



# Lusail Real Estate Development Company

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

### Lusail Construction Safety Procedural Forms/Checklists – Occupational Health Team Emergency Response Report

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### Occupational Health Team Emergency Response Report

Notification from Command Center			
Date Notified: dd/mm/yyyy		Time Notified:	
Response Information			
Name of the Responder/Medical Staff:			
Time arrived at the scene:		Location where the Incident happened:	
Overall condition of the IP (upon arrival at the scene):	<input type="checkbox"/> Work related <input type="checkbox"/> Non Work Related		
Details of the Incident:			
Treatment Given/Nursing Intervention:			
Overall condition of the IP (before leaving the scene):			
Time left the scene:		Signature of the Responder/Medical Staff:	
Details of the Injured Person			
Name:		I.D./QID:	
Does the patient need advance medical treatment/hospitalization?			Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that if I refuse the suggested advance medical treatment/consultation, I am doing so against medical advice. I understand that my refusal may result in a worsening of my condition and could pose a threat to my life, health and medical safety.			
Patient's Signature: _____			

**Assurance of confidentiality:** All information which would permit identification of an individual will be held confidential and will be used for statistical purposes only by the Contractors, and agents when required and with necessary controls; and will not be disclosed or released to other person without the consent of the individual.