



# Lusail Real Estate Development Company

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

### Lusail Operation Safety Forms/Checklists – Incident Notification Report Form

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|                   |                               |                 |                                     |
|-------------------|-------------------------------|-----------------|-------------------------------------|
| Document No       | <u>LUS-HSE-FM4-453-001.03</u> | Rev             | <u>3</u>                            |
| Uncontrolled Copy | <input type="checkbox"/>      | Controlled Copy | <input checked="" type="checkbox"/> |
|                   |                               | Date            | <u>15 Sept 2015</u>                 |

#### COMPANY PROPRIETARY INFORMATION

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# LUSAIL INCIDENT NOTIFICATION REPORT

## Part A

|   |   |                |  |                                      |  |
|---|---|----------------|--|--------------------------------------|--|
| Reported Date:                          |   | Reported Time: |  | Reported By<br>Contact details:      |  |
| Incident Date:                          |   | Incident Time: |  | Incident #                           |  |
| Business Type                           | <input type="checkbox"/> Construction Package <input type="checkbox"/> Developer <input type="checkbox"/> Building Package <input type="checkbox"/> Other |                |  |                                      |  |
| Project Name                            | (e.g. CPX)  | Company Name:  |  |                                      |  |
| Location:                               |   |                |  |                                      |  |
| Job Classification<br>of Injured Person |   |                |  | Length of Service:                   |  |
| Injured Person's<br>Name:               |   |                |  | Supervisor Name<br>Contact details : |  |
| Summary:                                |   |                |  |                                      |  |
| Detailed<br>Description:                |   |                |  |                                      |  |
| Immediate Actions<br>Taken:             |   |                |  |                                      |  |
| Project Manager<br>(LREDC):             |   |                |  | Project Manager<br>(Contractor)      |  |
| Safety Manager<br>(Contractor):         |   |                |  | LCCC Notified –<br>Time & Date:      |  |

**Part B**

| Incident Classification (Multiple classifications can be selected)        |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Dangerous Occurrence                             | <input type="checkbox"/> Major Environmental                 | <input type="checkbox"/> Minor Environment                 | <input type="checkbox"/> Road Accident / MVA |
| <input type="checkbox"/> Occupational Exposure (Not Heat related illness) | <input type="checkbox"/> Major Property / Equipment Damage   | <input type="checkbox"/> Minor Property / Equipment Damage | <input type="checkbox"/> Other               |
| Injury Classification (Needs only be completed if there is an injury)     |  |  |  |
| <input type="checkbox"/> First Aid Injury                                 | <input type="checkbox"/> Medically Treated Injury beyond FAI | <input type="checkbox"/> Restricted Work Injury            | <input type="checkbox"/> Lost Time Injury    |
| <input type="checkbox"/> Fatality   | <input type="checkbox"/> Injury Unknown                      | <input type="checkbox"/> Heat Stress                       | <input type="checkbox"/> Other               |

| LREDC Risk Matrix          |   |  |  |   |  |   |
|----------------------------|---|--|--|---|--|---|
| Likelihood                 | Consequence                                     | 1<br>Minor<br>First Aid Injury<br>1 < Qr.10k | 2<br>Medium<br>Medically Treated Injury<br>Qr.10K – Qr.20k | 3<br>Serious<br>Restricted Work Injury<br>Qr.20K – Qr.50K | 4<br>Major<br>Lost Time Injury<br>Qr.50k – Qr.100k | 5<br>Catastrophic<br>Fatality<br>>Qr.100k |
|                            | A: Almost Certain<br>> 1 per week<br>>25%       | Moderate<br>11                               | High<br>16   | Extreme<br>20   | Extreme<br>23                                      | Extreme<br>25                             |
|                            | B: Likely<br>1/week – 1/month<br>10% - 25%      | Moderate<br>7                                | High<br>12   | High<br>17  | Extreme<br>21                                      | Extreme<br>24                             |
|                            | C: Possible<br>1/month – 1/year<br>1% - 10%     | Low<br>4                                     | Moderate<br>8  | High<br>13  | High<br>18   | Extreme<br>22                             |
|                            | D: Unlikely<br>1/year – 1/10 years<br>0.1% - 1% | Low<br>2                                     | Low<br>5   | Moderate<br>9   | High<br>14   | High<br>19                                |
|                            | E: Rare<br>< 1/10 years<br>0.1%                 | Low<br>1                                     | Low<br>3   | Low<br>6  | Low<br>10  | High<br>15                                |
| Initial Risk Rating Result | Consequence:                                    |  | Likelihood:  |   | Total:   |   |

\_\_\_\_\_  
Contractor Supervisor Approval – Printed Name

\_\_\_\_\_  
Contractor Supervisor- Signature

\_\_\_\_\_  
Contractor HSE Representative Approval – Printed Name

\_\_\_\_\_  
Contractor HSE Representative- Signature

\_\_\_\_\_  
Project Manager Approval – Printed Name

\_\_\_\_\_  
Project Manager- Signature

Notes:

- Contractors shall provide incident notification in writing to Supervising Consultant, responsible PMCM and Lusail HSE within 12 hours of occurrence.
- Contractor shall have made previous verbal notification to Supervising Consultant responsible PMCM and Lusail HSE Department.
- All work related injuries, illnesses, or other incidents that result in immediate medical treatment or those incidents that may involve medical treatment in the future must be reported.
- Refer to **LUS-HSE-WG3-446-004.01 Lusail Incident Reporting & Investigation** for a list of incident types requiring reporting.