



Arizona State Mine Inspector Quarterly Labor Report

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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 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	_____	_____	_____