

Contractors First Report Of Incident

Incident Reporting Form (IRF)

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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, and and this form) will need to be sent to MOR-IMS@FCX365.onmicrosoft.com (below button).

GENERAL INCIDENT INFORMATION							
Incident type:		Injury Type:		Date of Report:			
Date of Incident:		Time of Incident:		Reported By: Name & ID:			
Contractor Safety:				Contracting Company:			
Responding Safety:				Contractor Supervisor:			
Organization:	Contractor			Supervisor Contact #:			
Division:				FMI Area Contact:			
Department:				Crew:			
Exact Location:							
DETAILED INCIDENT INFORMATION							
Detailed Description:							
Immediate Actions:							
Critical Lesson:							
Potential Risk Rating:	Potential Consequence:		Potential Frequency:		Risk Category:		
Fatal Risks:				Missing Critical Control:			
Energy Source:					Energy Level:		
Agent Involved:					Negligence Level:		
PROPERTY INFORMATION							
EQUIPMENT 1:	DAMAGED	INVOLVED	EQUIPMENT 2:	DAMAGED	INVOLVED		
Property Description (make, model, etc.):				Property Description (make, model, etc.):			
Property ID Number:				Property ID Number:			
Property Owner:				Property Owner:			
Description of Damage:				Description of Damage:			
Comments:				Comments:			

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INVOLVED DATA (Include individuals directly involved)							
Name	Job Title	Employee ID	Gender		Job Experience (Years/Months)		
					Job	Site	Industry
			M	F			
			M	F			
			M	F			
			M	F			
			M	F			

WITNESS DATA							
Name	Job Title	Employee ID	Gender		Job Experience (Years/Months)		
					Job	Site	Industry
			M	F			
			M	F			
			M	F			
			M	F			
			M	F			

INVESTIGATION DOCUMENTATIONS			
PHOTOS:	YES	NO	<u>COMMENTS:</u>
STATEMENTS:	YES	NO	
INSPECTION RECORDS:	YES	NO	
OTHER: (If yes, please describe)	YES	NO	

MorenciSafety@FCX365.onmicrosoft.com

Note: Complete "Contractor Injured Employee Information" form for all injured employees