

## Contractor Incident Additional Information - 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, WPE, JRA and this form) will need to up-loaded to the attachment field of the **Enablon First Report (Logbook)** attachment section.

### GENERAL INCIDENT INFORMATION

Incident type:		Date Reported:		Date of Incident	
Contractor Company Name			Contractor Supervisor Name/Badge Number		
FMI Safety Contacted			Contractor Supervisor Phone		
FMI Organization			FMI Department		
Location of Incident					
Description of Incident					
Immediate Actions					
Potential Risk Rating	Potential Consequence			Potential Frequency	
Explanation of Risk Ranking					

### INVOLVED OR DAMAGED PROPERTY DATA

EQUIPMENT 1	Damaged	Involved	EQUIPMENT 2	Damaged	Involved
Equipment Type/ Manufacturer			Equipment Type/Manufacturer		
Equipment Model Number			Equipment Model Number		
Property ID Number			Property ID Number		
Name of Owner			Name of Owner		
Description of Damage:			Description of Damage		

### INJURED EMPLOYEE INFORMATION

Injured Employee Name					Injury Type			Gender			
Contractor Badge ID					Age						
Job Title					Contractor Type						
Nature of Injury				Part of Body				Side of Body			
Mechanism of Injury				Shift Start Time							
Job Experience	Years			Weeks			Shift Length			Total Hours in Rotation	
Site Experience	Years			Weeks			Hours Worked in Rotation			Hours into shift	
Industry Experience	Years			Weeks			Hours off between Shifts			Consecutive Days Worked	
Treated Onsite	YES	NO		Treatment							
Treated Offsite	YES	NO		Treatment							

## Contractor Event First Report – Logbook

### Morenci Operations

INVOLVED DATA											
(Include individuals directly involved but NOT injured)											
Name (First & Last Name)	Contractor Type	FCX Badge Number	Gender		Age	Job Experience		Site Experience		Industry Experience	
						Years	Weeks	Years	Weeks	Years	Weeks
			M	F							
			M	F							
			M	F							
			M	F							
			M	F							

  

WITNESS DATA					
Name (First & Last Name)	Contractor Type	FCX Badge Number	Gender		Witness Type
			M	F	
			M	F	
			M	F	
			M	F	

  

DOCUMENTATION TO PUT IN LOGBOOK ATTACHMENTS		
<b>PHOTOS:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>If possible, scan photos into a single PDF document.</i>
<b>STATEMENTS:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Include statements for Involved &amp; Witness. (Scanned Individually)</i>
<b>PRE-OP INSPECTION RECORDS:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>JOB RISK ASSESSMENT:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>WPE, CS PERMIT, HOT WORK, ENERGIZED WORK, ECT</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	