

Lusail Real Estate Development Company

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

Lusail Operation Safety Forms/Checklists – Witness Statement Form

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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
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
2	Entirer form revamp	Bruce Bester	Michael Ford	Use Krueger	12 Nov 2015
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Witness Statement Report

NAME	JOB TITLE	
COMPANY	DEPARTMENT	
BADGE NUMBER	SUPERVISOR	
CONTACT DETAILS		

LOCATION OF INCIDENT	
DATE AND TIME OF INCIDENT	
DATE AND TIME COMPLETED STATEMENT	

FULLY DESCRIBE THE INCIDENT SEQUENCE FROM START TO FINISH

INCIDENT INVESTIGATOR DETAILS		STATEMENT OWNER	
NAME:		NAME:	
SIGNATURE:		SIGNATURE:	
DATE:		DATE:	