## 104(a) Citations

## Fiscal Year 2006

Mine	Citation	/Order
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U.S. Department of Labor Mine Safety and Health Administration 7 007 2005

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Section IVi	olation Data	* • • • • • • • • • • • • • • • • • • •	Ť			
1. Date	Mo Da Yr 10/03/2005	2. Time (24 Hr. Clock) 1105			3. Citation/ Order Number	7149383
4. Served To AL SCHOONOVER			5. Operator ANKER V	VEST VIRGI	NIA MINING (	COMPANY INC
6. Mine SAGO N	AINE	, , , , , , , , , , , , , , , , , , , ,	7. Mine ID	46-08791		(Contractor)
8. Conditio	n or Practice			- Andrews - Andr		8a. Written Notice (103g)

60 feet a minute of air was not being maintained over the miner cutting in the number 3 entry of the 2 left working section. When checked only 31 fpm was being maintained.

								See Con	tinuatio	on Form (MSHA	Form 7000-3a)
9. Violation	A. Health Safety Othe	√ <b>∑</b>	B. Section of Act			art/Section of tle 30 CFR		75.	326		
Section II-Inspe	ctor's Evalu	ation									
10. Gravity:											
A. Injury o	r Illness (h	as) (is):	No Likelihood	Unlikely [	]	Reasonably Like	ely 🔽	Highly Likely		Occurr	ed 🗌
B. Injury o sonably	r illness co be expect		No Lost World	kdays 🗍 Lost	Workda	ys Or Restricted	Duty 🗹	Permanen	tly Dis	abling	Fatal 🗌
C. Signific	ant and Su	bstantial	Yes 🗹	No 🗌				D. Number o	f Pers	ons Affected:	001
11. Negligeno	e (check o	ne)	A. None 📋	B. Low 🗌	C. Mo	derate 🗹	D. High		. Red	dess Disrega	rd 🗌
12. Type of A	ction	104(	a)	13. Type	of Issua	nce (check one)		itation 🗹	Ord	er 🗌	Safeguard 🗌
14. Initial Acti A. Citation	on B. Or	der 🗌	C. Safeguard [	D. Written Notice		E. Citation/ Order Numbe	r			F. Dated	Mo Da Yr
~	····						· · · · · · · · · · · · · · · · · · ·				<u></u>
16. Termination	on Due	A. Date	Mo Da Yr 10/03/2005	B. Time (24 Hr. C	lock)	1150					
Section III-Term	nination Actio	on									
17. Action to 1	rerminate	Che	ck curtain	ns were ad	iust	ed to mai	ke mor	e than	60	fpm of	air
over th	e min				•					•	
18. Terminate	A. Date	10/0	Oa Yr 3/2005 B. Tirr	ne (24 Hr. Clock	1	150					
Section IVAuto	mated Syste	m Data									
19. Type of In		E20	20. Event Numb	er 407739	91	21. Prima	ry or Mill				
22. Signature		-	<u>.</u>	6			$\overline{\mathcal{L}}$	23. AR	Numb	er C	<u> </u>

MSHA Form 7000-3, May 8 (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 Ombudeman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudeman 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 Ombudeman at Small Business Administration, Office of the National Ombudeman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudeman 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	n/Order			U.S. Departs Mine Safety		abor Administratio	8 007 2005 on 1	
Section I-Violatio	on Data						U	
. Date	Mo Da Yr 10/04/2005	2. Time (24 Hr. C				3. Citation/ Order Numb	<sub>er</sub> 709834	9
. Served To	10/04/2005	1	<u></u>	5. Operator		<del></del>	<del></del>	
eff Toler					EST VIRG	INIA MININ	G COMPANY	INC
Mine	· · · · · · · · · · · · · · · · · · ·	<del></del>		7. Mine ID	16-0879	1		
AGO MIN	Æ		_	_ 1	10-00/9	<u> </u>		(Contracto
Condition or				scoop bein			8a. Written N	
ot pro hem se	vided with lves are o	n any devi dirty with	ice to lock n up to 1"	ion as foll /secure the of dirt and k on the ba	m in p l dust	lace. (2) wind row	The batt	eries
								Form 7000-3a}
ection II—Inspec 0. Gravity: A. Injury or B. Injury or	Safety of Other Cors Evaluation  Ifiness (has) (is):  Ifiness could rea-	B. Section of Act  No Likelihood   No Lost Work		C. Part/Section of Title 30 CFR  Reasonably Lik		75.50	Оссыте	d 🖸
ection II—Inspec 0. Gravity: A. Injury or B. Injury or sonably I	Safety 2 Other Ctor's Evaluation	of Act  No Likelihood   No Lost Work		Title 30 CFR		75.50	3 Occurre	
ection II—Inspec 0. Gravity: A. Injury or B. Injury or sonably I C. Significa	Safety of Other Other Sevaluation  Ifiness (has) (is):  ifiness could reabe expected to be: ant and Substantial:	No Likelihood  No Lost Work	days 🗌 Lost V	Title 30 CFR Reasonably Lik		75.50 Highly Likely  Permanently ( D. Number of Pe	3 Occurre	od 🗀 Fatal 🗔 001
ection II-Inspec 0. Gravity: A. Injury or B. Injury or sonably I C. Significa	Safety of Other Other Cors Evaluation  Iffiness (has) (is):  ifiness could reabe expected to be: ant and Substantial: e (check one)	No Likelihood  No Lost Work  Yes  A. None	No 🔀 B. Low 📋	Title 30 CFR Reesonably Lik Vorkdays Or Restricter	d Duty 📝 D. High	75.50 Highly Likely  Permanently ( D. Number of Pe	Occurre Disabling  arsons Affected:	od 🗀 Fatal 🗔 001
O. Gravity: A. Injury or B. Injury or sonably I C. Significa  1. Negligence 2. Type of Ac 4. Initial Actic	Safety On Other Ot	No Likelihood  No Lost Work Yes  A. None  1	No 🔀 B. Low 📋	Reasonably Lik Vorkdays Or Restricter  C. Moderate   Issuance (check one)	Duty ₩ D. High	75.50 Highly Likely  Permanently ( D. Number of Pe	Occurre Disabling  arsons Affected: eckless Disregan	od :
Dection II—Inspector III—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIIIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspector IIII—Inspect	Safety Other	No Likelihood  No Lost Work Yes  A. None  C. Safeguard  Mo Da Yr 10/04/2005	B. Low	Tritle 30 CFR  Reasonably Lik  Vorkdays Or Restricte  C. Moderate   issuance (check one)  E. Citation/ Order Numbe	Dufy ₩. D. High Ci	75.50 Highly Likely  Permanently ( D. Number of Permanently ( E. R.  itation  C	Occurre Disabling  ersons Affected: eckless Disregan Order  F. Oated	Fatal   O01  Safeguard  Mo Da Yr
ection IIIIInspector IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Safety Other	No Likelihood  No Lost Work Yes  A. None  A. None  To Mo Da Yr 10/04/2005  batteries	B. Low	Reasonably Lik Vorkdays Or Restricter  C. Moderate   issuance (check one)  E. Citation/ Order Number  ck)  1050	Dufy ₩. D. High Ci	75.50 Highly Likely  Permanently ( D. Number of Permanently ( E. R.  itation  C	Occurre Disabling  ersons Affected: eckless Disregan Order  F. Oated	Fatal   001  Safeguard  Mo Da Yr
ection II—Inspec O. Gravity: A. Injury or B. Injury or sonably i C. Significa 1. Negligence 2. Type of Ac 4. Initial Actic A. Citation 5. Area or Eq 6. Terminatio ection III—Term 7. Action to T	Safety Other	No Likelihood  No Lost Work Yes  A. None  A. None  A. None  A. None  A. None  A. None  B. Tim	B. Low 13. Type of D. Written Notice 15 were clear	Reasonably Lik Vorkdays Or Restricted C. Moderate   Issuance (check one) E. Citation/ Order Number  Code and the	D. High Citer	75.50 Highly Likely  Permanently ( D. Number of Permanently ( E. R.  itation  C	Occurre Disabling  ersons Affected: eckless Disregan Order  F. Oated	Fatal   O01  Safeguard  Mo Da Yr
ection II—Inspec  O. Gravity: A. Injury or B. Injury or sonably I C. Significa  1. Negligence 2. Type of Ac 4. Initial Action 5. Area or Eq  6. Terminatio  ection III—Term 7. Action to T  8. Terminates	Safety Other	No Likelihood []  No Lost Work  Yes []  A. None []  C. Safeguard []  Mo Da Yr  10/04/2005  batteries	B. Low 13. Type of D. Written Notice 15 were clear	Reasonably Lik Vorkdays Or Restricter  C. Moderate   issuance (check one)  E. Citation/ Order Number  and the	Dufy ₩. D. High Ci	75.50 Highly Likely  Permanently ( D. Number of Permanently ( E. R.  itation  C	Occurre Disabling  ersons Affected: eckless Disregan Order  F. Oated	Fatal   O01  Safeguard  Mo Da Yi

MSHA Form 7000-7, Mar 85 (revised) In accordance with the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman 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 (1-888-734-3347) or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman 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 Hearth Review Commission.

cei Me, Me, JT, JR

Mine Citatio	n/Order						-				it of La Health			ij § :	P	005	4	<b>&gt;</b>
Section I-Violation	on Data																	
1. Date	Mo Da		2. Time (	_	-		1						ation/ der Nu	mher	7098	350		
	10/04/2	005	<u> </u>	09	45			<u>-                                    </u>				1 0	GGI ING	(14Det				
4. Served To								5. Ope		VE CT	VIDC	TAITA	мім	NG C	MPA	NY IN	r	
Jeff Toler					<u></u> _								IATITAL	110 C	MAIT LY	141 114		
6. Mine SAGO MIN	ne						- 1	7. Min	e ID	46-	0879	1				6	Contract	or)
8. Condition of														8	a. Writte	n Notice		
The req		240	lhe	of r	ock	dust	is no	ot r	orov	zide	d fo	r th	e #	14 S	tanc	o pui	מוז	
located	50 £	eet	inby s	spad	stat	ion #	4128	on	the	∍ 00	3-0 1	mmu	sec	tion	•			
							<b>.</b>					S	ee Cont	tinuation l	om (MS	HA Form	7000-3a)	
9. Violation	A. Health Safety Other	<u> </u>	B. Section of Act	\ 				int/Sec ie 30 C	tion of CFR	·	<u> </u>	75	.1100	)-2(e)(2	?)			
Section II-Inspe	ctor's Evalu	ation																
10, Gravity:	. 10 /h:	> ('->	No Charle			lettok - a		Danna	aabb. I	Likely	<del>,</del> -	Highly	l III-ah-	-	^~	ined 🖳		
A. Injury or	<u> </u>		No Likelih			Inlikely 🗸	<u>-</u>		matory i	Likery	<u></u>	ragniy	Likely			mied []		
B. Injusy or sonably	r miness co be expect		No Los	st Work	days 🗀	Lost	Workda	ys Or i	Restric	ted Du	ty 🛂	Pen	naneni	ly Disab	ling 🗔	Fat	al 🗌	
C. Significa					No C	<del></del>						D. Nur	nber of	Person	s Affecte	d: n	01	
11. Negligeno			A. None [	s 🗍	No ∑ B. Low		C. Mod	derate	<u></u>		). High		E	Reckle	ss Disre		<u> </u>	
12. Type of A	ction	104(	a)			13. Type	of Issuar	nce (ct	neck or	ne)	Ci	itation is		Order			afeguard	$\overline{\Box}$
14. Initial Acti A. Citation		der 🗀	C. Safegu	and 🗀	D. Writt	en Notice		E. Cita Orde	tion/ er Nurr	nber			<del></del>		Dated	М	o Da Y	r
15. Area or Ed	nuinment		<u>`</u>															<del></del>
16. Termination	on Due		10/04/2	2005		e (24 Hr. C			1050									
17. Action to	Terminate	The	requi	ired	240	lbs.	of r	ock	dus	st w	as p	rovi	ded					
18. Terminate	A. Date	10/0	Da Yr )4/2005	B. Tim	e (24 Hr.	Clock	10	050										
Section IV-Auto		em Data	<del></del>															
19. Type of In (activity or		E01	20. Even	it Numbe	er	405443	34	ſ	21. Pri	imary o	r Mill	1						-
22. Signature	-17		10					1		<del></del>		1	23. AR	Number	J:	1	$\overline{}$	
140141	, (L	,	4		. ليب										<u></u>		۔ ل	
MSHA Form 700 established a Na enforcement act enforcement act Street, SW MC the right to conte	ational Small ions. The Clions of MSH 2120, Was	imbudsimi IA, you mi hinaton, C	i and Agricult in annually e iy call 1-886- IC 20416. Pl	ture Regu vaivates ( REG-FAI ease note	ilatory Omi enforceme R (1-888-7 L however	nt activities ( '34-3247), or that your re	d 10 Regi and rates r write the out to file:	ional Fa each ag Ombud a comm	ilmess f gency's deman a nent with	Boards to respons at Small to the On	o receive iiveness k Business nhudsmar	commen o small b Adminis	its from usingss itration, dition to	small bus . If you w Office of i	inesses a ish to con he Nation	bout fede iment on i al Ombud	ral agency the ternan 40	y 19.3ml

CE: MOL MC JT JR الموامل

Mine Citation/Order		U.S. Department of Lab Mine Safety and Health /					
Section I-Violation Data							
1. Date Mo Da Yr	2. Time (24 Hr. Clock) 0950		3. Citation/ 709835	1			
10/04/2005 4. Served To	1 0930	5. Operator					
Jeff Toler		ANKER WEST VIRGI	ANKER WEST VIRGINIA MINING COMPANY INC				
6. Mine		7. Mine ID 46-08791 (Contractor)					
8. Condition or Practice		10 00//1	As Waiten N	(Contractor)			
on the 003-0 mmu control box with	able for the #14 Stand section is not substance insulated bushings. So osing the electrical	antially bushed e The bushing has w	ntering the disc	connect			
			See Continuation Form (MSHA)	Form 7000-3a)			
9. Violation A. Health ☐ Safety ✔ Other	B. Section of Act	: Part/Section of Title 30 CFR	75.515				
Section II-Inspector's Evaluation							
10. Gravity:	No Likelihood . Unlikely 🗸	Reasonably Likely	lighly Likely : Occurre	od 🗀			
A. Injury or Illness (has) (is):  B. Injury or illness could rea-	No Elkelinood . Orlikely V	Reasonably Cikely					
sonably be expected to be:	No Lost Workdays 🗀 Lost Workdays	kdays Or Restricted Duty 🕢	Permanently Disabling 🗍	Fatal			
C. Significant and Substantial:	Yes No 🗸	ļo	Number of Persons Affected:	001			
11. Negligence (check one)	A. None B. Low C.	Moderate 🗹 D. High 🗔	E. Reckless Disregan	d 🗋			
12. Type of Action 104(a	a) 13. Type of Is	suance (check one) Cita	fion 🗹 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 10/04/2005 B. Time (24 Hr. Clock	) 1045					
Section III—Termination Action  17. Action to Terminate The		<del></del>	<del></del>				
provide adequate	power lead was prope protection.	rly bushed going	into the control	L DOX TO			
A. Date 10/0	Da Yr 94/2005 B. Time (24 Hr. Clock	1045					
Section N-Automated System Data  19. Type of Inspection (activity code) E01	20. Event Number 4054434	21. Primary or Mili	T				
22. Signature	6		23. AR Number	61			
emorcement actions. The Ombudsma enforcement actions of MSHA, you man Street, SW MC 2120, Washington, D the right to contest citations and propo-	one with the provisions of the Smir and Agriculture Regulatory Ombudsman and 10 in annually evaluates enforcement activities and in call 1-888-REG-FAIR (1-888-734-3247), or writ C 20416. Please note, however, that your right is sed penalties and obtain a hearing before the Fermi	ates each agency's responsiveness to s e the Ombudsman at Smail Business A office a comment with the Ombuteman is	mments from small businesses about mall business. If you wish to comme dministration, Office of the National ( a in addition to any other dribbs you m	t federal agency ent on the Ombudsman, 409 3rd			
CC: ML TT JR				whole			

Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section IViolation Data	
1. Date Mo Da Yr 2. Time (24 Hr. Clock)	3. Citation/ Order Number 7098352
10/05/2005   1030	5. Operator
4. Served To Jeff Toler	ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine	<del>                                      </del>
SAGO MINE	7. Mine ID 46-08791 (Contractor)
8. Condition or Practice	8a. Written Notice (103g)
The personnel doors along the escapewa	y are not clearly marked on either side
for easy identification from the 1 lef	t section tailpiece 006-0 mmu to the 1
left section mantrip station for a dis	tance of approximately 2000'.
9. Violation   A. Health   B. Section   C.	See Continuation Form (MSHA Form 7000-3a)
	Part/Section of Title 30 CFR 75.333(c)(2)
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 rea-	
B Injury or illness could rea.	Reasonably Likely Highly Likely Occurred  days Or Restricted Duty Permanently Disabling Fatal  D. Number of Persons Affected: 001
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Work  C. Significant and Substantial: Yes No	days Or Restricted Duty 🔀 Permanently Disabling 🗍 Fatal 📗
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Work  C. Significant and Substantial: Yes No   11. Negligence (check one) A. None B. Low C. No.	days Or Restricted Duty 🔀 Permanently Disabling 🗀 Fatal 📃  D. Number of Persons Affected: 001
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No V  11. Negligence (check one)  A. None B. Low C. No. 12. Type of Action  104(a)  13. Type of Issue 14. Initial Action	D. Number of Persons Affected: 001    D. High   E. Reckless Disregard   Safeguard     D. Litation   Order   Safeguard     E. Citation   F. Dated   Mo Da Yr
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No   11. Negligence (check one)  A. None B. Low C. No.  12. Type of Action  104(a)  13. Type of Issuer A. Citation  A. Citation B. Order C. Safeguard D. Written Notice	D. Number of Persons Affected: 001  Anderste D. High E. Reckless Disregard  uance (check one) Citation Order Safeguard
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No V  11. Negligence (check one)  A. None B. Low C. No. 12. Type of Action  104(a)  13. Type of Issue 14. Initial Action	D. Number of Persons Affected: 001    D. High   E. Reckless Disregard   Safeguard     D. Litation   Order   Safeguard     E. Citation   F. Dated   Mo Da Yr
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No   11. Negligence (check one)  A. None B. Low C. No.  12. Type of Action  104(a)  13. Type of Issued in the injury of Issued in the Issued in the injury of Issued in the injury of Issued in the Issued in	D. Number of Persons Affected: 001  Anoderate D. High E. Reckless Disregard Lance (check one)  Citation Order Safeguard  E. Citation/Order Number  F. Dated Mo Da Yr
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No   11. Negligence (check one)  A. None B. Low C. No.  12. Type of Action  104(a)  13. Type of Issuer in the injury of Issuer in the Issuer in the injury of Issuer in the Issuer in the Issuer in the	D. Number of Persons Affected: 001  Anoderate D. High E. Reckless Disregard Lance (check one)  Citation Order Safeguard  E. Citation/Order Number  F. Dated Mo Da Yr
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No   11. Negligence (check one)  12. Type of Action  104(a)  13. Type of Issu  14. Initial Action  A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/06/2005  B. Time (24 Hr. Clock)  Section III—Terminate  18. Terminated  A. Date  Mo Da Yr  B. Time (24 Hr. Clock)  Section IV—Automated System Data  19. Type of Inspection  20. Event Number	D. Number of Persons Affected: 001  Anoderate D. High E. Reckless Disregard Lance (check one)  Citation Order Safeguard  E. Citation/Order Number  F. Dated Mo Da Yr
B. Injury or illness could reasonably be expected to be:  C. Significant and Substantial:  Yes No   11. Negligence (check one)  A. None B. Low C. No.  12. Type of Action  104(a)  13. Type of Issued A. Citation  A. Citation B. Order C. Safeguard D. Written Notice  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/06/2005  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	D. Number of Persons Affected: 001    Doctor   D

in accordance with the province of stational 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 apency 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 20418. 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.

up/0/07

Mine Citation/Orde	er 				epartment of L afety and Healt	abor h Administration	OCT 2005	
Section I-Subsequent Act								
Subsequent Action	1a. Continuation	2. Dated (Original Issue)	Mo D 10/05/	a Yr 2005	3. Citation/ Order Number	7098352 - 01		
4. Served To				5. Open				
Marty Conrad				ANKI	R WEST VIRO	GINIA MINING CO		
6. Mine				7. Mine	46-0879	\1	(Contractor)	
SAGO MINE					40-08/5	/ <u> </u>		
O Mary H. D. add and an for	A -4'					<del></del>		

The personnel doors have been properly identified from each escapeway

		See Continuation Form
Section III-Subsequent Action Taken		
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock) ☐ C. Vacated ☑ D. Terminate	d E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number 4054434	
11. Signat <sup>*</sup>	R Number 12. Date Mo Da Yr 13. Time (24 Hi	. Clock)
	10/06/2005 06	35
MSHA Form 7600-3al Mar 85 (maseon		

Vine Citation/Order		U.S. Department of L Mine Safety and Healt		
ection I-Violation Data				
Date Mo Da Yr	2. Time (24 Hr. Glock)		3. Citation/ Order Number 70983	353
10/05/2005 Served To	1045	5. Operator	Order Hambo	
eff Toler			GINIA MINING COMPA	NY INC
Mine		7. Mine ID 46-0879	<u> </u>	
AGO MINE		40-08/3		(Contractor
Condition or Practice		of a light coat of		n Notice (103g)
ollowing locati	ons; 1.) #5 Entry	ly rock dusted surfa starting at spad #3 tarting at spad #375	3751 extending i	nby
Violation A. Health ☐ Safety 💇	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MSI	HA Form 7000-3a)
Other !	<u> </u>			
D. Gravity:				<del>-</del>
A. Injury or Itlness (has) (is):		Reasonably Likely	Highly Likely Occu	urred 🗍
A. Injury or Illness (has) (is): B. Injury or illness could rea-	Ma Last Wasteleys 7	Reasonably Likely	Highly Likely Occur Permanently Disabling	urred 🗍
A. Injury or Illness (has) (is):	No Lost Workdays 🗀 L			Fatal 🗍
A. Injury or Illness (has) (is):     B. Injury or illness could reasonably be expected to be     C. Significant and Substantian	No Lost Workdays L		Permanently Disabling  D. Number of Persons Affected	Fatal :
A. Injury or Illness (has) (is):     B. Injury or illness could reasonably be expected to be     C. Significant and Substantia     Negligence (check one)	No Lost Workdays : Lal: Yes : No 🔽  A. None : B. Low :	ost Workdays Or Restricted Duty 😴  C. Moderate 📝 D. High	Permanently Disabling  D. Number of Persons Affected	Fatal _
B. Injury or illness could reasonably be expected to be     C. Significant and Substantia     Negligence (check one)     Type of Action 104     Initial Action	No Lost Workdays : Lal: Yes : No 🔽  A. None : B. Low :	C. Moderate O. High	Permanently Disabling  D. Number of Persons Affects  E. Reckless Disre	Fatal id: 001
A. Injury or Illness (has) (is):     B. Injury or illness could reasonably be expected to be C. Significant and Substantia     Negligence (check one)     Type of Action 104     Initial Action	A. None B. Low 13. Ty	C. Moderate O. High	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard [
A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be C. Significant and Substantia I. Negligence (check one)  2. Type of Action 104  4. Initial Action A. Citation B. Order 5  5. Area or Equipment	A. None B. Low 13. Ty  C. Safeguard D. Written Not	C. Moderate O. High  O. High  O. High  O. E. Citation/  Order Number	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard
A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be C. Significant and Substantia I. Negligence (check one)  2. Type of Action 104 I. Initial Action A. Citation B. Order 5 5. Area or Equipment  A. Date ection III—Termination Action	A. None B. Low 13. Ty  C. Safeguard D. Written Not	C. Moderate O. High  O. High  O. High  O. E. Citation/  Order Number	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard [
A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 104  4. Initial Action A. Citation B. Order 5  5. Area or Equipment  6. Termination Due A. Date ection III—Termination Action  7. Action to Terminate	No Lost Workdays E  A. None B. Low   (a) 13. Ty  C. Safeguard D. Written Not  B. Time (24 H	C. Moderate O. High  O. High  O. High  O. E. Citation/  Order Number	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard
A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be C. Significant and Substantia  1. Negligence (check one)  2. Type of Action 104  4. Initial Action B. Order 5  5. Area or Equipment  6. Termination Due A. Date  ection III—Termination Action  7. Action to Terminate  B. Terminated A. Date  Mc.	A. None B. Low 13. Ty  C. Safeguard D. Written Not	C. Moderate D. High  On the period of the pe	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard [
A. Injury or Illness (has) (is):  B. Injury or illness could reasonably be expected to be C. Significant and Substantia  1. Negligence (check one) 2. Type of Action 104  4. Initial Action A. Citation B. Order 5  5. Area or Equipment  6. Termination Due A. Date ection III—Termination Action 7. Action to Terminate	No Lost Workdays E  A. None B. Low   A. None B. Low   (a) 13. Ty  C. Safeguard D. Written Not  B. Time (24 Hr. Glock)  D. Da Yr  B. Time (24 Hr. Glock)	C. Moderate D. High  On the period of the pe	Permanently Disabling  D. Number of Persons Affecte E. Reckless Disrectitation Order	Fatal od: 001 gard Safeguard

MSHA Form 7000-3, Mar 85 (revised) — In accordance with the provisions of the Small Business Regulatory Entorcement 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.

