

Contractor Injured Employee Information

Morenci Operations

morenci-ims@FCX365.onmicrosoft.com

INJURED EMPLOYEE DATA – CONFIDENTIAL (send to (Morenci-IMS) morenci-ims@FCX365.onmicrosoft.com ONLY)										
Name:				Age:			Employee Experience:	Years	Months	
FCX Badge ID:				Gender:	M	F	Job:			
Job Title:							Site:			
Contact Phone:							Industry:			
Nature of Injury:				Mechanism of Injury:						
Severity of Injury:				Part of Body:			Side of Body:			
Employee's Next Scheduled Shift:	Date: _____			Shift: _____						
Treated Onsite:	YES	NO	Treatment:							
Treated Offsite:	YES	NO	Treatment:							
Air/ Ambulance Transfer:				Location:						
Notification of an injury:							Medical Treatment Injury:	YES	NO	
1. Immediately contact the FMI On-Call Safety at: 1 -928-965-6605 (Provide attending safety with photos, statements and other required documents)							Restricted Duty Injury:	YES	NO	
2. Email Investigation & Root Cause information to the contractor safety support team: MorenciContractorSafety@FCX365.onmicrosoft.com							Lost-Time Injury:	YES	NO	
							Will MSHA 7000-1 be Filed:	YES	NO	
INVESTIGATION NOTES										
COMMENTS:										