

Exhibit 14.4.1

Class 2 Delivery Driver - Risk Assessment & Control Plan

REV. 1 (08/09)

DELIVERY ACTIVITY:	VENDOR NAME (inc. Emergency Phone Number)
KUC PLANT:	CONTRACT #
WORK AREA:	KUC – SITE OWNER (inc. Phone Number)

Start Date:	<input type="text"/>	Review Date:	<input type="text"/>	Expiration Date:	<input type="text"/>
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DESCRIPTION OF WORK – KUC Site Owner’s Description

KUC Site Owner – Responsible for identifying and checking potential HSE hazards and requirements.
Vendor - Responsible for:
 1. Addressing **HOW** identified hazards or requirements will be controlled/addressed
 2. Including any additional risk that have not been identified
 3. Reviewing all identified risk and controls with each driver
Vendor Driver – Responsible for knowing and following all identified controls

KUC Hazard Identification		Vendor Safety Controls	
1. General – check all applicable and describe any additional requirements		VENDOR Information	
<input type="checkbox"/>	Regulatory required training requirements (DOT/HAZMAT, MSHA and /or OSHA)	<i>Provide list of drivers, training and date of completion and location of training records</i>	
<input type="checkbox"/>	Describe required task training (all tasks that are performed specific to delivery)	<i>Provide list of drivers, training received and date of completion</i>	
<input type="checkbox"/>	Driver can read, speak, and understand English	<i>Verification</i>	
<input type="checkbox"/>	Complete facility site specific H&S training	<i>List training date.</i>	
<input type="checkbox"/>	Other:		

Notes:

2. Emergencies – check all applicable and describe any additional requirements		VENDOR CONTROLS	
<input type="checkbox"/>	Immediate Reporting of Accidents, Injuries, Fire or Spills. KUC Site Emergency Phone Number and procedure.	(Do not call 911) <i>List designated KUC Emergency #and procedure to report emergencies:</i>	
<input type="checkbox"/>	Vendor Emergency Contacts	<i>Provide telephone numbers (24 hour contact);</i>	
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Other:		

Notes:

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3. Pre-Delivery Site Safety Tour (pre 1 st delivery) – check all that are required		VENDOR CONTROLS
<input type="checkbox"/>	Describe/Provide Pre-task Risk Assessment i.e. (TRACK)	<i>Verification that employees trained on pre-task assessments.</i>
<input type="checkbox"/>	Site Specific Walk-Through Conducted by Site-Owner (required before first delivery only)	<i>List who completed walk-through & date.</i>
<input type="checkbox"/>	Controlled Access Point -. Entry Point Identified	<i>List location/description</i>
<input type="checkbox"/>	Site Map/Route reviewed	<i>Attached to Control Plan</i>
<input type="checkbox"/>	Delivery parking location identified on map	<i>Attached to Control Plan</i>
<input type="checkbox"/>	Emergency Phone Identified	
<input type="checkbox"/>	Emergency Evacuation Area Identified	
<input type="checkbox"/>	Wind Sock Locations Identified	
<input type="checkbox"/>	Fire Extinguisher Locations Identified.	
<input type="checkbox"/>	Spill Equipment Location Identified	
<input type="checkbox"/>	Safety Showers & Eye Washes Identified	
<input type="checkbox"/>	Labeled Chemical Fill-Line located	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		
4. General Plant/Site Hazards/Requirements– check all applicable and describe any additional requirements		VENDOR CONTROLS
<input type="checkbox"/>	Railroad Crossings/Railcar Movement	
<input type="checkbox"/>	Semi-Truck Traffic	
<input type="checkbox"/>	Light Vehicle Traffic (Forklifts, Cars, etc.)	
<input type="checkbox"/>	Pedestrian Traffic	
<input type="checkbox"/>	Seat belts and Cell Phones requirements	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		
5. Delivery Site Specific Hazards or Potential Unsafe Condition Reviewed		VENDOR CONTROLS
<input type="checkbox"/>	Pipes not labeled or unknown fill pipe	<i>Contact site owner for direction</i>
<input type="checkbox"/>	Filling tank w/ wrong chemical	<i>Contact site owner to verify correct tank/chemical. Unlock fill line.</i>
<input type="checkbox"/>	Frozen or clogged hoses or fill-lines	<i>Contact site owner for direction</i>
<input type="checkbox"/>	Slips, Trips & Falls (Snow, Ice, Water)	<i>Contact site owner</i>
<input type="checkbox"/>	Pinch Points (hoses, pumps, connections)	
<input type="checkbox"/>	Uneven / unlevelled surfaces	<i>Contact site owner</i>
<input type="checkbox"/>	Safety Shower/Eye Wash not working	<i>Driver required operate Safety Shower & Eye Wash before every delivery to verify water is flowing/available for an emergency.</i>
<input type="checkbox"/>	Barricades or hazard tape needed for delivery	<i>Contact site owner</i>
<input type="checkbox"/>	Fall from height – ladders/ stairs / platforms, etc.	
<input type="checkbox"/>	Forklift usage (totes, pallets, bags)	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		
6. Chemical Hazards		VENDOR CONTROLS
<input type="checkbox"/>	Delivery Driver has reviewed MSDS	<i>Verification that driver knows and understands potential hazards of chemical and emergency procedures</i>
<input type="checkbox"/>	Delivery Driver has MSDS copy in Truck	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		

