



Lusail Real Estate Development Company

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

Lusail Operation Safety Procedural Forms/Checklists – Report of an Injury or Dangerous Occurrence (F100)

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COMPANY PROPRIETARY INFORMATION

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Report of an Injury or Dangerous Occurrence

Injuries that are notifiable to the Ministry of Labour in the state of Qatar should be recorded on the form to Lusail HSE Department within 24hrs

This form must be filled in by a Contractor or other responsible person

Part A – About you

1. What is your full name:	
2. What is your job title:	
3. What is your telephone number:	
4. What is the name of your organization:	
5. What is it's address:	

Part B – About the incident

1. On what date did the incident happen:	
2. At what time did the incident happen: (Please use the 24-hour clock eg 0500)	
3. Did the incident happen at the above address: If Yes go to question4 / if No where did the incident happen:	
<ul style="list-style-type: none"> • Elsewhere in your organization – give the name, address and postcode: 	
<ul style="list-style-type: none"> • At someone else premises – give the name, address and postcode: 	
<ul style="list-style-type: none"> • In a public place – give details of where it happened: 	
If you do not know the postcode what is the name of the Construction Site:	
4. In which department or where on the premises, did the incident happen	

Part C – About the injured person

If you are reporting a dangerous occurrence, go to Part F to describe the incident.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person

1. What is their full name:			
2. What is their address and postcode:			
3. What is their home phone number:			
4. How old are they:			
5. Are they Male or Female:	Male		Female

6. What is their job title:		
7. Was the injured person (Tick only one box)	One of your employees	
	On a training scheme - give details	
	On work experience	
	Employed by someone else – give details of the employer:	
	Self-employed and at work:	
	A member of the public:	

Part D – About the Injured

1. What was the injury: (eg fracture, laceration)		
2. What part of the body was injured:		
3. Was the injury (Tick one box that applies)	Fatality	
	A major injury or condition	
	An injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days	
	An injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment	
4. Did the injured person (Tick all the boxes that apply)	Became unconscious	
	Need resuscitation	
	Remain in hospital for more than 24 hours	
	None of the above	

Part E – About the kind of accident

Please tick the one box that best describe what happened, then go to Part G

Contact with moving machinery or material being machined	
Hit by moving, flying or falling object	
Hit by moving vehicle	
Hit something fixed or stationary	
Injured while handling, lifting or carrying	
Slipped, tripped or fall on the same level	
Fall from height / How high was the fall? _____ meters	
Trapped by something collapsing	
Drowned or asphyxiated	
Exposed to , or in contact with, a harmful substance	
Exposed to fire	
Exposed to an explosion	

Contact with electricity or an electrical discharge	
Injury by an animal	
Physically assaulted by a person	
Another kind of accident (describe in Part F)	

Part F – Describing what happened

<p>Give as much detail as you can for instance</p> <ul style="list-style-type: none"> • The name of any substance involved • The name and type of any machine involved • The events that led to the incident • The part played by any people <p>If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident</p>

Part G – Your signature

Signature:	Date:
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