



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklists – Emergency Drill Report

Document No	<u>LUS-HSE-FM4-446-163.00</u>	Rev	<u>0</u>
Uncontrolled Copy	<input type="checkbox"/>	Controlled Copy	<input checked="" type="checkbox"/>
		Date	<u>17-May-2016</u>

COMPANY PROPRIETARY INFORMATION

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Emergency Drill Report#

Section 1 – Details

Drill 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 – Additional Information

Addition Details	
Could Security be contacted readily?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Building Management Representative attend?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Familiarity with Evacuation Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Fire Wardens wearing correct Vest / Hard hat	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Building Warden reported to Emergency Coordinator	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
All area checked found clear	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Lift brought to ground level	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Lifts & Escalators NOT used for evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Impediments to evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Evacuees directed to correct assembly area	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Satisfactory movement of Evacuees to correct Assemble Area	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Attempt to Re-enter Restricted Area	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide details below)

Section 6 – Training Requirement and Observations

Further Training Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide details below)	
Comments		
COMMENT	ACTION REQUIRED	ACTION PERSON/ENTITY AND DATE COMPLETED

Section 7 – Pictures (date stamps are required on photographs)

<p>Insert pictures here</p>	<p>Insert pictures here</p>
<p>Insert pictures here</p>	<p>Insert pictures here</p>
<p>Insert pictures here</p>	<p>Insert pictures here</p>

Section 8 - 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:	