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7. Truck Specific Hazards		VENDOR CONTROLS
<input type="checkbox"/>	Load unusual size	
<input type="checkbox"/>	Possibility of load shifting	
<input type="checkbox"/>	Load strapped or secured from movement	
<input type="checkbox"/>	Daily Truck Pre-Op Inspection	<i>Define procedure</i>
<input type="checkbox"/>	Delivery Truck Blind Spots – Spotter needed	<i>Contact site owner</i>
<input type="checkbox"/>	Truck rolling/moving while parked	<i>Define procedure - Set emergency brake. Always Use Wheel Chock.</i>
<input type="checkbox"/>	Generating heat, arc, or other ignition source while delivering flammable gases/liquids.	<i>Describe procedure (i.e. grounding etc)</i>
<input type="checkbox"/>	Vehicle Fire	<i>Vehicle has ABC Fire Extinguisher</i>
<input type="checkbox"/>	No eating food/drink outside of truck cab	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	No Smoking during delivery	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	All Pets need to stay in cab	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	All Truck passengers must stay in truck cab	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	No loose items on truck (hoses, buckets, etc.)	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	Lines capped after delivery	<i>Verification that this has been communicated</i>
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		
8. Personal Protective Equipment – check all required		VENDOR CONTROLS
<input type="checkbox"/>	Required PPE Provided by Vendor	<i>PPE required to be provided by Vendor , verification that mandatory requirement to wear when out of vehicle has been communicated</i>
<input type="checkbox"/>	Safety Glasses w/ sideshields	
<input type="checkbox"/>	Chemical Protective Gloves	
<input type="checkbox"/>	Cut Prevention Gloves (Leather, Kevlar, etc.)	
<input type="checkbox"/>	Chemical Splash Goggles	
<input type="checkbox"/>	Face Shield	
<input type="checkbox"/>	Chemical Protective Boots	
<input type="checkbox"/>	Chemical Protective Jacket	
<input type="checkbox"/>	Chemical Protective Pants/Bibs	
<input type="checkbox"/>	½ Face Air Purifying Respirator	
<input type="checkbox"/>	Full-face air purifying respirator	
<input type="checkbox"/>	Respirator Cartridges Match Chemical	<i>List Cartridge type:</i>
<input type="checkbox"/>	Supplied Air (SCBA or Air-Line)	
<input type="checkbox"/>	Protective Shoes (Safety toe / Metatarsal)	
<input type="checkbox"/>	Hearing Protection	
<input type="checkbox"/>	Fall Protection if working above 6' or working from ladder without 3-point contact	
<input type="checkbox"/>	Hard hat	
<input type="checkbox"/>	Knee Pads	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other:	
Notes:		
9. Environmental Hazards		VENDOR CONTROLS
<input type="checkbox"/>	Spill – outside of containment	<i>Describe procedure</i>
<input type="checkbox"/>	Spill – from hoses, valves, connections	<i>Describe procedure</i>
<input type="checkbox"/>	Spill – from truck	<i>Describe procedure</i>
<input type="checkbox"/>	Gas Release	<i>Describe procedure</i>
<input type="checkbox"/>	Emergency Spill/Release Number	<i>List</i>
<input type="checkbox"/>	Spill containment materials available	
<input type="checkbox"/>	No spill clean-up material will leave KUC	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
Notes:		

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Class 3 Delivery Driver – Permit to Unload (Standard 14.4)

Rev 1 – 08/09

No unloading activities (including cargo unstrapping or cargo movement) are authorized until Permit to Unload is issued.

