



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF WATER QUALITY PROTECTION

**MONTHLY REPORT**

**TO:** Bituminous State Mine Inspector  
**FROM:** Mine Operator

Month \_\_\_\_\_ 19\_\_\_\_

<b>Name of Company</b>				
<b>Name of Mine/Site</b>	1.	2.	3.	4.
<b>Township</b>				
<b>County</b>				
<b>Tonnage (For Month)</b>				
<b>Tonnage (Year to Date)</b>				
<b>Number of Employes</b>				
<b>Days Worked (For Month)</b>				
<b>Days Worked (Year to Date)</b>				
<b>Man-Hours (Inside)</b>				
<b>Man-Hours (Outside)</b>				
<b>Total Man-Hours (For Month)</b>				
<b>Total Man-Hours (Year to Date)</b>				
<b>Lost Time Accidents of one (1) day or more (For Month)</b>				
<b>Lots Time Accidents of one (1) day or more (Year to Date)</b>				
<b>Accident Frequency This Month</b>				
<b>Accident Frequency This Year</b>				

\*The following is the formula for finding your accident frequently rate:  
 Number of injuries x 1,000,000 ÷ by the number of man-hours of exposure.

**SIGNED** \_\_\_\_\_  
 (Operator or Superintendent)

**DATE** \_\_\_\_\_

**NOTE:** This report is to be filled out and returned to the State Mine Inspector on or before the tenth (10<sup>th</sup>) day of each month for the preceding month in accordance with the requirements of the Bituminous Mining Law.