

Mining Activity 2009 - Supplement

Annual Survey on Mineral Exploration, Deposit Appraisal, Mine Complex Development, Capital and Repair Expenditures

Target date for receipt: Before March 15, 2010

Collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19.

Completion of this questionnaire is a legal requirement under this Act.

Confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez cocher ou téléphoner au numéro sans frais : 1 800 345-2294.

FORM AM8

Please correct pre-printed label information, if **necessary**, using the corresponding boxes below:

Legal Name	Mail Contact Name		
Business Name	Title		
Location	Mail Address		
Type of Ownership <i>(Please see Reporting Guide)</i>	Telephone Number () - -	Extension 	Fax Number () -
	E-Mail		
Please report expenditures for the period January 1 to December 31, 2009.	For Statistics Canada Use Only		
	<input type="checkbox"/> E-Mail	<input type="checkbox"/> SMO V.	<input type="checkbox"/> Corr.

INTRODUCTION

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. The data reported on this questionnaire will be treated in strict confidence. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Authority

This survey is conducted jointly under the authority of the *Statistics Act*, Chapter S19, Revised Statutes of Canada 1985, the *Department of Natural Resources Act*, and the appropriate mining act and/or statistics act of the Provinces. Survey results are thus shared with the following agencies and the use of the data governed by these acts.

TO ASSIST IN COMPLETING THE QUESTIONNAIRE, PLEASE CONSULT THE REPORTING GUIDE

1. Joint Ventures*

(See Reporting Guide, General Instructions 2)

- a) Are you reporting for a joint venture?
1 Yes 2 No
- b) If yes, are you reporting for the entire venture?
1 Yes 2 No
- c) List other participants and their share of venture.

		%
		%
		%

2. Change of Ownership

- a) Did any change of ownership occur during 2009?
1 Yes 2 No

- b) If sold during 2009, give name and address of present owner

Name

Address

- c) If purchased during 2009, give name and address of previous owner

Name

Address

3. Background Information:

- a) Principal type of mining operations covered by this report
- b) Location covered by this report
- c) Legal name of operation

* An asterisk indicates that a definition is provided in the Reporting Guide.

Section 1 - Exploration, Deposit Appraisal and Mine Complex Development Expenditures, 2009
(Capitalized and/or Expensed)

Report amounts in Canadian Dollars (\$)

Exploration and Deposit Appraisal - Off Mine Site Expenditures

Property and/or area	Field expenditures on all physical work and surveys	Mineral lease rental and other land costs	Expenditures on administration and general overhead in the field	Head office expense in province for which operations are being reported	Totals
(1)	\$ (2)	\$ (3)	\$ (4)	\$ (5)	\$ (6)
1.1					
.....					
.....					
.....					
.....					
1.2 TOTALS	125	126	127	128	129 BOX A

Exploration and Deposit Appraisal - On Mine Site

Property and/or area	Field expenditures on all physical work and surveys	Mineral lease rental and other land costs	Expenditures on administration and general overhead in the field	Head office expense in province for which operations are being reported	Totals
(1)	\$ (2)	\$ (3)	\$ (4)	\$ (5)	\$ (6)
1.3					
.....					
.....					
.....					
.....					
1.4 TOTALS	154	155	156	157	158 BOX B

Mine Complex Development

Property and/or area	Field expenditures on all physical work and surveys	Mineral lease rental and other land costs	Expenditures on administration and general overhead in the field	Head office expense in province for which operations are being reported	Totals
(1)	\$ (2)	\$ (3)	\$ (4)	\$ (5)	\$ (6)
1.5					
.....					
.....					
.....					
.....					
1.6 TOTALS	183	184	185	186	187 BOX C

THIS SECTION SHOULD NOW BE REPORTED UNDER NATURAL RESOURCES CANADA QUESTIONNAIRE FORM MIN-EX-38 SECTION A..
 FOR INFORMATION ONLY

Section 2 - Capital and Repair Expenditures 2009*

Asset Code (See Reporting Guide, page 4)		((Report amounts in Canadian Dollars \$))				
		Actual 2009				
Column (1)		New Assets (include used fixed assets if imported)	Purchase of Used Canadian Assets*	Renovation Retrofit Refurbishing Overhauling Restoration*	Total Capital Expenditures* (sum of columns 2, 3 & 4)	
		\$ (2)	\$ (3)	\$ (4)	\$ (5)	
2.1	Land/Mining Rights*	188				
2.2	Residential Construction*	189	190	191		
2.3	**Codes 1005 - 5999	Non-Residential Construction*				
194		195	196	197	198	
201		202	203	204	205	
208		209	210	211	212	
215		216	217	218	219	
222		223	224	225	226	
229		230	231	232	233	
236		237	238	239	240	
243		244	245	246	247	
250		251	252	253	254	
257		258	259	260	261	
264		265	266	267	268	
271		272	273	274	275	
		2.4 Total Non-Residential Construction The total of box D should equal the total of Section D, lines 18.1.1 plus 18.1.1.1 column 8 of the Natural Resources Canada form MIN-EX3R.			278	BOX D
2.5	**Codes 6001 - 9099	Machinery and Equipment*				
398		399	400	401	402	
405		406	407	408	409	
412		413	414	415	416	
419		420	421	422	423	
426		427	428	429	430	
433		434	435	436	437	
440		441	442	443	444	
447		448	449	450	451	
454		455	456	457	458	
461		462	463	464	465	
468		469	470	471	472	
475		476	477	478	479	
482		483	484	485	486	
489		490	491	492	493	
496		497	498	499	500	
503		504	505	506	507	
510		511	512	513	514	
		2.6 Total Machinery and Equipment The total of box E should equal the total of Section D, lines 18.1.2 plus 18.1.2.1 column 8 of the Natural Resources Canada form MIN-EX3R.			517	BOX E
** If reporting significant expenditures for other asset groups (Codes ending in 99) please describe on page 5.						
2.7 Non-Capitalized Repair and Maintenance Expenditures* Box 638 and 639 should equal line 18.2.1 and line 18.2.2 column 8 of the Natural Resources Canada form MIN-EX3R				Non-Residential Construction (1)	Machinery and Equipment (2)	
				638	639	
				.00	.00	