0/0/

Mine Citation/Orde Continuation	er			U.S. Department of Labor Mine Safety and Health Administration 3005							
Section ISubsequent Act	ion/Continuation Data										
1. Subsequent Action	1a. Continuation	2. Dated (Original Issue)	Mo 10/0	Da Yr 5/2005	3. Citation/ Order Number	7098353 - 01					
4. Served To			-	5. Op	erator						
Marty Conrad	_			ANK	ER WEST VIRG	INIA MINING COMPANY INC					
6. Mine				7. Mir	e ID	(Contractor)					
SAGO MINE					46-0879	1					
Section II—Justification for	Action										

The cited areas were well rock dusted.

		See Continuation Form
Section III-Subsequent Action Taken		
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated ☑ D. Terminated ☐ E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature	ia	
11. Signature 3	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock)
	7691	10/06/2005 0645
MSHA Form 7000-3a, Mar 85 (revised)		

up 10/07

Mine Citatio	on/Order				artment of street and Hea	Labor Ith Administratio		
Section I-Violat	ion Data					<del></del>		
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)				3. Citation/	709835	4
	10/05/2005	1140				Order Numb	er	<u> </u>
4. Served To				5. Operator		GINIA MININ	G COMPANS	INC
leff Toler				7. Mine ID			3 COM 7EV	
SAGO MIR	NE				46-087	91		(Contractor)
. Condition o	r Practice	nitor for the					8a. Written N	
nixture pefore	of 2.5% r	rly maintained methane, the mane would de-en- /2005.	ethane r	monitor	read ou	t indicate	ed 2.2 %	methane
Violation     Hinspe     Gravity:	A. Health Safety V Other Scoor's Evaluation	B. Section of Act		Part/Section of Title 30 CFR		75.342(a		
	r Illness (has) (is): r illness could rea-		Inlikely 🔽	Reasonably		Highly Likely		
	be expected to be: ant and Substantial	No Lost Workdays	<del></del>	kdays Or Restri	icted Duty 🕜	Permanently I		Fatal
		Yes No 🗸	<u>.                                    </u>			D. Nanbel Gi F	SI SON IS PRICUEDO.	001
1. Negligeno	ce (check one)	A. None B. Low	/ 🗀 C.	Moderate 🔀	D. Higt	E.R	eckless Disregan	1 🗔
2. Type of A	ction 104(a	a)	13. Type of Is	suance (check o	one)	Citation 🔀 C	Order [	Safeguard [
4. Initial Acti A. Citation		C. Safeguard D. Writt	en Notice	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
15. Area or E	quipment							
16. Terminatio	A. Date	Mo Da Yr 10/05/2005 B. Time	e (24 Hr. Clock	) 1155				
7. Action to nethane	Terminate The	methane monit	or was	calibrat	ed to d	e-energiz	e at 2.0%	
18. Terminate	IA Data	Da Yr 5/2005 B. Time (24 Hr.	Clock	1155	<u> </u>	· · · · · · · · · · · · · · · · · · ·		

MSHA Form 7000-6. Mar 85 (reviseu) 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.

4054434

21. Primary or Mill

23. AR Number

Section IV—Automated System Data 19. Type of Inspection

(activity code)

20. Event Number

E01

Mine Citation	on/Order		U.S. Department of L Mine Safety and Healt		3505 <b>(3)</b>
Section I-Violat	ion Data			<del></del>	
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ 70983	55
	10/05/2005	0825		Order Number 70903	
4. Served To			5. Operator HWM TRUCK LINE	S INC	
Winston M	cHenry		7.15		
6. Mine SAGO MIN	JE:		7. Mine ID 46-0879	01 E467	(Contractor)
8. Condition of				8a. Written	Notice (103g)
980F op	erating at evels of c	ng device (backup the stockpile is ther equipment bei away the alarm ca	not being maintair ng operated in the	ned above the sur	rounding
9. Violation  Section II—Inspi 10. Gravity:	A. Health	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MSH 77.410(b)	A Form 7000-3a)
•	r Iliness (has) (is):	No Likelihood [ Unlikely [	Reasonably Likely	Highly Likely 📋 Occur	med 🖳
	r illness could rea- be expected to be:	No Lost Workdays : Lost	Workdays Or Restricted Duty ✓	Permanently Disabling	Fatal
	ant and Substantial:	Yes No 🗹		D. Number of Persons Affected	f: 001
11. Negligeno	e (check one)	A. None 🗀 B. Low 🗀	C. Moderate   ✓ D. High	E. Reckless Disreg	ard [
12. Type of A	ction 104(a	) 13. Type	of Issuance (check one) (	Citation 🗹 Order	Safeguard
14. Initial Act A. Citation		C. Safeguard D. Written Notice	E. Citation/ Order Number	F. Dated	Mo Da Yr
15. Area or E	quipment				
16. Terminati	on Due A. Date	Mo Da Yr 10/05/2005 B. Time (24 Hr. C	(lock) 1245		
Section III-Ten	mination Action				
17. Action to	Terminate The	backup audible ala	rm was repaired.		
18. Terminate	I A I lete	8a Yr 5/2005 B. Time (24 Hr. Clock	1245		

4054434

21. Primary or Mill

23. AR Number

Section IV-Automated System Data

19. Type of Inspection

(activity code)

22. Signature

20. Event Number

E01

40/0/01

	tion/Order			U.S. Departm Mine Safety a			2005 ation	10 K
ection I-Vio	lation Data							
Date	Mo Da Yr	2. Time (24 Hr. Clock	k)	Ţ		3. Citation/		90
	10/05/2005	0930				Order N	imper 11/2	
Served T				5. Operator	er ime	TATE A ATEN	DIC COLONA	IV INC
	LER, SUPT.				21 AIKO	INIA MIIN	ING COMPAN	11 INC
Mine	EINT:			7. Mine ID	16-0879	1		(Contracto
AGO M	n or Practice						8a. Written	Notice (103g)
		scapeway is	not marke	d to show	route	and dir		
lietan	oce of 500	feet, Also,	the secon	dary escan	eway w	as not	marked to	show
. Violation	Safety 💆	B. Section of Act	C	Part/Section of Title 30 CFR			ntinuation Form (MSH) 0(d)(2)	A Form 7000-3a)
	1 Other 1		j.					
ection II—Ins	Other	<del></del>					· · · · · · · · · · · · · · · · · · ·	····
	spector's Evaluation			······			· · · · · · · · · · · · · · · · · · ·	
0. Gravity:	spector's Evaluation	No Likelihood _	Unlikely <b></b> ✓	Reasonably Like	ely []	Highly Likely	r _ Occur	red _
D. Gravity: A. Injury B. Injury	spector's Evaluation or Illness (has) (is): or Illness could rea-	No.1 act Madeday		- <del></del> -				
O. Gravity: A. Injury B. Injury sonat	spector's Evaluation or Illiness (has) (is):	No Lost Workday		Reasonably Like		Permaner	Occur	Fatal 🗍
O. Gravity: A. Injury B. Injury sonat C. Signil	spector's Evaluation or Illness (has) (is): or Illness could rea-	No Lost Workday	s Lost Wood	- <del></del> -		Permaner D. Number o	ntty Disabling	Fatal : 001
O. Gravity: A. Injury B. Injury sonat C. Signit	spector's Evaluation  or iliness (has) (is): or iliness could rea- bly be expected to be: ficant and Substantial ence (check one)	No Lost Workday  Yes \( \sigma \)  A None \( \sigma \)  B	Lost Wood of C.	rkdays Or Restricted	1 Duty 😿 D. High	Permaner D. Number o	nty Disabling	Fatal : 001
O. Gravity: A. Injury B. Injury sonab C. Signit 1. Neglige 2. Type of 4. Initial A	spector's Evaluation or Illness (has) (is): or Illness could rea- obly be expected to be: ficant and Substantial ence (check one)  [Action 104(	No Lost Workday  Yes \( \bigcap \)  A None \( \bigcap \)  B	Lost World C.  13. Type of is	Moderate  Suance (check one)	D. High	Permaner  D. Number o	ntly Disabling	Fatal : 001
O. Gravity: A. Injury B. Injury sonat C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio	spector's Evaluation or Illness (has) (is): or Illness could rea- obly be expected to be: ficant and Substantial ence (check one)  [Action 104(	No Lost Workday  Yes \( \bigcap \)  A None \( \bigcap \)  B	Lost Wood of C.	Moderate 😿	D. High	Permaner  D. Number o	nty Disabling  If Persons Affected  Reckless Disregation	Fatal : 001 and : Safeguard
O. Gravity: A. Injury B. Injury sonat C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio	spector's Evaluation or illness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104(	No Lost Workday  Yes \( \bigcap \)  A None \( \bigcap \)  B	Lost World C.  13. Type of is	Moderate  Suance (check one)	D. High	Permaner  D. Number o	nty Disabling  If Persons Affected  Reckless Disregation	Fatal : 001 and : Safeguard
O. Gravity: A. Injury B. Injury sonab C. Signit 1. Neglige 2. Type of 4. Initial A A. Citatio 5. Area or	spector's Evaluation or litness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction D. B. Order	No Lost Workday:  Yes	Lost World C.  13. Type of is  Written Notice	Moderate  Suance (check one)  E. Citation/ Order Numbe	D. High	Permaner  D. Number o	nty Disabling  If Persons Affected  Reckless Disregation	Fatal : 001 and : Safeguard
D. Gravity: A. Injury B. Injury sonat C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio 5. Area or	spector's Evaluation or illness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction B. Order  Equipment  attion Due A. Date	No Lost Workday: Yes  No A None  Ba  C. Safeguard  D.	Lost World C.  13. Type of is	Moderate  suance (check one)  E. Citation/ Order Numbe	D. High	Permaner  D. Number o	nty Disabling  If Persons Affected  Reckless Disregation	Fatal : 001 and : Safeguard
D. Gravity: A. Injury B. Injury sonat C. Signit 1. Neglige 2. Type of 4. Initial A A. Citatio 5. Area or	spector's Evaluation or illness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction B. Order  Equipment  attion Due A. Date	No Lost Workday: Yes N A. None B a) C. Safeguard D.  Mo Da Yr 10/05/2005 B.	Lost Work  Lost Work  Lost Work  Lost Work  Lost Work  Lost Work  C.  13. Type of Is  Written Notice	Moderate  suance (check one)  E. Citation/ Order Numbe	D. High	Permaner  D. Number of Interest of Interes	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
D. Gravity: A. Injury B. Injury sonab C. Signit 1. Neglige 2. Type of 4. Initial A A. Citatio 5. Area or 6. Termina ection III—To 7. Action t	spector's Evaluation or litness (has) (is): or iliness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction on B. Order  Equipment  ation Due A. Date ermination Action to Terminate Term	No Lost Workday.  Yes \( \sum \) N  A None \( \sum \) B  a)  C. Safeguard \( \sum \) D.  Mo Da Yr  10/05/2005 B.	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice  Time (24 Hr. Clock	Moderate  suance (check one)  E. Citation/ Order Number  1300	D. High	Permaner  D. Number of Interest of Interes	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
O. Gravity: A. Injury B. Injury sonab C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio 5. Area or 6. Termina ection III—To 7. Action t	spector's Evaluation or litness (has) (is): or iliness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction on B. Order  Equipment  ation Due A. Date ermination Action to Terminate Term	No Lost Workday: Yes N A. None B a) C. Safeguard D.  Mo Da Yr 10/05/2005 B.	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice  Time (24 Hr. Clock	Moderate  suance (check one)  E. Citation/ Order Number  1300	D. High	Permaner  D. Number of Interest of Interes	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
D. Gravity: A. Injury B. Injury sonab C. Signit 1. Neglige 2. Type of 4. Initial A A. Citatio 5. Area or 6. Termina ection III—To 7. Action to	spector's Evaluation or illness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction B. Order Equipment  ation Due A. Date emination Action to Terminate	No Lost Workday.  Yes \( \subseteq \text{N} \)  A None \( \begin{array}{cccccccccccccccccccccccccccccccccccc	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice   Time (24 Hr. Clock  to reflect of travel	Moderate  suance (check one)  E. Citation/ Order Number  1300  tors being	D. High	Permaner  D. Number of Internation   Italian   Italian   Italian Internation	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
O. Gravity: A. Injury B. Injury sonate C. Signit 1. Neglige 2. Type of 4. Initial A A. Citatio 5. Area or 6. Termina ection III—To 7. Action to thow	spector's Evaluation or litness (has) (is): or illness could rea-	No Lost Workday.  Yes \( \subseteq \text{N} \)  A None \( \begin{array}{cccccccccccccccccccccccccccccccccccc	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice  Time (24 Hr. Clock	Moderate  suance (check one)  E. Citation/ Order Number  1300	D. High	Permaner  D. Number of Internation   Italian   Italian   Italian Internation	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
O. Gravity: A. Injury B. Injury sonate C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio 5. Area or 6. Termina ection III—To 7. Action to 8. Termina ection IV—A	spector's Evaluation or litness (has) (is): or litness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104(  ction on B. Order Equipment  attion Due A. Date emination Action to Terminate Term to route and atted A. Date Mod 10/0  automated System Data Inspection	No Lost Workday.  Yes \( \subseteq \text{ N} \)  A None \( \begin{array}{ccccc} \text{ B} \)  C. Safeguard \( \begin{array}{ccccc} \text{ D} \)  Mo Da Yr  10/05/2005 \( \begin{array}{ccccc} \text{ B} \)  minated due direction  Da Yr  05/2005 \( \begin{array}{ccccc} \text{ B} \). Time (2	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice   Time (24 Hr. Clock  to reflect of travel	Moderate  suance (check one)  E. Citation/ Order Number  1300	D. High	Permaner  D. Number of Internation   Italian   Italian   Italian Internation	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
O. Gravity: A. Injury B. Injury sonate C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio 5. Area or 6. Termina ection III—T 7. Action t 8. Termina ection IV—A	spector's Evaluation or litness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction B. Order Equipment  attion Due A. Date emination Action to Terminate A. Date  [Inspection Dutomated System Data]	No Lost Workday.  Yes No A None Ba  A None Ba  C. Safeguard D.  Mo Da Yr 10/05/2005 B.  minated due d direction	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice   Time (24 Hr. Clock  to reflect of travel	Moderate  suance (check one)  E. Citation/ Order Number  1300  tors being	D. High	Permaner  D. Number of Internation   Italian   Italian   Italian Internation	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr
O. Gravity: A. Injury B. Injury sonate C. Signit 1. Neglige 2. Type of 4. Initial A. A. Citatio 5. Area or 6. Termina ection III—To 7. Action to 8. Termina 9. Type of	spector's Evaluation or litness (has) (is): or illness could rea- oby be expected to be: ficant and Substantial ence (check one)  Action 104( ction B. Order  Equipment  ation Due A. Date emination Action to Terminate Terminate Terminate A. Date Monated A. Date Monated System Data Inspection code) E01	No Lost Workday.  Yes \( \subseteq \text{ N} \)  A None \( \begin{array}{ccccc} \text{ B} \)  C. Safeguard \( \begin{array}{ccccc} \text{ D} \)  Mo Da Yr  10/05/2005 \( \begin{array}{ccccc} \text{ B} \)  minated due direction  Da Yr  05/2005 \( \begin{array}{ccccc} \text{ B} \). Time (2	Lost Work  Lost Work  Low C.  13. Type of Is  Written Notice   Time (24 Hr. Clock  to reflect of travel	Moderate  suance (check one)  E. Citation/ Order Number  1300	D. High	Permaner  D. Number of  Italion   ded in	f Persons Affected  Reckless Disregal  Order   F. Dated	Fatal :: 001 and :: Safeguard Mo Da Yr

testionated a reasonal strain business and Agnocurate Regulatory Orthodorman and 10 Regional Farmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluated 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-(La88-734-3247), 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.

10-115 10-115

Mine Citation/Order			artment of Lab		365. <b>1</b>	or (	
Section I-Violation Data							
1. Date Mo Da Yr 2. Time 10/05/2005	(24 Hr. Clock) 1100			Citation     Order Number	714929	1	
4. Served To JEFF TOLER, SUPT.		5. Operator ANKER		NIA MINING CO	OMPANY	' INC	
6. Mine		7. Mine ID	46-08791				
SAGO MINE			40-08/91			(Contra	
8. Condition or Practice					a. Written N		
The fire suppression 11, Serial No. 2G-4159 maintained, When active of the miner would specific	9A-00, on the M vated only (one	MU 006 Se	ction, is	not prope:	rly		
9. Violation A. Health B. Section Safety of Act		C. Part/Section o	al .	See Continuation F		Form 7000-3a	<u>)                                    </u>
Other _		1100 00 07 11		75.1107-10(0)	,		
Section II—Inspector's Evaluation							
10. Gravity:	hand To the Bank Con	Danasahh	13-6. (	Each   Back	0		
A. Injury or Illness (has) (is): No Likeli     B. Injury or Illness could rea-		Reasonably		fighly Likely	Occurre	Fatal 🗔	<del></del>
C Significant and Substantial:		Vorkdays Or Restri	<del></del>	Permanently Disable  D. Number of Persons			<del></del>
	es No 🔀					001	
11. Negligence (check one) A. None		C. Moderate 👱	D. High		ss Disregan		
12. Type of Action [04(a)	13. Type of	f Issuance (check o	one) Cita	ition 🗹 Order	<del>_</del>	Safegua	rd
14. Initial Action A. Citation B. Order C. Safegi	uard [ D. Written Notice [	E. Citation/	mber	F.	Dated	Mo Da	Yr
15. Area or Equipment							
16. Termination Due A. Date Mo Da 10/05/	I D Time /24 Hz Ch	ock) 113(	)			<u>-</u>	
Section III—Termination Action							
17. Action to Terminate Terminate the Miner.	ed due to the s	sprays bei	ng cleane	ed and made	opera	ible oi	n
18. Terminated A. Date Mo Da Yr 10/05/2005	B. Time (24 Hr. Clock	1120					
Section IV-Automated System Data  19. Type of Inspection 20. Ever	-A N	15. 6		<del></del>			
(activity code) E01	105443	4	rimary or Mill				_
22. Signature	6	7		23. AR Numbe.	[	Ø.	
MSHA Form 7000-3, Mail of (1000) established a National Small Business and Agricular enforcement actions. The Ombudsman annuality enforcement actions of MSHA, you may call 1-888 Street, SW MC 2120, Washington, DC 20418. Pithe right to contest citations and proposed penaltic	evaluates enforcement activities en -REG-FAIR (1-8881/34/6247), or v Nease note, however, that your nich	10 Regional Faimess  nd rates each agency  write the Ombudsmar  ht to file is comment w	Boards to receive or responsiveness to: at Small Business A th the Ombudsman i	small business. If you will idministration, Office of the is in addition to any other	inesses abou ish to comme he National C	t federal ager rit on the Imbudernan	10y 409 3ml
CCEP JT							ON

ine Citation/Order		U.S. Department of Labo Mine Safety and Health A		
Se :n IViolation Data				
1. Date Mo Da Yr 10/06/2005	2. Time (24 Hr. Clock) 0658	3	Order Number 7098356	
4. Served To		5. Operator		
Marty Conrad			IA MINING COMPANY IN	IC .
6. Mine SAGO MINE		7. Mine ID 46-08791		(Contractor)
8. Condition or Practice			8a. Written Notice	
Left section mmu The wire rope use	35C scoop, approval 006-0 is not being med on the scoop wench ope lays are separate termination.	maintained in a saf n has several disto	e operating condi- ortion of the rope	tion.
9. Violation A. Health Safety V	B. Section of Act	C. Part/Section of Title 30 CFR	See Continuation Form (MSHA Form 75.1725(a)	7000-3a) []
Section il-Inspector's Evaluation				<del></del>
B. Injury or illness could reasonably be expected to be:     C. Significant and Substantial:     Negligence (check one)	Yes V No A. None B. Low C	orkdays Or Restricted Duty   D.  Moderate   D. High	Number of Persons Affected:  E. Reckless Disregard	tal []
12. Type of Action 104(a	13. Type of I	ssuance (check one) Citati	on 📝 Order 🗌 S	Safeguard [
14. Initial Action A. Citation B. Order 1  15. Area or Equipment	C. Safeguard D. Written Notice	E. Citation/ Order Number	F. Dated N	Ao Da Yr
16. Termination Due A. Date	Mo Da Yr 10/06/2005 B. Time (24 Hr. Cloc	k) 0705		
Section III-Termination Action				
17. Action to Torminate The	wire rope was remove	ed from the scoop.		
A. Date 10/0	2a Yr 5/2005 B. Time (24 Hr. Clock	0705		
Section IV-Automated System Data  19. Type of Inspection (activity code)  E01	20. Event Number 4054434	21. Primary or Mill	<u> </u>	
22. Signature	_6		23. AR Number	
enforcement actions of MSHA, you may 3rd Street, SW MC 2120, Washington	in accordance with the provisions or rise Smess and Agriculture Regulatory Ombudaman and sudsman annually evaluates enforcement activity call 1-888-REG-FAIR (1-888-734-3247), or wr., DC 20416. Please note, however, that your find proposed penalties and obtain a hearing bel	nd 10 Regional Falmess Boards to receive ties and rates each agency's responsivene title the Ombudsman at Small Business Ad obt to file a comment with the Ombudsma	comments from small businesses about es to small business. If you wish to com- nistration, Office of the National Ombur his in addition to any other finites you may	federal ment on the disman, 409

Mine Citation/Order Continuation				U.S. Department of Labor Mine Safety and Health Administration				<b>(3)</b>
Section I-Subsequent Actio	n/Continuation Data							
1. Subsequent Action 1:	a. Continuation	2 Dated (Original Issue)	Mo Da 10/06/20	'''	3. Citation/ Order Number	7098356 - 01		
4. Served To				5. Operato	У			
Carl Crumrine Mi	ne Foreman			ANKER	WEST VIRG	INIA MINING COM	MPANY INC	
6. Mine				7. Mine ID	46.0050		(Contractor)	
SAGO MINE				j	46-0879	1		
Section IIJustification for A	ction							
Change	Fı	OW			To			
9. C. Part/Section	75	.1434(e)			75.1725(a)			
Reason								

Incorrect section of 30 CFR

Section III-Subsequent Action Taken		See Continuation Form
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated ☐ D. Terminated ☑ E. Modified
Section IV-Inspection Data	- <del></del>	
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature C	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock) 10/11/2005 1517
MSHA Form 7000-ba, Mar 85 (revised)	<del></del>	1

Mine Citation/Order			tment of Labo and Health A	<i>,</i> ,	1 10	4054 <b>(6)</b>
Section I-Violation Data	2. Time (24 Hr. Clock)			. Citation/		
I. Date Mo Da Yr 10/06/2005	0930	{	["	Order Number	709835	)/ 
I. Served To Marty Conrad		5. Operator ANKER W	EST VIRGIN	IA MINING C	OMPAN	Y INC
Mine SAGO MINE		7. Mine ID	46-08791			(Contractor)
. Condition or Practice					8a. Written	Notice (103g)
				See Continuation	ı Form (MSHA	. Form 7000-3a)
I. Violation A. Health Safety V	B. Section of Act	C. Part/Section of Title 30 CFR		See Continuation 75.1100-2(b		. Form 7000-3a)
Safety Other				· · · · · · · · · · · · · · · · · · ·		. Form 7000-3a)
Safety Other		Title 30 CFR	ikely [ Hi	· · · · · · · · · · · · · · · · · · ·		
Safety Other	of Act  No Likelihood Unlikely	Title 30 CFR		75.1100-2(t	Occum	
Safety Other Other Section II-Inspector's Evaluation Other Other Section II-Inspector's Evaluation Other Oth	of Act  No Likefihood  Unlikely   No Lost Workdays  Lost	Title 30 CFR Reasonably L	ed Duty 🗹	75.1100-2(b	Occum	red
Safety Other	of Act  No Likelihood  Unlikely    No Lost Workdays  Lost	Title 30 CFR Reasonably L	ed Duty 🗹	75.1100-2(b	Occum	red

15. Area or Equipment

A. Citation B. Order C. Safeguard D. Written Notice

16. Termination Due A. Date Mo Da Yr 10/06/2005 B. Time (24 Hr. Clock) 1100

Section III—Termination Action

E. Citation/

Order Number

F. Dated

Mo Da Yr

17. Action to Terminate The fire fighting equipment was provided for the #7 coal conveyor belt line.

18. Terminated A Date Mo Da Yr 10/06/2005 B. Time (24 Hr. Clock 1100

Section IV-Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4054434 21. Primary or Mill 23. AR Number 23. AR Number

MSHA Form /// Evices of Version (Including Small Business Act of 1996, the Small Business Administrator 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.

