



## Arizona State Mine Inspector Notice of Start-Up For Mine Operations

1700 W Washington Street. Suite 403  
Phoenix, AZ 85007  
(602) 542-5971 Office  
(602) 542-5335 Fax  
publicinfo@asmi.az.gov Email

**Company name:** \_\_\_\_\_  
**Business mailing address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Official headquarters telephone number:** \_\_\_\_\_  
**Fax number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Emergency, holiday or weekend telephone number:** \_\_\_\_\_

**A.R.S. § 27-303(A)** “When mining operations are scheduled to begin at any mine, the operator, owner, agent or other authorized representative shall give written notice to the inspector prior to commencement of mining.”

**A.R.S. § 27-303(C)** “In the case of temporary suspension of operation, excluding labor disputes, exceeding six months or in the case of permanent termination of mining operations, the operator shall notify the inspector, in writing before the suspension or termination date. All shafts, portals, adits or other openings shall be secured to prevent unauthorized entry and to protect the public health and safety pursuant to section A.R.S. § 27-318.”

**A.R.S. § 27-124** ‘The mine inspector’s office must have information on file pertaining to each mining or milling operation in order to comply with its mandated inspection requirements.’

### **Company, Corporation or Partnership**

**Official name of entity:** \_\_\_\_\_

### **Principle Officials:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Arizona State Mine Inspector  
Notice of Start-Up  
For Mine Operations**

**PLEASE COMPLETE THIS PAGE FOR EACH OPERATION**

**Mine or Plant Site Information:**

**MSHA I.D. number:** \_\_\_\_\_

**Mine or plant site name:** \_\_\_\_\_

**Plant address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Plant phone number:** \_\_\_\_\_

**Number of employees including on-site office staff:** \_\_\_\_\_

**Type of operation:** (surface, underground, contractor, etc.) \_\_\_\_\_

**Principle products:** \_\_\_\_\_

**Physical location and direction to mine plant site:**

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

**Start-up date:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

**Supervisor or manager:** \_\_\_\_\_

**Designated safety official:** \_\_\_\_\_

**Inspection & Reclamation Information:**

Type of land operation will be located on:

Private       State       Federal (BLM)

**If operation is on private land, please provide us with the land owner information.**

**Estimated number of acres to be disturbed** \_\_\_\_\_

**Land owner name** \_\_\_\_\_

**Land owner address** \_\_\_\_\_

**Land owner phone number** \_\_\_\_\_

**Land owner parcel number** \_\_\_\_\_

If location is remote, please provide a drawing or copy of a U.S. Geological Survey topographical map. Feel free to attach copies of any documentation which could help the office locate or make other decisions about the operation.

*Pursuant to A.R.S. § 27-1226(A).(2)* Beginning January 1, 2007, if a surface disturbance cannot be practicably reclaimed concurrently with an exploration operation or at an aggregate mining unit, reclamation shall be initiated within one year after cessation of aggregate mining activity.

***Pursuant to A.R.S. § 27-1324(B)*** A person who violates this chapter or a rule, order or reclamation plan approval adopted or issued pursuant to this chapter is subject to a civil penalty of not more than one thousand dollars for each day of violation, not to exceed fifteen thousand dollars for each violation. At the inspector's request, the attorney general shall file an action in superior court to recover civil penalties as prescribed by this section.

**Arizona State Mine Inspector  
Notice of Start-Up, Move, or Stop  
For Portable Equipment and Mine Operations**

TO: All Arizona Mining Operations

FROM: Paul Marsh  
Arizona State Mine Inspector

RE: Accident and Quarterly Labor Reports

**R11-1-136. Reporting of accidents and injuries**

The Arizona Mining Code states the Arizona State Mine Inspector must be notified of accident under specified conditions stated in Rule.

**R11-1-151. Mine Employment Quarterly Report**

Arizona Mining Code states each mining operation must file a quarterly accident report with this office within fifteen (15) days after the end of each calendar quarter.

1st Quarter	January, February, March	Due April 15th
2nd Quarter	April, May, June	Due July 15th
3rd Quarter	July, August, September	Due October 15th
4th Quarter	October, November, December	Due January 15 <sup>th</sup>

The quarterly report, as well as accident reports is retroactive to the first day of new operation.

A copy of Mine Safety and Health Administration quarterly mine employment and coal production report (MSHA Form 7000-2) is acceptable

Please feel free to contact the Inspection & Enforcement Division of the Arizona State Mine Inspector's Office if there are any questions.



