



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklists – Exposure Incident Form

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COMPANY PROPRIETARY INFORMATION

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Exposure Incident Form

Name (Please Print): _____ Dept: _____

Date of Birth: _____ Qatar ID: _____

Address : _____

Telephone Number: _____ Sex: Male Female

Date: _____ Time: _____ AM / PM

Describe how you came into contact with the infectious substance/source (please check all that apply):

- cut or scrape body fluid splash cough or sneeze bite sting
- other (specify)

Source of exposure: _____

Area of body affected: _____

What infectious 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 controls to prevent similar exposure:

Employee Signature: _____ Date: _____

Company Representative: _____ Date: _____