Permit will be kept at unload site until unload activity work is complete.

Originated By: (Print Name Below)	Unload Site Owner: (Print Name)	Unload Site Owner: (Signature)	Date and Time Issued:	AM PM
Delivery Driver's Name:	EMERGENCY NUMBERS			
Delivery Driver Company's Name:	<input type="checkbox"/> Mine 569-6211	<input type="checkbox"/> Concentrator 569-6911	<input type="checkbox"/> Smelter	
Unload Area / Specific Location:	<input type="checkbox"/> Refinery / MAP 569-6722	<input type="checkbox"/> Power Plant 569-6622	<input type="checkbox"/> Tailings	
Cargo Unload Description:				
PRE-UNLOADING REVIEW				
1. Are the Truck/Trailer wheels chocked, brakes set, and parked on level solid ground?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has an area walk-through been conducted, area hazards reviewed, and TRACK discussed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the trailer been inspected for any damage (inc. Tires, straps, deck, side-rails, etc.)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the cargo been inspected for load damage or load shifting (inc. pallets, supports, wedges, straps, shrink-wrap, etc.)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is there a current KUC JSA/SOP or Risk assessment for this unloading task and has it been reviewed? If YES, you may proceed to unload in accordance with the JSA/SOP. If NO, complete entire permit.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
AREA STATUS (Check only those that apply)				
Truck Hazards/Risk	Park-up Area Hazards	Overhead Hazards	Cargo Lay-Down Area Hazards	Weather Hazards
<input type="checkbox"/> Fall from truck trailer bed	<input type="checkbox"/> Uneven surface	<input type="checkbox"/> Electrical Lines	<input type="checkbox"/> Uneven/uneven surface	<input type="checkbox"/> Snow / Ice
<input type="checkbox"/> Vehicle engine left running	<input type="checkbox"/> Pot holes	<input type="checkbox"/> Piping	<input type="checkbox"/> Predefined cargo lay-down area	<input type="checkbox"/> Low Visibility (Fog or Dust)
<input type="checkbox"/> Other Passengers	<input type="checkbox"/> Unstable soil	<input type="checkbox"/> Roof Edges/eaves	<input type="checkbox"/> Predefined cargo containment	<input type="checkbox"/> Rain and / or Lightning
<input type="checkbox"/> Animals (e.g. dogs)	<input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Vegetation (e.g.	<input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> High Winds
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
POSSIBLE CARGO HAZARDS		POSSIBLE UNLOADING HAZARDS		
<input type="checkbox"/> Wedged cargo	<input type="checkbox"/> Straps/Chains – Have stored	<input type="checkbox"/> Need to support cargo before	<input type="checkbox"/> Dropping cargo during lift	
<input type="checkbox"/> Rolling cargo potential	<input type="checkbox"/> Cargo movement after	<input type="checkbox"/> Cargo center of gravity unknown	<input type="checkbox"/> Dropping cargo moving to lay-down	
<input type="checkbox"/> Shifting cargo potential	<input type="checkbox"/> Cargo movement upon gate	<input type="checkbox"/> Cargo weight unknown	<input type="checkbox"/> Observer area predefined	
<input type="checkbox"/> Top-loaded items (high gravity center)	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Lifting equipment capacity unknown	<input type="checkbox"/> Vehicle Traffic (trucks, railcars)	
<input type="checkbox"/> Potential unstable cargo	<input type="checkbox"/> Sharp Surfaces	<input type="checkbox"/> Rigging capacity unknown	<input type="checkbox"/> Pedestrian Traffic	
<input type="checkbox"/> Multiple pieces of cargo	<input type="checkbox"/> Other:	<input type="checkbox"/> Person falling from truck bed	<input type="checkbox"/> Pinch Points	
<input type="checkbox"/> Cargo damage (Pallets, wedges, shrink	<input type="checkbox"/> Other:	<input type="checkbox"/> Spotter needed for cargo lift	<input type="checkbox"/> Other:	
REQUIRED PERMITS		REQUIRED EQUIPMENT		
<input type="checkbox"/> Crane - Critical Lift	<input type="checkbox"/> Other:	<input type="checkbox"/> Forklift	<input type="checkbox"/> Lifting Tag Line	
<input type="checkbox"/> Falls - Working at Heights	<input type="checkbox"/> Other:	<input type="checkbox"/> Crane	<input type="checkbox"/> Barricade Tape & Tap	
<input type="checkbox"/> Electrical - Close Proximity	<input type="checkbox"/> Other:	<input type="checkbox"/> Rigging	<input type="checkbox"/> Other:	
REQUIRED PERSONAL PROTECTION EQUIPMENT				
<input type="checkbox"/> Hard Hat & Safety Glasses	<input type="checkbox"/> Shirt & Long pants	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Other:	
<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Cut resistant gloves (e.g. Kevlar /	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other:	
IDENTIFIED UNLOAD HAZARDS AND SAFETY CONTROL IMPLEMENTED				
Identified Hazards		Safety Controls Implemented		
UNLOAD REVIEW and ACCEPTANCE - I have been instructed as to the conditions of this permit and I am adequately trained to perform this unloading task.				
	Print Name	Signature	Date	
1				
2				
3				
4				
5				
6				
FINAL PERMIT TO UNLOAD IS APPROVED BY THE MOST SENIOR SITE OWNER (or designee)				
TITLE:	PRINT NAME:	SIGNATURE:		

