

Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists – OBJECTS FALLING FROM ABOVE CHECKSHEET

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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

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OBJECTS FALLING FROM ABOVE CHECKSHEET			
Tasked being Performed:	Date:		
Contractor:	Location:		

Potential for Falling Objects			
Description	Yes	No	N/A
Is there a potential for falling objects by dropping, dislodging, falling through, etc.? If Yes, verify the controls in place are effective.			

Verification of Job Pre Start (if any answer is No, stop work and record corrective actions below, prior to recommencing task)			
Description	Yes	No	N/A
If other work crews/contractors are impacted by this task, has there been communication between work crews by supervision?			
Has a current JHA been completed and reviewed and signed by the work crew supervisor that includes the risk of falling objects?			

Verification of Actual Controls				
	Description	Yes	No	N/A
Open Holes	Coverings used such as mesh matting/ plywood on openings etc.? Are the covers properly secured and sign posted?			
	Kickboards/Toe boards/ Edge Protection?			
Loose / Unsecured items	Are housekeeping practices sufficient to prevent falling objects? Have preparation for bad weather (high wind) conditions been implemented?			
	Containers suitable for storage of small items? Shoulder bags used to transport equipment / materials?			
Tools / materials secured	Are tool lanyards available and utilised? Do tool-boxes / stillage's along handrails have plywood sheets behind them?			
PPE	Chinstraps used if falling helmets is a danger? Tool belts/tool clips/ tools secured within?			
Other people below	Barricading of the area to prevent unauthorised access? Signage advising of the danger and exclusion zone? Spotter / Watchperson in place below (where practicable)?			

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Comments/Corrective Actions				
Check Sheet Completed By:	Date:			
Contractor Supervisor:	Date:			
Reviewed by HSE Officer:	Date:			
Area Watchman:	Date:			
	(Print name & Sign)			

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