11	

Mine	Cit	atio	$\cap$	rder
	V II			ıucı

## 2 5 7/2 2005 U.S. Department of Labor Mine Safety and Health Administration

Section IVic	plation Data			
1. Date	Mo Da Yr 10/11/2005	2. Time (24 Hr. Clock) 0935	3. Citati Order	on/ Number 7098358
4. Served 1 Carl Crui		reman	5. Operator ANKER WEST VIRGINIA M	INING COMPANY INC
6. Mine SAGO M	(INE		<sup>7. Mine ID</sup> 46-08791	(Contractor)
	n or Practice		<del></del>	8a Written Notice (103d)

The required first aid materials for the 1 left section 006-0 mmu are not being properly maintained in that 10 triangular bandages of the required 24 and 0 tourniquets of the required 2 were provided.

									See (	Continuation	Form (MSH	A Form 7000-3	a)
9. Violation	A. Health Safet Othe	<u> </u>	B. Section of Act			C. Part/Sec Title 30 C			75.1	171 <b>3-7(b</b> )	)		
Section 8insp	ector's Evatu	ation											
10. Gravity:													
A. Injury o	or liiness (h	as) (is):	No Likelih	pod	Unlikely 🛂	Reaso	nably Likely	<u>/ 🗀 .</u>	Highty Llk	ely 📜	Occur	Ted 🗌	
	or illness co / be expect		No Los	t Workdays [	Lost W	Vorkdays Or I	Restricted D	Outy 🔽	Perman	ently Disab	oling	Fatal	
C. Signific	ant and Su	bstantia!	Ye	No.	<b>Z</b>				D. Numbe	r of Person	s Affected	<sup>:</sup> 001	
11. Negligen	ce (check c	ne)	A. None	. B. L	ow 📋	C. Moderate	<b>Z</b>	D. High		E. Reckle	ss Disreg	ard	
12. Type of A	Action	104(	1)		13. Type of	Issuance (ch	eck one)	С	itation 🔀	Order		Safegua	bne
14. Initial Act A. Citation		rder 🗀	C. Safegua	ard [ D. W	ritten Notice	E. Cita Orde	tion/ er Number			F	Dated	Mo Da	Yr
16. Terminati	ion Due	A. Date	Mo Da 10/11/2	107	ime (24 Hr. Clo	ck)	1130	Ţ		··· ·		·, ·	<del></del> _
Section KI-Ten	mination Acti	on						<del></del> -					
17. Action to	Terminate	All	first	aid su	pplies	were de	eliver	ed an	d pro	vided	to th	ne	
section	n.				PP				[-2-0				
18. Terminate	A. Date	10/1	Da Yr 1/2005	B. Time (24 I	Hr. Clock	1130							
Section IV-Aut	omated Syst	em Data											
19. Type of Ir (activity c		E01	20. Event	Number	405443	4	21. Primary	or Mill					
22. Signature		<del></del>	6	-	]				23.	AR Number		6	1
enforcement ac Street, SW MC	lational Smal tions. The C tions of MSI C 2120, Was	l Business Imbudsma IA, you ma hington, D	and Agnouth I annually ev y cell 1-888-F C 20416. Ple	ire Regulatory C akiales enforce REG-FAIR (1-88	rovisions of the S Imbudsman and ment activities an 18-734-3247), or v ver, that your righ	10 Regional Fa nd rates each aq with the Ornhus	imess Boards jency's respo teman at Sm:	s to receive maiveness t all Rusinnes	comments fr to small busin Administrati	om smalibus less. If you w	inesses ab visit to comi	out federal age nent on the LOwburtenson	ncy 400 3rd

the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Ord	er			U.S. Depart Mine Safety		_abor th Administration	, <i>Y</i>	
Section I-Violation Data								
	a Yr	2. Time (24 Hr.	Clock) 952	1		3. Citation/ Order Numbe	, 709836	53
4. Served To	/2005	<u> </u>	932	5. Operator			<del></del>	
Carl Crumrine N	line Fore	man			EST VIR	GINIA MINING	COMPAN	Y INC
6. Mine		·····	<del></del>	7. Mine ID	46-0879	91		
SAGO MINE						_ <del></del> _	Do Michael	(Contractor) Notice (103g)
8. Condition or Practic			2 -1 2 -	not being c		d with on		
provided in mine roof.	the f	f6 entry	out-by the	crosscut to	o warn	miners of	unsupp	ortea
	ety 📝 her 🗌	B. Section of Act	·	C. Part/Section of Title 30 CFR		See Continua 75,220(a)	tion Form (MSH4	k Form 7000-3a)
Section #-Inspector's Ev 10. Gravity:	aksation							
A. Injury or Iliness	(has) (is):	No Likelihood	Unlikely	Reasonably Li	ikely 🗸	Highly Likely	Occun	ed 📃
B. Injury or illness		No Lost Wo		Workdays Or Restricts	ed Dues SE	Permanently D	isahlina :	Fatal
sonably be expo C. Significant and		<del></del>	No 📑	Tronday's Or Hosaica	or con 💽	D. Number of Per		
11. Negligence (chec	k one)	A. None	B. Low	C. Moderate 🗸	D. High	E. Re	ckless Disrega	<del></del>
12. Type of Action	104(:		13. Type o	of Issuance (check one	<del>)</del> (	Citation 🗹 Or	der 🗍	Safeguard _
14. Initial Action A. Citation B.	Order _	C. Safeguard	D. Written Notice	E. Citation/ Order Numb	ber		F. Dated	Mo Da Yr
15. Area or Equipmen	nt							
16. Termination Due	A Date	Mo Da Yr 10/18/2005	B. Time (24 Hr. C	lock) 1005			<del></del>	<del></del>
Section III-Termination								
17. Action to Termina	te T]	ne crosso	cut was bol	ted and the	refle	ctors were	also h	ung.
18. Terminated A. D	ata iii	Da Yr B. Ti	ime (24 Hr. Clock	1005				<del>,</del>

MSHA Form 7000-3, Mar 85 (revised) In accurance 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 ordest cibicines and provinced contributes and obtain a knowled before the Endered Mine Scalety and Madith Review Commissions. the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

4054434

21. Primary or Mill

23, AR Number

10/18/2005

E01

20. Event Number

Section IV-Automated System Data 19. Type of Inspection

(activity code) 22. Signature

Mine Citatio	on/Order			U.S. Dep Mine Safe				tration	A	)
Section I-Violati	ол Data								·	
1. Date	Mo Da Yr 10/18/2005	2. Time (24 Hr. Clock) 1030					3. Citatio	n/ Vumber	709836	5
4. Served To	10/10/2003	1050		5. Operator	<del></del>		<del></del>			
	ine Mine Fore	man				VIRGI	NIA MI	NING	COMPAN	Y INC
6. Mine	<del></del>			7. Mine ID	16	-08791	 I			
SAGO MIN	Æ				40	-00//	l			(Contractor)
8. Condition or		f of areas where per								lotice (103g)
hazards 60' in- that it thick b 9" thic	related by station will fall y 24" wide k by 15" w	upported or otherwise of falls of the mine of spad 3816 has loose with warning. Seven by 29" long and 2' wide by 48" long was 0 1/2' along with se	e ro se m eral " th s re	of. Thateria loose ick by moved	e #7 il ha ! roc ! 12" from	entinging ks me wide	ry sta g, (ro easuri e by 3 mine	rtin ck) ng 1 0" 1 roof	g appro and app /4 inch ong and at a h	eximately bears to 6" 1 4" to
							See C	antin mic	on Form (MSHA	Form 7000 3a)
9. Violation	A. Health Safety V	B. Section of Act		ert/Section of the 30 CFR	of			.202(a)		100000
B. Injury or sonably	illness (has) (is): illness could rea- be expected to be: ant and Substantial	<del></del>		Reasonably		ty 🗹		ently Dis	Occurre	Fatal (
11. Negligeno	e (check one)	A. None B. Low	C. Mo	derate 🗸		D. High		E. Reci	less Disregar	d !
12. Type of Ac	tion 104(a	1) 13. Type o	fissua	nce (check		<u> </u>	ation 🔽		er	Safeguard
14. Initial Action A. Citation		C. Safeguard D. Written Notice		E. Citation/ Order Nu	mber	<del></del>	<del> ,·</del>		F. Dated	Mo Da Yr
15. Area or Eq	uipment		<u>-</u>		<del></del>			l		
16. Terminatio	n Due A. Date	Mo Da Yr 10/18/2005 B. Time (24 Hr. Ca	ock)	1040	)					
Section III-Term	ination Action					L				<del></del>
17. Action to T	erminate T	ne loose material wa	as r	emoved	1.		·			
18. Terminated	I A. Date	8/2005 B. Time (24 Hr. Clock	10	040						
19. Type of Ins (activity co	spection	20. Event Number 405443	4	21. P	nmary c	or Mill	1		<del></del>	
22. Signature	-			<del>                                  </del>			23. A	R Numb	er /	/ -

MSHA Form 70C.

MSHA Form 70C.

Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order		U.S. Department		( ) ( )
Section I-Violation Data				
1. Date Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	, 7098366
10/18/2005	1045	5. Operator	Otder Hurriden	
4. Served To  Carl Crumrine Mine Fore	-man		r virginia mining	COMPANY INC
	nian	7 10 10		COMMITTEE TO
6. Mine SAGO MINE		[/· Maine 10 46-	-08791	(Contractor)
8. Condition or Practice			<del></del>	8a. Written Notice (103g)
The # 13 Stanco	Pump operating in	the #8 entry a	at # 8 block o	n the 1 left
section is not be	eing provided with	a fire extingu	isher or 240	lbs of rock dust.
			See Continuel	ion Form (MSHA Form 7000-38)
9. Violation A. Health Safety V	B. Section of Act	C. Part/Section of Title 30 CFR	75.1100-2(	<del>;</del> )(2)
Section II—Inspector's Evaluation				
10. Gravity: A. Injury or Illness (has) (is):	No Likelihood [7] Unlikely 5	Reasonably Likely	Highly Likely	Occurred :
B. Injury or illness could rea-				
sonably be expected to be:	No Lost Workdays : Los	t Workdays Or Restricted Du	uty 😿 Permanently Di	sabling Fatal
C. Significant and Substantial:	Yes ☐ No 🔽		D. Number of Pen	sons Affected: 001
11. Negligence (check one)	A. None B. Low	C. Moderate 🗹 (	D. High ☐ E. Red	ckless Disregard
12. Type of Action 104(a	1) 13. Type	of Issuance (check one)	Citation 🗸 On	der 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		~ <del></del>	_ <del></del>	<del></del>
16. Termination Due A. Date	Mo Da Yr 10/18/2005 B. Time (24 Hr. (	Clock) 1100		
Section III—Termination Action  17. Action to Terminate 2			<del></del>	<del></del>
provided.	fire extinguisher a	and the require	ed amount of r	ock dust was
I A Date	Da Yr 8/2005 B. Time (24 Hr. Clock	1100	<u></u>	
Section IV-Automated System Data		<del></del>		
19. Type of Inspection (activity code) E01	20. Event Number 40544	34 21. Primary	or Mill	
22. Signatur	6	<del></del>	23. AR Num	iber [6]
enforcement actions of MSHA, you man Street, SW MC 2120, Washington, Dr.	In accordance with the provisions of the and Agriculture Regulatory Ombudsman as annually evaluates enforcement activities y call 1-888-REG-FAIR (1-888-734-3247), C 20416. Please note, however, that your sed penalties and obtain a hearing before the	nd to Regional Fairness Boards is and rates each agency's respon- or write the Ombudsman at Small right to file a comment with the O	to receive comments from small siveness to small business. If you Il Business Administration, Office intratemantis in addition to any o	businesses about federal agency ou wish to comment on the a of the National Controlleman, 409 371

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Mine Citation	/Order				Department Safety and			n	P		
Section I-Violation	Data										
	Mo Da Yr 0/18/2005	2. Time (24 Hr. C				3.	Citation/ Order Numb	<sub>er</sub> 70	9830	57	
4. Served To				, ,	erator				F70. A % T	37 D.CO	
Carl Crumrin	e Mine For	eman			CER WEST	VIRGIN	IA MININ	J COM	IPAN	YINC	
6. Mine SAGO MINE	•			7. <b>M</b> ii	<sup>ne ID</sup> 46-	08791				(Ca	entractor)
8. Condition or P		<del></del>		1_				8a. V	Vritten	Notice (	
		control (	line bratt	ice) p	rovided	for t	he #6 e	entry	on	the	1
			t being ma								
deepese	ponecia	ion of fac	e. The lin			111000	1104 0			<b>3</b> 3	
9. Violation   A	A. Health	B. Section		C. Part/Se	ction of		See Continu	ation Form	(MSHA	\ <b>Form</b> 70	00-3a)
	Safety 🗸 Other	of Act		Title 30			75.330(b	)(2)			
Section II—Inspecto	or's Evaluation										
10. Gravity: A Injury or III	iness (has) (is):	No Likelihood =	Unlikely 😿	Rese	onably Likely	- Hin	hly Likely 🖺	<del>,</del>	Оссил	ed	
	ness could rea-	140 CWEIIIOOG	Unakely 💇		Orlawly Lakery		in y Lineiy	<u> </u>	- Coolin		
	expected to be	No Lost Work	days Lost W	/orkdays Or	Restricted Du	ty 😿 🔝	Permanently I	)isabling		Fatal	
C. Significant	t and Substantia	l: Yes 🗀	No <u>√</u>			D.	Number of Po	rsons Af	fected:	00	1
11. Negligence (	(check one)	A. None	B. Low 📋 💢	C. Moderate	· <del>•</del> •	). High 📋	E.R	eckiess (	Disrega	rd 🗀	
12. Type of Action	on 104	(a)	13. Type of	issuance (d	heck one)	Citatio	on 🔽 C	rder 🗀		Saf	eguard
14. Initial Action A. Citation		C. Safeguard	D. Written Notice	E. Cit	ation/ ler Number			F. Da	ited	Mo	Da Yr
15. Area or Equi	pment										
16. Termination	Due A. Date	Mo Da Yr 10/18/2005	B. Time (24 Hr. Clo	ck)	1012	· ·					
Section III-Termina											
17. Action to Ter	rminate T	he ventila	tion contr	ol was	extend	led to	within	10'	of	the	face
18. Terminated	A Data	Da Yr 18/2005 B. Time	e (24 Hr. Clock	1012		<del> </del>	<u></u> -			<del></del>	
Section IV-Automa			<del></del>								
19. Type of Insp (activity code		20. Event Number	4054434	4	21. Primary o	or Mill				<del></del>	
22. Signature		6				. <del></del>	23. AR Nu	mber	7	6	
enforcement action Street, SW MC 21	nai Small Busines is. The Ombudsm is of MSHA, you m 120, Washington, I	s and Agriculture Regulan annually evaluates e ay call 1-888-REG-FAII DC 20418. Please note	in us provisions of the Si latory Ombudsman and enforcement activities an R (1-888-734-3247), or w , however, that your right lin a hearing before the f	10 Regional F d rates each a write the Ombi t to file a com	aimess Boards ( agency's respon- idaman at Small ment with the Or	o receive com siveness to sm Business Adn abudsman is i	ments from smi all business. If ninistration, Offi n addition to an	all busines you wish t	ses abo to correr lational	ut federal tent on the Ombuds:	agency e nan 409 3rd

wellan

Mine Citation/Order		S. Department of Labore Safety and Health Ad		A S
Section I-Violation Data				ν
1. Date Mo Da Yr 2. Time (24 Hr. (			Citation/ Order Number 7	098368
	130		Order Number	
4. Served To		Operator NKER WEST VIRGINI	A MINITMIC CO	MDANV INC
Carl Crumrine Mine Foreman			A MINING CO	WIFAINT INC
6. Mine	Į 7. M	Mine ID 46-08791		(Contractor)
SAGO MINE 8. Condition or Practice		<del></del>	8a	Written Notice (103g)
The operator is not com	nluing with his	approved Smoke		
to the operators record be				
to the operators record by	JOK, NO SealCH W	as done tot cu	e week or	klu saarches
thru 10-22-2005 for the C		wed brodraw re	durres mee	KIY Searches
and records maintained of	sucn.			
			See Communion For	rm (MSHA Form 7000-3a)
9. Violation A. Health B. Section of Act	,	Section of 80 CFR	75.1702-1	
Other	1	o it	75.1702-1	
Section II-Inspector's Evaluation				
10. Gravity:		<del></del>		
A. Injury or Illness (has) (is): No Likelihood [	Unlikely 🗹 Res	asonably Likely 📋 💢 Higi	hiy Likely	Occurred
B. Injury or illness could rea-	rdmen	Or Restricted Duty 🔽 P	ermanently Disablin	g Fatal
sonably be expected to be: NO LOST WOR	COST ANOMORANS	Or resulcaso buty 💇 🕝	emanenty disaon	- 1 atal
C. Significant and Substantial: Yes	No 🔀	D. 1	lumber of Persons i	Affected: 00 i
11. Negligence (check one) A None	D. Laur . C. Madan		C Daablaa	Dispessed —
11. Negligence (check one) A. None	B. Low C. Modera	ate 💆 D. High 🗀		Disregard
12. Type of Action 104(a)	13. Type of Issuance	(check one) Citatio	n 📝 Order 🗌	Safeguard
14. Initial Action	FC	Citation/	\F (	Dated Mo Da Yr
14. Initial Action A. Citation B. Order C. Safeguard	·	Citation/ Order Number	F. (	Dated Mo Da Yr
A. Citation . B. Order . C. Safeguard .	·		F. (	Dated Mo Da Yr
•	·		F. (	Dated Mo Da Yr
A. Citation . B. Order . C. Safeguard .	·		F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard	·		F. (	Dated Mo Da Yr
A Citation B. Order C. Safeguard 15. Area or Equipment  16. Termination Due A Date Mo Da Yr	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A Citation B. Order C. Safeguard  15. Area or Equipment	·		F. (	Dated Mo Da Yr
A Citation B. Order C. Safeguard 15. Area or Equipment  16. Termination Due A Date Mo Da Yr	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section IR-Termination Action	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section IR-Termination Action	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section III—Termination Action  17. Action to Terminate	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section III—Termination Action  17. Action to Terminate	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation B. Order C. Safeguard  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section III—Termination Action  17. Action to Terminate	D. Written Notice C	Order Number	F. (	Dated Mo Da Yr
A. Citation  B. Order  C. Safeguard    15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/24/2005  Section IR-Termination Action  17. Action to Terminate  A. Date  Mo Da Yr  B. Tin    Section IV-Automated System Data  19. Type of Inspection  20. Event Number  19. Type of Inspection  20. Event Number  19. Type of Inspection  20. Event Number  19. Type of Inspection  120. Event Number  19. Type of Inspection  19. Type of In	B. Time (24 Hr. Clock)	1500	F. (	Dated Mo Da Yr
A. Citation  B. Order  C. Safeguard    15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/24/2005  Section IR—Termination Action  17. Action to Terminate  A. Date  Mo Da Yr  B. Tin Section IV—Automated System Data	B. Time (24 Hr. Clock)	Order Number	F. (	Dated Mo Da Yr
A. Citation  B. Order  C. Safeguard    15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/24/2005  Section IR-Termination Action  17. Action to Terminate  A. Date  Mo Da Yr  B. Tin    Section IV-Automated System Data  19. Type of Inspection  20. Event Number  19. Type of Inspection  20. Event Number  19. Type of Inspection  20. Event Number  19. Type of Inspection  120. Event Number  19. Type of Inspection  19. Type of In	B. Time (24 Hr. Clock)	1500	F. (	Dated Mo Da Yr
A. Citation  B. Order  C. Safeguard    15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/24/2005  Section III—Termination Action  17. Action to Terminate  18. Terminated  A. Date  Mo Da Yr  B. Tin   Section IV—Automated System Data  19. Type of Inspection  (activity code)  E01  20. Event Number   22. Signature	B. Time (24 Hr. Clock)  Dec (24 Hr. Clock)  Dec (24 Hr. Clock)	21. Primary or Mill	23. AR Number	L 6 I
A. Citation B. Order C. Safeguard 15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section IR-Termination Action  17. Action to Terminate  18. Terminated A. Date Mo Da Yr B. Tin Section IV-Automated System Data  19. Type of Inspection (activity code) E01  22. Signature In accordance with a proportion of the properties of the proportion of the prop	B. Time (24 Hr. Clock)  Be (24 Hr. Clock)  The (24 Hr. Clock)  The (24 Hr. Clock)	21. Primary or Mill	23. AR Number	L. G
A. Citation  B. Order  C. Safeguard    15. Area or Equipment  16. Termination Due  A. Date  Mo Da Yr  10/24/2005  Section III—Termination Action  17. Action to Terminate  Mo Da Yr  B. Tin    Section IV—Automated System Data  19. Type of Inspection  (activity code)  E01  20. Event Numb  (activity code)  E01	B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  The (24 Hr. Clock)  The (24 Hr. Clock)  The (24 Hr. Clock)  The (24 Hr. Clock)	21. Primary or Mill  23. Primary or Mill  Ess Regulatory Enforcement Fairn  Fairness Boards to receive communications to serve	23. AR Number ess Act of 1996, the Somerits from small busin	Lall Business Administration has esses about federal agency in the comment on the
A. Citation B. Order C. Safeguard 15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 10/24/2005  Section IR-Termination Action  17. Action to Terminate  18. Terminated A. Date Mo Da Yr B. Tin Section IV-Automated System Data  19. Type of Inspection (activity code) E01  22. Signature In accordance with a proportion of the properties of the proportion of the prop	B. Time (24 Hr. Clock)  B. Time (24 Hr. Clock)  The (24 Hr. Clock)  B. Time (24 Hr. Clock)  The (24 Hr. Clock)	21. Primary or Mill  21. Primary or Mill  ess Regulatory Enforcement Fairnt I Fairness Boards to receive commit agency's responsiveness Arm	23. AR Number  BSS Act of 1996, the So ments from small business. If you was inistration. Office of the	Tail Business Administration has esses about federal agency to comment on the

Mine Citation/Order Continuation		partment of Lafety and Healt	7-				
Section ISubsequent Action/Continuation Data							
Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo Da 10/24/20	Yr 005	3. Citation/ Order Number	7098368 - 01		
4. Served To			5. Opera	tor			
Carl Crumrine Mine Foreman			ANKE	R WEST VIRG	INIA MINING CO	MPANY INC	
6. Mine SAGO MINE			7. Mine I	46-0879	1	(Contractor)	

Smoke search was conducted and entered in the record book.

Section II-Justification for Action

Section III-Subsequent Action Taken			See Continuation Form
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated 🛂 D	. Terminated E. Modified
Section IV-Inspection Data		<u> </u>	
9. Type of Inspection E01	10. Event Number 4054434		<del></del>
11. Signature	AP Number 12. Date	Mo Da Yr 13.1	ime (24 Hr. Clock)
1 . 0	) / /-   )	10/25/2005	1600

Wich

	on/Order			U.S. Department	of Labor	$\alpha$	///
					lealth Administration		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Section I-Violat	ion Data						
1. Date	Mo Da Yr	2. Time (24 Hr. C	·		3. Citation/ Order Number	7098369	
4. Served To	10/24/2005	09:	30	5. Operator			
•	rine Mine For	reman			IRGINIA MINING	COMPANY I	NC
6. Mine	THE NIETO			7 15 15			
SAGO MI	NE			7. Mine ID 46-0	0/91		(Contractor)
8. Condition of				on is not be		8a. Written Not	
#1 Coal 500' of	fire hos	r naulage s se provided	ystem in tha	at there is o o fire nozzle	provided.	The redur	red
9. Violation	A. Health Safety <del>[</del> ] Other	B. Section of Act	C.	Part/Section of Title 30 CFR	See Continuati 75.1100-2(	on Form (MSHA Fo	m 7000-3a)
	ector's Evaluation	<del></del>					
10. Gravity: A Injury o	r Illness (has) (is):	No Likelihood	Unlikely 🔽	Reasonably Likely	Highly Likely	Оссипе	
B. Injury o	r illness could rea-	Blo I art 184ada	<del> </del>	days Or Restricted Duty			atal
	be expected to be ant and Substanti	· <u> </u>		adys of videntidae dety	D. Number of Pers		001
			No ☑ B. Low ☐ C. I	Moderate ₩ D. I			100
11 Negligeno	ce (check one)	A None				Mass Diamosod (	_
	ction 104	A. None	<del></del>	<del></del>		kless Disregard	<del></del>
12. Type of A	ction 104		<del></del>	uance (check one)		ler 🗍	Safeguard
12. Type of A	ction 104	(a)	<del></del>	<del></del>			<del></del>
12, Type of A	on 8. Order quipment	C. Safeguard	13. Type of Iss	E. Citation/ Order Number		ler 🗍	Safeguard
12, Type of A  14. Initial Acti A. Citation  15. Area or E	on B. Order I quipment	C. Safeguard	13. Type of Iss	E. Citation/ Order Number		ler 🗍	Safeguard
12. Type of A  14. Initial Acti A. Citation  15. Area or E	on	C. Safeguard	13. Type of Iss	E. Citation/ Order Number		ler 🗍	Safeguard
12. Type of A  14. Initial Acti A. Citation  15. Area or E	on B. Order quipment  on Due A. Date initiation Action Terminate	C. Safeguard   Mo Da Yr 10/24/2005	13. Type of Iss	E. Citation/ Order Number		ler 🗍	Safeguard
12. Type of A  14. Initial Action A. Citation 15. Area or E  16. Terminate Section III—Term 17. Action to	on	C. Safeguard   e Mo Da Yr 10/24/2005	D. Written Notice	E. Citation/ Order Number	Citation 📝 Ord	ler 🗍	Safeguard
12. Type of A  14. Initial Action A. Citation 15. Area or E  16. Termination 17. Action to	on	e Mo Da Yr 10/24/2005  Da Yr B. Tim	D. Written Notice  B. Tirne (24 Hr. Clock)	E. Citation/ Order Number	Citation 📝 Ord	ler 🗍	Safeguard

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.



