



Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists – Office Safety Checklist

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Uncontrolled Copy	<input type="checkbox"/>	Controlled Copy	<input checked="" type="checkbox"/>
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COMPANY PROPRIETARY INFORMATION

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QATARI DIAR/LUSAIL – OFFICE SAFETY CHECKLIST

Location:Date:Checklist Completed by:

Ref	Question	Yes	No	N/A	Action Required	Action by	Date Complete
1.0	FIRE						
1.1	Is there an emergency evacuation procedure?						
1.2	Is there adequate firefighting equipment in date, tagged and in the correct position?						
1.3	Is there adequate emergency lighting?						
1.4	Is there an effective tested fire alarm system by EMS?						
1.5	Are emergency escape routes clearly marked?						
1.6	Are there sufficient fire wardens trained and appointed?						
1.7	Are all staff aware of emergency procedures?						
1.8	Are there sufficient fire instruction notices posted with fire wardens listed?						
1.9	Have fire practice evacuations been carried out 6 monthly or, if applicable, in line with Lusail's schedule?						
1.10	Are arrangements in place for protection of visitors?						
1.11	Are all escape routes clear of obstruction?						
1.12	Have actions identified by the Workplace Fire Risk Assessment been implemented and reviewed in the last year?						
2.0	FIRST AID						
2.1	Are there sufficient trained first aiders/appointed persons appointed?						
2.2	Are first aid boxes available and stocked adequately?						
2.3	Are the names of first aiders/appointed persons displayed on notice boards?						
2.4	Are first aiders and line managers complying with reporting procedures?						

Ref	Question	Yes	No	N/A	Action Required	Action By	Date Complete
3.0	STORAGE & HANDLING						
3.1	Are all storage units stable and adequately strong? Not likely to topple over.						
3.2	Is material & equipment safely stored?						
3.2	Is high level storage safely accessible?						
3.3	Have all staff required to lift materials & equipment been trained in manual handling?						
3.4	All Access routes clear of obstruction?						
4.0	CABLE MANAGEMENT & ELECTRICITY						
4.1	Are all walkways free of cables or cable cover devices fitted?						
4.2	Are all cables fit for purpose and supplied with safe fittings (plugs, sockets, fuses, etc.)?						
4.3	Have all items been inspected and/or tested as necessary?						
5.0	WORKSTATIONS						
5.1	Does the office layout allow adequate space for individuals to work effectively?						
5.2	Where there is display screen equipment (e.g. PCs), have assessments been carried out?						
5.3	Are all assessments up to date?						
5.4	Is task lighting appropriate?						
5.5	Is heating and ventilation adequate?						
5.6	Is office machinery (esp. photocopiers) in a well ventilated location?						
6.0	HAZARDOUS SUBSTANCES						
6.1	Are cleaning supplies stored in clearly marked containers away from food/drink?						
6.2	Have all substances which may cause ill-health been assessed and risks controlled (eg. glue)?						

Ref	Question	Yes	No	N/A	Action Required	Action By	Date Complete
7.0	SPECIAL RISKS						
7.1	Have individuals whose physical condition requires special care been assessed properly?						
7.2	If physically impaired are there provisions in place to assist if required to evacuate the building in an emergency?						
8.0	OTHER AREAS (CONTINUE ON SEPARATE SHEET IF REQUIRED).						

SAFETY - ACTION LOG

I hereby acknowledge that the non-compliance(S) observed by the Lusail HSE team is significant and may lead to accidents or incidents. My team will rectify all unsafe conditions by taking appropriate control measures as per the timeframe indicated above. I will also ensure that the non-compliance is fully closed and will maintain the safe work practice before commencing any work. I will sign below & scan/email back to the Lusail HSE team.

Office Manager

Name

Signed

HSE/Safety Manager

Name

Signed