



OCT 18 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 4,
Mt. Hope, West Virginia Field Office, [REDACTED]
[REDACTED] ID No. [REDACTED]

Introduction

This memorandum summarizes the Office of Accountability's review of the Coal District 4, Mt. Hope, West Virginia 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 has multiple worked out areas and employs approximately [REDACTED] miners. The Review Team conducted the on-site review from [REDACTED]. The review focused on enforcement activities during FY 2017 and the first half of FY 2018 and included a review of supervisory oversight activities.

Mine Visit ([REDACTED] ID No. [REDACTED])

The Review Team accompanied the Field Office Supervisor, Staff Assistant, and two inspectors to the mine on [REDACTED] as part of a Regular Safety and Health Inspection (E01).

The mine is an underground coal mine located in [REDACTED] and works two ten-hour production shifts per day, five days a week. Coal is mined by continuous mining machines from an active working section with two Mechanized Mining Units (MMUs). The mine produces an average of [REDACTED] of raw coal daily. 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:

Underground –

- examinations of the No. 2 Section, MMUs 001-0 and 003-0, for imminent dangers, methane tests and air readings
- communication and tracking system
- section refuge alternative and escapeway maps
- primary escapeway from the portal to the section
- lifelines and signage
- dates, times, and initials of required examinations
- No. 15 section conveyor belt, including drive and head
- No. 11 and No. 12 conveyor belt drives
- Point Mains Seals, No. 1 – 7
- examination records and postings
- check-in/check-out system
- the inspector's discussions with the operator

Surface – [REDACTED] Portal

- bath house
- surface electrical examination records
- Caterpillar 930G fork loader
- pump house
- fuel station
- compressed gas cylinder storage
- conex storage units
- electrical and safety offices

Surface - [REDACTED] Portal

- bath house
- communication and tracking system
- 3 wheeler barn
- Caterpillar 980 G front end loader
- Caterpillar IT 14G forklift
- Long Run Transport contractor and training records
- Manitou forklift
- pump building
- compressed gas cylinder storage area

During this mine visit, the inspectors issued seven enforcement actions, three underground and four on the surface. (Attachment E)

Review Results

The review revealed positive findings in the following areas:

- Inspectors took pictures to document enforcement actions when appropriate.
- Inspectors showed start and stop points with color coding on the tracking map.

This accountability review identified one issue 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 issue. The corrective action plan memorandum outlining the root causes of the issue and corrective actions implemented is included in an attachment to this memorandum. (Attachment A)

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

- A. The tracking map was not dated and initialed by the [REDACTED]
- B. The tracking map for rock dust samples collected did not include locations of samples for the working section, dust violations, or float coal dust sources.

- C. The Mine Activity Data Form, MSHA Form 2000-22, was not completed. The number of air samples, rock dust samples, and respirable dust samples collected during the E01 were omitted.

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 12 percent in FY 2017 compared to the Field Office S&S rate of 14 percent; a District S&S rate of 19 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 at the mine were appropriate.

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

██████████	77.512
██████████	77.205(a)
██████████	48.27
██████████	77.512
██████████	75.364(b)(2)
██████████	75.370(a)(1)
██████████	75.204(c)(1)

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Office of Accountability

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Attachment A: Corrective Action Plan

U.S. Department of Labor

Mine Safety and Health Administration
100 Bluestone Road
Mount Hope, WV 25880-1000



MEMORANDUM FOR: Thomas Charbonneau
Director, Office of Assessments

THROUGH: Ted Smith
Supervisor, Office of Accountability

Timothy R. Watkins
Deputy Administrator for
Coal Mine Safety and Health

Marcus A. Smith
Chief, Accident Investigations, Special Investigations,
And ACR

FROM: David Scott Mandeville
District Manager
District 4

SUBJECT: Proposed Corrective Action Plan

This is a response to the review conducted by the Office of Accountability from [redacted], at the District 4, Mount Hope Field Office and [redacted] ID [redacted]. The results of your review identified one (1) deficiency, which is required to be addressed by the district.

DEFICIENCY

Issue No. 1

The documentation reviewed for the Regular Safety and Health Inspection (E01), Event No. [redacted] was not complete.

- The tracking map was not dated and initialed by the [redacted]
- The tracking map for rock dust samples collected did not include locations of samples for the working section, dust violations, or float coal dust sources.
- The Mine Activity Data Form, MSHA Form 2000-22, was not completed. The number of air samples, rock dust samples, and respirable dust samples collected during the E01 were omitted.

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- ROOT CAUSE:

The result of an oversight by the mine inspector and the [REDACTED] for not following procedures in place for properly documenting tracking maps and the activity forms.