Mine Citation/Order Continuation	U.S. Department of Labor Mine Safety and Health Administration						
Section I-Subsequent Action/Continuation Data	<del></del>			·			
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo Da 10/24/20	Yr 105	3. Citation/ Order Number 7	098369 - 01		
4. Served To			5. Opera	or			
Carl Crumrine Mine Foreman			ANKE	R WEST VIRGIN	IIA MINING CO	MPANY INC	
6. Mine			7. Mine I	D		(Contractor)	
SAGO MINE			i	46-08791			
Continu II Austification for Action							

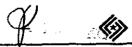
The required amount of fire hose was provided along with a fire nozzle.

Section III-Subsequent Action Taken		See Continuation Fo
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated ☑ D. Terminated ☐ E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number 4054434	
11. Signatury	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock)
	) <u>                                     </u>	10/25/2005   1545

W/1/2/1

Mine	Cito	ation	JO.	rd.	۵F

## U.S. Department of Labor





				Mine Safe	ty and Health	Administration		11.5	<u>&gt;//</u>
Section I-Violati	ion Data								
1. Date	Mo Da Yr 10/24/2005	2. Time (24 Hr. Clock) 0935		3. Citation/ Order Number 7098370					
4. Served To	····			5. Operator					
Carl Crumr	ine Mine Fore	тал		ANKER '	WEST VIRGI	VIA MINING C	COMPAN	Y INC	
6. Mine				7. Mine ID	46-08791			(Combo	noto el
SAGO MIN				<u> </u>			8a. Written	(Contra Motice (103)	
8. Condition o		veyor belt s	tartar bay	locati	od at #1				
	re protect		carcer box,	TOCAL	ed at #1	DIOCK, 13	1100 p.	.0.140	_
MICH II	re broceci	.1011.							
· _ ·						See Continuation	Form (MSHA	Form 7000-3	(a)
9. Violation	A. Health	B. Section		art/Section of	f	75 1101 9/-			
	Safety <del>√</del> Other □	of Act	, '	itle 30 CFR		75.1101 <b>-8</b> (a	1)		
Section II-Inspe	ector's Evaluation								
10. Gravity:									
	r Iltness (has) (is):	No Likelihood	Unlikely 😿	Reasonably	Likely 🗀 H	lighly Likely	Occum	ed 📋	
	r ilfness could rea- be expected to be:	No Lost Workdays	Lost Workd	ays Or Restri	cted Duty 📝	Permanently Disa	ibling [	Fatal 🗍	1
C. Signific	ant and Substantial	Yes 🗌 No	☑		0	). Number of Perso	ns Affected:	001	
11. Negligeno	e (check one)	A. None B.	Low 🗀 C. Mi	oderate 🗸	D. High	E. Recki	less Disrega	rd 🗔	
12. Type of A		1)	13. Type of Issu	ance (check o	ne) Cita	tion 🔽 Orde	er 🗌	Safegu	ard
14. Initial Acti A. Citation		C. Safeguard D. V	Vritten Notice	E. Citation/ Order Nur	nber	}	F. Dated	Mo Da	Yr
15. Area or Ed	quipment					·			
16. Termination	on Due	Mo Da Yr				<del></del>			
i C. Tomman	A. Date	10/24/2005 B.1	Time (24 Hr. Clock)	1400					
Section III-Tem	nination Action		<del></del>						
17. Action to	Terminate					<del></del>			
								٠	
18. Terminate	A. Date	Da Yr B. Time (24	Hr. Clock					<del></del>	
Section IV-Auto	ornated System Data		<del></del>					<del> </del>	
19. Type of In	<del></del>	20. Event Number		21 P	rimary or Mill	T			
(activity co		4 /	4054434	121.11	antery or leng				
22. Signature		· -				23. AR Numbe	er	6	$\overline{}$
MSHA Form 70	00-3, Mar 85 (revised)	In accordance with the	NOVISION STORES	usiness Parida	tory Enforcement En	imes Act of 1004 the	n Small Rusia	ss Arlminiem	لبس ation h=s
established a Na	ational Small Business	and Agriculture Regulatory	Ombudsman and 10 Re	cional Fairness	Boards to receive on	mments from small be	reinactes 2hn	it finderal ace	MICY
emprement ac	DONS OF MISHA, YOU MA	r annually evaluates enforce y call 1-888-REG-FAIR (1-8	88-734-3247) or write th	re Ombudsman	at Small Rusinage A	deninistration Office o	of the National	Ombusteman	409 3rd
SUBBLISH MI	, 2120. yvasnington, <i>U</i> i	C 20416. Please note, how sed penalties and obtain a h	ever that your picht to file	a a communal wi	th the Ombudeman is	e in addition to any off	ner rights you r	nay have, inc	luding



Mine Citation/Order Continuation					U.S. Department of Labor Mine Safety and Health Administration					
Section I-Subsequent	Action/Continuation Data									
1. Subsequent Action	on 1a. Continuation	2. Dated (Original Issue)	Mo (	Da Yr /2005	3. Citation/ Order Number	7098370 - 01				
4. Served To				5. Opera	tor					
Carl Crumrine	Mine Foreman			ANKE	R WEST VIRGI	NIA MINING COMPANY IN	C			
6. Mine			·····	7. Mine	D 46 0070	(Contractor	)			
SAGO MINE				l	46-08791					
Costion II Institution	for Action									

The proper fire protection was provided.

Section III—Subsequent Action Taken	See Continuation Form
B. Extended To A. Date Mo Da Yr B. Time (24 Hr. Clock)	C. Vacated D. Terminated E. Modified
Section IV-Inspection Data	<del></del>
9. Type of Inspection E01 10. Event Number 4054434	
11. Signature AR Number	12. Date Mo Da Yr 13. Time (24 Hr. Clock)
	10/25/2005 1550
ASHA Form 7000 to May OF (	



		U.S. Department of Labor Mine Safety and Health Administration	
Section I-Violation Data			
1. Date Mo Da Yr 10/24/2005	2. Time (24 Hr. Clock) 1400	3. Citation/ Order Number 7098371	l
10/24/2005 4. Served To		5. Operator	
Carl Crumrine Mine Fo	reman	ANKER WEST VIRGINIA MINING COMPANY	INC
. Mine		7. Mine ID 46-08791	
SAGO MINE			(Contractor)
Condition or Practice		8a, Written No	
nydrants and fi	re hoses for the #1	quired for the function test of the ,2,3,4,5,6 and 7 Coal conveyor belts	
Violation A. Health	I B. Cardian	See Continuation Form (MSHA F	orm /000-3a)
O. Violation A. Health Safety	B. Section of Act	Title 30 CFR 75.1103-11	
iection II—Inspector's Evaluation	<u> </u>		
10. Gravity:			
A. Injury or Illness (has) (is)		Reasonably Likely Highly Likely Occurred	
B. Injury or illness could rea	h No Lock Mindedner (	Reasonably Likely Highly Likely Occurred  ost Workdays Or Restricted Duty Permanently Disabling	Fatal 🖳
	e: No Lost Workdays 🗍 L		
B. Injury or illness could reasonably be expected to b     C. Significant and Substant	e: No Lost Workdays L	ost Workdays Or Restricted Duty 📝 Permanently Disabling 🗌	Fatai .
B. Injury or illness could reasonably be expected to b     C. Significant and Substant     Negligence (check one)	e: No Lost Workdays Lial: Yes No 2	ost Workdays Or Restricted Duty Permanently Disabling D. Number of Persons Affected:	Fatai .
B. Injury or illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 10. 14. Initial Action	e: No Lost Workdays Lial: Yes No 🗹  A. None B. Low .	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation F. Dated	Fatal ☐ 001 ☐
B. Injury or illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 10. 14. Initial Action	A. None B. Low 13. Ty	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation F. Dated	Fatal 001 Safeguard
B. Injury or itlness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 104 14. Initial Action A. Citation B. Order	A. None B. Low 13. Ty	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation F. Dated	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 1. Negligence (check one) 12. Type of Action 104 4. Initial Action B. Order 5. Area or Equipment	e: No Lost Workdays Lial: Yes No W  A. None B. Low 13. Ty  C. Safeguard D. Written Noti	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 10. 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Da	A. None B. Low 13. Ty  C. Safeguard D. Written Noti	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 1. Negligence (check one) 12. Type of Action 104 14. Initial Action A. Citation B. Order 55. Area or Equipment 16. Termination Due A. Da	e: No Lost Workdays Lial: Yes No W  A. None B. Low 13. Ty  C. Safeguard D. Written Noti	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 10x 14. Initial Action A. Citation B. Order 15. Area or Equipment	e: No Lost Workdays Lial: Yes No W  A. None B. Low 13. Ty  C. Safeguard D. Written Noti	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 1. Negligence (check one) 12. Type of Action 104 4. Initial Action A. Citation B. Order 55. Area or Equipment 6. Termination Due A. Da Section III—Termination Action 7. Action to Terminate	e: No Lost Workdays Lial: Yes No W  A. None B. Low 13. Ty  C. Safeguard D. Written Noti	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 1. Negligence (check one) 12. Type of Action 104 14. Initial Action B. Order 5 15. Area or Equipment 16. Termination Due A. Da Section III—Termination Action 17. Action to Terminate 18. Terminated A. Date M	e: No Lost Workdays Lial: Yes No Market No Market No. M	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard  De of Issuance (check one)  E. Citation  F. Dated  Corder Number	Fatal 001 Safeguard
B. Injury or illness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 104 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Da Section III—Termination Action 17. Action to Terminate 18. Terminated A. Date M. Section IV—Automated System Date	e: No Lost Workdays Lial: Yes No A. None B. Low Lial: Yes D. Written Notice C. Safeguard D. Written Notice Mo Da Yr B. Time (24 Hr. Clock B. Low Liant Property Number Liable Co. Sevent Number Liab	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard on of Issuance (check one)  E. Citation Order  F. Dated  Clock)  Clock)  Clock	Fatal 001 Safeguard
B. frijury or itiness could reasonably be expected to b C. Significant and Substant 11. Negligence (check one) 12. Type of Action 10/4 14. Initial Action A. Citation B. Order 15. Area or Equipment 16. Termination Due A. Da Section III—Termination Action 17. Action to Terminate 18. Terminated A. Date Messection IV—Automated System Date 19. Type of Inspection	e: No Lost Workdays Lial: Yes No A. None B. Low Lial: Yes D. Written Notice C. Safeguard D. Written Notice Mo Da Yr B. Time (24 Hr. Clock B. Low Liant Property Number Liable Co. Sevent Number Liab	D. Number of Persons Affected:  C. Moderate D. High E. Reckless Disregard on of Issuance (check one)  E. Citation Order  F. Dated  Clock)  Clock)  Clock	Fatal

was contained with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1995, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Falmess Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120. Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section   Communication   Section   Salely   Section	Mine Citation/Order			U.S. Depart Mine Safety			ration	4	
A Served To Carl Crummine Mine Foreman  S. Sperator ANKER WEST VERGINIA MINING COMPANY INC  7. Mine ID 46-08791  (Contractor)  8. Condon re Practice  8. Written Nation (103)  The company \$2\$ and \$3 Joy shuttle cars, operating on the 003 mmu section, are anchored to the permanent roof support, 1 block out-by station spad 3940, in the \$4\$ entry and \$3 to \$4\$ crosscut and the permanent support is loose.  8. Violation A Health	Section i-Violation Data								
4. Served TO Carl Crumrine Mine Foreman SAGO MINE SAGO MINE SAGO MINE SAGO MINE SAGO MINE The company #2 and #3 Joy shuttle cars, operating on the 003 mmu section, are anchored to the permanent roof support, 1 block out—by station spad 3940, in the #4 entry and #3 to #4 crosscut and the permanent support is loose.  8. Violation A Health								7098379	H
ANKER WEST VIRGINIA MINING COMPANY INC  6. Mine  7. Mine ID  46-08791  Contractor)  8. Condition or Practice  The company #2 and #3 Joy shuttle cars, operating on the 003 mmu section, are anchored to the permanent roof support, 1 block out-by station spad 3940, in the #4 entry and #3 to #4 crosscut and the permanent support is loose.  8. Violation A Health	11/01/2005			Order N	lumber				
### Second Processory ### Second	4. Served To				<b></b>	01 (D 11 D 1	D.O		
Section Mines  Section Mines  The company #2 and #3 Joy shuttle cars, operating on the 003 mmu section, are anchored to the permanent roof support, 1 block out-by station spad 3940, in the #4 entry and #3 to #4 crosscut and the pemanent support is loose.  Section Market Relation  Section Market Relation  Section Market Relation  10. Gravly:  A highly of Mines (has) (is):  No Likelihood Unified Permanenty Disabiling Fatal Color Significant and Substantial:  Yes No Coloret Disability Permanenty Disabiling Fatal Color Significant and Substantial:  11. Negrigence (check one) A None Color Significant and Substantial:  12. Type of Resultantial:  13. Type of Issuance (check one) Catalon Order Number  14. Initial Action A Date 11/01/2005  B. Time (24 Hr. Clock) 1125  Section Materials A Date Modal Yr and Scale Modal System Date  15. Terminated A Date Modal Yr and Substantial The affected roof support was replaced and additional bolts were installed for anchors.  16. Terminated A Date Modal Yr Addition Date  17. Addition Terminated A Date Modal Yr Addition Date  18. Terminated A Date Modal Yr Section Number Addition Date  19. Type of Inspection Path Section Path Section Number Additional Section Number Path	Carl Crumrine Mine Fores	man			EST VIKO	INIA MIN	ATING C	OMPANY	INC
See Continuation Francisco The company #2 and #3 Joy shuttle cars, operating on the 003 mmm section, are anchored to the permanent roof support, 1 block out-by station spad 3940, in the #4 entry and #3 to #4 crosscut and the permanent support is loose.  See Continuation Form (MSHA Form 7000-3a)   9. Violation   A. Health   B. Section   C. Part/Section of Table 30 CFR   75.204(f)(7)  Section   H-legacity   Evaluation   Order   Salety   Order   Title 30 CFR   75.204(f)(7)  Section   H-legacity   Evaluation   Order   Order	=			7. Mine ID	46-0879	1			(Contractor)
The company #2 and #3 Joy shuttle cars, operating on the 003 mmu section, are anchored to the permanent roof support, 1 block out-by station spad 3940, in the #4 entry and #3 to #4 crosscut and the permanent support is loose.    Section Entry and #3 to #4 crosscut and the permanent support is loose.								a Methos No	
anchored to the permanent roof support, 1 block out-by station spad 3940, in the #4 entry and #3 to #4 crosscut and the pemanent support is loose.  See Continuation Form (MSHA Form 7000-3a)   9. Violation   A. Health   B. Section   C. Part/Section of Title 30 CFR   75.204(f)(7)  Section F-Inspection Evaluation 10. Gravly:					+	+ 50 0			
9. Violation A. Health Safety Other Country of Act Other Title 30 CFR	the #4 entry and	#3 to #4 cross	scut an	d the pem	anent s	support	is l	oose.	
10. Gravity: A. Injury or Illness (has) (is): No Likelihood	Safety ✔ Other	=						<u></u>	rm 7000-3a)
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Cocurred  B. Injury or illness could reasonably be expected to be No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal  C. Significant and Substantial: Yes No D. Number of Persons Affected: 001  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard  12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard  14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice C. Citation Order Number  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section III—Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock 1125)  Section IV—Automated System Data  19. Type of Inspection Col. 20. Event Number 4054434 21. Primary or Mill		<del></del>	<del></del>	<del></del>					<del></del>
B. Injury or itiness could reasonably be expected to be:  O. Significant and Substantial:  Yes  No  D. Number of Persons Affected:  OO1  11. Negligence (check one)  A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard  12. Type of Action  104(a)  13. Type of Issuance (check one)  Cation  Order  C. Safeguard  14. Initial Action  A. Citation  B. Order  C. Safeguard  D. Written Notice  C. Safeguard  D. Written Notice  F. Dated  Mo Da Yr  11/01/2005  B. Time (24 Hr. Clock)  1125  Section IN-Termination Action  T. Action to Terminate  A. Date  Mo Da Yr  11/01/2005  B. Time (24 Hr. Clock)  1125  Section IN-Terminated A. Date  Initial Action  A. Date  Mo Da Yr  11/01/2005  B. Time (24 Hr. Clock)  1125  Section IN-Terminated A. Date  Initial Action  A. Date  Initial Action  The affected roof support was replaced and additional bolts  Were installed for anchors.  18. Terminated A. Date  Initial Action  A. Date  Initial Action  The affected roof support was replaced and additional bolts  Section IN-Automated System Date  19. Type of Inspection  Col.   20. Event Number   4054434   21. Primary or Mill   22. Primary or Mill   23. Primary or Mill   24. P	- · - · · ·	No Likelihood - U	niikely 🗀	Reasonably L	ikely 🔽	Highly Likel	y	Occurred	<del></del> .
D. Number of Persons Affected: 001  11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice C. Citation/Order Number F. Dated Mo Da Yr  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section III—Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date MoDa Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section IV—Automated System Data 20. Event Number 4054434 21. Primary or Mill		No Lost Workdays	Lost Wo	orkdays Or Restrict	ed Duty 🔽	Permane	ntly Disab	oling _	Fatal
12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard  14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/Order Number  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section IN-Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection Col. 20. Event Number 4054434 21. Primary or Mill		Yes 🗹 No 🗔				D. Number	of Person	s Affected:	001
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice Today  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section IN-Termination Action 17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section IV-Automated System Data  19. Type of Inspection FO 1 20. Event Number  4054434  21. Primary or Mill	11. Negligence (check one)	A. None 🗌 💮 B. Low	☐ C	. Moderate 🔽	D. High		E. Reckle	as Disregard	
A. Citation B. Order C. Safeguard D. Written Notice Order Number  15. Area or Equipment  16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section III—Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV—Automated System Data  19. Type of Inspection CO 20. Event Number 4054434 21. Primary or Mill	12. Type of Action 104(a	)	13. Type of I	ssuance (check on	e) C	itation 🔽	Order		Safeguard
16. Termination Due A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock) 1125  Section IN-Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection Co 1 20. Event Number 4054434 21. Primary or Mill		C. Safeguard [ D. Writte	en Natice 📋		ber		F	. Dated	Mo Da Yr
Section IN-Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Moda Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection CO1 20. Event Number 4054434 21. Primary or Mill	15. Area or Equipment		<del></del>	<del></del>					
Section IN-Termination Action  17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date Moda Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection CO1 20. Event Number 4054434 21. Primary or Mill									
17. Action to Terminate The affected roof support was replaced and additional bolts were installed for anchors.  18. Terminated A. Date MoDa Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection CO1 20. Event Number 4054434 21. Primary or Mill	A. Date	I D Time	(24 Hr. Cloc	k) 1125					
were installed for anchors.  18. Terminated A. Date Mo Da Yr 11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection CO 20. Event Number 4054434 21. Primary or Mill		<del></del>		<del></del>	<del></del>	<del> </del>		<del></del>	
Section IV-Automated System Data  11/01/2005 B. Time (24 Hr. Clock 1125  Section IV-Automated System Data  19. Type of Inspection COI 20. Event Number 4054434 21. Primary or Mill	were installed for		f suppo	ort was re	placed	and ad	ditic	onal bol	lts
19. Type of Inspection 20. Event Number 4054434 21. Primary or Mill	A. Date 11/0	IR Time (24 Hz	Ciock	1125					
	19. Type of Inspection	20. Event Number	1054434	21. Prir	nary or Mill	<del>- T</del>			<del></del>

MSHA Form 7000-3, Mgr 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 Mic 2120, Washington, DC 20418. 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.

22. Signature



23. AR Number

Mine Citation/Order		U.S. Department of L		<b>D</b>	
Section I-Violation Data		Mine Safety and Healt	n Administration		
1 Date Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/	700929	`
11/01/2005	1020	_	Order Numbe	7098380	J 
4. Served To		5. Operator			
Carl Crumrine Mine Fores	nan	ANKER WEST VIRO	JINIA MININO	COMPANY	INC
8. Mine		7. Mine ID 46-0879	1		(C-standa-l
SAGO MINE 8. Condition or Practice				8a. Written No	(Contractor)
	olt A.C. Trailing	arble for the Toy	Shuttle e		
	.91A-00, being opera				
adequately and fu		e outer protective			
	is gapping open, ex				
	ons of the mine envi				
	cable is routinely				
	from place to place				
	the rib by hand.				-
Safety Other Other 10. Gravity:  A. Injury or Illness (has) (is):	of Act  No Likelihood  Unlikely	Title 30 CFR  Reasonably Likely	75.517	,	
B. Injury or illness could rea- sonably be expected to be:		Workdays Or Restricted Duty 🔽	Permanently D		Fatal
C. Significant and Substantial:	Yes 🗹 No 🗌		D. Number of Per	rsons Affected:	100
11. Negligence (check one)	A. None B. Low	C. Moderate 🗹 D. High	_ E. Re	ckless Disregard	
	_	O. Moderato 💇 D. Mgh	itation 🕢 O		
12. Type of Action 104(a	<del></del>	<del></del>		rder 🗀	Safeguard _
12. Type of Action 104(a	<del></del>	of Issuance (check one)		F. Dated	Safeguard Mo Da Yr
12. Type of Action 104(a  14. Initial Action  A. Citation B. Order	) 13. Type o	of Issuance (check one)		<del></del>	
12. Type of Action 104(a	) 13. Type o	of Issuance (check one)		<del></del>	
12. Type of Action 104(a 14. Initial Action A. Citation B. Order 115. Area or Equipment	C. Safeguard D. Written Notice  Mo Da Yr	of Issuance (check one)  E. Citation/ Order Number		<del></del>	
12. Type of Action 104(a  14. Initial Action A. Citation B. Order 115. Area or Equipment	C. Safeguard D. Written Notice	of Issuance (check one)  E. Citation/ Order Number		<del></del>	
12. Type of Action 104(a  14. Initial Action A. Citation B. Order 1  15. Area or Equipment  16. Termination Due A. Date  Section III—Termination Action	C. Safeguard D. Written Notice  Mo Da Yr	E. Citation/ Order Number	dequate in	F. Dated	Mo Da Yr

MSHA Form 7000-3, Mair 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.

4054434

21. Primary or Mill

23. AR Number

Section IV-Automated System Data

19. Type of Inspection

(activity code) 22. Signatur

EQ.1 20. Event Number

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/ 7148619
11/08/2005 1100	Orde Humber
4. Served To	5. Operator
CARL CRUMRINE, MINE FOREMAN	ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine	7. Mine ID 46-08791 (Contractor)
SAGO MINE	(Constant)
8. Condition or Practice	8a. Written Notice (103g)
MMU 006 section. Beginning at the Ap distance of approximately 17 feet the	being complied with in the 1 Left Mains banel belt drive and extending for a entry width ranged from 21 feet to 22 the approved roof control plan is 20 feet.
	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Heelith B. Section C	Part/Section of
Safety of Act	Table 30 CFR 75.220(a)(1)
Other 🗍	
Section II—Inspector's Evaluation	
10. Gravity:	
A. Injury or Illness (has) (is): No Likelihood Untikely 🔽	Reasonably Likely Highly Likely Occurred
B. Injury or illness could rea-	ridays Or Restricted Duty 🕢 Permanently Disabling 🗌 Fatal 🗌
c. Significant and Substantial:  Yes No 🗹	D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Low C.	Moderate ☑ D. High ☐ E. Reckless Disregard ☐
12. Type of Action 104(a) 13. Type of iss	uance (check one) Citation ☑ Order ☐ Safeguard ☐
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E, Citation/ F, Dated Mo Da Yr Order Number
15. Area or Equipment	
16. Termination Due  A. Date  Mo Da Yr 11/08/2005  B. Time (24 Hr. Clock)	1800
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 Mili
22. Signature	23. AR Number
nas estatustrica a National Smail Brustness and Agriculture Regulatory Ornbudsman an agency enforcement actions. The Ombudsman sunusity evaluates enforcement activity enforcement actions of MSHA, you may call 1-888-REG-FAR (1-888-734-27), or write	If Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration of 10 Regional Fairness Boards to receive comments from small businesses about federal se and reles each agency's responsiveness to small business. If you wish to comment on the e the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 bit to file a comment with the Ombudsman Is in addition to any other rights you may have, are the Federal Mine Safety and Health Review Commission.

