) (2) was cited [redacted]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.351 (d) (2)
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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"/> Occured <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]
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Section III--Termination Action

17. Action to Terminate
 The Co monitor has been moved to the correct location.

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) E16	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 1-866-REG-FAIR (1-866-734-3247), 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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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		8a. Written Notice (103g) <input type="checkbox"/>

In 13 Left in 2 entry of the longwall set-up at at cross-cut No.2 the company No. 7 Pletcher roof bolter is not following the mines ventilation plan approved May 15,2014. On page No. 8 the plan states that face ventilation control devices will be maintained within 15 feet from the canopy jacks on the ventilation side of the roof bolter during the mining cycle. The ventilation control device is 7 feet behind this area of the roof bolter.

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

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(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: 002
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
 A ventilation tube was hung and is now in compliance of the ventilation plan.

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) E16	20. Event Number	21. Primary or Mill
22. AR Name		23. AR Number

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.

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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 (Contractor)		

B. Condition or Practice 8a. Written Notice (103g)

In 13 Left 2 entry of the long wall set-up between cross-cut No. 1 and 2 there is coal accumulations along the inby rib that measured 60 feet long 12 inches tapering to 3 inches thick and 18 to 24 inches wide. Coal and other combustible materials, shall be cleaned up and not be permitted to accumulate in active workings.

See Continuation Form (MSHA Form 7000-3a)

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

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: 002

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

12. Type of Action 104 (a) 13. Type of Issuance (check one) Citation 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) E16 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.

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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 8a. Written Notice (103g)

In 13 Left 1 entry (start-up) between the No.1 and 2 cross-cut there is coal accumulations that measured 12 to 14 inches thick, 18 feet wide and 40 feet long. Coal and other combustible materials shall be cleaned up and not be permitted to accumulate in active workings

See Continuation Form (MSHA Form 7000-3a)

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

Section II - Inspector's Evaluator

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: 002

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

12. Type of Action 104 (a) 13. Type of Issuance (check one) Citation 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)	E16	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.

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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			8a. Written Notice (103g) <input type="checkbox"/>

In 13 Left No.1 entry (start-up) there is not enough rock dust to meet the required amount of this standard. Rock dust shall be applied upon the roof, ribs and floor and maintained and such quantities that the combined rock dust, coal dust and other dust shall not be less than 80% incombustible. Rock dust sample No. [redacted] was taken at approximately 20 feet inby cross-cut No.1 has a representative sample of this entry.

Standard 75.403 was cited [redacted]

Supporting rock dust sample bag numbers: [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
			75.403

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: 002
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		13. Type of Issuance (check one)		
104 (a)		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			
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
E16		
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.

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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			8a. Written Notice (103g) <input type="checkbox"/>

In 13 Left Section in 1 entry of the start-up room at the load point the company No. 2 shuttle car cable has a 1 inch cut in the 480 volt power cable with a exposed inner copper conductors. When examined by this inspector there is coal fines and moisture on the inner exposed conductor, creating a electrical and or fire hazard. Power wires and cables shall be insulated adequately and fully protected.

Standard 75.517 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
			75.517

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 type="checkbox"/> Fatal <input checked="" 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		13. Type of Issuance (check one)			
1.04 (a)		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
The cable has been repaired and is now properly insulated with no exposed inner conductors.

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
E16		
22. AR Name		23. AR Number

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.

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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		8a. Written Notice (103g) <input type="checkbox"/>

The company No.2 shuttle car located in 13 Left at the section load point is not being maintained in a permissible condition. When inspected by this inspector it was found that the cable reel is missing a 2 inch by 10 inch section of insulated material as required in Part 18.45 (e)

Standard 75.503 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
			75.503

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 104 (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)
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Section III - Termination Action

17. Action to Terminate

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) E16	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 (1-888-724-3247), 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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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		8a. Written Notice (103g) <input type="checkbox"/>

The company No.2 shuttle car located in 13 Left at the section load point has accumulations of coal and oil all over the pump motor and compartment area. Combustible materials shall be cleaned up and not permitted to accumulate on electrical power equipment.

See Continuation Form (MSHA Form 7000-3a)

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

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 104 (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)
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Section III--Termination Action

17. Action to Terminate

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) E16	20. Event Number	21. Primary or Mill
22. AR Name	23. AR Number	

MSHA Form 7000-3 Apr 05 (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 9	Field Office	Craig, CO	Mine ID		Date	
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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"/>

There is accumulations of loose coal that have been allowed to build up at the section load point in 13 Left. When measured the accumulations measured 8 to 12 inches thick, 15 feet wide and 17 feet long. Combustible materials shall not be allowed to accumulate in active workings.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.400

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		13. Type of Issuance (check one)			
104 (a)		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)	E16	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	Coal District 9	Field Office	Craig, CO	Mine ID		Date	
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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"/>

In 13 Left cross-cut No.1 between 2 and 1 entry the Kennedy stopping is not being maintained to serve the purpose for which it was built. One panel has slid down 9 inches and another panel has slid down 5 inches. These 2 panels are the nearest to the inby rib.

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
			75.333 (h)

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		13. Type of Issuance (check one)			
104 (a)		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
E15		
22. AR Name		23. AR Number

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