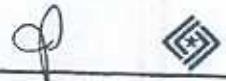


104(d)

Unwarrantable Failure

Mine Citation/Order

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



Section I - Violation Data

| | | |
|---------------------------------------|--------------------------------|---|
| 1. Date Mo Da Yr 12/14/2005 | 2. Time (24 Hr. Clock) 0945 | 3. Citation/ Order Number 7098644 |
| 4. Location To noonover, Safety | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 |
| 8. Condition or Practice | | (Contractor) |

8a. Written Notice (103g)

Accumulations of coal were observed on the mining section MMU-006 measuring in varying amounts in the last open row of breaks and 1 break out by and in entries. These accumulations were left from previous mining shifts. The amounts were measured along ribs 6-8 inches deep, in the roadway 6-7 inches deep and left in piles on corners of ribs measuring 29 inches deep 2 to 4 feet long. The area involved is inby spad station 4237 and 4238 beginning in crosscuts 1 thru 6 last row of breaks, entries 2,3 and 6, and 1 break out by crosscut 1-2, 2-3 and 6-7. When measure the linear feet is approx. 650 feet. The section also shows fine coal deposited on the mine roof and ribs from inadequate rock dusting in that coal dust and fine coal dust is lying on notches, niches, cleates and on top of previously rock dusted surfaces throughout the last 2 mined breaks in the same location as

See Continuation Form (MSHA Form 7000-3a)

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

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

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(d)(2) 13. Type of Issuance (check one) Citation Order Safeguard

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

E. Citation/Order Number 7097827 F. Dated Mo Da Yr 05/20/2005

15. Area or Equipment in by the spad station number 4237 and 4238 on the MMU-006 1 left section B Panel

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

Section III - Termination Action

17. Action to Terminate The area was scooped and additional machine rock dusting was applied.

18. Terminated A. Date Mo Da Yr 12/14/2005 B. Time (24 Hr. Clock) 1550

Section IV - Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4054434 21. Primary or Mill

22. Signature [Signature] 23. AR Number L-6-7

MSHA Form 7000-3, Mar 85 (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, NE, 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.

upl
12/23

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 12/14/2005 | 3. Citation/Order Number 7098644 |
| 4. Extended To Afternoonover, Safety | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID (Contractor) 46-08791 |

Section II—Justification for Action

Continuation of 8. Condition or Practice

the coal accumulations. The operator has showed a high degree of negligence for the health and safety of the miners that work at this coal mine by allowing the conditions to exist. This is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434 | | |
| 11. Signature [Signature] | AR Number L61 | 12. Date Mo Da Yr 12/14/2005 | 13. Time (24 Hr. Clock) 0945 |

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 12/14/2005 | 3. Citation/Order Number 7098644 - 01 |
| ed To A. Schoonover, Safety | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II--Justification for Action

| | | |
|------------------------------------|-------------------|----------|
| Change | From | To |
| 10. A. Injury or illness | Highly Likely | Unlikely |
| Reason | | |
| 10. C. Significant and Substantial | Yes | No |
| Reason | lower the gravity | |
| | changing gravity | |

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|---|

Section IV--Inspection Data

| | | | |
|--------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434 | | |
| 11. Signature [Signature] 6 | AR Number [6] | 12. Date Mo Da Yr 12/22/2005 | 13. Time (24 Hr. Clock) 0852 |

Ward
12/23



Section I--Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 11/08/2005 | 2. Time (24 Hr. Clock) 1630 | 3. Citation/ Order Number 7149865 |
| 4. Violation CRUMRINE, MINE FOREMAN | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) |
| 8. Condition of Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The preshift examination conducted on 11-08-05 from 5:00 am to 5:30 am in the 1 Left Mains MMU 006 section was inadequate in that the following obvious conditions were not recorded in the preshift record book. During a on site inspection the following obvious conditions were cited.

1.104(a) citation No. 7149864 30 CFR 75.220(a)(1) No. 4 belt entry width ranged from 21 to 22 feet.

2.104(a) citation No. 7149863 30 CFR 75.0400 last open crosscut No.3 to 2 and No.2 to 1 light coat of float coal dust deposited on the roof, ribs, and mine floor.

