



Arizona State Mine Inspector Quarterly Labor Report

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Phoenix, AZ 85007
(602) 542-5971 Office
(602) 542-5335 Fax

State ID# _____ Date: _____

Company Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone Number: _____ Fax Number: _____

Mine or Plant Name Contact Person(s): _____

Operation

Status: Closed Open Other _____

Location: _____

Range: _____ Township: _____ Section: _____

Driving Instructions:

ARIZONA REVISED STATUTE/RULE 11-1-151. 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 Hrs. Worked	Number of Employees	Number of Injuries
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	_____	_____	_____