



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklist – Guardrail Removal 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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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
0	New Form	HSE Working Group	Michael Ford	Uwe Krueger	09 Dec 2015



Guardrail Removal Checklist

Date:		Starting Time:	_____ a.m. To _____ p.m.
Company:		Date :	From _____ To _____
Location:			
Name of Watchman / Sentry			
Nature of Work:			
Procedure Review			
<input type="checkbox"/> JSA Completed	<input type="checkbox"/> Lifeline(s) In Place		
<input type="checkbox"/> Hazard/Danger Signs Posted	<input type="checkbox"/> Safety harness with 2 shock absorber lanyards		
<input type="checkbox"/> Area Inspected by Supervisor and Safety Personnel	<input type="checkbox"/> Exclusion Zone –Same Level		
<input type="checkbox"/> Watchman Assigned	<input type="checkbox"/> Exclusion Zone – Ground Level		
The Life Lines must be anchored / secured, and open edges to have sign in place at all times “DANGER – RISK OF FALL, USE FALL ARREST SYSTEM.”			
	Name	Signature	Date
Initiator – Foreman/Engineer			
Section Manager/Engineer:			
HSE Officer/Engineer			
Construction Manager			
Handing Back of Safe Work Area			
Hard barricading in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If NO, what steps are being taken to verify that the area is maintained in a safe condition?			
1.			
2.			
3.			
Area Inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Supervisor Name:	
Signature:	
Date:	
Time:	