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(f) |
|--------------|--|-------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| 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 type="checkbox"/> | D. High <input checked="" type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(d)(2) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input type="checkbox"/> | | Order <input checked="" type="checkbox"/> | |
| 14. Initial Action | | E. Citation/ Order Number | | F. Dated | |
| A. Citation <input type="checkbox"/> | | B. Order <input checked="" type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | |
| | | D. Written Notice <input type="checkbox"/> | | Mo Da Yr 05/20/2005 | |
| 15. Area or Equipment No affected area. | | | | | |

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

Section III--Termination Action

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

Section IV--Automated System Data

| | | |
|---|-----------------------------|----------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4054434 | 21. Primary or Mill |
| 22. Signature [Signature] | | 23. AR Number [6] |

MSHA Form 7000-3, 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 1st 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.



Section I—Subsequent Action/Continuation Data

| | | | | |
|-----------------------------------|-------------------------------------|---------------------------|----------|---|
| 1. Subsequent Action | 1a. Continuation | 2. Dated (Original Issue) | Mo Da Yr | 3. Citation/Order Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11/08/2005 | | 7149865 |
| 4. To L CRUMRINE, MINE FOREMAN | | | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | | | 7. Mine ID 46-08791 (Contractor) |

Section II—Justification for Action

Continuation of 8. Condition or Practice

3.104(a) citation No.7148620 diagonal distance in 90 degree 4-way intersections exceeded 60 feet No.5 entry No.23 block, No.5 entry No. 26 block, No. 5 entry No. 25 block, and No. 4 entry station No. 3803.

4.104(a) citation No 7098544 30 CFR 75.202(a) loose rib and roof 22 block mantrip station.

5.104(a) citation No.7098546 30 CFR 75.220(a) (1) Roof bolt spacing No.7 and No.8 crosscut last open crosscut.

6.104(a) citation No.7098545 30 CFR 75.380(d) (1) designated escapeway not maintained in a safe condition, mud and water No.5 entry No.22 block.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
| | | | | | | |

Section IV—Inspection Data

| | | | |
|-----------------------|------------|-------------------------|---------|
| 9. Type of Inspection | E01 | 10. Event Number | 4054434 |
| 11. S | [-6] | AR Number | [L6] |
| 12. Date | Mo Da Yr | 13. Time (24 Hr. Clock) | |
| | 11/08/2005 | 1630 | |

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 11/08/2005 Mo Da Yr | 3. Citation/ Order Number 7149865 - 01 |
| 4. Extended To L CRUMRINE, MINE FOREMAN | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II--Justification for Action

A supplemental examination was conducted on 11-08-2005 from 11:00 am to 1:00 pm by Carl Crumrine, Mine Foreman and all the listed hazardous conditions were entered in the preshift record book, and all the hazardous conditions were corrected. All foreman were instructed of the requirements on 30 CFR 75.360.

Section III--Subsequent Action Taken

See Continuation Form

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434 | | |
| 11. Structure [6] | AB Number [67] | 12. Date 11/09/2005 Mo Da Yr | 13. Time (24 Hr. Clock) 1223 |

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|--|--|---|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 11/08/2005 | 3. Citation/ Order Number 7149865 - 02 |
| 4. From L CRUMRINE, MINE FOREMAN | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) |

Section II—Justification for Action

| | | |
|--------|------|----|
| Change | From | To |
|--------|------|----|

15. Area or Equipment

Reason From no affected area to 1-Left Mains MMU 006 section.

Written in error.

See Continuation Form

Section III—Subsequent Action Taken

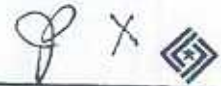
| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434 | | |
| 11. Signature [Signature] | AR Number [6] | 12. Date Mo Da Yr 11/09/2005 | 13. Time (24 Hr. Clock) 1233 |

Mine Title on/Order

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



Section I—Violation Date

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 10/18/2005 | 2. Time (24 Hr. Clock) 1000 | 3. Citation/ Order Number 7098364 |
| 4. Assigned To Carl Crumrine Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 |
| 8. Condition or Practice | | (Contractor) |

8a. Written Notice (103g)

