



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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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:	