

As provided for in 45 O.S., §611 & 931, of the mining laws of this State, this department is required to collect information from operators of mines and quarries regarding the production of minerals and such other information as is of interest and benefit, and for such purpose this schedule is prepared and issued, and must be fully filled out and returned to this office on or before the twentieth day of the following month.

**MONTHLY PRODUCTION REPORT
COAL**

Report for the month and year _____

Company Name _____ Phone _____

Mailing Address: _____
Street, RFD, Box No. _____ City _____ State _____ Zip code _____

Name of Mine _____ Permit No. _____

City _____ County _____

Land Description: Section _____ Township _____ Range _____

Has the mine changed owners during the month? YES _____ NO _____

If yes, give name of firm _____ Date of Change _____

Name of Landowner _____

Kind of Opening: Drift _____ Slope _____ Shaft _____ Fan _____ Kind of Power _____

Acres mined this month _____ Acres Graded _____ Acres Seeded _____

TONS PRODUCED DURING THE MONTH _____

AVERAGE NUMBER OF MEN WORKING DURING THIS MONTH _____

NUMBER OF DAYS THE MINE WORKED DURING THE MONTH _____

NUMBER OF FATAL ACCIDENTS ____ **NUMBER OF COMPENSABLE NON-FATAL ACCIDENTS** _____

HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE THIS MONTH? YES ____ **NO** ____ **NA** _____

Pounds of explosives: Black Powder _____ Dynamite _____

Permissible _____ Ammon Nitrate _____ Other (Designate) _____

Number of Mining Machines in use of each kind _____ Name of Maker _____

Superintendent _____ Address _____

Mine Foremen _____ Address _____

Fire Boss _____ Fire Boss _____ Fire Boss _____

Name of person making out this report _____

Title _____ Date _____