The approved ventilation plan is not being complied with on the 1 left 006 mmu section. The 10SC shuttle cars were observed trammng across the last open crosscut between the # 7 and the #8 entries, 60 feet in-by station spad 3816, with the ventilation control for #7 entry rolled up. When checked with chemical smoke for movement in the face, none could be distinguished. The #7 entry is 69 feet from the in-by corner of the last open crosscut. There is 0.05% methane detected in the face. According to statements this is a standard practice to roll up line brattice ventilating the faces and use the last open crosscuts to transport materials. There is no means provided to indicate that other methods were used such as fly boards and pads to haul the last line and ventilate the working faces. Also citation #7098367 was written for no ventilation provided to within 10' of

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 75.330(b)(1) |
|--------------|--|----------------------|--|

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(d)(2)

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

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

E. Citation/
Order Number 7097827

F. Dated Mo Da Yr
05/20/2005

15. Area or Equipment The # 6 and # 7 entries on the 006 mmu section

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

Section III—Termination Action

17. Action to Terminate The ventilation controls were re-established to direct the air to the working faces.

| | | |
|----------------|--------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 10/18/2005 | B. Time (24 Hr. Clock) 1020 |
|----------------|--------------------------------|--------------------------------|

Section IV—Automated System Data

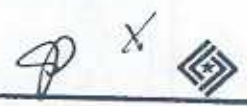
| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) / E01 | 20. Event Number 4054434 | 21. Primary or Mill |
| 22. Signature [Signature] | 23. AR Number [6] | |

MSHA Form 7000-3, Mar 85 (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.

WJ
10/21

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|--|---|-------------------------------------|
| 1. Subsequent Action Ta. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 10/18/2005 | 3. Citation/Order Number 7098364 |
| 4. Referred To Carl Crumrine Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

Continuation of 8. Condition or Practice

#6 entry face. This violation is an unwarrantable failure to comply with a mandatory standard.

Section III—Subsequent Action Taken

See Continuation Form

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | |
|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054434 | |
| AR Number [6] | 12. Date Mo Da Yr 10/18/2005 | 13. Time (24 Hr. Clock) 1000 |



Section I--Violation Data

| | | |
|---|--------------------------------|--|
| 1. Date Mo Da Yr 07/12/2005 | 2. Time (24 Hr. Clock) 0730 | 3. Citation/ Order Number 7097941 |
| 4. Violated To Crumrine - Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mining methods that were used on the 2 left mains (003) MMU section expose the miners to hazards related to reduced pillar size. Proper sight lines or other methods of directional controls were either not provided or followed. The #5 entry has been driven off sights to the point that in 60 feet of development the left pillar size has been reduced to a width of 10 feet and 8 inches. The #9 entry has been developed off sights to the point that it cut into the #8 entry after only 56 feet of development. The approved roof control plan provides that the pillar size be maintained at least 35 feet wide. The entry's are being developed on 55 feet centers which leaves the pillar block 35 feet wide. The failure of mine management to provide reasonable sight lines for the miners to follow demonstrates higher than normal neglect as sight lines are fundamental to the systematic

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 75.203(b) |
|--------------|--|-------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|--|--|---|--|--|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> |
| Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| C. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input type="checkbox"/> | D. High <input checked="" type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(d)(2) | | 13. Type of Issuance (check one) | | |
| 14. Initial Action | | | Citation <input type="checkbox"/> | Order <input checked="" type="checkbox"/> | Safeguard <input type="checkbox"/> |
| A. Citation <input type="checkbox"/> | B. Order <input checked="" type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number 7097827 | F. Dated Mo Da Yr 05/20/2005 |

15. Area or Equipment #5 entry and #9 entry located on the 2-Left, 003 MMU working section.

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

Section III--Termination Action

| | | |
|-------------------------|--|--------------------------------|
| 17. Action to Terminate | Terminated due to the engineer's have set new spads in the #5 entry to be used as directional control and cribs will be set before the #5 entry is developed. The #9 entry has been stopped and will | |
| 18. Terminated | A. Date Mo Da Yr 07/12/2005 | B. Time (24 Hr. Clock) 0800 |

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4054749 | 21. Primary or Mill |
| 22. Signature E | 23. AR Number [6] | |

MSHA Form 7000-3, Mar 00 (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 L 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.

