U.S. DEPARTMENT OF LABOR

Office of Inspector General Office of Audit

BRIEFLY...

Highlights of Report Number: 05-08-003-06-001, MSHA Could Not Show It Made the Right Decision In Approving the Roof Control Plan At Crandall Canyon Mine, to the Assistant Secretary for Mine Safety and Health, dated March 31, 2008.

WHY READ THE REPORT

In August 2007, "a major coal bump/bounce" occurred in the Crandall Canyon Mine (Emery County, Utah) precipitating a tragedy in which nine men lost their lives: six miners, and three rescue workers who died attempting to save the miners. At the time of the incident, the mine operator was conducting a high-risk mining technique known as retreat mining in which pillars of coal previously left to support the mine roof are removed to maximize resource recovery. The Mine Safety and Health Administration (MSHA) had previously reviewed and approved the mine operator's roof control plans associated with this activity. MSHA also conducted periodic inspections of the mine, in part. to assure compliance with the approved plan. The rigor and transparency of the plan approval and the mine inspection processes are critical to assuring the safety of miners.

WHY OIG CONDUCTED THE AUDIT

In a response to a request from the Senate Health, Education, Labor and Pension Committee, the Office of Inspector General (OIG) conducted a performance audit to (a) assess whether MSHA's process for reviewing, approving, and overseeing the implementation of selected amendments to the Roof Control Plan at Crandall Canyon provided reasonable assurance that miners were protected and (b) report on the decision-making process used during the August 2007 rescue operations.

We did not attempt to determine the cause of the tragedy. MSHA's ongoing Accident Investigation will report those conclusions at a future date.

READ THE FULL REPORT

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

http://www.oig.dol.gov/public/reports/oa/2008/05-08-003-06-001.pdf

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WHAT OIG FOUND

MSHA was negligent in carrying out its responsibilities to protect the safety of miners. Specifically, MSHA could not show that it made the right decision in approving the Crandall Canyon Mine roof control plan or that the process was free from undue influence by the mine operator. MSHA did not have a rigorous, transparent review and approval process for roof control plans consisting of explicit criteria and plan evaluation factors, appropriate documentation, and active oversight and supervision by Headquarters and District 9 management. Further, MSHA did not ensure that subsequent inspections assessed compliance with, and the effectiveness of, approved plans in continuing to protect miners.

MSHA and mine operator officials worked together to develop rescue plans related to the August 2007 tragedy, with MSHA exercising final approval authority over all activities. MSHA, however, lacked guidance on appropriate non-rescue activities.

WHAT OIG RECOMMENDED

We made nine recommendations to the Assistant Secretary for Mine Safety and Health designed to:

- Develop rigorous, standard, and transparent processes for the approval, implementation, and periodic reassessment of roof control plans, including active management oversight.
- Establish explicit criteria and guidance for assessing the quality of, and potential safety risk associated with, proposed plans.
- Re-evaluating the adequacy of existing roof control plans at all underground mines.
- Clarify the handling of non-rescue activities and non-rescue personnel during active rescue operations.

MSHA concurred with our recommendations and stated it has initiated or planned numerous corrective actions.