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INSPECTION DISTRIBUTION SHEET
METAL AND NONMETAL MINES
P.L. 91-173

Type of Inspection: 01
Identification No.: 42-00023

Event No.: 135049

UNITED STATES
DEPARTMENT OF LABOR
MSHA - SAFETY AND HEALTH ACTIVITY

Originating Office: Salt Lake City, Utah

This Inspection

Mine Name: Aragonite
Company: Utah Calcium Company Inc.

Location: Aragonite, Tooele County, Utah

Previous Inspection

Mine Name: Same
Company: Same

Date: 5/14/86

Date of Inspection: 3/30-31/87

Inspector(s): William W. Wilson; Delbert L. Curtis

Type of Operation

56 X 57 ___ Mill X

Other (Identify) ___

Gassy ___ Nongassy X

Company Officials

Lon Thomas, President
Utah Calcium Company Inc.
4040 South 300 West
Murray, UT 84107

State Agencies

None

Union

None

MT & Area

CS/MILL
B:07

District Manager, Rocky Mountain District

Files:emt

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1115
3. Citation/Order Number: 2648624
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 1 (Contractor)
8. Condition or Practice — 8a. Written Notice (103g) ☐

The energized SO 3/4 cable leaving the side of the metal disconnect box on the EM AMP-PAK generator, did not leave the box thru a proper fitting, only a rough cut opening. Cable was three phase. Some superficial damage was observed to the outer jacket of the cable. The metal box was chest high and visible and next to an active workplace. Box was electrically grounded.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation — A. Health ☐ Safety ☐ Other ☐ — B. Section of Act — C. Part/Section of Title 30 CFR: 56.12008

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): 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 ☐
E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due — A. Date: Mo 04 Da 03 Yr 87 — B. Time (24 Hr. Clock): 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M

22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1120
3. Citation/Order Number: 2648625
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice: 8a. Written Notice (103g) ☐

The Anaconda 2/3 conductors, ~~six~~ energized cable leaving the bottom of the EM AMP-PAK portable generator did not leave the metal disconnect box thru a proper fitting, only a rough cut opening. Box was chest high, visible and next to an ~~[illegible]~~ active workplace. Some superficial damage was observed to to the 3 phase cable. Box was electrically grounded.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐; B. Section of Act: —; C. Part/Section of Title 30 CFR: 56.12008

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): 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 ☐
E. Citation/Order Number: F. Dated: Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date: Mo 04 Da 03 Yr 87; B. Time (24 Hr. Clock): 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M
22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 01 Da 30 Yr 87
2. Time (24 Hr. Clock): 1135
3. Citation/Order Number: 2648626
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice: 8a. Written Notice (103g) ☐

The SO, 3 conductor cable leaving the metal disconnect box in the crushing shed ~~was~~ did not leave the box thru a proper fitting, only a rough-cut opening. Cable was to the plant jaw crusher. Box was visible, about chest high and next to an active workplace. No apparent damage was observed to the cable. Box was electrically grounded.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ B. Section of Act — C. Part/Section of Title 30 CFR: 56.12008

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): Yes ☐ No ☒
D. Number of Persons Affected: 01

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 ☐
E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due
A. Date: Mo 04 Da 03 Yr 87
B. Time (24 Hr. Clock): 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M

22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1155
3. Citation/Order Number: 2648627
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice — 8a. Written Notice (103g) ☐

The permanent splice made in the SO 3-conductor cable to the mill 3HP air compressor was not: (1) mechanically strong; (2) insulated to a degree equal to the original; (3) provided with damage protection equal to the original. The cable was 3 phase and energized. Splice was about 10 feet off the ground and due north of the bagging machine and touching the metal mill superstructure. Circuit was not electrically grounded. The metal splice connectors were only lightly taped. In the event the 30 yard long cable shorted to the mill metal structure, an employee touching the building could suffer a fatal electrical shock. Men are working in the building now.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation — A. Health ☐ Safety ☐ Other ☐ — B. Section of Act — C. Part/Section of Title 30 CFR: 56.12013

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☐ Reasonably Likely ☒ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): 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 ☐ — E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due — A. Date: Mo 04 Da 03 Yr 87 — B. Time (24 Hr. Clock): 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M
22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1200
3. Citation/Order Number: 2648628
4. Served To: Mark Wilks
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice — 8a. Written Notice (103g) ☐

The Westinghouse, 3HP (model 4DBP) mill air compressor, used weekly, was not electrically grounded from the source at the west end of the mill. The compressor and its disconnect box were fed 3 phase power thru an SO 3-conductor cable which was energized. The metal disconnect box, above the air compressor, was about chest high, visible and adjacent to an active workplace. Men were working in the building now. The power to the Air Compressor was either 220 VAC (9.6 amps) or 440 VAC (4.8 Amps). In the event of an electrical shock, an employee could suffer a fatal electrical shock. Many fatals have occurred in the mining industry from lack of an electrical ground.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ — B. Section of Act — C. Part/Section of Title 30 CFR: 56.12025

