

**SOP Name:** Material Request Approval Process (MRAP) SOP

**SOP No.:** SOP-01-19

**Area:** Freeport McMoRan North America Sites




**Purpose/Scope:** To ensure that no hazardous chemical/product\* is purchased or brought onto an FCX property by an FCX employee, contractor and/or subcontractor without a Safety Data Sheet (SDS) AND prior approval by the Health & Safety (H&S) and the Environmental Departments, AND that the FCX employee, contractor and/or subcontractor ensure that approved hazardous chemical products are disposed of in accordance of all FCX policies and State and Federal regulations.

\* NOTE: Prior approval is NOT required for:

- Consumer commodities in consumer quantities (see definitions);
- Chemicals/products that are not considered hazardous by OSHA (see definitions), OR
- Chemicals/products that are already approved for use on FCX properties.

Although prior approval is not required for the above referenced materials, SDS may be required to be maintained at the site(s) due to site, project or property specific requirements.

**Fatal Risks:**

Symbol	Fatal Risks	Possible Outcomes	Incident Potential	Critical Controls	Applicable H&S Policy/Program
	Hazardous Substance-Chronic	Various worker and public health and safety and environmental impacts	Health effects, fires, explosions, other serious accidents and/or environmental damage	Handling Requirements and Segregation and Storage through the MRAP process	
	Hazardous Substance-Acute				
	Fire				

**Definitions:**

1. Hazardous chemical/product: any chemical/product which is classified as a physical hazard or a health hazard under the Globally Harmonized System (GHS) of Classification of Labeling Chemicals.
2. Physical hazard: a chemical that is classified as posing one of the following hazardous effects: explosive; flammable (gases, aerosols, liquids, or solids); combustible dust; oxidizer (liquid, solid or gas); self-reactive; pyrophoric (gas, liquid or solid); self-heating; organic peroxide; corrosive to metals; gas under pressure; or in contact with water emits flammable gas

3. Health hazard: a chemical which is classified as posing one of the following hazardous effects: acute toxicity (any route of exposure); skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; specific target organ toxicity (single or repeated exposure); aspiration hazard, or simple asphyxiant
4. Consumer Commodities in Consumer Quantities: Any consumer product that is used in the workplace for the purpose intended by the manufacturer; the use results in a duration and frequency of exposure which is not greater than the range of exposures that could reasonably be experienced by consumers when used for the purpose intended.

**Procedures:**

1. FCX employees or contractors shall obtain an SDS for any hazardous chemical/product prior to purchasing or being brought onto an FCX property AND complete the Material Request Approval Process (MRAP) form (see Appendix I), if necessary (see \*Note above).
2. Contractors must also provide FCX with a list of hazardous products they plan to use on site as part of the project H&S submittals. The assigned H&S professional will submit the list to the Industrial Hygienist who will identify those products that require MRAP submissions and return the edited list back to the assigned H&S professional. The H&S professional can modify the edited list, if desired to reflect any project/site-specific submittal requirements before communicating back to the contractor. The list and respective SDS shall be updated on an ongoing basis -- substances previously not included in the initial submittal are subject to this SOP before being brought onto the FCX property.
3. The MRAP form shall be electronically submitted to the H&S and Environmental Departments through the web-based, [IHS Sphera™ Comply Plus® system](#) (i.e., the System).

The submittal can be done by:

- a. The employee or contractor/subcontractor (after obtaining a system username and password-see Appendix I for instructions)
- b. The FCX H&S Representative assigned to the site/project or through their designated representative.

\*NOTE: SDS and MRAP form submittals should be done at least one week before the chemical/product is expected to be brought on a FCX property.

4. Once submitted, the H&S and the Environmental Departments shall:
  - c. Assign the chemical/product to a specific FCX site/project
  - d. Review the MRAP form and associated SDS; approve, conditionally approve, or deny use of the product.

\*NOTE: Where multiple H&S or Environmental reviews may be required (e.g., Reclamation Services working on an active mine site) H&S and Environmental personnel may be requested to forward the applicable MRAP form and SDS to mine site personnel for their concurrent review and approval as well. Disapproval by any reviewer will prohibit use of the material on the FCX property.

