

Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklists – Exposure Incident Form

Document No	LUS-HSE-FM4-446-080.01	Rev	1
Uncontrolled Copy	Controlled Copy x	Date	01- Apr-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 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford Michael Ford	Uwe Krueger	1 st April 2015



Exposure Incident Form

Name (Please Print):		Dept:			
Date of Birth:		Qatar ID:			
Address :					
Telephone Nui	mber:	Sex: ☐ M	ale Female		
Date:					
			nce/source (please check all tha		
☐ cut or scrape ☐ body fluid splash ☐ cough or sneeze ☐ bite ☐ sting					
other (spec	cify)				
Source of expo	osure:				
Area of body a	ffected:				
What infectious	s substance is suspected?	(Please check all that	apply):		
Anthrax	☐ Campylobacter	☐ Hepatitis	☐ Meningitis		
Rabies	Salmonella	Scabies	Shingles		
☐ H1N1	☐ Hanta virus	☐ Human sewage	Blood		
☐ Venom	☐ Tuberculosis	Unknown	other (specify)		
Suggested cor	ntrols to prevent similar exp	osure:			
Employee Sigr	nature:	_ Date:			
Company Rep	resentative:	Date:			

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