

# Contractor Event First Report – Logbook

## 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	Geo Temp or Similar				
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							

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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	
			M	F		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 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"/>	