Cc 4-8-05 RTT C.C

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	2 Dated Mo Da (Original Issue) 11/08/2		3. Citation/ Order Number	7148619 - 01		
4. Served To CARL CRUMRINE, MINE FORE	MAN	5. Operator ANKER	WEST VIRG	INIA MINING COMPAN		
6. Mine SAGO MINE		7. Mine ID	46-0879	1 (Cont	ractor)	
Section II—Justification for Action				والمساورة والمراجع والمساورة		

Beginning inby the A panel belt drive 7 post were installed to reduce the entry width to 20 feet or less.

<del></del>	<del></del>								See Continuation Form
8. Extended To		Da	Yr	8. Time (24 H	r. Clock)		C. Vacated	☑ D. Terminated	E. Modified
Section IV-Inspe	ction Data			<u></u>			<del> </del>		
9. Type of Inspe	ection E01		10. E	vent Number	4054434				
11. Signature /		6	<del></del>	7/2	R Number	12 Date	Mo Da Yr 11/09/2005	13. Time (24 Hr. Ci 1030	<u> </u>
MSHA Form 7000	3-3a, Mar 85 (revis	ed)			,				

Mine Citation/Order		Department of Labo Safety and Health Ad		
Section I-Violation Data	<del></del>		<del></del>	
1. Date Mo Da Yr 2. Time (24 Hr. Clock) 11/08/2005 1200			Citation/ Order Number 714862	20
4. Served To CARL CRUMRINE, MINE FOREMAN	5. Ope ANK		A MINING COMPAN	Y INC
6. Mine	7. Min	<sup>ID</sup> 46-08791		
SAGO MINE 8. Condition or Practice	<u></u>	40-00771	<del></del>	(Contractor) Notice (103g)
The approved roof control plan wa locations in the 1 Left Mains MMU distance in 90 degree 4-way intecribs were installed to reduce th No. 5 track entry No. 23 block di No. 26 block diagonal distance of diagonal distance of 64 feet, and feet.	006 sections e span. agonal dis 68 feet,	ion where the exceeded 60 : stance of 67 : No. 5 track (	sum of the dia feet and no pos feet, No.5 tradentry No. 25 b	agonal sts or ck entry lock
9. Violation A. Health   B. Section	C. Part/Sec	ion of	Sea Continuation Form (MSH/	A Form 7000-3e)
Safety 07 of Act	Title 30 C		75.220(a)(1)	
Section (- Inspector's Evaluation				
10. Gravity:			<u> </u>	
A. Injury or filness (has) (is): No Likelihood Unikel	y 📝 Reas	onably Likely 🗍 Hig	nly Likely 📗 Occur	red []
B. Injury or illness could res- sonably be expected to be: No Lost Workdays.	Lost Workdays Or	Restricted Duty 🗹 💮	Permanently Disabling 🔲	Falai 🗌
C. Significant and Substantial: Yes No 🗹	<del></del>	D. N	lumber of Persons Affected:	100
11. Negligence (check one) A. None B. Low 🗍	C. Moderate	D. High [	E. Reckless Disrega	ird []
12. Type of Action 104(a) 13. T	ype of lesuance (ch	eck one) Citatio	rs 🗹 Order 🗌	Safeguard [
14. Initial Action A. Citation B. Order C. Safeguard D. Written No	E Cita	tion/ er Number	F. Dated	Mo Da Yr
15. Area or Equipment				
16. Termination Due A. Date Mo Da Yr 11/08/2005 B. Time (24 h	tr. Clock)	1800		
Section III—Termination Action				
17. Action to Terminate				
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock	)		<del></del>	<del></del>
Section IV—Automated System Data				
19. Type of Inspection (activity code) E01 20. Event Number 405	4434	21. Primary or Mili		_
22. Signature 6			23. AR Number	6]
MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions has established a National Small Business and Agriculture Regulatory Omb agency enforcement actions. The Ombudsman annually evaluates enforcement actions of MSHA, you may call 1-88-REG-FAR (1-88-734-33 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, thincluding the right to contest citations and proposed penalties and obtain a high contest citations.	udaman and 10 Region nent activities and rais (47), or write the Ombi hat your right to Sie a c	nel Fairness Boards to receive s each ugency's responsivener idemen at Smell Business Adv comment with the Contralscoor	comments from arreal businesses as to arreal business. If you wish ministration, Office of the Nettons as in addition in son other rights	es about federal n to comment on the at Contavience ASB

				U.S. Department of Labor Mine Safety and Health Administration			
1		**	3. Citation/ Order Number	7148620 - 01			
MAN				INIA MINING CO	MPANY II	VC	
		7. Mine ID	46-0879	1	(Contracto	xr)	
	70.00	2. Dated Mo Da (Original Issue) 11/08/20	2. Dated Mo Da Yr (Original Issue) 11/08/2005 5. Operate	2. Dated Mo Da Yr 3. Citation/ (Original Issue) 11/08/2005 Order Number  5. Operator ANKER WEST VIRG	2. Dated Mo Da Yr 3. Citation/ Order Number 7148620 - 01  CMAN A Mine Safety and Health Administration  3. Citation/ Order Number 7148620 - 01  5. Operator ANKER WEST VIRGINIA MINING CO	Mine Safety and Health Administration  2. Dated Mo Da Yr 3. Citation/ Order Number 7148620 - 01  5. Operator ANKER WEST VIRGINIA MINING COMPANY II	

Post were installed in the affected 4-way intersections of the 1-A Mains MMU 006 section to reduce the diagonal distance span to 60 feet or less.

Section Iff-Subsequent Action Taken					See Continuation Form
8. Extended To A. Date Mo Da	Υr	B. Time (24 Hr. Clock)	C. Vacate	d 🗹 D. Terminated	E. Modified
Section IV-Inspection Data					
9. Type of Inspection E01	10. E	vent Number 4054434		<del></del>	
11. Signature	<b></b>	AR Number	12 Date Mo Da Yr 11/09/200	13. Time (24 Hr. Ci 5 0945	ock)
MSHA Form 7000-3a, Mar 85 (revised)		• • • •			

	dministration
3	Citation/ 7149863
5. Operator	
	IA MINING COMPANY INC
<sup>7. Mine 10</sup> 46-08791	(Contractor)
	8a. Written Notice (103g)
e 1 Left Mains MMU	No.2 entry, and 006 section there was ribs and mine floor.
	See Continuation Form (MSHA Form 7000-3a)
. Part/Section of Title 30 CFR	75,400
December History (1) His	ghly Likely [ ] Occurred [
Versourch Circle Ci.	gray cases []
rhdays Or Restricted Duty 📋	Permanently Disabling  Fatal
D.	Number of Persons Affected: 000
Moderate ☑ D. High □	E. Reckless Disregard
uance (check one) Citati	on 🗹 Order 🗌 Safeguard 🗌
E. Citation/ Order Number	F. Dated Mo Da Yr
1345	
24 Dánas e lev	
21. Primery or Mili	
<del></del>	23. AR Number
	ANKER WEST VIRGIN 7. Mine ID 46-08791  et ween the No.3 to the like the lik

Mine	Citation/Order
Conti	nuatioก



1. Subsequent Action 1a, Continuation	2. Dated (Original Issue)	Mo 11	Da /08/20	• •	3. Citation/ Order Number	7149863 - 01
4. Served To CARL CRUMRINE, MINE FO	REMAN			5. Operat ANKE	or R WEST VIRG	INIA MINING COMPANY INC
6. Mine SAGO MINE				7. Mine II	46-0879	(Contractor)

Rock dust was applied to the roof, ribs, and mine floor to dilute the float coal dust in the affected area of the 1-Left Mains MMU 006 section.

					·										See Confinuation F	ionni 🗍
Section #-Subsa	·			V. 1												
8. Extended To	A. Date	Мо	Da	Yr	B. Time (2	4 Hr. Cloc	:k)			-		. Vace	ted	D. Terminated	E. Modified	
Section IV-Insper	ction Data															
9. Type of Inspe	ection E	01		10. Ev	ent Numbe	or 40	)544:	34						·		
11. Signahime r				•		AR Nu	nber		12 Date		Ao D	a \	(r	13. Time (24 Hr. Ci	ock)	
			2		. ليـــــ		6				11/	09/20	105	1000		
MSHA Form 7000	1-3a, Mar 85	(revised	ŋ			-	_									· —, <del>-</del> —

Mine	Citati	on/C	)rder





	_		Mine Safety and Health	Administration			
Section i-Vio	lation Data						
1. Date	Mo Da Yr 10/24/2005	2. Time (24 Hr. Clock) 1400		3. Citation/ Order Number	7098371		
10/24/2005 1400  4. Served To Carl Crumrine Mine Foreman  ANKER WEST VIRGINIA MINING CO				OMPANY INC			
6. Mine SAGO M	IINE		7. Mine ID 46-08791 (Co				
8. Condition	n or Practice			8	la. Written Notice (103g)		
There	e is no rec nts and fir	ord provided as reque hoses for the #1,2	ired for the fund, 3,4,5,6 and 7 Co.	ction test al conveyor	of the fire belts.		

					See Co	ontinuation Form (MSHA	Form 7000-3a)
9. Violation	A. Health Safety V	B. Section of Act		C. Part/Section of Title 30 CFR	75.1	103-11	
Section II-Insp	ector's Evaluation						
10. Gravity:						_	_
A. Injury o	or Iliness (has) (	is): No Likelih	ood 🗍 Unlikely 🔽	Reasonably Likely	Highly Like	ly 🗀 Occurr	ed 🛅
	or illness could i y be expected to		t Workdays 🗌 Los	Workdays Or Restricted D	uty 📝 Permane	ntly Disabling 🗍	Fatal
C. Signific	cant and Substa	ntial: Ye	s 🗌 No 🗹		D. Number	of Persons Affected:	001
11. Negligen	ce (check one)	A. None [	B. Low _	C. Moderate 🗹	D. High	E. Reckless Disrega	rd 🗌
12. Type of A	Action 1	04(a)	13. Туре	of issuance (check one)	Citation 🗹	Order _	Safeguard _
14. Initial Act A. Citation		C. Safegu	ard D. Written Notice	E. Citation/ Order Number		F. Dated	Mo Da Yr
16. Terminat	tion Due A. I	Mo Da Date 10/26/2	1 R Time (24 Mz /	Clock) 0800	T		<del>,</del>
Section IIITer	mination Action	10/20/2	005			<del></del>	
17. Action to							
					· · · · · · · · · · · · · · · · · · ·		
18. Terminat	A. Date	Mo Da Yr	B. Time (24 Hr. Clock				
	A. Date		B. Time (24 Hr. Clock				
18. Terminate Section IVAu  19. Type of It (activity of	nomated System [	ata	B. Time (24 Hr. Clock t Number 40544	34 21. Primary	or Mill		

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.



Mine Citation/Order Continuation				partment of L lifety and Healti	14000	2005	
Section I-Subsequent Action/Continuation Data	_					· · · · · · · · · · · · · · · · · · ·	
1. Subsequent Action 1a. Continuation	Dated (Original Issue)	Mo Da 10/24/20		Citation/     Order Number	7098371 - 0	1	
4. Served To			5. Operat	or			
Carl Crumrine, Mine Forman			ANKEI	R WEST VIRG	INIA MINING	COMPANY	INC _
6. Mine SAGO MINE			7. Mine II	46-0879	1	(Contre	actor)

The record has been provided for the # 1-7 coal belts function test.

Sarrian III Cubana and Anta-Talan		<del></del>	See Continuation Form
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	C. Vacated D. Terminated	E. Modified
Section IV-Inspection Data			
9. Type of inspection E01	10. Event Number 4054434	<del></del>	
11. Signature	R Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clo 12/07/2005 1505	rdk)
MSHA Form 7000-ga, Mar 85 (revised)	V		· — - · · -

والموا

M 🐪 ti	on/Order			U.S. Departme	ent of Labor ad Health Admin	istration	4	
Su≽e -Violat	tion Data			White Objecty di	id i redidi reditiii	300001	<del></del>	
1. Date	Mo Da Yr	2. Time (24 Hr.	Clock)		3. Citat		98375	<del></del>
	11/01/2005	06	555	1	Orde	r Number	76373	
4. Served To				5. Operator			7D 4 3 77 7 77 77	
Carl Crum	rine Mine For	eman			T VIRGINIA M	INING CON	APANY INC	<u> </u>
6. Mine	. mr			7. Mine ID 46	5-08791		(C	ontractor)
SAGO MII 8. Condition of						Ra l	Written Notice	
		tor is no	t complying	with the ap	proved roc			
the 003	Rine Opera	ft section	n The #2 e	ntry startin	g 18' in-b	v statio	on spad	<b></b>
3951exc	reded the	maximum a	llowed 20'	width. The e	ntry is cu	t 21 1/2	' wide	for a
				support add				
9. Violation	A. Health	B. Section		C. Part/Section of	<del></del>	: Continuation For	n (MSHA Form 7	000-3a) _
	Safety 🗹 Other	of Act		Title 30 CFR	75	.220(a)(1)		
	ector's Evaluation							
10. Gravity:		No I ikelihood	i Unikely 🗷	Reasonably Likel	Highly II	kelv 🗀	Occurred ::	
10. Gravity: A. Injury o	ector's Evaluation or Illiness (has) (is): or Illness could rea-	No Likelihood	<del></del>	Reasonably Likely			Occurred []	. —
10. Gravity: A. Injury o B. Injury o	or Illness (has) (is):	No. 1 and 184ad	<del></del>	Reasonably Likel		kely []		· =
10. Gravity: A. Injury o B. Injury o sonably	or Illness (has) (is): or Illness could rea-	. No Lost Worl	<del></del>	<del></del>	Outy 🔽 Perma		Fata	
10. Gravity: A. Injury o B. Injury o sonably C. Signific	or Illness (has) (is): or Illness could rea- y be expected to be	No Lost Worl	kdays Lost W	forkdays Or Restricted I	Outy 🔽 Perma	nently Disabling	Fata	
10. Gravity: A. Injury o B. Injury o sonably C. Signific	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one)	No Lost Worl Yes  A. None	kdays \( \begin{align*} \text{Lost W} \\ \text{No } \overline{\mathbb{Z}} \\ \text{B. Low } \( \begin{align*} \text{Lost W} \\ \end{align*}	forkdays Or Restricted t	Duty Perma	nently Disabling	Fata  ffected: 06	
10. Gravity: A. Injury o B. Injury o sonably C. Signific	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) action [04]	No Lost Work  Yes  A. None  (a)	No Z  B. Low   13. Type of	C. Moderate   Issuance (check one)	D. Numb	nently Disabling or of Persons A E. Reckless	Fata ffected: 00 Disregard Sa	)1
10. Gravity: A. Injury of Sonably C. Signific  11. Negligeno 12. Type of A  14. Initial Act	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) action 104 ion B. Order	No Lost Work  Yes  A. None  (a)	No Z  B. Low   13. Type of	C. Moderate   Issuance (check one)	D. Numb	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific  11. Negligend 12. Type of A  14. Initial Act A. Citation 15. Area or E	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) action [04] ion [ 8. Order [ ] cquipment	No Lost World: Yes  A. None  C. Safeguard  Mo Da Yr	No Z  B. Low   13. Type of	C. Moderate   Ssuance (check one)  E. Citation/ Order Number	D. Numb	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific 11. Negligeno 12. Type of A 14. Initial Act A. Citation	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) action [04] ion B. Order  cquipment ion Due A. Date	No Lost World: Yes  A. None  C. Safeguard  Mo Da Yr	No Z  B. Low   13. Type of  D. Written Notice	C. Moderate   Ssuance (check one)  E. Citation/ Order Number	D. Numb	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of B. Injury of Sonably C. Signific 11. Negligeno 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) Action [04] ion [0 8]. Order [1] cquipment  Ion Due [A]. Date	No Lost Worl  Yes   A. None   C. Safeguard   Mo Da Yr  11/01/2005	B. Low	C. Moderate   Ssuance (check one)  E. Citation/ Order Number	Duty Perma D. Numb Citation	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of B. Injury of Sonably C. Signific 11. Negligene 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III—Ten 17. Action to 18. Terminate	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) Action [04 cion B. Order Carling caulipment con Due A. Date mination Action Terminate  A. Date Mo	No Lost World Yes  A. None  C. Safeguard  Mo Da Yr 11/01/2005 Supplemen	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number	Duty Perma D. Numb Citation	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific 11. Negligend 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III—Ten 17. Action to	or Illness (has) (is): or Illness could rea- y be expected to be cant and Substantia ce (check one) action [04- cion B. Order Carling caulpment con Due A. Date mination Action Terminate  add A. Date Monated System Data	No Lost Worl  Yes  A. None  C. Safeguard  Mo Da Yr 11/01/2005  Supplemen Da Yr 01/2005  B. Tin	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number  ck) 1110  pport was in	Duty Perma D. Numb D. High  Citation  stalled.	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific 11. Negligend 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III—Ten 17. Action to 18. Terminate Section IV—Aut 19. Type of Ir	or Illness (has) (is): or Illness could read be expected to be cant and Substantia ce (check one) action [04] ion [08] Guipment  and A. Date [17] omated System Data respection	No Lost World: Yes  A. None  C. Safeguard  Mo Da Yr 11/01/2005 Supplemen	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number  ck) 1110  pport was in	Duty Perma D. Numb D. High  Citation  stalled.	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific 11. Negligene 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III—Ten 17. Action to 18. Terminate 19. Type of Ir (activity of	or Illness (has) (is): or Illness could ready be expected to be cant and Substantia ce (check one) action [04] icon	No Lost Worl  Yes  A. None  C. Safeguard  Mo Da Yr 11/01/2005  Supplemen Da Yr 01/2005  B. Tin	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number  ck) 1110  pport was in	Duty Perma D. Numb Citation Citation  Stalled.	nently Disabling per of Persons A  E. Reckless  Order  F. D.	Fata ffected: 00 Disregard Sa	eguard
10. Gravity: A. Injury of Sonably C. Signific 11. Negligend 12. Type of A 14. Initial Act A. Citation 15. Area or E 16. Terminati Section III—Ten 17. Action to 18. Terminate Section IV—Aut 19. Type of Ir	or Illness (has) (is): or Illness could ready be expected to be cant and Substantia ce (check one) action [04] icon	No Lost Worl  Yes  A. None  C. Safeguard  Mo Da Yr 11/01/2005  Supplemen Da Yr 01/2005  B. Tin	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number  ck) 1110  pport was in	Duty Perma D. Numb Citation Citation  Stalled.	er of Persons A  E. Reckless  Order	Fata ffected: 00 Disregard Sa	)] feguard

If accordance will the provisions of the Small Business 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.



Mine Citation	on/Order			U.S. Depa Mine Safet		abor th Administration	154	D 2256
Section I-Violat	tion Data							
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)				3. Citation/ Order Number	709837	76
4.517	11/01/2005	0715		1.0		Order number		
4. Served To	in. Min. Co.	****		5. Operator	VECT VIDA	GINIA MINING	COMPAN	V INC
	rine Mine For	eman		<del></del>			COMPAIN	1 110
6. Mine SAGO MII	NE:			7. Mine ID	46-0879	91		(Contractor)
8. Condition of		<del></del>		<del>-l</del>			8a. Written I	Notice (103g)
003 mmu operati scrubbe	1 2 Left sing in the er on. Whe	or is not comection. The Journal of #4 to #5-cross notested with end of the limited the li	oy contin sscut wit an appro	uous mir hout the ved anem	er, co requi:	. #2 JM5574 red minimum	is obs	served CFM with
9. Violation	A. Health Safety (	B. Section of Act	1 .	Part/Section of Title 30 CFR		See Continuatio 75.370(a)(		Form 7000-3a)
	ector's Evaluation							
10. Gravity:	r lilness (has) (is):	No Likelihood	Halikah, 🗔	Reasonably l	ikahı 📑	Michael Illente	Occum	<b></b>
	r illness (nas) (is). r illness could rea-	MO LIKERIIOOO [	Unlikely [	reasonably i	Diely 💇	Highly Likely		<del></del>
	be expected to be	. No Lost Workdays 🗌	Lost Work	days Or Restric	ted Duty 🗍	Permanently Dis	ebling 🗹	Fatal 📃
C. Signific	ant and Substantia	: Yes <table-cell> No i</table-cell>	7	,,,,,		D. Number of Pers	ons Affected:	002
11. Negligeno	ce (check one)		<del></del>	loderate 🔽	D. High	E. Reck	less Disregar	
12. Type of A	ction 104	(a)	13. Type of Issu	iance (check or	ne) (	Citation 🗸 Orde	er 🗀	Safeguard
14, Initial Acti A. Citation	on		itten Notice	E. Citation/ Order Num	<u> </u>		F. Dated	Mo Da Yr
15. Area or E	on Due	Mo Da Yr						
	A. Date	11/01/2005 B. Tin	ne (24 Hr. Clock)	0730				
Section III-Tem	nination Action							
17. Action to reading	Terminate T y was 7,98	he required von 0 CFM.	entilatio	n was es	stablis	hed and the	new a	ir
18. Terminate	I A ( )916	Da Yr 01/2005 B. Time (24 H	r. Clock	0730	*			
19. Type of in (activity or	spection	20. Event Number	4054434	21. Pri	mary or Mill		<del>- , - ,</del>	
22. Signature		6		!		23. AR Numb	er _	6)

MSHA Form 7000-3, Maft 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ornbudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ornbudsman 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.



