



State of Colorado - Division of Reclamation, Mining & Safety
1313 Sherman Street Room 215 Denver, CO 80203
(303) 866-3567

Coal Operators Monthly Report

Confidential for two years

Mine No. _____ Mine Name or Operation _____

Report Month _____ Year _____

Mine Status: (P)roducing _____ (I)dle _____ (N)o Report _____

Employment: Office _____ Surface _____ Underground _____ Total _____

Days Worked _____ Hours Worked _____ Injuries _____ Fatalities _____

Production in Tons ROM

Average Price \$ _____ . _____ per ton ROM

State Lease _____

Monthly Stockpile Information

Federal Lease _____

Tons Input + _____

Private Lease _____

Tons Reduction - _____

Total Production _____

Accumulated Tons = _____

Tons Sold in State _____

Out of State _____

Export _____

Date _____ Signature (or print name of Reporter) _____