



Morenci Contractor On-boarding Packet

Packet must be filled out completely and returned to Toni Vega at tvega@fmi.com

Project Name:

Morenci Contact Information

Department:

Project Start Date:

Project End Date:

Project Manager:

Safety Rep:

CCS:

Environmental Rep:

Department/area special considerations (example: pit driving, H2S, respirator, etc.):

Scope of Work Summary

Scope of Work:

Contractor Information

Contractor Name:

Contractor Primary Contact:

Contractor Emergency Contacts (Name, Title and Phone Number):

Contractor Off-Site Medical Care Facility:

Contractor Provided Training

Indicate all training provided and documented to employees:

Confined Space

Hoisting/Crane/Rigging

Hot Work

Working from Heights

Lockout/Tagout/Tryout

Pre-job Hazard Recognition



Contractor Contact Information Sheet

Company Name:

MSHA ID #:

Corporate Physical Address:

Street

City

State

Zip Code

Corporate Mailing Address:

Street

City

State

Zip Code

Project Information

Project #:

Contract #:

Type of Work:

Area Working:

FMI Contact:

Training

Company MSHA Training Plan: Yes No
(if yes, please provide information below; if no, move to next section).

Approved Instructors Name(s)/Organization

Instructor's MIN. Number

Corporate Contacts

Title

Name (First, MI, Last)

Phone #

Cell Phone #

Email Address

Owner/President

Safety Contact

Office Contact

On-Site Management

Local Office Information:

Title

Name (First, MI, Last)

Phone #

Cell Phone #

Email Address

Expected number of employees coming on-site:



Fatal Risk Management

Please check the fatal risks that are associated with the scope of work:

Blasting	Confined Space	Drowning	Entanglement or Crushing	Exposure to Hazardous Substances - Acute	Exposure to Hazardous Substances - Chronic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with Electricity	Fall from Heights	Falling Objects	Fire	Ground Failure	Lifting Operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail Collision	Rail Impact on Person	Uncontrolled Release of Energy	Vehicle Collision or Rollover	Vehicle Impact on Person	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Define the hazards associated with this job:

How will identified risks be mitigated:

For any projects with 24/7 work or shifts greater than 8 hours, how will you address employee fatigue:

Quarterly Drug & Alcohol Report

On a quarterly basis, the Contractor shall provide information on their drug and alcohol testing processes and program which details:

Company/Contractor Name: _____

Name of consortium Company uses (if applicable): _____

Name of MRO: _____

Company representative responsible for managing program: _____

Frequency of random testing: _____

Note: The contractor shall not submit any confidential information of the individuals who have been or are subject to testing.

Form must be completed by end of each quarter and forwarded to Contractor Management

PLEASE CHECK THE REPORTING QUARTER:

First Quarter (Jan – Mar) Number of persons tested: _____ Number of non-negatives: _____

Second Quarter (Apr – Jun) Number of persons tested: _____ Number of non-negatives: _____

Third Quarter (Jul – Sep) Number of persons tested: _____ Number of non-negatives: _____

Forth Quarter (Oct – Dec) Number of persons tested: _____ Number of non-negatives: _____

PERCENTAGE OF EMPLOYEES TESTED:

First Quarter (Jan – Mar) Percentage YTD 2022: _____

Second Quarter (Apr – Jun) Percentage YTD 2022: _____

Third Quarter (Jul – Sep) Percentage YTD 2022: _____

Forth Quarter (Oct – Dec) Percentage YTD 2022: _____

Signature of person completing this form: _____

Printed Name: _____



Morenci Contractor Access Authorization Form

All Employee Information fields are required – form cannot be processed if incomplete

Contractor Company Name:	Mine ID:
Subcontractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Prime Contractor:
Project Name:	FMI Project Manager:
Contractor Company Contact #1 Name: Job Title: Phone: Email:	Contractor Company Contact #2 Name: Job Title: Phone: Email:

- Current and prior-year MSHA 48 5000-23 documents must be submitted with this form for each employee listed below
- Employees will not be allowed on site until they have been cleared for Site Access and current MSHA documents have been verified
- Upon verification, the Training Department will send applicable training details to the email addresses provided above

Employee Information								Contractor Management Use					
Agreement Number	Last Name	Middle Name	First Name	Email Address	Phone	DOB MM/DD	Start Date MM/DD/YY YY	Badge Type	Employee ID	MSHA Part 48	HRT/ SS	Head Shot	DL/ID
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Morenci Subcontractor Approval Form

All proposed subcontractors must be approved by Morenci Global Supply Chain prior to start of work

Will Subcontractors be used on this project?