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Back of Permit

When is a Permit to Unload Required?

3a Deliveries – A Permit to Unload is required for all 3a deliveries.

3b Deliveries - A Permit to Unload is required for any 3b delivery that has one or more of the following:

- 1) Potential stored energy that could shift, roll, tip-over, fall, or move once unsecured;
- 2) All wedged loads;
- 3) All potentially unstable load or any load that may require stabilization prior to unloading.

Definitions:

Class 3 - Delivery (cargo / freight) – deliveries of loads that are tethered / tied down or requires a forklift or crane to unload. If unclear, delivery drivers should be considered Class 3. Examples include:

- Pipe or pumps to plant site;
- Steel, tank, or other item to a project site;
- Freight deliveries to a facility.

3a Deliveries – Class 3 deliveries that are delivered by a driver that:

- Has only received site specific Hazard Training; and
- Who is not directly involved in unloading the cargo (except the possible removal of gates, load securing devices, tarps etc. when instructed to do so).

3b Deliveries – Class 3 deliveries that are delivered by a driver that:

- Has received site specific Hazard Training, is current on all regulatory training and task training for any equipment that will be operated, all required site specific license training, and training on the safe loading and unloading of trucks; and
- Either unloads the cargo or are involved in the unloading process.

Examples of 3b Deliveries are KUC or Rio Tinto Procurement drivers, or KUC Vendor Drivers that deliver on a frequent or routine basis.

KUC Customer / Bulk Chemical Unloading Acknowledgement

****PRODUCT – TANK IDENTIFICATION** BEFORE ANY HOSES ARE CONNECTED**

DRIVER
INITIAL

CUSTOMER
INITIAL

I have verified that the product shown on the Bill of Lading matches the product identification shown on the storage tank.

DRIVER

Write down the Product Name on the Bill of Lading:

CUSTOMER

Write down the Product Name on the Bill of Lading:

DRIVER

CUSTOMER

Write down the Product Name on the Customer's Storage Tank and Hose Connection:

DRIVER
INITIAL

CUSTOMER
INITIAL

I have verified that the delivery hose connection to the customer plumbing connection is going to the correct storage tank.

DRIVER
INITIAL

CUSTOMER
INITIAL

I have verified that the storage tank has enough capacity to receive the FULL contents of this load. If there is not room in the tank for the entire load, the driver and customer should determine a means of communicating the tank volume so the tank does not overflow.

DO NOT PROCEED IF UNCERTAIN. STOP AND CONTACT SUPERVISORS IF ANY QUESTIONS

Initial each box above, and then sign your name.

Customer Signature : _____ (must be legible) Print Name _____

Title: _____

Driver Signature: _____ (must be legible) Print Name _____

Date: _____

Control Document No. _____