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☐ Reasonably Likely ☒ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): 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-1,
13. Type of Issuance (check one): Citation ☒ Order ☐ Safeguard ☐

14. Initial Action: A. Citation ☐ B. Order ☐ C. Safeguard ☐ D. Written Notice ☐ — E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo 04 Da 03 Yr 87 — B. Time (24 Hr. Clock) 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M

22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1202
3. Citation/Order Number: 2648629
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice — 8a. Written Notice (103g) ☐

The energized, SO, 4-conductor extension cable coming out of the bottom of the mill air compressor metal disconnect box did not leave thru a proper fitting only a rough cut opening. Box was chest high, visible and adjacent to an active workplace. No apparent damage was observed to the cable. The box was not electrically grounded. Men were in the mill working now.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ — B. Section of Act — C. Part/Section of Title 30 CFR: 56.12008

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): 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 ☐ — E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo 04 Da 03 Yr 87 — B. Time (24 Hr. Clock) 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M
22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1205
3. Citation/Order Number: 2648630
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc. (Contractor)
6. Mine: Aragonite
7. Mine ID: 42-00023
8. Condition or Practice: 8a. Written Notice (103g) ☐

The six electrical disconnect boxes (principal power switches) at the west end of the mill were not labeled to show which units they control. Men were working here now.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐; B. Section of Act: —; C. Part/Section of Title 30 CFR: 56.12018

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☒ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☐
C. Significant and Substantial (See Reverse): 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 ☐
E. Citation/Order Number: F. Dated: Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date: Mo 04 Da 03 Yr 87; B. Time (24 Hr. Clock): 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M

22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1210
3. Citation/Order Number: 2648631
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice: 8a. Written Notice (103g) ☐

The main braking system of the Allis Chalmers 540 forklift would not hold the forklift steady in low, at idle, on flat ground. Main brakes held the forklift going forward but it rolled off in reverse. Top speed of the forklift was about 1 MPH. The forklift is used regularly, on flat ground, to load pallets of split rock. This defect could hinder a person from stopping safely when backing up after loading a pallet of rock onto a customer's vehicle.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ B. Section of Act — C. Part/Section of Title 30 CFR: 56.9003

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☒ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☐
C. Significant and Substantial (See Reverse): 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 ☐ E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo 04 Da 03 Yr 87 B. Time (24 Hr. Clock) 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M
22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1222
3. Citation/Order Number: 2648632
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice: 8a. Written Notice (103g) ☐

The supervisor had not recently received first-aid training. Interested employees had not been offered first-aid training. The mill and quarry were approximately 30 miles from the nearest town and 2½ miles from the nearest highway.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ B. Section of Act — C. Part/Section of Title 30 CFR: 56.18010

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): Yes ☐ No ☒
D. Number of Persons Affected: 003

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 ☐ E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo 05 Da 03 Yr 87 B. Time (24 Hr. Clock) 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M

22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)

Mine Citation/Order

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

Section I—Violation Data

1. Date: Mo 03 Da 30 Yr 87
2. Time (24 Hr. Clock): 1230
3. Citation/Order Number: 2648633
4. Served To: Mark Willis
5. Operator: Utah Calcium Company, Inc.
6. Mine: Aragonite
7. Mine ID: 42-00023 (Contractor)
8. Condition or Practice — 8a. Written Notice (103g) ☐

Adequate first-aid materials were not on the mine/mill property for the three employees here now. A stretcher and blankets were here. Mine/mill was approximately 30 miles from the nearest town and 2½ miles from the nearest highway.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation: A. Health ☐ Safety ☐ Other ☐ — B. Section of Act — C. Part/Section of Title 30 CFR: 56.15001

Section II—Inspector's Evaluation

10. Gravity:
A. Injury or Illness (has) (is): No Likelihood ☐ Unlikely ☒ Reasonably Likely ☐ Highly Likely ☐ Occurred ☐
B. Injury or Illness could reasonably be expected to be: No Lost Workdays ☐ Lost Workdays or Restricted Duty ☐ Permanently Disabling ☐ Fatal ☒
C. Significant and Substantial (See Reverse): Yes ☐ No ☒ — D. Number of Persons Affected: 003

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 ☐ — E. Citation/Order Number — F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due: A. Date Mo 04 Da 03 Yr 87 — B. Time (24 Hr. Clock) 0800

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): 001
20. Event Number: 0135049
21. Primary or Mill: M
22. Signature: William W. Wilson
23. AR Number: 00573

MSHA Form 7000-3, Mar 85 (Revised)