



Lusail Real Estate Development Company

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

Lusail Construction Safety Forms/Checklists – Incident Investigation Report

Document No LUS-HSE-FM4-453-003.01 Rev 1

Uncontrolled Copy Controlled Copy 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.



INCIDENT INVESTIGATION REPORT

REPORT #:

1. Project / Contract

Project/ Contract Name	
Project/ Contract #:	
Address:	
Project Manager:	

2. Investigation Team

	Name	Position / Title	Company
Team Leader:			
Member:			
Member:			
Member:			

3. Persons/ Agencies Notified

Company:	Person Informed:	Telephone:	Date Informed:	Time Informed:

4. Witnesses (list main witnesses to the Incident)

Name:	Title / Position:	Company:	Contact Telephone:

5. Direct Supervisors / Managers In Charge Of The Activity & Personnel

Name:	Title / Position:	Company:	Contact Telephone:

6. Details

Date of Incident:		Date/Time Incident Reported:	
Time of Incident:		Reported by:	
Weather Conditions:		Title / Position:	
Date Qatar Administrative Authority		Date F100/F100A report sent to Qatar	

was informed (if applicable)		Administrative Authority	
------------------------------	--	--------------------------	--

7. **Location of Incident** (Give exact location where the incident took place)

8. **Summary Description of Incident** (Attach separate sheet / photos if necessary)
Describe how the incident happened and state what the employee was doing at the time.

9. **Sketch of Incident Scene** (Attach separate photo images if necessary.)
Include measurements where possible i.e. distance / height etc.

10. **Equipment Involved in the Incident** (Attach further pages if necessary)
Give details of any tools, machinery or equipment involved in the incident below.

11. Incident Classification (Tick relevant box and give brief details)

Machinery (Power / Non Power)

Machinery in motion under power	<input type="checkbox"/>
Non-power machinery in motion	<input type="checkbox"/>
Other machine use (please specify below)	<input type="checkbox"/>

Machinery (or relevant part) at rest	<input type="checkbox"/>
Power machinery being moved without power	<input type="checkbox"/>

Vehicles

Vehicle in motion moved by power	<input type="checkbox"/>
Vehicle in motion not moved by power	<input type="checkbox"/>

Vehicle stationary	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

Falls from Height

Fall on same level	<input type="checkbox"/>
Fall from one level to another	<input type="checkbox"/>
Fall from ladders	<input type="checkbox"/>
Distance / height of fall (m/ cm)	<input type="text"/>

Fall from scaffolding / working platform	<input type="checkbox"/>
Fall on fixed stairway	<input type="checkbox"/>
Other falls (specify below)	<input type="checkbox"/>

Slips & Trips

Slipped on liquid spillage	<input type="checkbox"/>
Slipped on mud or over soil conditions	<input type="checkbox"/>
Slipped on smooth surface	<input type="checkbox"/>
Other slipping (specify below)	<input type="checkbox"/>

Tripped on cables	<input type="checkbox"/>
Tripped by materials (specify below)	<input type="checkbox"/>
Tripped on uneven surface	<input type="checkbox"/>
Other tripping (specify below)	<input type="checkbox"/>

General Classification

Fire	<input type="checkbox"/>
Explosion	<input type="checkbox"/>
Electricity	<input type="checkbox"/>
Exposure to hazardous substances	<input type="checkbox"/>
Manual handling	<input type="checkbox"/>

Struck by/ against objects	<input type="checkbox"/>
Struck by falling objects	<input type="checkbox"/>
Use of power tools	<input type="checkbox"/>
Use of hand tools	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>

