



Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists – Reporting of a Disease (F100A)

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COMPANY PROPRIETARY INFORMATION

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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
0	Creation of new document	Bruce Bester	Michael Ford	Uwe Krueger	13 th March 2016

Reporting of a Disease

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Diseases that are notifiable to the Ministry of Labour in the state of Qatar should be recorded on the form to Lusail HSE Department within 24hrs

This form must be filled in by an employer or other responsible person

Part A – About you

What is your full name:	
What is your job title:	
What is your telephone number:	
What is the name of your organization:	
What is it's address:	
Does the affected person usually work at this address If yes go to next question / If no where do they normally work:	
What type of work does the organization do:	

Part B – About the affected person

What is their full name:	
What is their date of birth:	
What is their job title:	
Are they male or female:	
Is the affected person: One of your employees On a training scheme – give details and Other – give details	

Part C – The disease you are reporting

Please give <ul style="list-style-type: none"> The name of the disease and the type of work it is associated with, or The name and number of the disease: 	
What is the date of the statement of the doctor who first diagnosed or confirmed the disease:	
What is the name and address of the doctor:	

Part D – Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease:	
If the disease is thought to have been caused by exposure to an agent at work (eg specific chemical) please say what that agent is:	
Give any other information which is relevant:	

Part E – Your signature

Signature:	Date:
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