



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklists – Lead Task List

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COMPANY PROPRIETARY INFORMATION

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Lead Task List

Task/Activity	Does activity occur at facility?	Date Assessment Completed	Assessment Results
Abrasive Blasting: full containment (dry, wet, vacuum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Abrasive Blasting: partial containment (dry, wet, vacuum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Abrasive Blasting: open air (dry, wet, vacuum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Abrasive Blasting: clean-up and containment movement/removal (dry, wet, vacuum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cutting or Air Arcing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Torch Burning/Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grinding/Power Tool Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soldering/Brazing/Metalizing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Machining Lead Alloy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hand Tool Cleaning/Scraping/Sanding	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Manual Demolition/Renovation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heat Gun Abatement/Coating Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical Stripping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cable Splicing/Use of Lead Pots	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spraying Lead Based Coatings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lead Catalyst Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Industrial Vacuuming/Sweeping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rivet Busting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Needle Gun	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: List (e.g., soil or sludge handling)	<input type="checkbox"/> Yes <input type="checkbox"/> No		