Quarterly Mine Employment and Coal Production Report

DOL - MSHA - PEIR - OIEI P.O. Box 25367 Denver, Colorado 80225 - 0367

Date R	Date Report Completed				
Mo.	Dav	Yr.			

(1) Operat	tion sub Unit Code(s) usly reported:	Code	(2)Average number of persons working during quarter	(3) Total employee hours worked during the quarter	(4) Production of clean coal during quarter, (short tons)	
Underground Mine Underground		01				
	Surface Shops, Yards, etc.	02				
Surface Mine	Strip, Open Pit, or Quarry	03				
(including associated shops and yards)	Auger (Coal Mine Only)	04				
	Culm Bank or Refuse Pile (Coal Mine Only)	05				
	Dredge	06				
	Other Surface Mining (Metal/Nonmetal Only)	12				
Independent Sh	nops or Yards	17				
Breakers	, Preparation Plants, or	30				
	ional and clerical ne mine or plant working	99				
2. Other Re	portable Data					
How many N	ASHA reportable injurie	s or illr	nesses did you have th	is quarter?		
Person to be co	ntacted Name		•	'		
regarding this re	eport:		Tel. No. (
	Title		area code			

For Quarter Year

Check here if this report is being submitted by a contractor
If any information below is incorrect, please enter correct information here:
County:
Operation Name:
Operating Company Name and Mailing Address:
County

Contractor ID

Operation Name

MSHA ID Number

Operating Company Name and Mailing Address

Copy 1 - Return to MSHA (Denver)

This report is required by law (30 U.S.C. §813; 30 C.F.R. Part 50). Failure to report may result in the issuance of a citation or order under 30 U.S.C. §814 to an operator of a coal or other mine, the assessment of a civil penalty against an operator of a coal or other mine under 30 U.S.C. §820(a), and the institution of a civil action under 30 U.S.C. §818. An individual who knowingly makes a false statement in any report shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than 5 years, or both, under 30 U.S.C. §820(f). Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick scheme, or device, a material fact, or makes or uses any false writing or document knowing the same to contain any false, fictitous or fraudulent statement or entry, shall be fined or imprisioned not more than five years, or both, under 18 U.S.C. §1001.

Important:

(INSTRUCTIONS)

OMB Control Number 1219-0007; Aproval Expires January 31, 2018

This form must be submitted within 15 days after the end of each calendar quarter.

 File online at www.msha.gov or fill the 7000-2 form as completely as possible and mail to: MSHA

PEIR - Office of Injury and Employment Information
P.O. BOX 25367
OR You may Fax to: 1- 888 - 231 - 5515
OR You may email to: zzMSHA-PEIROIEI@dol.gov
Denver. CO 80225-0367

- 2. If it is necessary to make any address changes, indicate correct information on this form.
- 3. When pre-addressed, this form is only for the operation with I.D. number as shown. Do not use for any other operation.
- 4. **Sand and Gravel** operators report employment data under code 03 or 06 as appropriate, except for data on office workers which should be reported under code 99.
- 5. All mine operators and independent contractors reporting as required by 30 C.F.R. Part 50, should show persons working and employee hours worked; those producing coal should also show production date.
- 6. *Independent Contractors* should complete quarterly only <u>one</u> form for activities at all coal locations, and one form for activities at metal and nonmetal locations.

The public reporting burden for this collection of Information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing date sources, gathering and maintaining the date needed, and completing and reviewing the collection of Information. Send comments regarding this estimated response time or any other aspect of this collection of information, including suggestions for reducing this burden, to Mine Safety and Health Administration, U.S. Department of Labor, 201 12th Street South, Suite 401, Arlington, VA 22202-5452.

Persons are not required to respond to this collection of information unless this form displays a currently valid OMB control number.

MSHA Form 7000-2, Aug. 2015 rev. (Mailing Address)