- Yes (if Yes, complete the remainder of this form)
- No (if No, skip to the next page)

Proposed Subcontractors:

Company Name	Type of Work	Contact Person	Phone

If a proposed Subcontractor does not have a current Contractor Certification on file at Freeport-McMoRan Morenci, they will be required to complete the Contractor Certification packet for review in order to be considered for approval.



Independent Contractor Environmental Contact Person(s)

Full Company Name: _____ Date: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

List ALL individual(s) that will be present at the Morenci site – if more than one individual will be responsible for site crew(s), meetings, etc., complete multiple sheets

Contact Person Information:

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Cell Number: _____

After Hours Number: _____

E-mail Address: _____

The environmental contact person is not required to be a full-time environmental specialist; however, they are required to be the main point of contact for the Morenci Environmental Services Department. The environmental contact person will be responsible for possessing and maintaining a working knowledge of the Morenci Environmental Best Management Practices, Training Requirements, and Other Requirements established by Freeport-McMoRan Morenci Operations. Additionally, they will assist the Morenci Environmental Services Department with all environmental issues in their areas.

The environmental contact person will receive environmental information to educate their personnel and will also be responsible for ensuring that all necessary environmental information is passed on to their supervisors, employees, and any other personnel that are deemed as necessary.

Please complete this form and return it with the Contractor Onboarding Packet. This form should be updated when there is a change in personnel or contact information.

Enviro Services Approved By: _____



Independent Contractor Data Information Sheet

Full Company Name: _____ Date: _____
 Street Address: _____ P.O. Box: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax: _____
 Completed By: _____
 Title: _____
 Email: _____

Service or Activity to be performed

Please indicate all activities that will be performed by your company.

Material/Chemical

Solvents	<input type="checkbox"/>	Lubricants, Oils, Grease	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>	Janitorial	<input type="checkbox"/>
Treatment Chemicals	<input type="checkbox"/>	Gases	<input type="checkbox"/>
Maintenance Chemicals	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

(if checking other, fill-in with description)

Facilities/Construction

Electrical	<input type="checkbox"/>	General Contractor	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	Roofing	<input type="checkbox"/>
Structural	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
HVAC	<input type="checkbox"/>		

(if checking Other, fill-in with description)

Industrial Services

Maintenance	<input type="checkbox"/>	Environmental Consulting	<input type="checkbox"/>
Janitorial	<input type="checkbox"/>	Roofing	<input type="checkbox"/>
Structural	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Engineering	<input type="checkbox"/>		

(if checking Other, fill-in with description)

Spray Painting/Abrasive Blasting

Architectural	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
Haul Trucks	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

(if checking Other, fill-in with description)

Environmental Management System Expectations

Please review each of the following Environmental Management System Expectations and initial in the space provided to acknowledge that your organization understands the requirements and intends to ensure compliance by all independent contractor employees and subcontractors.

Enviro Services Approved By: _____



Environmental Compliance

Identify all Environmental, Land, and Water Risks

Air Quality/Dust Control

- Yes No Will controls be needed to manage fugitive dust?
- Yes No Will the project involve abrasive blasting or large scale spray painting?
- Yes No Does the project involve any demolition or renovation work?

Water

- Yes No Will the project involve any drilling into the ground?
- Yes No Will there be changes to any tanks or secondary containment (contents, size, location, etc.)?
- Yes No Will the project disturb any undisturbed/native ground?
- Yes No Will the project bring or build new tanks in the property containing petroleum products or any other hazardous material?
- Yes No Will the project modify any water dams or stormwater controls?

