



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 MS'HA 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	_____	_____	_____