



# Lusail Real Estate Development Company

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

### Lusail Construction Safety Procedural Forms/Checklists – Employee Report of Occupational Exposure

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#### COMPANY PROPRIETARY INFORMATION

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## Employee Report of Occupational Exposure

Exposure Incident Report Number \_\_\_\_\_ Date of Report \_\_\_\_\_ Time of Report \_\_\_\_\_

Employee's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security Number \_\_\_\_\_

Yes  No  Permanent  Part Time

Is Time Lost From Work Expected Because of Injury or Illness? \_\_\_\_\_ Employment Status \_\_\_\_\_ Date Employed \_\_\_\_\_ Employee Number \_\_\_\_\_

Occupation or Job Title \_\_\_\_\_ Was Employee Working in Occupation or Job Title When Injured?  Yes  No \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Employed at (Department and Location) \_\_\_\_\_ Person in Charge of Work at the Time of Incident \_\_\_\_\_

Names of Witnesses \_\_\_\_\_ Work Location of Witnesses \_\_\_\_\_  Yes  No  
Employee

Place of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Nature of Injury/Illness \_\_\_\_\_

Details of Exposure Incident - Identify Type of Exposure, Frequency, Duration, Intensity, and Route(s) of Exposure \_\_\_\_\_

Parts(s) of Body Affected \_\_\_\_\_

Treatment Received Following Incident \_\_\_\_\_

Yes  No

Has Employee Received Hepatitis B (HBV) Vaccination? \_\_\_\_\_ Approximate Date Vaccination was Received \_\_\_\_\_ Name of Source Individual (if known) \_\_\_\_\_

Name Object, Machine, Tool, or Substance which Directly Exposed Employee \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

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Hazardous Condition - Identify the hazardous physical condition or circumstance that permitted or occasioned the incident

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Agent of the Incident - Identify the object, substance, or premises in or about which the previously named hazardous condition existed

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Unsafe Act - Identify the violation of a commonly accepted safe procedure that directly permitted or occasioned the accident (if any)

Yes       No      If Not, Why Not?

Were engineering, work practice controls, and personal protective equipment and clothing in use at the time of incident?

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Basic cause of this incident

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How could this Incident have been prevented?

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Action to be taken or recommended to prevent recurrence of this type of incident