

Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists - Non Compliance Acknowledgement Report

Document No	LUS-HSE-FM4-446-006.01	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 kinleger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford Michael Ford	Uwe Krueger	1 st April 2015

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Date

PREPARED BY:			SECTION NO:
APPROVED BY: Bernard Lim		Health and Safety Policy	PAGES:
Policy NO. TBA		HSSELQ Department	DATE ISSUED:
REVISION NO:	SECTION: SUB-SECTION:	Environment , Health & Safety Non Compliance Acknowledgement	DATE REVISED:

NON COMPLIANCE ACKNOWLEDGEMENT FORM

Time:		
Location:		Reference No:

 Contractor:
 Project Manager:

 Contractors Rep.:
 Consultant:

 Contractors Safety
 Lusail Safety Rep:

 Rep.:
 Others

Picture No.	Details of Hazard/Risk or Non - compliance	Time scale	Remedial action taken	Closed Date

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I hereby acknowledge that the non-compliance observed by the Lusail HSE team is significant and may lead to accidents or incidents. My team will rectify all unsafe conditions by taking appropriate control measures as per the timeframe above. I will also ensure that the non-compliance is fully closed and will maintain the safe work practice before commencing any work. I will sign below & scan/email back to the Lusail HSE team.

Contractor Project Manager	Contractor HSE Manager
Name	Name
Date	Date
Signed	Signed

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^{***} Signed and dated on completion of this non-compliance, Lusail HSE team will monitor and confirm all closures on completion.