

**MONTHLY REPORT OF MINING OPERATIONS**

To: Director of Mines, Suva Month of \_\_\_\_\_ 20\_\_\_\_

PM/ML No. \_\_\_\_\_ Name of Mines \_\_\_\_\_

Name of Mine Manager \_\_\_\_\_

Name of holders \_\_\_\_\_

Name and address of Agent or Company \_\_\_\_\_

Manager \_\_\_\_\_ Secretary \_\_\_\_\_

\*Average number of men employed \_\_\_\_\_

Mineral produced \_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

(base metals in tons, precious metals in ounces)

Total value of mineral \_\_\_\_\_

Mineral removed from tenement :

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

\_\_\_\_\_ weight \_\_\_\_\_ value \_\_\_\_\_

Destination of mineral removed from tenement \_\_\_\_\_

Accidents : No. \_\_\_\_\_ Injury \_\_\_\_\_ cause \_\_\_\_\_

\_\_\_\_\_ Injury \_\_\_\_\_ cause \_\_\_\_\_

\_\_\_\_\_ Injury \_\_\_\_\_ cause \_\_\_\_\_

\_\_\_\_\_ Injury \_\_\_\_\_ cause \_\_\_\_\_

No. of metres driven \_\_\_\_\_ No. of metres sunk \_\_\_\_\_

Quantity of overburden removed \_\_\_\_\_

Quantity of ore mined \_\_\_\_\_

State any other work that may have been done \_\_\_\_\_

I hereby certify that this is a correct statement of particulars herein set forth.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of holder, agent, company  
manager or secretary.*

\*Average number of men employed =  $\frac{\text{Total number of man-shifts worked}}{\text{Total number of working days}}$