Mine Citation	on/Order				ety and Heal		tration	9	
Section I-Violat	ion Data								, <del></del>
1. Date	Mo Da Yr	2. Time (24 Hr. Cloc	k}			3. Citation		709837	<del></del>
	11/01/2005	0730				Order I	Number	107037	<i>'</i>
4. Served To			<del> </del>	5. Operato					
Carl Crumi	rine Mine For	eman		ANKER	WEST VIR	GINIA MII	NING (	OMPANY	INC
6. Mine				7. Mine ID	46-087	91			
SAGO MI								0 - 144 NI	(Contractor)
8. Condition of		areas where						8a. Written N	
to fall block i fall wi widthes	s of the n-by stat thout war ranging	otherwise of mine roof. Since spad 39 ning. Material from 2" to affected as	The last op 51, has lo ial measur: 18" by 2 1	pen cros oose had ing 1/80 /2' to !	sscut be nging ma th inch	tween # terial to 4 in	3 and that ches	i #4 en appear thick	tries, 1 it will by
						See C	ontinuation	Form (MSHA F	orm 7000-3a)
9. Violation	A. Health Safety V	B. Section of Act	C	C. Part/Section Title 30 CFR	of	75.	.202(a)		
Section #-Inspi	ector's Evaluation								
10. Gravity: A. Injury o	r Iliness (has) (is):	No Likelihood	Unlikely [	Reasonab	y Likely 🔽	Highly Like	ily []	Оссиле	# <u></u>
	r illness could rea- be expected to be	No Lost Workday	s Lost Wo	rkdays Or Rest	ricted Duty 🔽	Реппали	ently Disa	bling _	Fatal 📃
C. Signific	ant and Substantia	: Yes 🗹 i	<b>6</b> 0 □	<u> </u>		D. Number	of Perso	ns Affected:	001
11. Negligeno	ce (check one)	A. None 🗀 🛮 🗷	.Low _ C.	Moderate 🗸	D. High		E. Reck	ess Disregard	
12. Type of A	ction 104(	(a)	13. Type of Is	suance (check	ane)	Citation 🗹	Orde	· 🗆	Safeguard
14. Initial Act A. Citation		C. Safeguard D.	Written Notice	E. Citation Order N				F. Dated	Mo Da Yr
15. Area or E	quipment								
16. Terminati	on Due A. Date	Mo Da Yr 11/01/2005 B	. Time (24 Hr. Clock	074	5				
Section III-Ten	mination Action			<del></del>				<u></u>	
17. Action to	Terminate	The loose m	aterial wa	s remov	ed.	<del>,, , a</del>			
18. Terminate	A. Date 11/0	Da Yr 01/2005 B. Time (2	24 Hr. Clock	0745					
19. Type of ir (activity o		20. Event Number	4054434	21. (	Primary or Mill			· · · · · · · · · · · · · · · · · · ·	
22. Signature	- <del>- ""                                </del>	<del></del>					D Numb		

MSHA Form 7000 f. 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 Ornbudsman and 10 Regional Fairness Boards to receive comments from small business about federal agency enforcement actions. The Ornbudsman 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 Ornbudsman at Small Business Administration, Office of the National Ornbudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ornbudsman 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	Cita	tion	Ord	ΛĒ
MINE	Lillia	шоги	w	ea

# U.S. Denattment of Labor

1	б	NOW DOOS
		V



Willie Ordina Order				Mine Safety and Health Administration						
Section IViolati	ion Data					<del></del>				
1. Date	Mo Da Yr 11/01/2005	2. Time (24 Hr. Clock) 0800		3. Citation/ Order Number 7098378						
4. Served To	13.01.000		1	5. Operator						
Carl Crumr	ine Mine Fore	man		ANKER '	WEST VIRO	GINIA MIN	ING (	COMPAN	IY INC	
6. Mine			_ [:	7. Mine ID	46-0879	91			(Coo	tractor)
SAGO MIN 8. Condition o						<del></del>		8a. Written	<u> </u>	
on the inby streflect	2 left 003 ation spac ors or vis	oof control plan, pa mmu section. The c 3941, was complete sible warning device miners of unsupport	crossed and pro	scut b nd uns ovided	etween in pported in the	4 and and the	#5 ere	entry is no	2 blo	
						See Cor	ntinuation	n Form (MSH	A Form 7000	⊬3a) <u> </u>
9. Violation	A. Health Safety V	B. Section of Act		rt/Section o e 30 CFR	í .	75.22	0(a)( i	)		
Section II-Inspe	ctor's Evaluation									
10. Gravity:		_								
		No Likelihood 📋 Unlikely 🛄	F	Reasonably	Likely 🗹	Highly Likely		Occui	red 🗀	
	rillness could rea- be expected to be:	No Lost Workdays 🗌 Lost V	Norkda)	s Or Restri	cted Duty 👱	Permanen	tty Disa	ibling 🗌	Fatal (	]
C. Significa	ant and Substantial:	Yes 🛂 No 🗔				D. Number o	of Perso	ns Affected	l: 001	
11. Negligeno	e (check one)	A. None B. Low _	C. Mod	lerate 🔀	D. High		. Reck	less Disreg	ard 🗍	
12. Type of A	ction 104(a	13. Type of	f Issuan	ce (check o	ne) (	Citation 🗹	Orde	r 🗌	Safeg	uard 🗀
14. Initial Acti A. Citation		C. Safeguard . D. Written Notice		E. Citation/ Order Nur	mber	····		F. Dated	Mo D	a Yr
15. Area or Ed	quipment		<u> </u>	,					·	
16. Termination	on Due A. Date	Mo Da Yr 11/01/2005 B. Time (24 Hr. Clo	ock)	0805						
Section III-Tem	nination Action									
17. Action to 1	Terminate Two	reflective indicat	ors	were	provide	d on the	e ou	t-by c	orner	of
the cro								-		
18. Terminate	A. Date 11/0	2a Yr 1/2005 B. Tirne (24 Hr. Clock	08	50			<del></del>	<u> </u>		
	mated System Data									
19. Type of In	T-0.1	20. Event Number 405443.	4	21. P	rimary or Mill					
22. Signature		6 7				23. AR	Numb	er /	6	7
MSHA Form 700 established a Na	30-3, Mar 85 (revised) itional Small Business	In accordance with the provisions of the S and Agriculture Regulatory Ombudsman and	Small But I 10 Regio	siness Regula	itory Enforcement Boards to receive	t Fairness Act of a comments from	1996, the	e Small Busir usinesses ab	ess Adminis	tration has pency

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.

Mine Citation/Order		U.S. Department of L Mine Safety and Healt		X
Section 1-Violation Date				
1. Date Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ 714980	54
11/08/2005	1545	5. Operator	- VIVII INDIANO	
4. Served To  CARL CRUMRINE, MI	NE EODEMAN		INIA MINING COMPAN	Y INC
6. Mine	IND I ONLINE			
SAGO MINE		7. Mine ID 46-0879		(Contractor)
8. Condition or Practice				Notice (103g)
entry starting a distance of a	panel MMU 006 section 5 feet 6 inches inby pproximately 17 feet	survey station No was not controlle	<ul> <li>3724 and extend to protect per</li> </ul>	nding for sons from
operator was se	rib rolls.ON 11-07-05 riously injured when up to 16 inches thick.	a rib rolled meas	suring 17 feet lo	ng, 6
reet high and u	p to 10 inches thick.	•		
		<b>T</b>	See Continuation Form (MSH)	A Form 7000-3a)
9. Violation A. Health Safety 10 Other	B. Section of Act	C. Part/Section of Title 30 CFR	75.202(a)	
Section II Inspector's Evaluation				
10. Gravity:	. Als the time to the latest the	Onenanktet State -	(Hobbs   Hocks     Access	and Cil
A. Injury or Miness (has) (is)  B. Injury or Miness could rea		Reasonably Likely	Highly Likely Occur	<u>A</u>
B. Injury or mness could rea sonably be expected to be		Workdays Or Restricted Duty	Permanently Disabling 🔽	Fatal []
C. Significant and Substant	<del></del>	·····	D. Number of Persons Affected:	001
dd Mantagen - Arthur - Arthur				
11. Negligence (check one)  12. Type of Action 10	A. None	C. Moderate  D. High  I Issuance (check one)	☐ E. Reckless Disregation ☑ Order ☐	Safeguerd [
14. Initial Action A. Citation B. Order		E. Citation/ Order Number	F. Dated	Mo Da Yr
15. Area or Equipment				
16. Termination Due A. De	Mo Da Yr	ock) 0800		
	11/09/2005		<del></del>	
Section III—Termination Action  17. Action to Terminate				<u></u>
18. Terminated A. Date	Mo Da Yr B. Time (24 Hr. Clock)			
Section IV-Automated System Da	da .			
19. Type of Inspection (activity code)	20. Evert Nurriber 405443	21. Primary or Mili		
22. Signature	-6	· — — — — — — — — — — — — — — — — — — —	23. AR Number	67
agency enforcement actions. The enforcement actions of MSHA, you 3rd Street, SW MC 2120, Washir including the right to contact citation	Business and Agriculture Regulatory Ombudsma Ombudsman annually evaluates enforcement as u may call 1-888-REG-FAR (1-888-734-3247), o nglon, DC 20416. Please note, however, that young one and proposed penalties and obtain a hearing	in and 10 Regional Fairness Boards to re childres and rates each agency's respons rewite the Ombudsman at Small Busine or right to file a comment with the Ombud	sceive comments from small business siveness to small business. If you wis ss Administration, Office of the Nation deman is in artificing to say other circles	es about federal In to comment on the of Ombudemen, 409
C ( ) 1	5 000			

CC 11-8-05 RT)

Mine Citation/Order Continuation				U.S. D Mine S	epartment of Lafety and Healt	X		
Section 1—Subsequent Action  1. Subsequent Action	tion/Continuation Data	2. Dated (Original Issue)	Мо	Da oe roo	Yr	3. Citation/ Order Number	7149864 - 01	
4. Served To CARL CRUMRI	NE MINE FORE		11/	08/20	5 Opera	itor	INIA MINING COMPA	ANY INC
6. Mine SAGO MINE					7. Mine		(	Contractor)

A safety meeting was held with all three shifts on the hazards of rib rolls, and to examine the roof, and ribs where they are required to work or travel.

Section #-Justification for Action

		Sa	e Continuation Form
Section III—Subsequent Action Taken			
8. Extended To A. Date Mo Da	Yr 8. Time (24 Hr. Clock)	☐ C. Vacated ☑ D. Terminated ☐	E. Modified
Section IV-Inspection Data			
9. Type of Inspection E01	10. Event Number 4054434		
11. Signature	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock) 11/09/2005 1030	
MSHA Form 7000-3a, Mar 85 (revised)	•		

		<del> </del>				
Mine Citation/Order			Department of Safety and Hea	Labor alth Administration	,	
Section I-Violation Deta						
1. Date Mo Da Yr 11/08/2005	2. Time (24 Hr. Clock) 1110			3. Citation/ Order Number	7098544	1
4. Served To	<del></del>	5. O	erator			
Carl Crumrine Mine Fore	man	AN	KER WEST VI	RGINIA MINING	COMPANY	INC
6. Mine		7. M	ne D	701		
SAGO MINE		J	46-08	/91		(Contractor)
8. Condition or Practice					8a. Written No	tice (103g)
006 mmu section, controlled to pro The loose materia thick, 2' lowide and several This area is at material going to the loose materia going to the loose materia Safety Cother Section II—Inspector's Evaluation	otect persons al, (rock and ong by 1' wide other smaller the mantrip storm the	from hazards coal), meas by 7" thick pieces, app ation and me	related for related 1; , 28' pear that :en routine ttle or no	to falls of ong by 18" "long by 3 it will fal ly traveled o effort wa	the mine wide by "thick I with was under the sused to	e roof. 7" by 8" arning. ne by remove
A. Injury or Illness (has) (is):     B. Injury or Illness could rea-	No Likelihood	Inlikely Rea	onably Likely 💆	Highly Likely	Occurred	<u> </u>
sonably be expected to be:	No Lost Workdays [	Lost Workdays O	Restricted Duty			Fatal
C. Significant and Substantial	Yes 😧 No 🗆	7		D. Number of Per	sons Affected:	001
11. Negligence (check one)	A. None B. Low	C. Moderat	D. Hig	ph E.Rec	ckless Disregard	
12. Type of Action 104(a	1)	13. Type of Issuance (	check one)	Citation 🕢 Or	der	Safeguard
14. Initial Action A. Citation B. Order	C. Safeguard D. Writt		ation/ der Number		F. Dated	Mo Da Yr
15. Area or Equipment  16. Termination Due  A. Date  Section III-Termination Action  17. Action to Terminate	Mo Da Yr 11/08/2005 B. Time	e(24 Hr. Clock) erial was ren	1130			
A. Date 11/0 Section IV-Automated System Data	Da Yr 8/2005 B. Time (24 Hr.	Clock 1130				
19. Type of Inspection (activity code) E01	20. Event Number	4054434	21, Primary or Mil			<del></del> - <del></del>

MSHA Form 7000-8. 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.

22. Signature



23. AR Number

Mine	100	tion	M	edar
MINA	1.43	ики	V( )	reser.

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			THE GETT THE TRUE THE THE TENTE THE	
Section I-Vi	olation Data			
1. Date	Mo Da Yr 11/08/2005	2. Time (24 Hr. Clock) 1115	3. Citation/ Order Number	7098545
4. Served To Carl Crumrine Mine Foreman		reman	5. Operator ANKER WEST VIRGINIA MINING	COMPANY INC
6. Mine SAGO MINE			7. Mine ID 46-08791	(Contractor)
8 Condition	o or Practice			Re Written Notice (103n)

The designated escapeway for the 1 Left Mains 006 mmu section is not being maintained in a safe condition to assure passage of anyone, including disabled persons. Mud and water is being allowed to exist in the #5 entry at crosscut # 22. The measurements extend toward # 6 and #4 entries and in-by and out-by in the #5 entry, 30 to 35 feet long by 40' wide by 6 to 8 inches deep. The muddy water and thick mud does not let you see the uneven bottom and would cause a slip, trip and fall hazard.

						See Continual	tion Form (MSHA	l Form 7000-3a)
9. Violation	A. Health Safety V	B. Section of Act		C. Part/Section of Title 30 CFR		75.3 <b>80</b> (d)	(1)	
Section II—Inspe	ector's Evaluation							
10. Gravity:								
A. Injury o	r lilness (has) (is):	No Likelihood	Unlikely 🗍	Reasonably Like	ly 🛂	Highly Likely	Оссил	red 🗔
	r illness could rea be expected to be		kdays 🗌 🛮 Lost V	Vorkdays Or Restricted	Dưy 😾	Permanently D	isabling 🗔	Fatal [
C. Signific	ant and Substanti	<sup>al:</sup> Yes <u>√</u>	No 🗔			D. Number of Per	sons Affected:	001
11. Negligeno	ce (check one)	A. None	8. Low 🗀	C. Moderate	D. High	E. Re	ckless Disrega	ard 🗍
12. Type of A	ction 104	(a)	13. Type o	Issuance (check one)	С	itation 🗹 Or	der 🗌	Safeguard
<ol> <li>Initial Acti</li> <li>A. Citation</li> </ol>	ion B. Order	C. Safeguard	D. Written Notice	E. Citation/ Order Number	·		F. Dated	Mo Da Yr
15. Area or E	quipment							
16. Terminati	on Due A. Dat	Mo Da Yr e 11/08/2005	B. Time (24 Hr. Ck	ock) 1800				·
Section III-Ten	mination Action							
17. Action to		o Da Yr B. Ti	me (24 Hr. Clock		···		, <del>,</del>	
Section IV-Aut	omated System Data							
19. Type of Ir (sctivity o		20. Event Num	ber 405443	4 21. Prima	y or Mill		- <del></del>	يال لو
22. Signature		6		, june		23. AR Nun		6 January 8
Street, SW_MM the right to copy p3 (8)	100-3, Mar St (revised into net Small Busines toons. The Ombudar Stons of MStIA, your C2120, Washington, but of TOUT OUT OUT OUT OUT OUT OUT OUT OUT OU	DOS of Detailes and o	with the provisions of the substant of onbutstant of onbutstant of orbits and the substant of orbits and the substant of orbits and the substant of orbits and orbits of orbits and orbits of orbits or orbits orb	Small Business Regulatory Street Const Fairgers Boar not extend to the Const Cons	Enforcement de to receive onsiveness - mail Business - o Ombudsma partific Review	Fairness Act of 1996, comments from email or small business. If ye administration, Office is in addition to any commission.	e of the National	ess Admissell Administration of the service of the

Mine Citation/Order
Continuation

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X	
<i>,</i> .	1//

1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo 11/(	Da )8/200	,,	3. Citation/ Order Number	7098545 - 01
Served To CARL CRUMRINE, MINE FORE	EMAN			Operati		GINIA MINING COMPANY INC
8. Mine SAGO MINE			7	'. Mine IC	46-0879	(Contractor)

A wooden bridge was installed across the mud and water in the 1-Left Mains designated excapeway at No. 22 block.

				·····			See Continuation Form
	quent Action Taken						
8. Extended To	A. Date Mo D	Yr	8. Time (24 Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IV-Inspec	tion Data		<u> </u>		<u> </u>		
9. Type of Inspe	ction E01	10. E	vent Number 4054434				
11. Signature		<del></del>	AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clo	ock)
	6				11/09/2005	0940	
MSHA Form 7000	3n Mar 85 (resiscant)		- (				



Mino	Citation	n/Order

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10 1
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Section IVk	olation Data			
1. Date	Mo Da Yr 11/08/2005	2. Time (24 Hr. Clock) 1155	3. Citation/ Order Number	7098546
4. Served Carl Cru	nrine Mine Fo	reman	5. Operator ANKER WEST VIRGINIA MINING	COMPANY INC
6. Mine SAGO M	(INE		7. Mine ID 46-08791	(Contractor)
	n or Practice			8a. Written Notice (103g)

The mine operator is not complying with the approved roof control plan on the 1 Left Mains 006 mmu section. The last open crosscut between the #7 and #8 entries is not bolted per plan. The distance between the crosscut bolts and the #8 entry bolts excedes the maximum allowable distance of 4' centers. The bolt spacing is measured to be 5' to 5 1/2' in length for Four bolts.

										See	Continuatio	n Form (MS	HA Form 7	000-32)
9. Violation	A. Health Safety Other		Section of Act			C	Part/Sec Title 30 C			75.	22 <b>0(a)</b> (	1)		
Section II—Insp	ector's Evaluat	ion												
10. Gravity:														
A. Injury o	r Iliness (has	i) (is):	No Likelih	ood 📃	MnU	kely 🗹	Reaso	nably Likel	/ <u> </u>	Highly LI	eiy 🛄	Occ	urred	
	r illness cou be expected		No Los	t Workda	lys 🗓	Lost Wor	kdays Or F	Restricted (	Outy 💆	Perma	ently Dis	abling	Fata	ı <u> </u>
C. Signific	ant and Sub	stantial:	Ye		No 🔽					D. Numbi	er of Perso	ons Affect	ed: 00	01
11. Negligen	ce (check on	e) <i>p</i>	A. None		B. Low	C.	Moderate	¥	D. High	· _ ·	E. Red	less Disre	gard	
12. Type of A	ction	104(a	)		13	B. Type of Is:	suance (ch	eck one)		Citation 🔀	Orde	er 🗀	Sa	feguard _
14. Initial Act A. Citation		er (	C. Safegua	ard _ (	D. Written	Notice _	E. Cita Orde	tion/ er Number				F. Dated	Mo	Da Yr
16. Terminati	ion Due	N. Date	Mo Da 11/08/2		B. Time (2	24 Hr. Clock	) j	1300	T					·
Section III-Ten	mination Action	1	1						<u>.,                                    </u>					
17. Action to	Terminate	Fo	ur pe	rmane	ent re	oof su	pports	were	ins	talled	and	cente	rs is	now
per pla	·						ppozo							
18. Terminate	A. Date		a Yr 3/2005	B. Time	(24 Hr. Cl	lock	1300							
Section IV-Aut	omated System	n Data												
19. Type of la (activity of		E01	20. Even	Number	40	)54434		21. Priman	or Mill					
22. Signature		= 4.	6		)					23.	AR Numb	er Z	6	J
MSHA Form 70 established a Nenforcement ac enforcement ac Street, SW Miles	lational Smatti tions. The On tions of MSHA	Business a nbudsman , you may	and Agricult annually ex call 1-888-i	ure Regula: ratuates en REG-FAIR	tory Ombud forcement a (1-888-734	Civities and r -3247), or write	Regional Fa ates each ac a the Ombuc	imess Board jency's respo Isman at Sm	is to receiv onsivenes: all Busine	e comments to to small busi as Administrat	rom small t ness. If you ion, Office :	usinesses : Lwish to co	about federa	si agency Se

Street, SW MC 2120, Washington, DC 20418. 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 Citatio	on/Order			rtment of Lal y and Health	bor Administration	<u> </u>	
Section IViolat	ion Data		<del></del>				
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)			3. Citation/	7098535	5
	12/07/2005	1300			Order Number		, 
4. Served To			5. Operator			001 M 11 M	, D.C.
Carl Crum	rine, Mine Form	an	ANKER V	VEST VIRGI	NIA MINING	COMPANY	INC
6. Mine			7. Mine ID	46-08791			10 1
SAGO MI		·····				- <del></del>	(Contractor)
B. Condition o				<del></del>		8a. Written N	
inch be followiblocks	elt and on ng locatio outby, and 2,700 feet	coal dust has been do the tight side for to ons beginning at 5 be d starting at 39 blocks. The area has been	the # 4 co elt transi ck to 15 k	eal conve fer on the block for	eyor belt ne tight s na total	at the ide for distanc	2 e of
9. Violation	A Health 🗍	B. Section	C. Part/Section of		<del></del>	on Form (MSHA F	Form 7900-3a)
	Safety 🗸 Other	of Act	Title 30 CFR		75.400		
Section #-Inspe	ector's Evaluation						
10. Gravity:							
A. Injury o	r Iliness (has) (is):	No Likelihood 🗍 Unlikely 😿	Reasonably I	.ikely 🔲 🔝 l	Highly Likely 📋	Occurred	\$ <u>:</u>
	r illness could rea- be expected to be:	No Lost Workdays Lost W	orkdays Or Restric	ted Duty 🗹	Permanently Dis	sabling 🗀	Fatal 📋
	ant and Substantial	Yes 🗌 No 🗹			D. Number of Pers	ons Affected:	001
11. Negligeno	ce (check one)	A. None 🗌 8. Low 🗀 (	C. Moderate 🛂	D. High	E. Rec	kless Disregard	
12. Type of A	ction 104(	1) 13. Type of	Issuance (check o	ne) Cit	ation 🔀 Ord	er 🗀	Safeguard
14. Initial Acti A. Citation		C. Safeguard D. Written Notice	E. Citation/ Order Num	ber		F. Dated	Mo Da Yr
15. Area or E							
16. Termination	on Due A. Date	Mo Da Yr 12/09/2005 B. Time (24 Hr. Clos	*) 0800				
Section III-Term	nination Action						
17. Action to							
18. Terminate	A. Date	Da Yr B. Time (24 Hr. Clock					
	omated System Data						
19. Type of in		20. Event Number 4054434	21. Pr	mary or Mill			

\_\_\_\_\_\_

22. Signature

MSHA Form 7000-3, Mar #5 (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 (1-885-734-3247), 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.

23. AR Number

Mine Citation/Or Continuation	der				U.S. De Mine Sa	partment of Labor Ifety and Health Administr	ration	<i>P</i>	
Section I-Subsequent /	Action/Continuation Data								
1. Subsequent Actio	on 1a. Continuation	2. Dated (Original Issue)	Mo 12/	Da 07/200	•••	3. Citation/ Order Number 709853	5 - 01		
4. Served To Lonnie Smith, S	hift Froman				5. Operat ANKE	or R WEST VIRGINIA MIN	ING CON	MPANY INC	
6. Mine SAGO MINE					7. Mine l	46-08791		(Contractor)	
O # # 1 - 1/F - 1/4	5 A-N								

The light layer of coal dust on the #4 belt has been re-rock and made inert from 19to35 block under the belt.

X-2-11-X-11-11-11-11-11-11-11-11-11-11-11-1		See Continuation Form
8. Extended To A. Date Mo Di	Yr B. Time (24 Hr. Clock) C. Vacated	☑ D. Terminated ☐ E. Modified
Section IV-Inspection Data	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature	AR Number 12. Date Mo Da Yr 12/18/2005	13. Time (24 Hr. Clock) 1800
MELLA E. TOOR O. M. O. J. J.		

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Mine Citati	on/Ordei	r 				e <b>partme</b> afety and		abor h Adminis	tration	* 5		
Section I-Viola												
1. Date	Mo Da 12/07/2		2, Time (24 Hr. C					3. Citation Order I	n/ Vumber	70985	36	
4. Served To					5. Opera							
Carl Crum	rine, Mir	ne Form	an		ANKE	R WEST	r virg	INIA MI	NING (	COMPAN	IY INC	
6. Mine					7. Mine	D 46	-0879	)1				
SAGO MI	NE					<del></del>	-0072	· 1				reractor)
8. Condition of				ne Sept O						8a. Written		
sample	. Fi ance,	ve we	ere submit	nbmitted on ted for the 4 have me	e perio	d and	this	one i	s no	t in		
9. Violation	A. Healt Safel	y 📄	B. Section of Act		C. Part/Section	_		<del></del>	ontinuatio	n Form (MSH	A Form 700	0-3a) <u> </u>
	Othe				<u>L</u>							
Section #-Insp	ector's Eval	uation		<del></del>								
10. Gravity: A. Injury o	r liinese /h	sel (iel-	No Likelihood 🗀	Unlikely 📝	Dageon	ibly Likely		Highly Like	Ju =	Occur	red 🗍	
B. Injury o	`		TAO CINEMIOOD [_	Unakery V	Keasone	IOIY LIKEIY		undana case	, , , , , , , , , , , , , , , , , , ,		:eu	
	be expec		No Lost Work	days Lost W	/orkdays Or Re	stricted D	uty 🔽	Permane	ently Disa	abling 🗀	Fatal	
C. Signific	ant and Si	ubstantiai:	Yes 🗍	No ₹				D. Number	of Perso	ons Affected	001	
11. Negligen	ce (check o	one)	A. None 🗔	B. Low 📋 🔠	C. Moderate	Ž.	D. High		E. Reck	less Disrega	ard 🗀	
12. Type of A	ction	i04(a	1)	13. Type of	Issuance (che	ck one)	С	itation 🗸	Orde	r []	Safe	guard
14. Initial Act A. Citation		rder	C. Safeguard [	D. Written Notice	E. Citatio	on/ Number				F. Dated	Mo E	)a Yr
15. Area or E	quipment				<u> </u>							
16. Terminati	on Due	A Date	Mo Da Yr 12/07/2005	B. Time (24 Hr. Clo	ck) [	335					<del></del>	
Section III-Ten	nination Act	ion	· <del></del>	4			ــــــــــــــــــــــــــــــــــــــ	<del></del>				<del></del> -
17. Action to	Terminate	The	bimonthly	cycle and	sampli	ng pe	riod	has pa	sted	•	<del></del>	
18. Terminate	A Date		0a Yr 7/2005 B. Tim	e (24 Hr. Clock	1335	T	<del></del> -	<del></del>	<u> </u>		· <del></del>	
Section IV-Aut		tem Data		<del></del>								<del></del>
19. Type of Ir (activity o		E01	20. Event Number	4054434	4 2	. Primary	or Mill					·
22. Signature		<u>-</u>	6	7		<del></del>	<u></u>	23. A	R Numb	er /	7	5
MSHA Form 70 established a N enforcement ac	ational Sma	il Business	and Adriculture Redu	th the provisions of the Si latory Ombudsman and enforcement activities an	10 Regional Fain	roce Roanie	for receive	communic for	ط المحمد عب	unicanana ab	ه اسمعامی در	stration has igency

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.