Waste

- Yes No Will the project generate General Waste (Industrial, lunchroom, recycling)?
- Yes No Will the project generate Hazardous Waste (aerosol cans, paint, chemicals)?
- Yes No Will the project generate Universal Waste (batteries, lamps, mercury-containing equipment, pesticides)?
- Yes No Will the project generate Electronic Waste (circuit boards)?
- Yes No Will the project generate Scrap Metal?
- Yes No Will the project generate Special Waste (petroleum contaminated debris/soil, asbestos, lead paint, PCBs)?

Chemicals

- Yes No Will the project require any petroleum product in quantities of 55 gallons or more?
- Yes No Will this project require any chemicals to be brought on site? (If yes, see below*)

Chemical Approval

- Please complete the Chemical Approval table with all chemicals to be used on site (page 4)
- All products/chemicals brought onto Company property MUST have an approved Safety Data Sheet (SDS)
- All SDS must meet GHS Standards and be most recent revision from manufacturer
- SDS sheets must be approved by Environmental and Health & Safety prior to the start of the job
- Review of proposed chemicals will take place upon contract award



Morenci Chemical Approval Form

All chemicals must be approved prior to the start of the job – please provide all corresponding SDS forms

If you are not bringing chemicals on-site, check this box

Contractor Use

Morenci Use Only

Product Name	Manufacturer	UOM	Max on Site	Chemical Application/Use	ENV Approval	H&S Approval	Comments

Environmental TRI Quarterly Reporting Form

Contractor Information (Please Print):

Company/Contractor Name: _____

Product Name: _____

Manufacturer: _____

Location/Purpose: _____

MSDS Product Requestor: _____

**Form must be completed at the end of each quarter and forwarded to
Morenci Environmental Services.**

PLEASE CHECK THE REPORTING QUARTER:

First Quarter (January – March)

Second Quarter (April – June)

Third Quarter (July – September)

Forth Quarter (October – December)

Quantity

Unit of Measure

Container Size

*Instructions: Fill out the company/contractor name, the product name, manufacturer name, and location that the product is used. Check the appropriate quarter that is being reported for and then indicate the quantity and units of measure for the product which was used during the reporting quarter. **Send a copy of the completed form to Morenci Environmental Services by the 15th of the month following the close of the quarter.***

Signature of person completing this form: _____

Printed Name: _____

General Project Air Emissions Control Form
(must be completed in ink and legible)

Date of project: _____ Duration of Project: _____

Project location: _____

Project/Work Order #: _____

Contractor Information

Contractor Name: _____

Contact Name: _____ Phone: _____

FMMI Employee Information

FMMI Employee Name: _____

Department/Division: _____ Phone: _____

Type of Emission Control Measures Used:
(check all control methods that apply to this project)

Application of water

Vacuuming

Application of wetting agents
(i.e. surfactants)

Wind Fencing

Minimizing material drop height

Enclosures

Optimizing blast patterns

Dust suppressants

Limiting vehicle speed

Other good modern practices
(if unsure contact Enviro Services for guidance)

Controlling vehicle access

High volume low-pressure spray guns

Airless spray techniques

After completion original must be returned to Environmental Services – Air Quality Group.

Contact Environmental Services with any questions at (928) 865-6000

Environmental Services Personnel Reviewed _____
(Initial)



Certification of Information

Contractor must agree to all requirements below

- Contractor certifies that all safety policies meet or exceed the Freeport-McMoRan policies
- Contractor agrees that all policies will be available to their employees while on site
- Contractor agrees that all documents (safety policies, 5000-23's, Hazard Recognition Cards/ 5000-23's, and training plan) will be accessible to employees on site either digitally or in a binder at all times
- Contractor certifies that they have an MSHA approved training plan, or can provide third party documentation.
- Contractor certifies that they have a submitted a Health Safety, and Environmental Plan (HSEP) that has been approved by the Project Manager. A template for this plan is provided on pages 16-18 of the [Contractor Safety Manual](#)
- Contractor certifies that if situations or requested services significantly change from original scope of work (such as risks, hazards, required training, chemicals/environmental aspects) a new safety plan must be submitted by the contractor to the Project Manager and Health & Safety.

Signature

Name

Date

