

## **Lusail Real Estate Development Company**

Health, Safety, Security, Environment, Logistics & Quality Department

# **Lusail Operation Safety Forms/Checklists – Incident Notification Report Form**

Document No	LUS-HSE-FM4-453-001.03	Rev	3
Uncontrolled Copy	Controlled Copy x	Date	15 Sept 2015

#### **COMPANY PROPRIETARY INFORMATION**

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

### **Amendment Record**

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev. No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information  – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1 <sup>st</sup> April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford	Uwe Krueger	1 <sup>st</sup> April 2015
2	Entire form reformatted	Bruce Bester	Michael Ford	Uwe Krueger	11 <sup>th</sup> June 2015
3	Risk Matrix amendments	Bruce Bester	Michael Ford	Uwe Krueger	15 Sept 2015
3	Signatures amendments - Contractor	Bruce Bester	Michael Ford	Uwe Krueger	15 Sept 2015
3	Amendments to Notes – include PMCM	Bruce Bester	Michael Ford	Uwe Kruger	15 Sept 2015
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## **LUSAIL INCIDENT NOTIFICATION REPORT**

#### Part A

Reported Date:		Reported Time:		Reported By Contact details:	
Incident Date:		Incident Time:		Incident #	
Business Type	☐ Construction Page	ckage 🔲 Develop	per 🔲 Building Pa	ickage	
Project Name		(e.g. CPX)	Company Name:		
Location:					
Job Classification of Injured Person			Length of Service:		
Injured Person's Name:			Supervisor Name Contact details :		
Summary:					
Detailed Description:					
Immediate Actions Taken:					
Project Manager (LREDC):			Project Manager (Contractor)		
Safety Manager (Contractor):			LCCC Notified – Time & Date:		

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#### Part B

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Incident Classification (Multiple classifications can be selected)										
☐ Dangerous Occurrence		☐ Major Enviro	☐ Major Environmental		☐ Minor Environment		□R	Road Accident / MVA		
Occupational Exposure (Not Heat related illness)		Major Proper	☐ Major Property / Equipment Damage		Minor Property / Equipment Damage		□ o	Other		
	Injury Classification (Needs only be completed if there is an injury)									
☐ First	Aid Injury	☐ Medically Tre	☐ Medically Treated Injury beyond FAI		Restricted Work Injury			☐ Lost Time Injury		
☐ Fatal	ity	☐ Injury Unkno	☐ Injury Unknown		☐ Heat Stress		O	Other		
			LREDC	Risk Ma						
Likelihood	Consequence	1 Minor First Aid Injury 1 < Qr.10k	2 Mediur Medically Treat Qr.10K – Q	ed Injury	3 Serious Restricted Work Injury Qr.20K – Qr.50K		4 Major Lost Time Injury Qr.50k – Qr.100k		5 Catastrophic Fatality >Qr.100k	
	A: Almost Certain > 1 per week >25%	Moderate 11	<b>High</b> 16		Extreme 20		Extreme 23		Extreme 25	
	B: Likely 1/week – 1/month 10% - 25%	Moderate 7	High 12		High 17		Extreme 21		Extreme 24	
	C: Possible 1/month – 1/year 1% - 10%	Low 4	Moderate 8		<b>High</b> 13		<b>High</b> 18		Extreme 22	
	D: Unlikely 1/year – 1/10 years 0.1% - 1%	Low 2	<b>Low</b> 5		Moderate 9		High 14		High 19	
	E: Rare < 1/10 years 0.1%	Low 1	Low 3		Low 6		<b>Low</b> 10		<b>High</b> 15	
Initial Risk Rating Result		Consequence:	Likeli		lihood:		Total			
Contractor Supervisor Approval – Printed Name  Contractor Supervisor- Signature										

Notes:

Contractors shall provide incident notification in writing to Supervising Consultant, responsible PMCM and Lusail HSE within 12 hours of occurrence.

Contractor HSE Representative- Signature

Project Manager- Signature

- Contractor shall have made previous verbal notification to Supervising Consultant responsible PMCM and Lusail HSE Department.
- All work related injuries, illnesses, or other incidents that result in immediate medical treatment or those incidents that may involve medical treatment in the future must be reported.
- Refer to LUS-HSE-WG3-446-004.01 Lusail Incident Reporting & Investigation for a list of incident types requiring reporting.

Contractor HSE Representative Approval – Printed Name

Project Manager Approval - Printed Name