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| AMERICASHealth, Safety, and Environmental Plan (HSEP) TemplateAddendum TemplateChanges 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 |
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| **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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| 3 |  |  |  |  |
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| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **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 |
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| **Training** | □Yes □No |
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| **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 |