WPH 11/14

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | | | | |
|--|--|------------------------------|------------------------|------------------------------|------------------------------------|
| 1. Subsequent Action | 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 07/12/2005 | 3. Citation/ Order Number | 7097941 |
| Extended To Crumrine - Mine Foreman | | | | 5. Operator | ANKER WEST VIRGINIA MINING COMPANY |
| 6. Mine SAGO MINE | | | | 7. Mine ID | 46-08791 (Contractor) |

Section II—Justification for Action

Continuation of 8. Condition or Practice

development of a section. This section is a set of mains that will be utilized for years. The small block sizes can not be completely replaced. The miners will be exposed to the danger done for several years to come.

Continuation of 17. Action to Terminate

not be developed beyond this point.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------|----------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | | | |
|-----------------------|-----|------------------|------------------------|-------------------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4054749 | | |
| 11. Signature | I 6 | 12. Date | Mo Da Yr 07/12/2005 | 13. Time (24 Hr. Clock) | 0730 |

Mine Citation/Order

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



Section I—Violation Data

| | | |
|---|--------------------------------|---|
| 1. Date Mo Da Yr 06/02/2005 | 2. Time (24 Hr. Clock) 0725 | 3. Citation/ Order Number 7097836 |
| Served To Bill Currence Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The pre-shift examination for the #3 scoop charging station and scoop supply haulroad is inadequate in that the following conditions were observed by this inspector and should have been recognized by any prudent mine examiner given the responsibility of conducting a mine examination to detect hazards at their earliest possible stages. (1) The #3 scoop battery charging station was found by this inspector in the #7 intake entry at #58 block crosscut between the #6 entry (secondary escape way) and #7 intake entry. (2) The #3 scoop charger is energized and charging a set of scoop batteries which is not ventilated directly to a return air course. (3) This #3 scoop charging station is ventilated with the main intake air that travels directly to the 001-0 & 002-0 mmu working super section and this intake air is used for face ventilation purposes. (4) The #3 scoop battery

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(a)(1) |
|--------------|--|----------------------|--|

Section II—Inspector's Evaluation

| | | | | |
|---|--|---|------------------------------------|------------------------------------|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| 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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action 104(d)(2) () | | 13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> | | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/ Order Number 7097827 | F. Dated Mo Da Yr 05/20/2005 | |

15. Area or Equipment The #3 scoop charging station located in the #7 Intake entry at #58 block which is along the scoop supply haulroad.

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

Section III—Termination Action

17. Action to Terminate Terminated due to the 002-0 mmu section Foreman Rick Bragg calling out the condition that he detected on his on-shift examination to Bill Currence Mine Foreman and the conditions were recorded

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 06/02/2005 | B. Time (24 Hr. Clock) 1300 |
|----------------|-----------------------------------|--------------------------------|

Section IV—Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4054745 | 21. Primary or Mill |
| 22. Signature [Signature] | 23. AR Number [6] | |

MSHA Form 7000-3, Mar 85 (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 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 West 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.

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|---|---|-------------------------------------|
| 1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 06/02/2005 | 3. Citation/Order Number 7097836 |
| 4. Extended To Bill Currence Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

Continuation of 8. Condition or Practice

charging station is not provided with a operational fire suppression system. (5) No evidence could be found by this inspector to indicate that a pre-shift examination was conducted for the #3 scoop charging station. (6) This #3 scoop charging station is located along the #7 intake entry which is also the scoop supply haulroad and this haulroad is regularly traveled by the miners. A pre-shift examination report was called out by John Travise, received by [6] at 6:00 A.M. on 06/02/2005 as no hazards observed. John Travise has engaged in aggravated conduct by his failure to record and take action on a known hazard. This violation is an unwarrantable failure to comply with a mandatory standard.

Note: order no. 7097835 has been issued in conjunction with order.

Continuation of 17. Action to Terminate

in the pre-shift and on-shift examination record book.

