



C06

UNITED STATES
DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY
986 NATIONAL CENTER
RESTON, VIRGINIA 20192

PRIMARY ANTIMONY

**INDIVIDUAL COMPANY
DATA - PROPRIETARY**

Unless authorization is granted in the section above the signature, the data furnished in this report will be treated in confidence by the Department of the Interior, except that they may be disclosed to Federal defense agencies, or to the Congress upon official request for appropriate purposes. Unless objection is made in writing to the USGS, the information furnished in this report may be disclosed to the respondent's State Geological Survey (or similar State Agency) if the State has appropriate safeguards to prevent disclosing company proprietary data.

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└ (Please correct if name or address has changed.)

FACSIMILE NUMBER
1-800-543-0661

Public reporting burden for this voluntary collection of information is estimated to average 30 MINUTES per response. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. Comments regarding this collection of information should be directed to: U.S. Geological Survey, Statistics and Information Systems Section, 988 National Center, Reston, VA 20192. **Please do not mail canvass forms to this address.**

Collection of nonfuel minerals information is authorized by Public Law 96-479 and the Defense Production Act. This information is used to support executive policy decisions pertaining to emergency preparedness, national defense, and analyses for minerals legislation and industrial trends. The USGS relies on your voluntary and timely response to assure that its information is complete and accurate.

Please complete and return this form in the enclosed envelope **BY THE 15TH OF THE MONTH** following the report period or fax to the above toll-free number. A separate form should be completed for each plant. Additional forms are available upon request. Use zero (0) when appropriate. Please do not make entries in shaded areas.

In completing this form, reasonable estimates should be used wherever exact data are not available. Do not report decimals or fractions. Round to the nearest whole number. Please use the space for Remarks to provide any specific information that will help us in the use or interpretation of the data.

Location of plant.

Nearest city or town _____ County _____ State _____

1. Stocks, receipts, production, and disposition of primary antimony.

Column 1. Self-explanatory.

Column 2-3. Report basis and units. Report all quantities on this form in contained weight and in pounds.

Column 4. Physical inventory adjustment only. Report adjustments necessary to correct ending inventory shown for the preceding report period. If adjustment is significant, explain under Remarks. Show negative figures in parentheses.

Column 5. Beginning stocks. Report all primary antimony (COLUMN 1) you have on hand at this establishment at the beginning of the report period regardless of ownership.

Note: Entries in COLUMN 5 plus or minus inventory adjustment (COLUMN 4) should equal ending stocks (COLUMN 12) on the preceding report.

Column 6. Receipts. Report primary antimony (COLUMN 1) received during the report period.

Column 7. Production. Report quantity of primary antimony (COLUMN 1) produced during the report period.

Column 9. Consumption. Report the quantity of primary antimony (COLUMN 1) used by you to make other products during the report period.

Column 10. Shipments. Enter the quantity of primary antimony (COLUMN 1) shipped by you without change during the report period.

Column 12. Ending stocks. Report all primary antimony (COLUMN 1) you have on hand at the end of the report period regardless of ownership.

Note: For each line, the entry in COLUMN 12 should equal COLUMN 5 plus COLUMN 6 plus COLUMN 7 minus COLUMN 9 minus COLUMN 10.

2. Consumption of primary antimony by use.

Report the consumption of primary antimony in your plant during the report period. Report all quantities in this Section in pounds of antimony content.

The totals of the columns designated by codes (201) - (205) in SECTION 2 should equal the respective line entries in COLUMN 9 of SECTION 1. Thus, the total of COLUMN 201 should equal the entry in SECTION 1, COLUMN 9, LINE 201; the total of COLUMN 202 should equal the entry in SECTION 1, COLUMN 9, LINE 202, etc.

1. Stocks, receipts, production, and disposition of primary antimony.

Material (1)	Code	Report basis (2)	Weight unit (3)	Physical inventory adjustment only (4)	Beginning stocks (5)	Receipts (6)	Production (7)	(8)	Consumption (9)	Shipments (10)	(11)	Ending stocks (12)	
Ores and concentrate.....	201	CONTAINED WEIGHT	POUNDS (2)										
Metal (regulus).....	202												
Oxide.....	203												
Sulfide (excluding precipitated sulfide)....	204												
Residues or slags.....	205												
Total.....	299												

2. Consumption of primary antimony by use (Sb content in pounds).

Use	Code	Ore and concentrate (201)	Metal (202)	Oxide (203)	Sulfide (204)	Residues or slags (205)	Total (299)
Metal products:							
Ammunition.....	301						
Antimonial lead (battery metal and others).....	302						
Bearing metals and bearings.....	303						
Cable covering.....	304						
Castings.....	305						
Collapsible tubes and foils.....	306						
Sheet and pipe.....	307						
Solder.....	308						
Type metal.....	309						
Other (please specify)							
_____	310						
_____	311						
Subtotal metal products.....	312						
Nonmetal products:							
Ammunition primers.....	313						
Fireworks.....	314						
Ceramics and glass.....	316						
Pigments.....	318						
Plastics.....	319						
Rubber products (vulcanize).....	320						
Other (please specify)							
_____	321						
_____	322						
_____	323						
Subtotal nonmetal products.....	324						
Flame retardant:							
Plastics.....	325						
Pigments.....	326						
Rubber.....	327						
Adhesives.....	328						
Textiles.....	329						
Paper.....	330						
Subtotal flame retardant.....	331						
Total.....	399						

Remarks:

Name of person to be contacted regarding this report			Tel. area code		No.		Ext.		
Address No. Street			City			State		ZIP Code	
Signature			Title				Date		

