



Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists – Notifiable Injury Form (English)

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COMPANY PROPRIETARY INFORMATION

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NOTIFIABLE INJURY DECLARATION FORM

Injuries that are notifiable to the Ministry of Labor in the state of Qatar (As per QCS) should be recorded on this form and sent electronically to Lusail HSE Department within 24hrs, along with proof of transmission to Ministry of Labor in Qatar.

Employer Name:			
Work Location Address:			
Injured Person Name:		QID #:	
Profession:			
Worker Accommodation Address:			
Location of accident / injury:			
Accident Date & Time (or Occupational Disease):			
Summary & Circumstances of Injury:			
Worker Monthly Income:		Salary Payment System (Monthly, Non Monthly):	
Injured Person Transfer Destination (Doctor's Name or Hospital)			
Date:			
Manager-In-Charge and Contact details			

Following Data to be entered once the Establishment is notified of Case Settlement

Treatment Commencement Date:	
Injury Result (Disability showing its degree, Fatality):	