Section III—Subsequent Action Taken

See Continuation Form

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | | | |
|------------------------------|-----------------------------|------------------------|-------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | 11. Signature [6] | 11. AR Number [16] | 12. Date Mo Da Yr 06/02/2005 | 13. Time (24 Hr. Clock) 0725 |
|------------------------------|-----------------------------|------------------------|-------------------------|---------------------------------|---------------------------------|

Mine Citation/Order
Continuation

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

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Section I—Subsequent Action/Continuation Data

| | | | |
|--|--|---|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 06/02/2005 | Mo Da Yr | 3. Citation/ Order Number 7097836 - 01 |
| Served To Bill Currence - Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

| | | |
|--------------------|---|-----------|
| Change | From | To |
| 12. Type of Action | 104(d)(2) | 104(d)(1) |
| Reason | Issued under the wrong type of action in error. | |

Issued under the wrong type of action in error.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | | |
| Signature [L b] | AR Number [6] | 12. Date Mo Da Yr 06/07/2005 | 13. Time (24 Hr. Clock) 0355 |

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Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | | |
|--|--|---|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 06/02/2005 | Mo Da Yr | 3. Citation/ Order Number 7097836 - 02 |
| Served To Bill Currence. Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

| Change | From | To |
|------------------------------|---|----------|
| 14. Initial Action | Order | Citation |
| Reason | Failed to modify line #14 from box (B) Order to box (A) Citation when line #12 was modified. | |
| 14. E. Citation/Order Number | 7097827 | 7097825 |
| Reason | Failed to modify line #14, E from Order #7097827 to Citation #7097825 when line #12 was modified. | |

Missed modifying line no. 14, Initial Action from box (B) Order to box (A) Citation and line #14, E from Order #7097827 to Citation #7097825 when line no.12, Type of Action was modified.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | | |
| Signature [Signature] | AR Number [67] | 12. Date Mo Da Yr 06/09/2005 | 13. Time (24 Hr. Clock) 1520 |

Handwritten initials/signature



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 06/02/2005 | 2. Time (24 Hr. Clock) 0715 | 3. Citation/ Order Number 7097835 |
| 4. Served To Bill Currence Mine Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 |
| 8. Condition or Practice | | (Contractor) 8a. Written Notice (103g) <input type="checkbox"/> |

The #3 scoop battery charging station located in the #7 main intake entry at #58 block crosscut between #6 entry (secondary escape way) and #7 intake entry when the following conditions were found by this inspector. (1) The #3 scoop charger is energized and charging a set of scoop batteries which is not ventilated directly to a return air course. (2) This #3 scoop charging station is ventilated with intake air that travels directly to the 001-0 & 002 0 mmu working super section and is used for face ventilation purposes. (3) The #3 scoop battery charging station is not provided with a operational fire suppression system. (4) No evidence could be found to indicate that a pre-shift examination was conducted for the #3 scoop charging station. (5) This charging station is located along the #7 intake entry which is also the scoop supply haulroad and this haulroad is

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 75.340(a)(1)(i) |
|--------------|--|-------------------|--|

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

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

| | |
|--|--|
| 12. Type of Action 104(d)(2) (1) | 13. Type of issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number 7097827 5 |
| F. Dated Mo Da Yr 05/20/2005 | |

15. Area or Equipment The #3 scoop charging station located in the #7 Intake entry at #58 block which is along the scoop supply haulroad.

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

Section III--Termination Action

17. Action to Terminate Terminated due to the #3 scoop charging station being moved to the #60 block crosscut located between #8 intake entry and #9 return entry. This #3 scoop charging station is now set up ready for

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 06/02/2005 | B. Time (24 Hr. Clock) 0915 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|-----------------------|
| 19. Type of Inspection (activity code) FO1 | 20. Event Number 4054745 | 21. Primary or Mill |
| 22. Signature L 6 | | 23. AR Number L 61 |

MSHA Form 7000-3, Mar 85 (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 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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6/10

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|--|---|---|
| 1. Subsequent Action <input type="checkbox"/> 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) 06/02/2005 | 3. Citation/ Order Number 7097835 |
| 4. Served To Bill Currence Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC (Contractor) | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 | |

Section II—Justification for Action

Continuation of 8. Condition or Practice

regularly traveled by the miners. A pre-shift examination report was called out by John Travise, received by [6] as no hazards observed at 6:00 A.M. on 06/02/2005. John Travise has engaged in aggravated conduct by his failure to record and take action on a known hazard. This violation is an unwarrantable failure to comply with a mandatory standard. The mine operator immediately deenergized and removed the #3 scoop charger from service.

Continuation of 17. Action to Terminate
service.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | | |
| 11. Sign: [6] | AR Number [6] | 12. Date Mo Da Yr 06/02/2005 | 13. Time (24 Hr. Clock) 0715 |

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|---|--|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 06/02/2005 | 3. Citation/Order Number 7097835 - 01 |
| Served To Bill Currence Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC. | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

| Change | From | To |
|---------------------|-----------|-----------|
| 12. Type of Action1 | 104(d)(2) | 104(d)(1) |

Reason Issued under the wrong type of action in error.