5. The submitter will be electronically provided the results of the review along with any comments by the reviewers. Site/project inventories of approved chemicals/products and their SDSs will be stored in the System for electronic user access. Users can also produce a current site/project hazardous chemical/products list and SDS inventory through the System.

**Training:**

1. Contractors and FCX personnel shall be made aware of the requirements of this procedure during site orientation, bid walk, contractor onboarding, and various Health and Safety training. Global Sourcing and Contracting (GSC) and/or the H&S representative advises Contractors of the requirement to submit a MRAP form and SDS (in addition to the compliance required) with the most current issue of the Contractor's Health and Safety Manual.
2. Personnel who receive/use the chemical/products shall be knowledgeable of proper handling, storage and disposal practices and procedures. Supervisors shall ensure the proper practices and procedures are followed.

**References**

**MSHA:** 30 CFR Part 47 Hazard Communication Standard  
**OSHA:** 29 CFR 1910.1200 Hazard Communication Standard  
**FCX:** Freeport-McMoRan Health and Safety FCX-HS29  
**HSMS:** 8.1 Operational Controls

## Appendix I

### Instructions Regarding Environmental, Health & Safety Product Approval for FCX Projects

**Material Request Approval Process (MRAP):** This product approval process is conducted electronically through the Comply Plus web page <https://fcx.complyplus.com>. You will need a username & password, which will be assigned to you by FCX personnel. In no case shall a new hazardous chemical/product be purchased and brought on site until a Safety Data Sheet (SDS) [Not a Material Safety Data Sheet (MSDS)], and a Material Request Approval Form (attached) has been submitted and approved by the Health & Safety (H&S) and Environmental Departments. SDSs must be available for all hazardous products/chemicals used on site in compliance with MSHA's Hazard Communication Standard: [30 CFR Part 47](#), and OSHA's Hazard Communication Standard: [29 CFR 1910.1200](#).

#### **Step 1:**

- To obtain a username and password for MRAP, email the following information to the FCX H&S representative assigned to your project:
  - a. First and Last Name
  - b. Company Name
  - c. Address
  - d. Telephone Number
  - e. Email address
- Put "MRAP - Request for a username and password" in the subject line of your email.

#### **Step 2:**

- The FCX H&S representative will forward the information to the lead contact and identify the site/project. Once this information is received, you will be sent a username and password.

#### **Step 3:**

- Complete one copy of the form below for each chemical or material that will be brought onto the project site.

#### **Step 4:**

- Contact the FCX H&S representative and he/she will walk you through submitting an electronic request for product approval. Make sure you have the completed form and Safety Data Sheet (SDS) available (5 MB max. size).

**NOTE: ALLOW A MINIMUM OF ONE WEEK FOR PRODUCT APPROVALS**

**MATERIAL REQUEST APPROVAL FORM**

**REQUESTER'S INFORMATION**

Division (if FCX) or Contractor's Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Site/Project Identification: \_\_\_\_\_

Site Supervisor (if FCX) or Contractor's Site Supervisor: \_\_\_\_\_

**MANUFACTURER INFORMATION**

Product Name: \_\_\_\_\_ Manufacturer's Name: \_\_\_\_\_

Common Name: \_\_\_\_\_

From whom will you purchase this product? \_\_\_\_\_

**PROCESS DESCRIPTION**

Describe the work activity & process in which this material will be used (include any waste generated; rags, absorbent, waste product, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Will the product be sprayed or otherwise aerosolized?  Yes  No

Quantity used at one time? \_\_\_\_\_ Where will the product be used? \_\_\_\_\_

Will the product be used in a confined space?  Yes  No

How often will the product be used?: \_\_\_\_\_ How long will the product be used (time)?: \_\_\_\_\_

Will the product be mixed or added to other chemicals/products?  Yes  No

If yes, what chemicals/products? \_\_\_\_\_

Where will the product be stored? \_\_\_\_\_ Quantity stored on site? \_\_\_\_\_

Are substitutes available?  Yes  No If yes, describe: \_\_\_\_\_

What are the physical hazards of the product - see Section 2 of SDS (check all that apply)?:  None

