



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklists – Emergency Drill Plan

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COMPANY PROPRIETARY INFORMATION

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EMERGENCY DRILL PLAN

Section 1 – Details

Incident Details			
Reason For Evacuation	<input type="checkbox"/> Drill	<input type="checkbox"/> Other	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No
Drill Type			
<input type="checkbox"/> Fire	<input type="checkbox"/> Smoke	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Explosion
<input type="checkbox"/> Flooding	<input type="checkbox"/> Gas Leak	<input type="checkbox"/> Loss of Power / Water	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Civil Unrest	<input type="checkbox"/> Suspect Mail	<input type="checkbox"/> Emergency Evacuation	<input type="checkbox"/> Medical
<input type="checkbox"/> Other _____	<input type="checkbox"/> Combined Drill _____ (specify)		
False Alarm (Briefly Indicate)	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No _____	
Time of Drills	Start:	Completed:	

Section 2 - Scenario

Scenario Description
Objective
Scope
Alarm System
Applicable Procedure for the Emergency Drill

Section 3 – Responsibilities and Extent

Responsible(s) for the Drill			
Name		Position	
Name		Position	
Name		Position	
Extent of Evacuation			
Date			
Location			
Building affected			
Number of Occupants			
Staff		Visitors	Others
Total			

Section 4 - Fire Wardens and First Aid Personnel

Personnel Involved with Drill				
	Name	Position	Role in Drill	Location / Floor / Room
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section 5 - FIRE WARDEN / FIRST AIDERS (Insert Personnel pictures and roles here)

Photo:				
Name:				
Duty:				
Mobile no:				
Location:				

NOTE:

1. Primary duty – Appointed First Aider/Fire Warden
2. Secondary duty – Appointed when Primary duty Fire Warden is absent or unable to perform his function and/or other exceptional situations

Evacuation Plan/s (Insert below)

SIGN OFF	
Person Signing Off:	Signature
Sign Off Comments:	
Sign Off Date:	