Issued under the wrong type of action in error.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | | |
| 11. Signature | AR Number [L 6] | 12. Date Mo Da Yr 06/07/2005 | 13. Time (24 Hr. Clock) 0359 |

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6/13

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 06/02/2005 | 3. Citation/ Order Number 7097835 - 02 |
| Served To Bill Currence Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 8. Mine SAGO MINE | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

| Change | From | To |
|--------------------|-------|----------|
| 14. Initial Action | Order | Citation |

Reason Failed to modify line #14 from box (B) Order to box (A) Citation when line #12 was modified.

14. E. Citation/Order Number 7097827 7097825

Reason Failed to modify line #14, E from Order #7097827 to Citation #7097825 when line #12 was modified.

Missed modifying line no.14, Initial Action from box (B) Order to box (A) Citation and line #14, E form Order #7097827 to Citation #7097825 when line no.12, Type of Action was modified.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input checked="" type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|---|

Section IV—Inspection Data

| | | | |
|-----------------------|-----|------------------|---------|
| 9. Type of Inspection | E01 | 10. Event Number | 4054745 |
|-----------------------|-----|------------------|---------|

| | | | | | | | |
|---------------|-------------|-----------|-----|-------------------|------------|-------------------------|------|
| 11. Signature | [Signature] | AR Number | [6] | 12. Date Mo Da Yr | 06/09/2005 | 13. Time (24 Hr. Clock) | 1510 |
|---------------|-------------|-----------|-----|-------------------|------------|-------------------------|------|

me
6/13

Mine Citation/Order

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



Section I—Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 05/20/2005 | 2. Time (24 Hr. Clock) 0320 | 3. Citation/ Order Number 7097827 |
| 4. Served To John Travise - Shift Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The pre-shift examination for the #3 coal conveyor belt is inadequate in that the following conditions were observed by this inspector and should have been recognized by any prudent mine examiner given the responsibility of conducting an mine examination to detect hazards at there earliest possible stages. A excessive amount of combustibile materials in the form of loose coal, coal fines and float coal dust is allowed to accumulate at the #3 conveyor belt drive and take-up. The accumulations under the bottom conveyor belt measured 9 1/2 feet in length by 24 inches wide by 7 to 11 inches deep and range from powder dry to damp to the touch. The bottom conveyor belt is running in the accumulations for a distance of 7 feet in length and one bottom roller is gobbled out by the accumulations. The float coal dust has accumulated on previously rock dusted surfaces of the mine

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(a)(1) |
|--------------|--|----------------------|--|

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(d)(1) 13. Type of issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number 7097825 F. Dated Mo Da Yr
05/20/2005

15. Area or Equipment The #3 coal conveyor belt drive, take-up and conveyor belt for a total of 70 feet in length.

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

Section III—Termination Action

17. Action to Terminate John Travise (Shift Foreman) inner the conditions that he seen in this area in the pre-shift and on-shift record book.

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) 0735

Section IV—Automated System Data

19. Type of Inspection (activity cod) E01 20. Event Number 4054745 21. Primary or Mill

22. Signature [Signature] 23. AR Number [6]

MSHA Form 7000-3, Mar 85 (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.

Handwritten signature and date: 5/21

Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | | | |
|--|---|--|---|---|
| 1. Subsequent Action <input type="checkbox"/> | 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) 05/20/2005 | Mo Da Yr | 3. Citation/ Order Number 7097827 |
| 4. Served To John Travise - Shift Foreman | | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | | | 7. Mine ID 46-08791 (Contractor) | |