- PROPOSED CORRECTIVE ACTIONS:

Training will be conducted at the next staff meeting in October, 2018. An email was sent to all supervisors detailing the additional training and communications needed. Topics of discussion will include, but not limited to, the following:

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.

Coal Mine Safety and Health General Inspection Procedures Handbook, PH16-V-1, June 2016 (GIPH), page 5-19 - A map of each mine will be maintained at the field office showing ventilation air courses, float coal dust sources, sample locations, sample collection dates, dust violations, and other pertinent information. This map will be used in the E01 regular inspection rock dust review and may be used in discussions with the mine operator. The previous E01 rock dust map(s) should be maintained with the affected E01 inspection report.

Coal Mine Safety and Health General Inspection Procedures Handbook, PH16-V-1, June 2016 (GIPH), page 2-14 - The lead inspector shall complete and submit an MSHA Form 2000-22 as a cover page for all types of inspection or investigative activity reports. All items (boxes) must be filled out by entering either the appropriate information or by entering zeros (0).

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

Assistant District Manager for Enforcement.

- TIMEFRAME FOR COMPLETION OF EACH CORRECTIVE ACTION:

Training for all supervisors and inspectors will be conducted at each field office during the first three weeks of October, 2018. Documentation of training will be

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by agenda and a roster compiled to document attendance. Follow-up training will be conducted, if necessary, for those not in attendance.

- METHOD FOR DETERMINING SUCCESS:

Review of implementation will occur during the quarterly supervisor's review of completed EOI's. At the end of the first quarter of FY 2019, a FAR will be conducted on a complete EOI for a mine inspection of the Mount Hope Field Office.

- 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 R. Watkins, Deputy Administrator for Coal Mine Safety and Health; through Marcus Smith, Supervisor, Accident Investigation/Special Investigations/ACR Group upon completion and evaluation of the corrective actions.

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Attachment B: Issues Requiring a Corrective Action Plan

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

- A. The tracking map was not dated and initialed by the [REDACTED]
Requirements: 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.
- B. The tracking map for rock dust samples collected did not include locations of samples for the working section, dust violations, or float coal dust sources.

Requirements: Coal Mine Safety and Health General Inspection Procedures Handbook, PH16-V-1, June 2016 (GIPH), page 5-19 – A map of each mine will be maintained at the Field Office showing ventilation air courses, float coal dust sources, sample locations, sample collection dates, dust violations, and other pertinent information. This map will be used in the E01 regular inspection rock dust review and may be used in discussions with the mine operator. The previous E01 rock dust map(s) should be maintained with the affected E01 inspection report.

- C. The Mine Activity Data Form, MSHA Form 2000-22, was not completed. The number of air samples, rock dust samples, and respirable dust samples collected during the E01 were omitted.

Requirements: Coal Mine Safety and Health General Inspection Procedures Handbook, PH16-V-1, June 2016 (GIPH), page 2-14 – The lead inspector shall complete and submit an MSHA Form 2000-22 as a cover page for all types of inspection or investigative activity reports. All items (boxes) must be filled out by entering either the appropriate information or by entering zeros (0).

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

- Enforcement Actions – discussed documentation for gravity and negligence determinations for 7 of 142 issuances including consideration of time that a violated condition existed prior to the citation and the time that it would have existed if normal mining operations had continued. (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)
- Discussed modifications of enforcement actions from S&S to non-S&S need to include specific reasons for the modification on MSHA Form 7000-3a. (See Citation and Order Writing Handbook For Coal Mines and Metal and Nonmetal Mines, PH13-I-1(1), page 24 for reference)
- Discussed documentation for inspections of underground working sections for imminent dangers needs to include “no imminent dangers observed” or “NIDO” in the notes. (See GIPH, page 2-10 for reference)
- Discussed that a copy of the approval letter and pertinent pages of the plan need to be included with the notes for enforcement actions issued for failure to comply with the approved plan. (See GIPH, page 2-22 for reference)
- Discussed Accompanied Activity and Field Activity Review timeframes for completion. (See Coal Mine Safety and Health Supervisor’s Handbook, AH14-III-4, January 2014, page 1-13 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

The documentation reviewed for the Regular Safety and Health Inspection (E01), Event No. ██████████ was not complete.

A. The tracking map was not dated and initialed by the ██████████
██████████

B. The tracking map for rock dust samples collected did not include locations of samples for the working section, dust violations, or float coal dust sources.

C. The Mine Activity Data Form, MSHA Form 2000-22, was not completed. The number of air samples, rock dust samples, and respirable dust samples collected during the E01 were omitted.

See Attachment B.