**Arizona State Mine Inspector  
Quarterly Labor Report**

1700 W Washington Street, Suite  
403 Phoenix, AZ 85007  
Office: (602) 542-5971  
Fax: (602) 542-5335  
Email: publicinfo@asmi.az.gov

State ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Business mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mine/plant name contact person(s): \_\_\_\_\_  
 Operation Status: \_\_\_\_\_ Closed \_\_\_\_\_ Open \_\_\_\_\_ Other \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Range: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_  
 Driving Instructions: \_\_\_\_\_

*ARIZONA REVISED RULE R11-1-151 requires this report (or the MSHA equivalent) be submitted to the Arizona State Mine Inspector by the 15th day following the end of each calendar quarter.*

**NUMBER OF REPORTABLE INJURIES DURING THIS QUARTER FOR EACH OPERATION**

	Employee Firs. Worked	Number of Employees	Number of Lost Times
First Quarter			
Mine staff	_____	_____	_____
Support staff	_____	_____	_____
Second Quarter			
Mine staff	_____	_____	_____
Support staff	_____	_____	_____
Third Quarter			
Mine staff	_____	_____	_____
Support staff	_____	_____	_____
Fourth Quarter			
Mine staff	_____	_____	_____
Support staff	_____	_____	_____
Totals	_____	_____	_____



# Arizona State Mine Inspector Lost Time – Accident Report

1700 W Washington Street, Suite 403  
Phoenix, AZ 85007

(602) 542-5971 Office  
(602) 542-5335 Fax

[publicinfo@asmi.az.gov](mailto:publicinfo@asmi.az.gov) Email

*This report is made pursuant to Arizona Revised Statutes § 27-124*

State ID# \_\_\_\_\_ Date: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Business mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### Accident Information

IN CASE OF A FATALITY OR SERIOUS ACCIDENT, THE STATE MINE INSPECTOR MUST BE CONTACTED IMMEDIATELY

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ Shift began \_\_\_\_\_ at \_\_\_\_\_  
Location of accident \_\_\_\_\_  
Injured party \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Job title \_\_\_\_\_  
Nature of injury \_\_\_\_\_ Injured area \_\_\_\_\_  
Activity at time of injury \_\_\_\_\_  
Conditions contributing or leading to accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Lost time No \_\_\_\_\_ Days lost \_\_\_\_\_ Days restricted \_\_\_\_\_ Returned to work \_\_\_\_\_

### Type of Accident

- Struck by     Contacted by     Caught on     Caught between     Fall to below  
 Struck against     Contact with     Caught in     Fall-Same level     Overexertion

### Exposure

- Electricity     Heat     Cold     Chemical     Dust     Gas     Mist     Fume     Radiation     Noise

Name(s) of witness(s): \_\_\_\_\_

Person submitting report \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### FATAL ACCIDENT

Contact date: \_\_\_\_\_ Time: \_\_\_\_\_ By whom: \_\_\_\_\_

# Arizona State Mine Inspector Response Team

In the event of any fatality or serious accident, the Arizona State Mine Inspector or one of his deputies must be contacted. Below is a list of State Mine Inspector personnel and telephone numbers where they may be contacted.

**R11-1-136 states: The *State Mine Inspector's office shall be immediately notified of:***

- Any accident or injury to an individual resulting in death or which has the reasonable potential to cause death.
- An entrapment of an individual for more than thirty minutes.
- An unplanned inundation of a mine by a liquid or gas.
- An unplanned ignition of a blasting agent or explosive.

Phoenix Office 8:00 AM -- 5:00 PM

Phone: 602-542-5971

Facsimile: 602-542-5335

24-hour phone: 602-542-5971

Deputy on call: 520-975-7644

After Hours Emergency Line

Phone: 520-975-7644

**Arizona State Mine Inspector**

**Paul Marsh**

**Office 602-542-5971**

**Tim Evans, Assistant Mine Inspector**

Cellular 520-603-8000

**John Stanford**

Senior Deputy Mine

Inspector Cell: 520-405-7458

**Karen Johnson**

Deputy Mine Inspector Cell:

928-713-1645

**Ron Carruthers**

Deputy Mine Inspector Cell:

602-448-6175

**Kyle Griffith**

Deputy Mine Inspector Cell:

602-647-1756

The above numbers are the individual inspector's cellular telephone numbers and the deputy on call number. Contacting any Deputy Inspector will alert the others if the situation warrants.