Section II—Justification for Action

Continuation of 8. Condition or Practice

floor, ribs, 6 inch water line, conveyor belt structure, take-up frame and take-up roller bearings. The float coal dust measured from 1/16 of an inch to 2 inches deep by 70 feet in length. Ranging from powder dry to damp to the touch and is black to reddish brown in color. The accumulations around the take-up roller bearings on the walkway side of the take-up is where the float coal dust is the deepest ranging from 1/4 of an inch to 2 inches deep and is powder dry. Also the two 575 VAC 200 Hp. conveyor belt motors and speed reducers are warm to the touch and are covered with a light coating of float coal dust. The #3 conveyor belt was energized and running when this condition was found. This conveyor belt was pre-shift examined at 9:44 pm by Sam Saul. The off side of the #3 conveyor belt head drive and take-up has close clearance and is fenced off to where it can not be traveled to examine or do cleaning and dusting without removing the guarding.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | | |
| 11. Signature [Signature] | AR Number [6] | 12. Date Mo Da Yr 05/20/2005 | 13. Time (24 Hr. Clock) 0320 |

Mine Citation/Order

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



Section I—Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 05/20/2005 | 2. Time (24 Hr. Clock) 0315 | 3. Citation/ Order Number 7097825 |
| 4. Served To John Travise - Shift Foreman | | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC |
| 6. Mine SAGO MINE | | 7. Mine ID 46-08791 (Contractor) |
| 8. Condition or Practice | | |

8a. Written Notice (103g)

A excessive amount of combustibile materials in the form of loose coal, coal fines and float coal dust is allowed to accumulate at the #3 conveyor belt drive and take-up. The accumulations under the bottom conveyor belt measured 9 1/2 feet in length by 24 inches wide by 7 to 11 inches deep these accumulations range from powder dry to damp. The bottom conveyor belt is running in the accumulations for a distance of 7 feet in length and one bottom belt roller is also gobbled out by the accumulations. The float dust has accumulated on previously rock dusted surfaces of the mine floor, ribs, 6 inch water line, conveyor belt structure, take-up frame and take-up roller bearings. The float coal dust measured from 1/16 of an inch to 2 inches deep by 70 feet in length. Ranging from powder dry to damp to the touch and is black to reddish brown in color. Accumulations around the

See Continuation Form (MSHA Form 7000-3a)

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

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(d)(1) 13. Type of Issuance (check one) Citation Order Safeguard

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 05/20/2005 | B. Time (24 Hr. Clock) 0600 |
|---------------------|--------------------------------|--------------------------------|

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 4054745 | 21. Primary or Mill |
| 22. Signature [Signature] | | 23. AR Number [6] |

MSHA Form 7000-3, Mar 85 (revised) Pursuant to 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.

Wep
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Mine Citation/Order
Continuation

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



Section I—Subsequent Action/Continuation Data

| | | |
|---|---|-------------------------------------|
| 1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 05/20/2005 | 3. Citation/Order Number 7097825 |
| 4. Served To John Travise - Shift Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 | (Contractor) |

Section II—Justification for Action

Continuation of B. Condition or Practice

take-up roller bearings on the walkway side of the take-up is where the float coal dust is the deepest ranging from 1/4 of an inch to 2 inches deep and is powder dry. Also the two 575 VAC 200 H.P. motors and speed reducers are warm to the touch and are covered with a light coating of float coal dust. The #3 conveyor belt was energized and running when this condition was found. This conveyor belt was pre-shift examined at 9:44 pm by [6]. This condition would be obvious to any prudent person conducting an examination of the mine.

See Continuation Form

Section III—Subsequent Action Taken

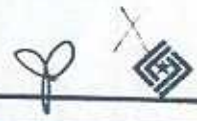
| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|--|--------------------------------------|

Section IV—Inspection Data

| | | | | |
|------------------------------|-----------------------------|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4054745 | 11. Signature [6] [6] | 12. Date Mo Da Yr 05/20/2005 | 13. Time (24 Hr. Clock) 0315 |
|------------------------------|-----------------------------|------------------------------|---------------------------------|---------------------------------|

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

| | | |
|--|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 05/20/2005 | 3. Citation/Order Number 7097825 - 01 |
| 4. Served To Bill Currence Mine Foreman | 5. Operator ANKER WEST VIRGINIA MINING COMPANY INC | |
| 6. Mine SAGO MINE | 7. Mine ID 46-08791 | (Contractor) |

Section II--Justification for Action

Terminated due to the accumulations of combustible materials being cleaned up and the cited area being rock dusted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|-------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E:01 | 10. Event Number 4054745 | |
| 11. Signature [Signature] | 12. Date Mo Da Yr 05/23/2005 | 13. Time (24 Hr. Clock) 0955 |

up
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