



Lusail Real Estate Development Company

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

Lusail Operation Safety Forms/Checklists – Incident Event Interview Form

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COMPANY PROPRIETARY INFORMATION

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Incident Event Interview

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

NOTE ANYTHING UNUSUAL YOU OBSERVED PRIOR TO OR DURING THE INCIDENT (OBSERVATIONS, SOUND, SMELLS ETC.)

WHAT WAS YOUR ROLE IN THE INCIDENT SEQUENCE?

WHAT CONDITIONS INFLUENCED THE INCIDENT (WEATHER, TIME OF DAY, EQUIPMENT MALFUNCTIONS, TIME PRESSURES ETC)

HOW DID PEOPLE INFLUENCE THE INCIDENT (ACTIONS, EMERGENCY RESPONSE, ETC)

WHAT DO YOU THINK CAUSED THE INCIDENT

HOW DO YOU THINK THE INCIDENT COULD HAVE BEEN PREVENTED?

PLEASE LIST OTHER POSSIBLE WITNESSES
ANY ADDITIONAL COMMENTS/OBSERVATIONS?

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