Mine	Citatio	n/Order
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2 9 DEC

Section I-Vi	olation Data			
1. Date	Mo Da Yr 12/14/2005	2. Time (24 Hr. Clock) 0910	3. Citation/ Order Number	7098540
4. Served Al School			5. Operator ANKER WEST VIRGINIA MINING CO	OMPANY INC
6. Mine SAGO N	AINE		7. Mine ID 46-08791	(Contractor)
	n or Practice		8	a. Written Notice (103g)

Accumulations of coal have been deposited on the mine floor under the section belt for the MMU-006 1 left B Panel for a distance of approx. 4 blocks, 280 feet, at intermittent location under the belt stands and some rollers beginning at the drive. The accumulations are wet and vary in height from 6 to 9 inches.

		See Continuation Form (MSHA	Form 7000-3a)
9. Violation A. Health B. Section of Act Other	C. Part/Section of Title 30 CFR	75.400	
Section II—Inspector's Evaluation			
10. Gravity:	<b>3 5 5 6 6 7 7 7 7 7 7 7 7 7 7</b>	18-14-14	
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely	Highly Likely Occum	<u> </u>
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	h . E. Reckless Disrega	d
12. Type of Action 104(a) 13. Ty	ype of Issuance (check one)	Citation V Order	Saleguard
14. Initial Action A. Citation B. Order C. Safeguard D. Written Not	E. Citation/ Order Number	F. Dated	Mo Da Yr
16. Termination Due A. Date Mo Da Yr 12/14/2005 B. Time (24 F	dr. Clock) 1600		
Section #1—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 4054	4434 21. Primary or Mill		
22. Signature		23. AR Number	(a)
MSHA Form 7000-3, Mar 65 (revised) In accordance with the provisions of established a National Small Business and Agriculture Regulatory Ombudsma	of the Small Business Regulatory Enforceme an and 10 Regional Fakness Boards to recei	ent Fairness Act of 1996, the Small Busine ive comments from small businesses about	ss Administration

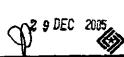
In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agricultume Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal 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 20418. 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.

Who

Mine	Citation/Order
Conti	กเหมือก

Section II-Justification for Action

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



Section I-Subsequent Action/Continuation Data						
1. Subsequent Action 1s. Continuation	2. Dated (Original Issue)	Ma 12/	Da 14/200	<b>Y</b> r 5	Citation/     Order Number	7098540 - 01
4. Served To				5. Opera	tor	
Al Schoonover, Safety				ANKE	R WEST VIRGI	INIA MINING COMPANY INC
6. Mine				7. Mine I	46-0879	(Contractor)
SAGO MINE			1		40-0679	1

The accumulations under the belt were shoveled on to the belt and rock dusted.

		See Continuation Form
Section RI-Subsequent Action Taken		
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated ☑ D. Terminated ☐ E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Clock)
	1601	12/14/2005 1510
MSHA Form 7000-3a, Mar 85 (revised)	•	

Mine Citati	on/Order				artment of L		-	
				Mine Saf	ety and Healt	h Administ	ation	
Section I-Violat	tion Data Mo Da Yr	2. Time (24 Hr. Clock		<del></del>		3. Citation	<del>,</del>	
1. Date	12/14/2005	0920		İ		Order N	// IUX	942
4. Served To		<del>- •</del>	<del></del>	5. Operato				2.2.2
	over, Safety				WEST VIRO	JINIA MIN	ING COMPA	NY INC
6. Mine SAGO MII	NIE:			7. Mine ID	46-0879	)1		(Contractor)
8. Condition of		<del></del>					8a, Writter	Notice (103g)
belt for Energia a dista	or the 1 l zed power	eft section eft section feeder cabl prox. 17-19 stance.	B Panel ne e was lyir	ear the	feeder o e walkwa	on the : y were	right side miners t	e. cavel for
9. Violation	A. Health Safety V	B. Section of Act	C	Part/Section Title 30 CFR	of		ntinuation Form (MS)	
	Other :	<u> </u>						
B. Injury o sonably	or illness (has) (is): or illness could rea- y be expected to be cant and Substantia	No Lost Workdays	Unlikely	<del></del>	y Likely 😿		Occupitly Disabling of Persons Affected	Fatal
11. Negligen	ce (check one)	A. None 🗍 B.	Low 🗀 C.	Moderate 🗹	D. High		E. Reckless Disreg	ard 🗌
12. Type of A	uction 104	(a)	13. Type of Iss	uance (check	one) (	itation 🗹	Order 🗌	Safeguard
14. Initial Act A. Citation		C. Safeguard [] D. \	Nritten Notice	E. Citation Order N			F. Dated	Mo Da Yr
15. Area or E	quipment			- <b></b>				
16. Terminati	on Due A. Date	Mo Da Yr 12/14/2005 B.	Time (24 Hr. Clock)	151	7			
Section III-Ten	mination Action	12.14/2005	<del></del>					
17. Action to	Terminate The	cable was h	ung along	the ril	on inst	ılated	j- hooks.	
18. Terminate	l A. Date	Da Yr 14/2005 B. Time (24	Hr. Clock	1517		<del></del>	·	
	omated System Data							
19. Type of Ir (activity o		20. Event Number	4054434	21.	rimary or Mill			
22. Signature		6	7	<del></del>	<del></del>	23. AF	R Number	67
established a N enforcement ac enforcement ac Street, SW MC	sions of MSHA, you m 2 2120, Washington, I	In accordance with the is and Agriculture Regulatory an annually evaluates enforcing call 1-888-REG-FAIR (1-8 DC 20416. Please note, how osed penalties and obtain a life of the control o	Ombudsman and 10 Pernent activities and ra 188-734-3247), or write ever, that your right to	Regional Fairnes des each agenc dhe Ombudsma file a comment	s Boards to receive /s responsiveness n at Small Busines with the Ombudsma	comments from to small busines Administration In is in addition:	n small businesses ab is. If you wish to com . Office of the Maticon	out federal agency ment on the

Mine	Citation/Order
04	

Change standard

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





Continuation		Mine Safety and Health Administration	<u></u>
Section I-Subsequent Action/Continuation	Data		
1. Subsequent Action 1a. Continuati	on 2. Dated (Original Issue)	Mo Da Yr 3. Citation/ 12/14/2005 Order Number 7098542 - 01	
4. Served To Al Schoonover, Safety		5. Operator ANKER WEST VIRGINIA MINING COMPANY INC	
6. Mine SAGO MINE		7. Mine tD (Contractor) 46-08791	
Section N-Justification for Action			
Change	From	То	
1. Issue Date	12/14/2005		
Reason			
9. C. Part/Section	75.333(c)(1)	75.1403	
Reason Correct standard			

											See Continuation Form
Section #I-Subse	quent Action	Taken									
8. Extended To	A. Date	Mo Da	Yr	B. Time	24 Hr. Clo	:k)		[ c. va	cated	D. Terminated	₹ E. Modified
Section IV-Inspec	sion Data	************		<del></del>		-					
9. Type of Inspe	ection E0	1	10. E	vent Num	oer 40	54434				<del></del>	
11. Signature	<del></del>	6		J	AR Num	nger 7	12. Date	Mo Da 12/14/		13. Time (24 Hr. Cl 1829	ock)
MSHA Form 7000	da Mar 85 (	revised)				<del></del>					

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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. Continuatio	on 2. Dated Mo Da (Original Issue) 12/14/20	3. Citation/ 005 Order Number 7098542 - 02				
4. Served To		5. Operator				
Al Schoonover, Safety		ANKER WEST VIRGINIA MINING COMPANY INC				
6. Mine		7. Mine ID (Contractor)				
SAGO MINE		46-08791				
Section II-Justification for Action						
Change	From	То				
14. Initial Action		Safeguard				
Reason did not add to citation						
14, E. Citation/Order Number		7096483				
Reason ommitted from citation	1					
14. F. Initial Action Dated		05/03/2005				

Reason

Change initial action

			See Continuation Form
Section III-Subsequent Action Taken		·	
8. Extended To A. Date Mo I	a Yr B. Time (24 Hr. Clock)	C. Vacated D. Terminated	E. Modified
Section IV-Inspection Data		<del></del>	<del></del>
9. Type of Inspection E01	10. Event Number 4054434		· · · · · · · · · · · · · · · · · · ·
11. Signature	AR Number 12. Date	Mo Da Yr 13. Time (24 Hr. Ck 12/15/2005 0712	ook)
MSHA Form 7000-ba, Mar 85 (revised)			1/

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) 12/14/2005 0850	3. Citation/ Order Number 7098539
4. Served To	5. Operator
Al Schoonover, Safety	ANKER WEST VIRGINIA MINING COMPANY INC
6. Mine	7. Mine ID 46-08791
SAGO MINE	(Contractor)
8. Condition or Practice	8a. Written Notice (103g)
A light layer of coal dust has been metal floor for the section MMU-006 has 575 volts and is currently powe presents a fire hazard	
9. Violation A. Health ☐ B. Section of Act	See Continuation Form (MSHA Form 7000-3a)  C. Part/Section of Title 30 CFR 75,400
Other	75.400
Section II-Inspector's Evaluation	
A. Injury or Itlness (has) (is): No Likelihood Unlikely  B. Injury or itlness could reasonably be expected to be: No Lost Workdays Lost C. Significant and Substantial: Yes No   11. Negligence (check one)  A. None B. Low	Reasonably Likely Highly Elkely Occurred  t Workdays Or Restricted Duty Permanently Disabling Fatal  D. Nurnber of Persons Affected: 001  C. Moderate V. D. High E. Reckless Disregard
12. Type of Action 104(a) 13. Type	of Issuance (check one) Citation ▼ Order Safeguard
14. Initial Action	E. Citation/ F. Dated Mo Da Yr
A. Citation B. Order C. Safeguard D. Written Notice	Order Number
15. Area or Equipment	
16. Termination Due A. Date Mo Da Yr 12/14/2005 B. Time (24 Hr. C	Clock) 1400
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 40544	21. Primary or Mill
(activity code) E01 40544.	23. AR Number
estativished a reasonal critial business and Agriculture Regulatory Ombudisman are enforcement actions. The Ombudisman annually evaluates enforcement activities enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247).	e Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has not 10 Regional Fairness Boards to receive comments from small businesses about federal agency and rates each agency's responsiveness to small business. If you wish to comment on the or dritte the Ombudsman Affail Business Administration. Office of the National Ombudsman, 409 3rd with the file a comment with the Ombudsman is in addition to not other national or many personal productions.

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Mine Citation/Order Continuation	U.S. Department of Labor 29 DEC 2000 Mine Safety and Health Administration						
Section I-Subsequent Action/Continuation Data				<del></del>			
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo Da 12/14/20	Yr 105	3. Citation/ Order Number	7098539 -	- 01	
4. Served To Al Schoonover, Safety			5. Opera		INIA MININ	G COMPANY I	NC
6. Mine SAGO MINE			7. Mine I	46-0879	1	(Contrac	tor)
Section II-Justification for Action							

The light coat of coal dust has been removed from the box.

Section III-Subsequent Action Taken		See Continuation Form
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	. Vacated   D. Terminated  E. Modified
Section IV-Inspection Data		
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature (	AR Number 12. Date Mo D	a Yr 13. Time (24 Hr. Clock) 4/2005 1500
MSHA Form 7000-3a, Mar 85 (revised)		h

14 12 0

Mine Citation	/Order					ment of La and Health	abor Administr	2 9 DEC	<b>300</b>	
Section I-Violation	Data									
	Mo D# Yr 12/14/2005_	2. Tirne (24	Hr. Clock) 0905				3. Citation Order N	/ 1 /	98541	
4. Served To Al Schoonov	1 ",	erator CER WI	EST VIRG	INIA MIN	ING COM	IPANY IN	IC			
6. Mine					ne ID	46 0070	.1			
SAGO MINI	E					46-0879	1			(Contractor)
8. Condition or I			<u> </u>					8a. V	Vritten Notic	e (103g)
panel M	MU-006 be with med	lt did hanica	at this mine not have the l smoke the arrent is cour	requi	red 5	0 feet	per mag 35 feet	inute. t per m	When inute	at 3
9. Violation	A. Health [	B. Section		C. Part/Se	ction of		See Co	ntinuation Form	n (MSHA Form	7000-3a)
J. VIOLETICIT	Safety 🗸	of Act		Title 30			75.35	51(e)(3)		
	Other			<u></u>				<del></del>		
Section II-Inspect	OLR EASINGDOU									
10. Gravity:	liness (has) (is):	No Likelihoo	d 🦳 Unlikely 🔽	Done	onably Lik	ahr [	Highly Likel		Occurred [	<del>-</del> .
	liness (ras) (is). Iness could rea-	NO LIKEIMOO	Ullakely 🗸		Unally Lik	ery [	rignly Like	<u> </u>	Contineo :	<del></del>
	e expected to be:	No Lost	Workdays Lost V	Norkdays Or	Restricte	đ Duty 📝	Permaner	ntly Disabling	🔲 Fa	ital 🛅
C. Significan	it and Substantial:	Yes	∏ No 🗹				D. Number	of Persons A	ffected:	001
11. Negligence	(check one)	A. None	B. Low	C. Moderate	<b>2</b>	D. Hìgh		E. Reckless I	Disregard [	-
12. Type of Acti	ion 104(a	)	13. Type of	f Issuance (c	heck one	) C	Itation 📝	Order [		Safeguard [
14. Initial Action A. Citation		C. Safeguaro	D. Written Notice (	1	ation/ der Numbe	<del> </del>	·	F. De	ited /	Wo Da Yr
15. Area or Equ	<del></del>	O. Oznegusia	D. William House	<u> </u>	1012121					
16. Termination	Due A. Date	Mo Da Yi 12/15/200	ID Time MALL CV	ock)	1200					
Section III-Termin	ation Action		<del></del>				<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>	<del></del>
17. Action to Te	rminate									
18. Terminated	A. Date MoD	a Yr E	l. Time (24 Hr. Clock			<del></del>			·	
Section IV-Autom										
19. Type of Insp (activity cod		20. Event N	105443	4	21. Prim:	ary or Mill				
22. Signature		6			L		23. Al	R Number	6	
established a National enforcement action enforcement action Street, SW MC 2	ns of MSHA, you may 120, Washington, DC	and Agriculture r annually eval y call 1-888-RE 20416, Pleas	ce with the provisions of the S Regulatory Ombudsman and uates enforcement activities as G-FAIR (1-888-734-3247), or te note, however, that your rigit and obtain a hearing before the	10 Regional F nd rates each i write the Ombi ht to file a com	eimess Boa agency's res udsmain at S ment with th	ards to receive apporaiveness t Smell Business he Omburtsma	comments from to small business Administration of its artificion	n small busines ss. If you wish to Office of the f	ises about fed to comment or Mational Ombi	eral agency In the visional ADS 3rd

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Mine	Citation/Order
Conti	auation.





Continuation	Mine Salety and Deadle Administration				
Section I-Subsequent Action/Continuation Data					
1. Subsequent Action 1s. Continuation	2. Dated Mo (Original Issue) 12	Da Yr 2/14/2005	3. Citation/ Order Number 709	8541 - 01	
4. Served To		5. Operat	or		
Lonnie Smith, Shift Froman		ANKEI	R WEST VIRGINIA	MINING COMPANY INC	
6. Mine		7. Mine II	)	(Contractor)	
SAGO MINE			46-08791		
Section II-Justification for Action					

The ventilating air current on the #7 section belt, 1 left B Panel, is 63 feet per minute when measured and is coursed to the outside.

Same III O Same III o	·			See Continuation For	m <u> </u>
8. Extended To A. Date Mo	Da Yr	B. Time (24 Hr. Clock)	☐ C. Vacated	✓ D. Terminated	
Section IV-Inspection Data  9. Type of Inspection FO1	ho s	Event Number 4054434			
9. Type of Inspection E01	ا ال	+04404			
	6-	AR Number	12. Date Mo Da Yr 12/18/2005	13. Time (24 Hr. Clock) 1600	
MSHA Form 7000-6a, Mar 85 (revise	eď)				

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/ 7098543			
12/14/2005 0840	Older Hurilder			
4. Served To	5. Operator ANKER WEST VIRGINIA MINING COMPANY INC			
Al Schoonover, Safety	7.10			
6. Mine SAGO MINE	7. Mine ID 46-08791 (Contractor)			
8. Condition or Practice	8a. Written Notice (103g)			
	s not provided along the #5 coal belt on			
the walkway side beginning at the power	box and continuing to the tail roller,			
approx.120 feet and beginning at the dr	rive for the section belt, an additional			
70 feet, and at 6 block, approx. 20 fee				
	ll inches deep. This water is murky and			
mucky and is very difficult to walk and				
carry an assortment of belt supplies to				
-	•			
	_			
	See Continuation Form (MSHA Form 7000-3a)			
	Part/Section of its 30 CFR 75.1403			
Safety ₩: of Act Ti	ide 30 CFR 75.1403			
Section II—Inspector's Evaluation	<del></del>			
10. Gravity.	-			
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely 💆 Highly Likely 📋 Occurred 🗀			
B. Injury or illness could rea-	ays Or Restricted Duty Permanently Disabling Fatal			
JOHANNY DE BAPECIEU TO LE.				
C. Significant and Substantial: Yes 😿 No 🗀	D. Number of Persons Affected: 001			
11. Negligence (check one) A. None B. Low C. Mc	oderate 🗹 D. High 🗀 E. Reckless Disregard 🗔			
12. Type of Action 104(a) 13. Type of issua	ance (check one) Citation 🗹 Order 🛄 Safeguard 🚞			
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ 7096483 F. Dated Mo Da Yr 05/03/2005			
15. Area or Equipment				
16. Termination Due Mo Da Yr	<del></del>			
A. Date 12/15/2005 B. Time (24 Hr. Clock)	1200			
Section III—Termination Action				
17. Action to Terminate	<del></del>			
18. Terminated Mo Da Yr				
A. Date B. Time (24 Hr. Clock	<b>(</b>			
Section IV-Automated System Data	<del></del>			
19. Type of Inspection (activity code) E01 20. Event Number 4054434	21. Primary or Mill			
22. Signature	23. AR Number			

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 business about federal entropy 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 and 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.



Mine Citation/Or Continuation	der				epartment of Lafety and Healt	abor h Administration	2 FOEC 2005
Section I-Subsequent	Action/Continuation Data						
1. Subsequent Action	on 1a. Continuation	2. Dated (Original Issue)	Mo Da 12/14/2		3. Citation/ Order Number	7098543 - 01	
4. Served To				5. Opera	itor		
Lonnie Smith, S	hift Froman			ANKE	R WEST VIRO	SINIA MINING CO	OMPANY INC
6. Mine				7. Mine	ID 46 0070		(Contractor)
SAGO MINE				Ⅎ	46-0879	71	

A wooden bridge has been built for a walkway at the following locations on #5 belt beginning at the power car, continuing to the tail roller, at the drive a clear walkway has been made and at 6 block a wooden bridge has been made.

Section III—Subsequent Action Taken				See Continuation Form
8. Extended To A. Date Mo Da	Ϋ́r	B. Time (24 Hr. Clock)	C. Vacated	✓ D. Terminated E. Modified
Section IV-Inspection Data				
9. Type of Inspection E01	10.	Event Number 4054434		<del></del>
11. Signature	<u> </u>	AR Number 12 Date	Mo Da Yr	13. Time (24 Hr. Clock)
MSHA Form 7000.3a Mar 85 (revises 4)			12/18/2005	1550

11/20

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Section I-Violat	ion Deta							<u> </u>	
1. Date	Mo Da Yr 12/18/2005	2. Time (24 Hr. C				3. Citation Order	Number 70	098645	; 
4. Served To		<del></del>		5. Operato					
Lonnie Sm	ith, Shift From	aл		ANKER	WEST VIRG	INIA MI	NING CO	MPANY	INC
6. Mine				7. Mine ID	46-0879	1			
SAGO MI								14.75	(Contractor)
8. Condition of									otice (103g)
when the line located area is has not	ne tunnel ner covere d in the # s approx. been bol	liner beir d with a l 2 entry ac 16 feet lo	control plan ng used as p layer of cus cross from n ong by 18 fe er a tunnel	rimary shioning umber 4 et wide.	support d material belt at . The ar	id not The 40 blo ea had	have tunne ck. T la roo	the to l line he exp f fal:	op of er is posed
9. Violation	A. Health [	B. Section		C. Part/Section	of		ontinuation For	m (MSHA F	orm 7000-3a)
	Safety 📝 Other 🗍	of Act		Title 30 CFR		75.2	20(a)(1)		
Section II—Inspe	ector's Evaluation								
B. Injury o	or Illness (has) (is): or illness could rea-	No Likelihood	<u> </u>	Reasonabi	ly Likely 🔽	Highly Like	ently Disablin	Occurred	Fatal
	be expected to be ant and Substantia	·		ricays Of Nesi	icias buly 💆	<del></del>	of Persons		
		188 🛂	No 🗌			D. NGINDE			001
11. Negligeno	ce (check one)	A. None 🗔	B.Low 🗀 C	. Moderate 😿	D. High	<u> </u>	E. Reckless	Disregard	
12. Type of A	action 104	(a)	13. Type of k	ssuance (check	one) C	itation 🗹	Order		Safeguard
14. Initial Act A, Citation		C. Safeguard	D. Written Notice	E. Citation Order N			F. 0	ated	Mo Da Yr
15. Area or E	quipment			. <del></del>		<del></del>	<del></del>		
16. Terminati	A. Date	Mo Da Yr 12/21/2005	B. Time (24 Hr. Clock	·) 120	0				
Section III-Ten		<del></del>	<del></del>	<del></del>	<del></del>			<del></del>	
17. Action to	1 CHINITALE								
18. Terminate	A. Date Mo	Da Yr B. Tim	e (24 Hr. Clock						
Section IV-Aut	omated System Data				<del></del>	<del></del>			<del></del>
19. Type of in (activity of		20. Event Numb	er 4054434	21.1	Primary or Mill				<del></del>
22. Signature	_	6		<u></u>		23. A	VR Number	7	67
established a N enforcement ac enforcement ac Street, SW MC	tions of MSHA, you m 2 2120, Washington, i	s and Agriculture Regulan annually evaluates ay call 1-888-REG-FAI DC 20416. Please not	th the provisions of the Sm. llatory Ombudsman and 10 enforcement activities and IR (1-888-734-3247), or wri e, however, that your right to ain a hearing before the Fe	) Regional Fairnes rates each agency te the Ombudama to file a comment	is Boards to receive y's responsiveness t in at Small Business with the Ombustsma	Comments from the small business Administration for the small business of the small busi	om amail busine ess. If you wist	esses about to commen	federal agency it on the

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Mine	Citation/Order
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Conuncation				white Salety and Health Administration							
Section I-Subsequent Action/Continuation Data											
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo Da 12/18/20	**	Citation/ Order Number	7098645 - 01						
4. Served To			5. Operat	Or .							
Carl Crumrine, Mine Forman			ANKE	WEST VIRG	INIA MINING COMPANY INC						
6. Mine			7. Mine II	16 0070	(Contractor)						
SAGO MINE				46-0879	1						
Section IIJustification for Action											

Information was provided to the inspector that shows an invoice/P.O.# 67021 for foam sheets to be delivered 12-22-05 and 12-23-05 for the mine for the tunnel liner.

