

Contractors First Report Of Incident

Incident Reporting Form (IRF)

Morenci Operations

Information contained within this report may be confidential in nature and should only be distributed as necessary to communicate critical details of the event. All documents (Statements, photos, and and this form) will need to be sent to the appropriate FMI safety professional.

GENERAL INCIDENT INFORMATION						
Incident type:		Injury Type:		Date of Report:		
Date of Incident:		Time of Incident:		Reported By: Name & ID:		
Responding HS-3:			Contracting Company:			
Responding Safety:			Supervisor Name/ID#:			
Organization:	Contractor		Supervisor Contact #:			
Division:			FMI Area Contact:			
Department:			Crew:			
Exact Location:						
Geotags:	Latitude:		Longitude:			
DETAILED INCIDENT INFORMATION						
Detailed Description:						
Immediate Actions:						
Critical Lessons:						
Potential Risk Rating:	Potential Consequence:		Potential Frequency:		Risk Category:	
Fatal Risks:						
Energy Source:				Energy Level:		
Agent Involved:						
PROPERTY INFORMATION						
EQUIPMENT 1:	DAMAGED	INVOLVED	EQUIPMENT 2:	DAMAGED	INVOLVED	
Property Description (make, model, etc.):			Property Description (make, model, etc.):			
Property ID Number:			Property ID Number:			
Property Owner:			Property Owner:			
Description of Damage:			Description of Damage:			
Comments:			Comments:			

Contractors First Report of Incident (back page)

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INJURED EMPLOYEE DATA – CONFIDENTIAL – DO NOT DISTRIBUTE
(send to lludvigs@fmi.com, asammito@fmi.com and SafetyOn_Call@fmi.com only)

Name:		Age:		Employee Experience:	Years	Months
Employee ID:		Gender:	M F	Job:		
Job Title:		Date of Birth:		Site:		
Contact Phone:		Last 4 of SS#:		Industry:		
Nature of Injury:	Mechanism of Injury:					
Severity of Injury:	Part of Body:			Side of Body:		
Employee's Next Scheduled Shift:	Date: _____		Shift: _____			
Treated Onsite:	YES NO	Treatment:				
Treated Offsite:	YES NO	Treatment:				
Air/ Ambulance Transfer:		Location:				

Notification of an injury following air, ambulance transfer, and/or hospitalization:

1. Immediately contact the **FMI On-Call Safety Professional at 928-965-6605**
2. Email a short note regarding the incident to the following individuals:
 - i. jedwards@fmi.com
 - ii. tzaytsow@fmi.com
 - iii. rfrancis1@fmi.com
 - iv. bwiley@fmi.com
 - v. tsmith2@fmi.com

INVOLVED DATA (Include individuals directly involved but NOT injured)

Name	Job Title	Employee ID	Gender	Job Experience (Years/Months)		
				Job	Site	Industry
			M F			
			M F			
			M F			
			M F			
			M F			

WITNESS DATA

Name	Job Title	Employee ID	Gender	Job Experience (Years/Months)		
				Job	Site	Industry
			M F			
			M F			
			M F			
			M F			
			M F			

INVESTIGATION DOCUMENTATIONS

PHOTOS:	YES NO	COMMENTS:
STATEMENTS:	YES NO	
INSPECTION RECORDS:	YES NO	
OTHER: (If yes, please describe)	YES NO	