- |                                            |                                                 |                                                                                      |
|--------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Explosive         | <input type="checkbox"/> Oxidizing Gas          | <input type="checkbox"/> Pyrophoric Liquid                                           |
| <input type="checkbox"/> Flammable Gas     | <input type="checkbox"/> Oxidizing Liquid       | <input type="checkbox"/> Pyrophoric Solid                                            |
| <input type="checkbox"/> Flammable Aerosol | <input type="checkbox"/> Oxidizing Solid        | <input type="checkbox"/> Self-Heating Chemical                                       |
| <input type="checkbox"/> Flammable Liquid  | <input type="checkbox"/> Gas Under Pressure     | <input type="checkbox"/> Organic Peroxide                                            |
| <input type="checkbox"/> Flammable Solid   | <input type="checkbox"/> Self-Reactive Chemical | <input type="checkbox"/> Corrosive to Metals                                         |
| <input type="checkbox"/> Combustible Dust  | <input type="checkbox"/> Pyrophoric Gas         | <input type="checkbox"/> Chemical Which in Contact with Water, Emits Flammable Gases |

What are the health hazards of the product - see Section 2 of SDS (check all that apply)?:  None

- |                                                            |                                                                                          |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Acute Toxicity                    | <input type="checkbox"/> Reproductive Toxicity                                           |
| <input type="checkbox"/> Skin Corrosion/Irritation         | <input type="checkbox"/> Specific Target Organ Toxicity (Single Exposure)                |
| <input type="checkbox"/> Serious Eye Damage/Eye Irritation | <input type="checkbox"/> Specific Target Organ Toxicity (Repeated or Prolonged Exposure) |
| <input type="checkbox"/> Respiratory or Skin Sensitization | <input type="checkbox"/> Aspiration Hazard                                               |
| <input type="checkbox"/> Germ Cell Mutagenicity            | <input type="checkbox"/> Simple Asphyxiant                                               |
| <input type="checkbox"/> Carcinogenicity                   |                                                                                          |

Are there other hazards not listed above (describe)? \_\_\_\_\_

What are the possible routes of exposure?:  Inhalation  Skin/eye contact  Ingestion

How will you prevent inhalation exposure?:

- |                                                  |                                                                    |                                                     |
|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Use in a closed system  | <input type="checkbox"/> Use outdoors or in a well ventilated area | <input type="checkbox"/> Use respiratory protection |
| <input type="checkbox"/> Use under local exhaust | <input type="checkbox"/> Use wet or wet while using                | <input type="checkbox"/> NA                         |
| <input type="checkbox"/> Other (describe): _____ |                                                                    |                                                     |

How will you prevent skin/eye contact?:  PPE  Other (describe): \_\_\_\_\_

Personal protective equipment (PPE) to be used (check all that apply)

**Eye/face protection**

- Safety glasses with side shields
- Chemical splash goggles
- Face shield
- Other (describe): \_\_\_\_\_

**Hand protection**

- Nitrile
- Neoprene
- Butyl
- Leather
- Other (describe): \_\_\_\_\_

**Body protection**

- Standard work clothing
- Lab coat
- Chemical resistant apron
- Chemical resistant body cover
- Other (describe): \_\_\_\_\_

**Respiratory protection**

- |                                                 |                                             |                                             |
|-------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Disposable (dust mask) | <input type="checkbox"/> Full-face          | <input type="checkbox"/> Tight-fitting PAPR |
| <input type="checkbox"/> ½ mask                 | <input type="checkbox"/> Loose-fitting PAPR | <input type="checkbox"/> Supplied-air       |

Cartridge type (describe): \_\_\_\_\_

If respiratory protection is specified, do you have an FCX-approved written Respiratory Protection Program?

- Yes  No

I fully understand that I must use this product only for its intended purpose and strictly in accordance with all Manufacturers' guidelines. I fully understand that the product must be properly disposed of in accordance with all FCX policies and State and Federal regulations. Failure to do so could result in serious harm to myself, others or the environment.

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit the information above electronically, with no blank entries, and the respective Safety Data Sheet to the Comply Plus web page <https://fcs.complyplus.com>. You will need a username & password**

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