12. Cause Analysis

Immediate Causes: What substandard actions and conditions caused the incident			
Substandard Actions		Substandard Conditions	
1.	Operating Equipment Without Authority	1.	Inadequate Guards or Barriers
2.	Failure to Warn	2.	Inadequate or Improper Protective Equipment
3.	Failure to Secure	3.	Defective Tools, Equipment or Materials
4.	Operating at Improper Speed	4.	Congestion or Restricted Action
5.	Making Safety Devices Inoperable	5.	Inadequate Warning System
6.	Removing Safety Devices	6.	Fire
7.	Using Defective Equipment	7.	Poor Housekeeping
8.	Using Equipment Improperly	8.	Hazardous Environmental Conditions
9.	Failing to Use PPE	9.	Noise Exposure
10.	Improper Loading	10.	Radiation Exposure
11.	Improper Placement	11.	High or Low Temperature Exposure
12.	Improper Lifting	12.	Inadequate or Excess Illumination
13.	Improper Position for Task	13.	Inadequate Ventilation
14.	Servicing Equipment Operation	14.	Collapse of Temporary/ Permanent Structures
15.	Horse Play	15.	Collapse Trench
16.	Under Influence of Drug	16.	Explosion/ Failure of Pressurized System
17.	Disregarding Rules & Regulation	17.	Failure of Work Equipment
18.	Manual Handling	18.	Trapped by Machine
19.	Road Accidents		
20.	Handling Materials		
Type of Contact		Contact With	
1.	Struck Against	1.	Electricity
2.	Struck By	2.	Heat/Climate Related Stress
3.	Caught In	3.	Cold
4.	Caught On	4.	Radiation
5.	Caught Between	5.	Caustics
6.	Slips/Trips	6.	Toxic or Noxious Substances
7.	Fall on Same Level	7.	Machinery
8.	Falls From Height	8.	Welding Flash
9.	Falls on Level Ground		

10.	Fall to Below Ground Level		
11.	Striking Fixed Object		
12.	Trapped		
13.	Falling Objects or Materials		
14.	Sting Bite- Insect, Spider, Snake, etc.		
15.	Stepping On		

13. Person(s) Involved

Basic Causes: What Specific Personnel or Job Factors Caused or Could Cause this event?

Personnel Factors		Job Factors	
1.	Inadequate Capability	1.	Inadequate Leadership/ Supervision
2.	Lack of Knowledge	2.	Inadequate Engineering
3.	Lack of Skill	3.	Inadequate Purchasing
4.	Stress	4.	Inadequate Maintenance
5.	Improper Motivation	5.	Inadequate Tools/Equipment
6.	Lack of Watchful Eye	6.	Inadequate Work standard
7.	Act of Violence	7.	Wear & Tear
		8.	Abuse or Misuse

If more than two persons are involved, please attach separate sheet. If persons sustained injuries or illness also fill out sections 16-19.

	Person 1	Person 2 (if applicable)
Name		
Sex		
Date of Birth		
Home Address		
Experience (time)		
Qatari ID#		

14. Employer(s) Of Involved Person(s)

	Person 1	Person 2 (if applicable)
Company Name		
Company Local Address		
Telephone/ Fax Number		
Project Manager		
Contractor or Sub-tier		

15. Training Details of Involved Person(s)

Attended safety induction Yes No Date of induction

Has the involved person(s) received prior training on the equipment, tools, or tasks being used or performed?

Yes No If yes give details below:

Has the involved person(s) had any prior training related to job Yes No

function? Provide details below.

16. Injury/ Illness Information

	Person 1	Person 2 (if applicable)
Name		
Sex		
Date of Birth		
Home Address		
Experience (time)		
Qatari ID#		

17. Medical Treatment / First Aid Information

First Aid Provided Yes No Name of First Aider

First Aid Treatment Provided

Medical Treatment Beyond First Aid Provided Yes No Location

Was the Injured Person(s) Sent to Hospital Yes No

Name of Hospital Date Admitted
 Address

Ambulance Called Yes No Arrival Time Departure Time

18. Nature of Injury (Describe extremity affected, location on the body/ extremity, severity, type of injury, etc)

Tick applicable box(s)

