



MONTHLY REPORT OF DANGEROUS OCCURRENCES

Name of Company													
Office Location													
Postal Address			P. O. Box				Facsimile #						
City/Town/Village							Email Address						
Region							Website						
Fixed Phone Line #							Mobile Phone Line #						
Mine Name									Month				
Date of Incident	Time of Incident	Work Location	Accident/Incident Classification										
			Explosive	Flooding	Shaft	Wall Failure	Fire	Subsidence or Caving	Winding Engine/Rope	Vehicular	Spillages	Equipment Damage	

I, solemnly and sincerely declare that the above information submitted is true and correct to the best of my knowledge.
(Manager)

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Signature

.....
Date

NB: This Monthly Report must be submitted to the Chief Inspector of Mines not later than the 15th day of the month immediately following the period to which the returns relates.