

**Arizona State Mine Inspector
Notice of Start-Up, Move, or Stop
for Contractor's at Mine Operations**

TO: All Arizona Mining Operations

**FROM: Paul Marsh
Arizona State Mine Inspector**

RE: Accident and Quarterly Labor Reports

R11-1-136 of the Arizona Mining code states the Arizona State Mine Inspector must be notified of accident under specified conditions stated in that statute.

R11-1-151 of 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 th

The quarterly report, as well as the Accident Reports and 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
(602) 542-5971 Office
(602) 542-5335 Fax
publicinfo@asmi.az.gov Email

State ID# _____ MSHA ID# _____ Date: _____

Company Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone Number: _____ Email: _____

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 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 Email

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

State ID# _____ **Date:** _____
Company Name: _____
Business Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
County: _____
Telephone Number: _____ **Email:** _____

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 _____ 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:** _____