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Burn / Dry Heat	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Laceration / Cut
<input type="checkbox"/> Amputation	<input type="checkbox"/> Contusion/Bruise	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Multiple Injuries
<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Nausea
<input type="checkbox"/> Burn Friction	<input type="checkbox"/> Crushing	<input type="checkbox"/> Heat Stroke	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Burn Chemical	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> General Pain	<input type="checkbox"/> Puncture Wound
<input type="checkbox"/> Burn / Wet Scald	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation	<input type="checkbox"/> Sprain / Strain

Other Injury Type: _____

19. Location of Injury (* Indicate Right or Left)

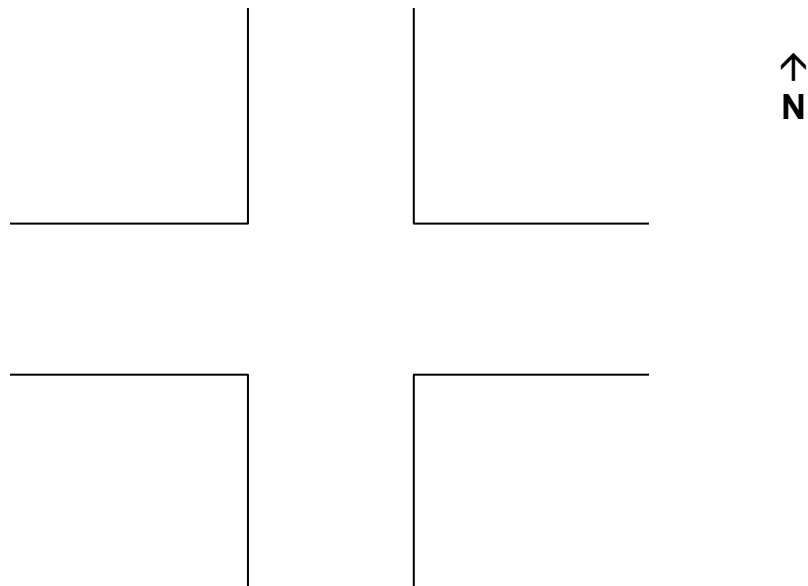
Skull / Scalp*	Neck*	Upper Arm*	Thigh*
Face*	Throat*	Lower Arm*	Leg*
Eye / Left	Back*	Elbow*	Knee*
Eye / Right	Chest*	Hand / Palm*	Shin*
Eyes (Both)	Abdomen*	Fingers*	Ankle*
Teeth / Upper	Ribs*	Thumb*	Foot*
Teeth / Lower	Shoulder*	Hip*	Instep*
Chin*	Collar Bone*	Groin	Toe's*

Multiple Locations: _____

20. Vehicle Accident Description

Illustrate the accident below. Be sure to note:

- The name or designation of all site roads, streets, or round-about
- Direction of travel of vehicles/ equipment involved
- Position of vehicle(s) at instant of ir



Additional Description of Vehicle Incident: _____

21. Additional Information (Indicate any additional information which may be of use in the investigation)

22. Supporting Document Attachments (Witness statements, photo's, training records, etc.)

1		4	
2		5	
3		6	

23. Corrective Actions (Indicate the corrective actions identified to be necessary to prevent a re-occurrence, including responsible parties and completion dates)

Corrective Action(s)	Responsible Person	Date for Completion

24. Contractor Authorizations

HSE MANAGER: NAME: _____ SIGNATURE: _____ DATE: _____
COMMENTS:
FIELD SUPERVISOR/ FOREMAN: NAME: _____ SIGNATURE: _____ DATE: _____
COMMENTS:
PROJECT MANAGER: NAME: _____ SIGNATURE: _____ DATE: _____

25. Incident Review Board

Review required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of review	<input style="width: 90%;" type="text"/>	Time	<input style="width: 90%;" type="text"/>
Location of review	<input style="width: 95%;" type="text"/>					

Persons required to attend review	
-----------------------------------	--