3. Determine if citations and orders issued during previous inspections were properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

6. Evaluate, upon arrival 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

18. Determine if required Accompanied Activities (AAs); Field Activity Reviews (FARs) and supervisory follow-ups are being conducted and documented according to agency policy and procedures?

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

Adequate Corrective Action Needed Comments Below

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

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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

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).

Adequate Corrective Action Needed Comments Below

Not part of this review

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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

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.

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

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

The mine operator has failed to ensure that all inspection/ cover plates are in place at all times, 1) In that the junction box for the deep well pump has a 3/4 inch hole in the bottom of the box. 2) The conduit running from the red pump house to the junction box is separated and put back together black tape.

Standard 77.512 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 77.512
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" 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	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) 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.

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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)

The green conex located at located at the portal in not being maintained with a safe means of access in that 1) the bolt bins are pulling away from the wall this is creating a hazard of these bins falling on miners while in the conex. 2) the flooring is coming up 2 to 3 inches creating a tripping hazard.

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
			77.205 (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 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	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)

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

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

District	Coal District 4	Field Office	Mt. Hope, WV	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 [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 mine operator has failed to give adequate task training to two contract employees on the Caterpillar 980G loader in that when ask to perform a brake accumulator test [redacted] and [redacted] could not perform this test. The mine act declares untrained miner are hazard to themselves and others both miners are withdrawn until adequate task training can be completed.

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 48.27
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>		
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input 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: 002	

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"/>
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12. Type of Action	104 (g) (1)	13. Type of Issuance (check one)	Citation <input type="checkbox"/> Order <input checked="" 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
 [redacted]

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

17. Action to Terminate
 The mine operator task trained the miners on the brake accumulator test. Both miner where observed the miner perform the test.

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)	E01	20. Event Number	[redacted]	21. Primary or Mill
22. AR Name	[redacted]	23. AR Number	[redacted]	

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

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District	Coal District 4	Field Office	Mt. Hope, WV	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 [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 receptacle box by the sink in the bathhouse has the receptacle removed the box has a flip cover that when open it expose 110 volts of power.

Standard 77.512 was cited [redacted]

See Contribution 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 77.512
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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 type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>			
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104 (a)	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number
15. Area or Equipment				

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

17. Action to Terminate
 The operator removed the cover and a put a solid cover on the box.

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)	E01	20. Event Number [redacted]	21. Primary or Mill
22. AR Name [redacted]			23. AR Number [redacted]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 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 4	Field Office	Mt. Hope, WV	Mine ID	[REDACTED]	Date	[REDACTED]
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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 [REDACTED]		8a. Written Notice (103g) <input type="checkbox"/>

The operator failed to maintain the No.1 Point Mains seal in a condition to assure the safety of the miners in that an accumulation of dark murky water was located in the travel way to examine the seal. The water measured 11 inches in depth and was stretched from rib to rib. This condition exposes the miners to hazards related to slips, trips, and falls.

Standard 75.364(b)(2) 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 75.364(b)(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"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104 (a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number
15. Area or Equipment			F. Dated Mo Da Yr

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

17. Action to Terminate

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) B01	20. Event Number [REDACTED]	21. Primary or Mill
22. AR Name [REDACTED]		23. AR Number [REDACTED]

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District	Coal District 4	Field Office	Mt. Hope, WV	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"/>

The operator failed to maintain the Point Mains Seals in a condition to assure the safety of the miners in that the No.3 seal was not ventilated to within 10 feet of it's face with a permanent ventilation control. The Kennedy stopping panels used to ventilate the stopping had fallen down for a distance of 17 feet of the 25 feet 8 inches that were installed. The No.3 seal did not air movement at it's face when examined. The panels of No.4, 5, 6, and 7 also were not sealed with sealant to direct the air flow rendering them ineffective to serve the purpose for which they are intended.

Standard 75.370(a)(1) was cited

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.370(a)(1)

Section II - Inspector's Evaluation

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

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

17. Action to Terminate		
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

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

District	Coal District 4	Field Office	Mt. Hope, WV	Mine ID	[REDACTED]	Date	[REDACTED]
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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		8a. Written Notice (103g) <input type="checkbox"/>

The operator failed to maintain the No. 4 Point Main's Seal in a condition to assure the safety of the miners in that a roof bolt, installed in their approved bolt pattern, did not have it's bearing plate anchored firmly against the main roof. The roof bolt was located in the travel way of the weekly examiner, and exposes him to hazard related to the falls of roof and ribs.

Standard 75.204(c) (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 75.204 (c) (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 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 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 [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III--Termination Action

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

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill
22. AR Name [REDACTED]		23. AR Number [REDACTED]

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