

BRIEFLY...

Highlights of Report Number 05-07-002-06-001, to the Assistant Secretary for Mine Safety and Health Administration, August, 2007.

WHY READ THE REPORT

The Federal Mine Safety and Health Act of 1977 (Mine Act) established the Mine Safety and Health Administration (MSHA) in 1978. MSHA is responsible for administering the provisions of both the Mine Act and the 2006 MINER Act. MSHA's primary goals are to (1) eliminate fatal accidents; (2) reduce the frequency and severity of nonfatal accidents; (3) minimize health hazards; and (4) promote improved safety and health conditions in the nation's mines.

WHY OIG DID THE AUDIT

Based on our ongoing assessment of MSHA's safety and health programs and responsibilities, we initiated an audit of MSHA's Accountability Program within CMS&H. We focused on the Accountability Program within CMS&H, in part because of the increase in coal mining accidents during CY 2006. As of December 31, 2006, there were 47 fatalities in the coal mining sector, as opposed to 28 and 22 coal mining fatalities reported for CYs 2004 and 2005, respectively.

The Accountability Program was established to evaluate the quality of MSHA enforcement activities by conducting peer reviews of District activities, and to provide reasonable assurance that policies and procedures are being complied with consistently throughout Coal Mine Safety and Health. The Accountability Program has two levels of review, Headquarters Reviews of Districts (HQR) and District Peer Reviews (DPR) of field offices.

READ THE FULL REPORT

To view the report, including the scope, methodology, and full agency response, go to:

<http://www.oig.dol.gov/public/reports/oa/2007/05-07-002-06-001>

MSHA's Office of Coal Mine Safety and Health Needs to Strengthen its Accountability Program

WHAT OIG FOUND

We determined that MSHA's Accountability Program, as designed, did not provide adequate assurance that CMS&H's oversight responsibilities were effectively and consistently performed. In addition, implementation of the Program varied across CMS&H nationwide. Finally, CMS&H did not effectively use the results of its accountability reviews to improve its operations timely and consistently.

WHAT OIG RECOMMENDED

We made 14 recommendations to the Assistant Secretary for MSHA in the areas of Design and Planning, Implementation, and Reporting and Analysis to improve the performance and results of the Accountability Program, as summarized below:

- Ensure that the selection of enforcement activities for review during HQRs and DPRs rely primarily on measures of internal performance; and ensure the selection of which enforcement activities to review during DPRs cannot be influenced to prevent negative results.
- Include mine visits during DPRs; ensure the independence of DPR review teams; and ensure a consistent type or depth of analyses during DPRs.
- Use a standard format for DPR reports; ensure the timely development, implementation, and monitoring of corrective actions; use a centralized tracking system; and ensure that identified common deficiencies, corrective actions, and best practices are communicated.

MSHA planned corrective actions to address 9 of our 14 recommendations. The remaining five recommendations are unresolved. MSHA did not fully agree with two and did not directly address two more recommendations. MSHA did not provide a corrective action milestone date for one recommendation.