Section IIISubsequent Action Taken	See Continuation Form
8. Extended To A. Date Mo Da Yr 12/26/2005 B. Time (24 Hr. Clock) 0800 C. Vacated D. Terminated	E. Modified
Section IV-Inspection Data	
9. Type of Inspection E01 10. Event Number 4054434	<del></del>
11. Signature   12. Date Mo Da Yr   13. Time (24 Hr. Clo 12/21/2005   1314	ck)
MSHA Form 7006-3a, Mar 85 (revised)	

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Mine	Una	HOH	w	uer

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wine Citatic	Sivorder				. Deparum e Safety ar		abor n Administra	etion	P	
Section I-Violati	ion Data									
1. Date	Mo Da Yr 12/18/2005	2. Time (24 Hr. Cl					3. Citation/ Order No	mber 709864	6	
4. Served To					perator					
Lonnie Sm	ith, Shift From	an		AN	KER WES	T VIRG	INIA MIN	ING COMPAN	Y INC	
6. Mine				7. M	ine ID 4	5-0879	1		/C	
SAGO MIN  8. Condition o								8a. Written		ractor)
The mintunnel covered the #4 approx.	e's roof liner bei with a l entry acr 28 feet	control pl ng used as ayer of cu oss from n long and l tunnel li	a primary shioning m umber 4 be 8 feet wid	suppo ateria lt at e. Th	ort did al. Th 39 blo he area	l not le tun ock. L had	have th nel lin The exp a fall	page 4, vertex page 4, vertex posed area and has no	when the linted in the linter is the linter	he ner in
9. Violation	A Health	B. Section		C. Part/S		· <u>-</u>	······································	itinuation Form (MSHA	Form 7000-	3a)
	Safety ✓ Other	of Act		Title 30	CFR		75.22	0(a)(1)		
Section II—Inspe	ector's Evaluation	<u> </u>					<del></del>	<del></del>		
B. Injury of sonably	r Illness (has) (is): r Illness could rea- be expected to be ant and Substantia		Unlikely		sonably Likely Fr Restricted I		r	Occurrently Disabling  f Persons Affected:	Fatal 001	-
11. Negligeno	e (check one)	A. None	B. Low	C. Modera	te 🗹	D. High	☐ E	. Reckless Disregal	rd 🗀 📗	
12. Type of A	ction 104	(a)	13. Type of	Issuance (	check one)	C	itation 🗹	Order	Safegu	uand _
14. Initial Acti A. Citation		C. Safeguard	D. Written Notice		itation/ rder Number			F. Dated	Mo De	Yr
15. Area or E	on Due A Date	Mo Da Yr 12/21/2005	B. Time (24 Hr, Clo	ck)	1200					
17. Action to	<del></del>			<u> </u>						
18. Terminate	A Date	Da Yr B. Time	(24 Hr. Clock							
	mated System Data	Too =			~ <del></del>					
19. Type of In		20. Event Numbe	4054434	4	21. Primary	y or Mill				
22. Signature		6						Number	6	]
established a Na enforcement act		s and Agnouture Reguli an annually evaluates e	MODERNIES ACTIVITIES AT	10 Regional d rates each	Fairness Board	s to receive	comments from	email businesses about	nt federal ago	ency

Street, SW. MC 2120, Washington, DC 20416. Please note, however, that your right to file a constrent 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/Orde	er 				epartment of Lafety and Healt	abor th Administration	9	
Section I-Subsequent Ac	tion/Continuation Data							
1. Subsequent Action	1a. Continuation	2. Dated (Original Issue)	Mo E 12/18/	a Yr 2005	3. Citation/ Order Number	7098646 - 01		
4. Served To				5. Open	ator			
Carl Crumrine, M	ine Forman			ANKE	R WEST VIRO	SINIA MINING CO	MPANY INC	2
6. Mine				7. Mine	ID	·-	(Contractor)	
SAGO MINE				1	46-0879	)I		
Section II. Lustification for	Action					<del>-</del> <del>-</del>		

Information was provided to the inspector that shows an invoice/P.O. #67021 for the foam sheets to be delivered on 12-22-05 and 12-23-05 for the mine for tunnel liner.

Section III—Subsequent Action Taken	<del></del>	<del></del>		<del></del>		See Continuation Form
8. Extended To A. Date Mo Da 12/26/		. Clock) 0	800	C. Vacated	_ D. Terminated	E. Modified
Section IV-Inspection Data	<del></del>					
9. Type of Inspection E01	10. Event Number	4054434	<del></del>			
11. Signature	TAE	Number	12. Date	Mo Da Yr	13. Time (24 Hr. Cloc	k)
	<u>) الــــــــــــــــــــــــــــــــــــ</u>	6		12/21/2005	1321	
MSHA Form 700/-3a, Mar 85 (revised)	•	( -	<del></del>			

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Mine	Citation	/Order
IAINIC	CILACUIT	





				mine Sar	ety and H	ealth Adminis	nousu	11		~//
Section I-Violat	ion Data									
1. Date	Mo Da Yr	2. Time (24 Hr. C	-			3. Citatio		709864	47	
	12/20/2005	020	05		Order Number 703047					
4. Served To	on Chie Form					IRGINIA MI	NING C	OMPAN	V INC	
6. Mine	se, Shift Form	<u>an                                      </u>	<del></del>	7. Mine ID			unito C	ON IN	1 1.10	
SAGO MI	VE.			) . milie iD	46-08	8791			(Cont	ractor)
8. Condition o							8	a. Written	Notice (103	39)
tunnel covered the num This is feet lo	liner bei with a laber 8 ent the prim ing and 18	ng used as ayer of cu try for MMU ary escapw I feet wide	an is not a primary shioning mul-003 sectionary for the cite has been u	support aterial. on inby s section. d area ha	did no The t spad st The as had	ot have to tunnel lication #4 exposed a fall a	the to iner i 1212 o area and ha	p of t s loca ne blo is app s not	the li ated i ock. prox. been	iner in
9. Violation	A. Health	B. Section of Act		C. Part/Section	of		Continuation (220(a)(1)		Form 7000-	3a)
	Other	1	į	1,0000		,,,,	CZV(a)(1)			
Section II-Inspe	ector's Evaluation									
B. Injury or sonably C. Signific	r litness (has) (is): r illness could rea- be expected to be ant and Substanti be (check one)	No Lost Work	No 🗀	Vorkdays Or Rest			ently Disab		Fatal _	
12. Type of A	ction 104	(a)	13. Type of	Issuance (check	one)	Citation 🗹	Order		Safegu	_ bnsu
14. Initial Acti A. Citation		C. Safeguard	D. Written Notice	E. Citation/ Order No			F	. Dated	Mo Da	Υr
15. Area or E										
16. Termination	A. Dat	e Mo Da Yr 12/22/2005	B. Time (24 Hr. Clo	ck) 120	0					
Section III-Term	nination Action									
17. Action to									·	
18. Terminate	A. Date		e (24 Hr. Clock							
	omated System Data									
19. Type of In	$^{\text{ode})}$ $\sim$ $^{-}$ $^{-}$ $^{-}$ $^{-}$ $^{-}$ $^{-}$ $^{-}$ $^{-}$ $^{-}$	20. Event Numbe	4054434	4   21. 1	imary or M	DI				
22. Signature	<u> </u>	6	)	<del></del>	<del></del>	23.	AR Number	(	6	
MSHA Form 700 established a No	00-3 Mar 85 (revised ational Small Busine	i) In accordance wit se and Agriculture Regu	h the provisions of the S latory Ombudsman and	rnali Business Regu 10 Regional Fairnes	latory Enforce s Boards to re	ment Fairness Act	of 1996, the om small but	Small Busine inesses abo	ess Administ ut federal ag	ration has pency

In accordance with the provisions of the Small Business 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 fife 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
Conti	nuation





1. Subsequent Action 1a. Continuation	2. Dated	Mo	Da	Υr	3. Citation/ 7000 C47 01	
	(Original Issue)	12/2	0/200	5	3. Citation/ Order Number 7098647 - 01	
1. Served To			5	. Operat	or	
Carl Crumrine, Mine Forman_				NKE	R WEST VIRGINIA MINING CO	MPANY INC
5. Mine			7	. Mine I	16.00701	(Contractor)
SAGO MINE			}		46-08791	
Destination for the state of						

Information was provided to the inspector that shows an invoice/P.O. #67021 for the foam sheets to be delivered on 12-22-05 and 12-23-05 for the mine tunnel liner.

Section III Cohesses Andrew Teles		See Continuation Form
8. Extended To A. Date Mo Da 12/26.	Yr 2005 B. Time (24 Hr. Clock) 0800 C. Vacated D. Terminated	E. Modified
Section IV-Inspection Data		<del></del>
9. Type of Inspection E01	10. Event Number 4054434	
11. Signature	R Number 12. Date Mo Da Yr 13. Time (24 Hr. Clor 12/21/2005 1325	ck)
MSHA Form 7000-3a Haz 85 (constant)	1221203 ( 1)23	<del></del>

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#### Mino Citation/Order

## II C Department of Labor





Willie Citatic	MI/OIGE)			Mine Safety		n Administra	tion			
Section I-Violati	on Qata									
1. Date	Mo Da Yr 12/20/2005	2. Time (24 Hr. 0				3. Citation/ Order Nur	mber 709864	8		
4. Served To				5. Operator						
John Travis	e, Shift Forma	n		<del></del> _	EST VIRG	INIA MINI	NG COMPAN	7 INC		
6. Mine	.00			7. Mine ID	46-0879	1		(Contractor)		
B. Condition o							8a. Written N			
resista trailin devices	nt spooli: g cable c	ng device ourses thi in place	tandard, on for the leve rough these at this loo	vel wind n metal par	ear the	reel c	ompartment 3 metal s	:. The		
						See Cont	inuation Form (MSHA	Form 7000-3a)		
9. Violation	A. Health ☐ Safety ✓ Other	B. Section of Act		C. Part/Section of Title 30 CFR		75.	503			
Section II-Inspe	ctor's Evaluation					<del></del>				
10. Gravity: A. Injury o	r Illness (has) (is):	No Likelihood	Unlikely 🗸	Reasonably L	ikely	Highly Llkely	Occum	ed		
B. Injury o	r illness could rea-	Ale Leat Mod	<u> </u>	orkdays Or Restrict			ly Disabling	Fatal		
<del></del>	be expected to be ant and Substantia		·	Ortugys Or Nestika	led Daty 💇	<del></del>	Persons Affected:	001		
	e (check one)	163	No <del>✓</del> B. Low <del>✓</del>	C Madagas	O Ulah	1				
12. Type of A		A. None	<del></del>	C. Moderate	D, High	itation 🗸	. Reckless Disregal	Safeguard		
14. Initial Acti	on .	C. Safeguard		E. Citation/	<u> </u>		F. Dated	Mo Da Yr		
15. Area or E	quipment		···. <u>-</u>	<b></b>						
16. Terminati	on Due A. Date	Mo Da Yr 12/20/2005	B. Time (24 Hr. Clo	ck) 2000						
Section III-Terr	mination Action									
17. Action to	Terminate									
18. Terminate	A. Date Mo	Da Yr B. Tar	ne (24 Hr. Clock		<del></del>	<del></del>		<del></del>		
Section IV-Aut	omated System Data									
19. Type of ir (activity c		20. Event Numb	405443 <sup>4</sup>	1 21. Pri	mary or Mill					
22. Signature		6	T	<del></del>		23. AR	Number \( \int \)	0 7		
	00-3, Mar 86 (revised)		ith the provisions of the Si	mail Business Regulat	ory Enforcement	Fairness Act of 1	1996, the Small Busine	ss 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 annualty 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.

## 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	2. Dated (Original Issue)	Mo Da 12/20/20	Yr )05	3. Citation/ Order Number 709	8648 - 01
4. Served To			5. Operat	OF	
Dick Wilfong, Maintance Chief			ANKE	R WEST VIRGINIA	MINING COMPANY INC
6. Mine SAGO MINE	<del></del>		7. Mine II	46-08791	(Contractor)
Section II—Justification for Action			<del></del>		

Additional information was provided to the inspector that shows a fire resistant spooling device that is grounded for the #6 shuttle car level wind on the MMU-003.

	See Continuation Form
Section III-Subsequent Action Taken	
8. Extended To A. Date Mo Da Yr B. Time (24 Hr. Clock)	nated E. Modified
Section IV-Inspection Data	
9. Type of Inspection E01 10. Event Number 4054434	
11. Signature   12. Date Mo Da Yr 13. Time (2	Hr. Clock)
12/21/2005	1257
MSHA Form 7000-ga, Mar 85 (revised)	





Mine Citatio	on/Order				rtment of La ty and Health	abor n Administration	P	P S
Section I-Violati	ion Data	<del></del>		<del></del>				
1. Date	Mo Da Yr	2. Time (24 Hr. Clos	•			3. Citation/	709864	9
	12/20/2005	0130				Order Number		
4. Served To	01:0.7			5. Operator	WEST VIDE	INIA MINING	COMPANY	/ INC
	se, Shift Forma	<u> </u>					COMPANI	
6. Mine SAGO MIR	ATE:			7. Mine ID	46-0879	1		(Contractor)
8. Condition o							8a. Written N	_ <del></del>
		ar ,standar	d on the	MMI1-003	section	does not h		
		ng device f						
		ourses thro				ere are 4		
						See Continuati	on Form (MSHA I	Form 7000-3a)
9. Violation	A. Health Safety V	B. Section of Act		C. Part/Section of Title 30 CFR	f	75.503	·	
Section II-Inspe	ector's Evaluation							
10. Gravity:								
A. Injury o	r Iliness (has) (is):	No Likelihood	Unlikely 📝	Reasonabh	Likely	Highly Likely	Occurre	ed 🗀
	r illness could rea- be expected to be	No Lost Workda	ys Lost Wo	orkdays Or Restr	cted Duty 🛂	Permanently Di	sabling	Fetal
C. Signific	ant and Substantia	l: Yes _	No 🔽			D. Number of Pen	sons Affected:	001
11. Negligeno	ce (check one)	A. None	B. Low 🔀 C	. Moderate	D. High	E. Rec	kless Disregar	d 🗍
12. Type of A	ction 104	a)	13. Type of I	ssuance (check o	one) C	itation 🗹 On	der 🗌	Safeguard
14. Initial Act A. Citation	-	C. Safeguard = D	. Written Notice	E. Citation/ Order Nu	mber		F. Dated	Mo Da Yr
15. Area or E	quipment		<del></del>	·			.)	
16. Terminati	A. Date	Mo Da Yr 12/20/2005	3. Time (24 Hr. Cloc	k) 2200				
Section IIITen								
17. Action to			·					
18. Terminate	A. Date	Da Yr B. Time	24 Hr. Clock	· <u></u>				· · · · · · · · · · · · · · · · · · ·
	ornated System Data							
19. Type of It (activity o		20. Event Number	4054434	21. F	rimary or Mill			<del>_</del> _

MSHA Form 7000-3. May 85 (revised)

In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, 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 hight to file a comment with the Ombudsman and didtion to any other rights you may have, including the right to content citations and proposed considers and obtain a hearing before the Federal Mine Safety and Health Review Commission. the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

22. Signature

23. AR Number

Mine Citation/Order
Continuation

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Section ISubsequent Action/Continuation Data					
1. Subsequent Action 1a. Continuation	2. Dated (Original Issue)	Mo Da 12/20/2		3. Citation/ Order Number	7098649 - 01
4. Served To	<u> </u>		5. Operat	OF	
Dick Wilfong, Maintance Chief			ANKE	R WEST VIRG	INIA MINING COMPANY INC
6. Mine		<u> </u>	7. Mine II	46.0070	(Contractor)
SAGO MINE			_L	46-0879	1
Section II-Justification for Action					

Additional information was provided to the inspector that shows a fire resistant spooling device that is grounded for the #5 shuttled car level wind on the MMU-003 section.

Section IV-Inspection Data  7. Type of Inspection FO1 110. Event Number 4054424	
7. Type of Inspection F01 10. Event Number 4054424	
4034434	
1. Signature   AR Number   12. Date	Mo Da Yr 13. Time (24 Hr. Clock)
	12/21/2005 1305
MSHA Form 7000-sa, Mar 85 (revised)	

Mine Citatio	on/Order			U.S. Departme Mine Safety an			9	
Section I-Violati	ion Data						Ψ	
1. Date	Mo Da Yr	2. Time (24 Hr. Clo			3.	Citation/ Order Number	7098650	)
	12/20/2005	0200	<u>)                                    </u>	<del> </del>		Order Number		
4. Served To	01 ' 0 E			5. Operator ANKER WES	т упосама	A MATINIANICS	COMBANV	INC
	se, Shift Forma	n		<del></del>	I AIRORAI	A MIMINU	COMPANI	BAC
6. Mine				7. Mine ID 46	-08791			(Contractor)
SAGO MIN				<del>}</del>		<del></del>	8a, Written No	
8. Condition o		7 72 20 41	49A-00 cont:		a	10015		
18.46(b	·) .							
9. Violation	A. Health Safety 🗸	B. Section of Act		Part/Section of Title 30 CFR		See Continuation 75.503	on Form (MSHA F	orm 7000-3a)
•	Other 🗍							
B. Injury of sonably	r Illness (has) (is): r illness could rea- be expected to be ant and Substantia re (check one)	Yes 🗔	No 💆	Reasonably Likely lays Or Restricted D	Outy <u>√</u> F	hly Likely Permanently Dis Number of Pers E. Red		Fatal C
12. Type of A	ction 104(	s)	13. Type of issu	ance (check one)	Citatio	n 🐼 Ord	er 🗍	Safeguard [iii
14. Initial Acti A. Citation 15. Area or E	en B. Order		D. Written Notice	E. Citation/ Order Number			F. Dated	Mo Da Yr
16. Termination	on Due A. Date	Mo Da Yr 12/20/2005	B. Time (24 Hr. Clock)	0800		<del></del>	···	
Section III-Terr	nination Action							
	Terminate							
17. Action to 18. Terminate	A. Date	Da Yr B. Time	(24 Hr. Clock			·		
18. Terminate	A. Date omated System Data	Da Yr B. Time		21. Primary	o les			

MSHA Form 7000-3, May 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.

	on/Order			U.S. Departm Mine Safety a			stration of	
Section I-Viola	tion Data						<del></del>	
1. Date	Mo Da Yr	2. Time (24 Hr. C				3. Citatio		613
	12/21/2005	120	00			Order	Number 7090	<del></del>
. Served To	-			5. Operator	er vin	CD 17 A 3 A	NOTE COLOR	NIV DIC
Carl Crum	rine				21 VIK	GINLA MI	NING COMPA	NY INC
. Mine	N.T.			7. Mine ID 4	6-0879	91		(Contracto
AGO MI Condition of							Ra Writt	en Notice (103g)
		ovtinguish	ore locato	d on the su	rfaco	that s		
oositio	oned have	not been e	xamined or	tagged with	hin t	he requ	ired 6 mC	onths.
. Violation	A. Health Safety V. Other	B. Section of Act		C. Part/Section of Title 30 CFR			Continuation Form (MS 7.1110	SHA Form 7000-3a)
ection (L. Inso	ector's Evaluation	<del></del>						
		<del></del>		<del></del>				
0. Gravity:	············	No Likelihood	Unlikely 🗸	Reasonably Like	elv 🗀	Highly Lik	ely Oc	curred
0. Gravity: A. Injury o	r Illness (has) (is):	<del></del>	Unlikely 🔽	Reasonably Like	<del></del>	Highly Lik		curred
O. Gravity: A. Injury o B. Injury o	············	No. 2 are 18th day		Reasonably Like	<del></del>		elyOcc	
O. Gravity: A. Injury o B. Injury o sonably	r Illness (has) (is): r illness could rea-	No Lost Works		·	<del></del>	Perman		Fatal
O. Gravity:  A. Injury of Sonably  C. Signific	r Iliness (has) (is): r iliness could rea- r be expected to be	No Lost Works	lays _ Lost V	·	<del></del>	Perman D. Numbe	ently Disabling	Fatal
O. Gravity:  A. Injury of B. Injury of sonably  C. Signific	or Illness (has) (is): or illness could rea- y be expected to be cant and Substantia ce (check one)	No Lost Works al: Yes  A None	No 🛂 B. Low 🗀	Vorkdays Or Restricted	Duty 👱	Perman D. Numbe	ently Disabling	Fatal
O. Gravity: A. Injury of B. Injury of Sonably C. Signific  I. Negligent C. Type of A Initial Act  Initial Act	or Illness (has) (is): or illness could rea- y be expected to be ant and Substantia ce (check one) action 104	No Lost Works  al: Yes   A None   (a)	No 🗹 B. Low 🗔  13. Type of	C. Moderate 2 Issuance (check one)	Duty 💆	Perman D. Numbe	ently Disabling or of Persons Affect E. Reckless Disa	Fatal
O. Gravity: A. Injury of B. Injury of Sonably C. Signific 1. Negligent 2. Type of A 4. Initial Act A. Citation	or Illness (has) (is): or illness could ready be expected to be cant and Substantia ce (check one) action 104 ion B. Order	No Lost Works al: Yes  A None  (a)	No 🛂 B. Low 🗀	C. Moderate 2 Issuance (check one)	Duty 💆	Perman D. Numbe	r of Persons Affect E. Reckless Disn Order	Fatal red: 00] egard Safeguard
O. Gravity: A. Injury of B. Injury of sonably C. Signific  1. Negligent 2. Type of A 4. Initial Act	or Illness (has) (is): or illness could ready be expected to be cant and Substantia ce (check one) action 104 ion B. Order	No Lost Worke  al: Yes   A None   (a)  C. Safeguard   Mo Da Yr	No 🗹 B. Low 🗔  13. Type of	C. Moderate   C. Moderate   E. Citation/ Order Number	Duty 💆	Perman D. Numbe	r of Persons Affect E. Reckless Disn Order	Fatal red: 00] egard Safeguard
O. Gravity:  A. Injury of B. Injury of Sonably C. Signific  1. Negligent 2. Type of A 4. Initial Act A. Citation 5. Area or E	or Illness (has) (is): or illness could ready be expected to be cant and Substantiace (check one) or illness could ready be expected to be cant and Substantiace (check one)  action 104  B. Order  cquipment	A None (a)  C. Safeguard (	B. Low	C. Moderate   C. Moderate   E. Citation/ Order Number	Duty 💆	Perman D. Numbe	r of Persons Affect E. Reckless Disn Order	Fatal red: 00] egard Safeguard
O. Gravity: A. Injury of B. Injury of Sonably C. Signific 1. Negligent 2. Type of A 4. Initial Act A. Citation 5. Area or E	or Illness (has) (is): or illness could rea- y be expected to be cant and Substantia ce (check one) action 104 ion B. Order  quipment on Due A. Date	No Lost Works  al: Yes   A. None   (a)  C. Safeguard   e Mo Da Yr 12/21/2005	B. Low	C. Moderate   C. Moderate   Issuance (check one)  E. Citation/ Order Number	D. High	Perman  D. Numbe  Citation	entity Disabling represented in the property of Persons Affect E. Reckless Dismorted F. Dated	Fatal  ed: 00 ] egard  Safeguard  Mo Da Yr
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established a National Small Business and Agriculture Regulatory Ombudaman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudaman annualty 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 1-88-REG-FAIR (1-88-734-3247), or write the Ombudaman at Small Business Administration, Office of the National Ombudaman, 409 3rd Street, SW. MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudaman 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	on/Order				Departme Safety ar		abor h Adminis	tration	$\varphi$		
Section I-Violat	ion Oata		···						- V		
1. Date	Mo Da Yr 12/21/2005	2. Time (24 Hr. )	Clock) 220				3. Citatio Order	n/ Number	70986	14	
4. Served To	12/21/2005		.20	5. Ope	5. Operator						
Carl Crum	rine			ANK	ER WES	T VIRG	INIA MI	NING C	OMPAN	Y INC	
6. Mine				7. Min	e iD A	0070	1				
SAGO MI	NE			1	40	5-0879	1			(Contractor)	
8. Condition o	r Practice								8a. Written	Notice (103g)	
the inchazard.	line stac The accu ely block	ker belt. mulations	een allowed This cond had frozed aterial ro	ition cannot have a not and have a not and have a not and have a not a n	reates ad a 3	a sl foot	ipping secti	g and ion of	tripp f the	ing walkway	
9. Violation	A. Health	B. Section		C. Part/Sec					Form (MSH)	A Form 7000-3a)	
	Safety V Other	of Act		Title 30 (	FR		77	.205(b)			
Section II-Inspe	ector's Evaluation										
10. Gravity:				_				_			
	r litness (has) (is):		Unlikely	Reaso	nably Likel	Y <u>V</u>	Highly Llk	ely :	Occur	red 🗀	
	r illness could rea be expected to be		kdays 🗍 Lost	Workdays Or	Restricted (	Outy 🛂	Perman	ently Disa	bling	Fetal	
C. Signific	ant and Substanti	al: Yes 🗹	No 🚞				D. Numbe	r of Perso	ns Affected	: 001	
11. Negligeno	ce (check one)	A. None	B. Low	C. Moderate	Ø	D. High		E. Recki	ess Disrega	ard 🔲	
12. Type of A	ction 104	(a)	13. Type (	of Issuance (c	neck one)	С	itation 🔽	Orde	<u>,                                    </u>	Safeguard	
14. Initial Acti A. Citation		C. Safeguard [	D. Written Notice	E. Cita	tion/ er Number			'	F. Dated	Mo Da Yr	
15. Area or E	quipment										
16. Terminati	on Due A. Dat	Mo Da Yr 12/21/2005	B. Time (24 Hr. C	locik)	1400	T				· · · · · · · · · · · · · · · · · · ·	
Section III-Terr	nination Action					<del></del>				· · · · · · · · · · · · · · · · · · ·	
17. Action to	Terminate	The haz	ardous mat	erial w	as rem	oved.					
18. Terminate	IA Date	Da Yr 21/2005 B. Tir	ne (24 Hr. Clock)	1400		<del></del>	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
	omated System Data										
19. Type of In (activity o		20. Event Numb	er 405443	34	21. Priman	or Mill					
22. Signature		6	· ·				23.	AR Numbe	T _	6]	
established a N	00-3, Mar 85 (revised ational Small Busines tions. The Ombudsn	ss and Agriculture Red	ith the provisions of the ulatory Ornbudsman an enforcement activities a	d 10 Redional Fa	draest Board	is to receive	comments fr	nm Kmali hu	echospoe ply	vet facional anumov	

enforcement actions of MSHA, you may call 1-888-REG-FAR (1-886-734-3247).

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.