Section 3 - Detail of Expenditures for Fixed Assets*

	Non-Residential Construction	Machinery and Equipment
	\$	\$
3.3 What is the total value of your work in progress at year end?*(These capital costs should be reported as Capital Expenditures in the year that they occurred.)	676	677
3.4 If you are capitalizing your leased fixed assets in accordance with the Canadian Institute of Chartered Accountants recommendations, what is the total value of assets acquired through capital (financial) lease?*	682	683

Section 4 - Year over Year Variation of Capital Expenditures*

Please check the reason(s) for significant variations in TOTAL capital expenditures compared to previous fiscal period.	Non-Residential Construction Box D	Machinery and Equipment Box E
INCREASE	<i>(Please check the appropriate boxes)</i>	
4.1 Launched new major project(s)	701 <input type="checkbox"/>	702 <input type="checkbox"/>
4.2 Expanded existing project(s)	705 <input type="checkbox"/>	706 <input type="checkbox"/>
4.3 Project restarted/resumed	709 <input type="checkbox"/>	710 <input type="checkbox"/>
4.4 Increased cost of project(s)	713 <input type="checkbox"/>	714 <input type="checkbox"/>
DECREASE		
4.5 Project(s) on hold (temporary or not)	717 <input type="checkbox"/>	718 <input type="checkbox"/>
4.6 Project(s) cancelled/abandoned	721 <input type="checkbox"/>	722 <input type="checkbox"/>
4.7 Project(s) completed	725 <input type="checkbox"/>	726 <input type="checkbox"/>
4.8 Reduced size of existing project(s)/Extended project(s) timeline	729 <input type="checkbox"/>	730 <input type="checkbox"/>
4.9 Other(s) Please specify: <input type="text"/>	733 <input type="checkbox"/>	734 <input type="checkbox"/>

Section 5 - Disposals and Sales of Fixed Assets*

Asset Code <i>(See Reporting Guide, page 4)</i>	Selling Price	Accumulated Capital Cost*	Age
Column (1)	\$ (2)	\$ (3)	Years (4)
5.1 Land/Mining Rights	735	861	
5.2 Residential Construction	736	737	738
5.3	**Codes 1005 - 9099	Non-Residential Construction / Machinery and Equipment	
739	740	741	742
743	744	745	746
747	748	749	750
751	752	753	754
755	756	757	758
759	760	761	762
763	764	765	766
767	768	769	770
771	772	773	774
775	776	777	778
5.4 Totals	779	BOX H 780	BOX I

** If reporting significant expenditures for other asset groups (Codes ending in 99) please describe on page 5.

Section 6 - Capacity Utilization*

6.1 For 2009 this mine operated at what percentage of its capacity? 849 %
 Capacity is defined as maximum production attainable under normal conditions. With regard to normal conditions, please follow the company's operating practices with respect to the use of productive facilities, overtime, workshifts, holidays, etc. When any of your facilities permit the substitution of one product for another, use a product mix at capacity which is most similar to the composition of your 2009 output.

6.2 If this mine was operating at less than capacity during 2009, what is the principal reason? *(Please check the appropriate boxes)*

• insufficient orders	850 <input type="checkbox"/>	• temporary mine shutdown	854 <input type="checkbox"/>
• insufficient labour available	851 <input type="checkbox"/>	• start-up of new operation	855 <input type="checkbox"/>
• lack of materials or supplies	852 <input type="checkbox"/>	• sufficient inventory	856 <input type="checkbox"/>
• strike or work stoppage	853 <input type="checkbox"/>	• other reasons - <i>(please specify)</i> : <input type="text"/>	857 <input type="checkbox"/>

6.3 If this mine was operating at more than capacity during 2009, what is the principal reason? *(Please check the appropriate boxes)*

• stronger demand for product	858 <input type="checkbox"/>	• other reasons - <i>(please specify)</i> : <input type="text"/>	860 <input type="checkbox"/>
• insufficient inventory	859 <input type="checkbox"/>		

6.4 Has the production capacity of this plant changed in 2009? (Change in resources e.g. plants, equipment, workforce, etc.)

• Increased 870 • Decreased 871 • No change 872

Name of person responsible for reporting capacity utilization Telephone Number - - Ext.
(if different from name on page 5)
(print or type)

How much time was spent compiling data and completing this questionnaire? hour(s) 098 minute(s) 099

