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| AMERICAS  Health, Safety, and Environmental Plan (HSEP) Template  Addendum Template  Changes to any section(s) of the HSEP must be indicated by checking the “yes” box and describing changes/updates within the corresponding section. Once completed sign “Acknowledgement” section and submit to the FCX owner for review and acceptance. | | | | | | | | |
| **Company Name:** | | |  | | | | | |
| **SECTION – Describe changes as applicable** | | | | | | | **CHANGES?** | |
| **Project Name / Location / Summary** | | | | | | | □Yes □No | |
|  | | | | | | | | |
| **Applicability/HSEP Location** | | | | | | | □Yes □No | |
|  | | | | | | | | |
| **Contractor Project Personnel and Coordination (Key Personnel)** | | | | | | | □Yes □No | |
| List the contractor personnel who will be instrumental to the success of the project (e.g., Contractor’s Construction Manager, field supervisor, etc.) and their primary function and responsibilities. | | | | | | | | |
| **Title / Position** | | **Name** | | **Phone Number** | **Email** | | | |
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| **Responsibilities** | | | | **Lines of Authority** | | | | |
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| **Subcontractor (s) (all contractors must be pre-qualified by FCX prior to working on site/project. See FCX Global Supply Chain Representative for questions)** | | | | | | | □Yes □No | |
| **Check box if HSE Plan will apply to subcontractor** | | **Date subcontractor pre-qualified** | | **Subcontractor Company Name** | | | | |
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| **Scope of Work** | | | | | | | □Yes □No | |
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| **Expectations** | | | | | | | □Yes □No | |
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| **Management of Change** | | | | | | | □Yes □No | |
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| **Risk Management** | | | | | | | □Yes □No | |
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| **Air Quality** | | | | | | | □Yes □No | |
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| **Water Quality (Surface and Groundwater)** | | | | | | | □Yes □No | |
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| **Waste Management** | | | | | | | □Yes □No | |
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| **Spill Containment Program** | | | | | | | □Yes □No | |
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| **Land Disturbance (Including Reclamation Area)** | | | | | | | □Yes □No | |
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| **Biodiversity** | | | | | | | □Yes □No | |
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| **Water Usage** | | | | | | | □Yes □No | |
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| **Sanitation** | | | | | | | □Yes □No | |
|  | | | | | | | | |
| **Training** | | | | | | | □Yes □No | |
|  | | | | | | | | |
| **Personal Protective Equipment** | | | | | | | □Yes □No | |
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| **Communications** | | | | | | | □Yes □No | |
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| **Medical Surveillance** | | | | | | | □Yes □No | |
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| **Personal and Environmental Monitoring** | | | | | | | □Yes □No | |
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| **Project Access and Control** | | | | | | | □Yes □No | |
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| **Standard Operating Procedures (SOPs)** | | | | | | | □Yes □No | |
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| **Decontamination Procedures** | | | | | | | □Yes □No | |
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| **Other Miscellaneous Plans/Tools, etc.** | | | | | | | | □Yes □No |
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| **Incident Notification, Reporting, and Investigation** | | | | | | | | □Yes □No |
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| **Emergency Plan** | | | | | | | □Yes □No | |
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| **Contractor Acknowledgement – Key Personnel** | | | | | | | | |
| Note: All contractor and subcontractor employees must acknowledge (sign off) that they have read and understand the HS&E Plan. A separate acknowledgement form may be used. | | | | | | | | |
| Date | | | Print Name | | | Signature | | |
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| **FCX Acknowledgement** | | | | | | | | |
| FCX acknowledges they have reviewed and accepted this HSE Plan | | | | | | | | |
| Date | | | FCX Project Manager / CCS – Print Name | | | Signature | | |
| Date | | | FCX Environmental – Print Name | | | Signature | | |
| Date | | | FCX Health & Safety – Print Name | | | Signature | | |