Enterprise logo ( if any )

Enterprise Name

**QUARTERLY WORK REPORT**

**Special operation permit**

**Year 200xx**

**Report period**

**Month-Month (Qx)**

**Enterprise name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Register No.:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner (Manager):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commodity type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Municipality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Region:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:.........

**Description of the works carried out in special operation permit**

|  |  |
| --- | --- |
| **Activity type** | ***Description of activity*** |
| Transport:  |  |
| Processing (Separation, Enrichment):  |  |
| Dewatering works: |  |
| Confirm that permit area is marked: |  |
| Systematic medical examinations: |  |
| Workers training: |  |
| *Add row as needed:* |  |

 **Data on accidents during mining activity**

|  |  |  |
| --- | --- | --- |
| **Nature of injury** | **No.** | **Brief description of the accident** |
| Collective injuries: |  |  |
| Serious injuries: |  |  |
| Minor injuries: |  |  |
| *Add row as needed:* |  |  |

**Statistics of labour force divided into categories**

|  |  |
| --- | --- |
| **Category** | **No.** |
| Management:  |  |
| Office staff: |  |
| Worker: |  |
| Driver: |  |
| *Add row as needed:* |  |

**Statistics of labour force divided according to qualification**

|  |  |
| --- | --- |
| Qualifications | **No.** |
| High and superior: |  |
| Secondary: |  |
| Unqualified: |  |
| *Add row as needed:* |  |

**Report on environmental impacts**

|  |  |
| --- | --- |
| **Type of pollution (environmental impact)** | ***Brief description***  |
| Dust: |  |
| Noise: |  |
| Water flow: |  |
| *Add row as needed* |  |

|  |
| --- |
| **2. CAPITAL INVESTMENTS DURING THE YEAR .......**Investments shall be related with mining activity: |
| Description | Amount |
|  |  |
|  |  |

|  |
| --- |
| 1. **OPERATIVE EXPENDITURES DURING THE YEAR........,**

Investments shall be related with mining activity: |
| Description | Amount |
|  |  |
|  |  |

\*Please attach the evidences of quarterly reports (completed, corrected and paid forms) for the year , this completed form will not be accepted if you do not attach evidences. If the form is not submitted on time, the administrative fines will be charge according to the Law Nr.03/L-163 and other administrative instructions

**PROCESSED COMMODITY DURING THE PERIOD OF TIME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report****period** | **Fractions types** | **Quantity in m³/ton** | **Waste****m³/ton** |
|  |  |  |  |
| Q1 | January |  |  |  |
| February |  |  |  |
| March |  |  |  |
| Q2 | April |  |  |  |
| May |  |  |  |
| June |  |  |  |
| Q3 | July |  |  |  |
| August |  |  |  |
| September |  |  |  |
| Q4 | October |  |  |  |
| November |  |  |  |
| December |  |  |  |

|  |  |
| --- | --- |
| **LOSSES IN PRODUCTION PROCESS** | **Description**  |
| **Specify losses, please attach additional evidences if this space is not enough.** |  |
|  |
|  |  |
|  |  |
| **OTHER LOSSES** |  |
|  |  |
|  |  |
|  **Do you have any losses? [ ]  YES [ ]  NO****If yes, please describe as above and present how you cover costs of these losses.** |

\*Please attach the evidences of quarterly reports (completed, corrected and paid forms) for the year , this completed form will not be accepted if you do not attach evidences. If the form is not submitted on time, the administrative fines will be charge according to the Law Nr.03/L-163 and other administrative instructions

|  |
| --- |
| **7. CONTRACTS AND TRANSACTIONS WITH OTHER COMPANIES** |
| **Contract Description** | **Mineral Type** | **Quantity****m³/ton** |  **Period** |
|  |  |  | **Q1** |
|  |  |  | **Q2** |
|  |  |  | **Q3** |
|  |  |  | **Q4** |

\*To be filled in by all companies that posses Special Operations Permit and attach evidences of transactions

|  |
| --- |
| **8. PLANNING OF SELLING THE MINERALS FOR THE YEAR** \_\_\_\_\_\_\_\_  |
| **Mineral Description** | **Quantity in m³/ton** | **Sale (Market) price** | **Period** |
|  |  |  |  |
|  |  |  |  |

**REMARK**: The form shall be completed based on the Law No.03/L-163, Special Permit Rights and Obligations, article 41, paragraph 2. Please attach the evidences of quarterly reports (completed, corrected and paid forms) for the year , this completed form will not be accepted if you do not attach evidences. If the form will not be submitted on time, the administrative fines will be charged according to the Law Nr.03/L-163 and other administrative instructions. If you have more than one Special Operation Permit, the special form shall be completed for each number of Special Operations Permit.

**I hereby declare with full responsibility that the information offered in this report are true, complete and can be verified in any time.**

Name/Surname /Signature and Stamp dd/mm/yy

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