



Lusail Real Estate Development Company

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

Lusail Construction Safety Procedural Forms/Checklist – PM/CM Safety Management System/Field Audit Report

Document No	<u>LUS-HSE-FM4-446-156.00</u>	Rev	<u>0</u>
Uncontrolled Copy	<input type="checkbox"/>	Controlled Copy	<input checked="" type="checkbox"/>
		Date	<u>28-Mar-2016</u>

COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

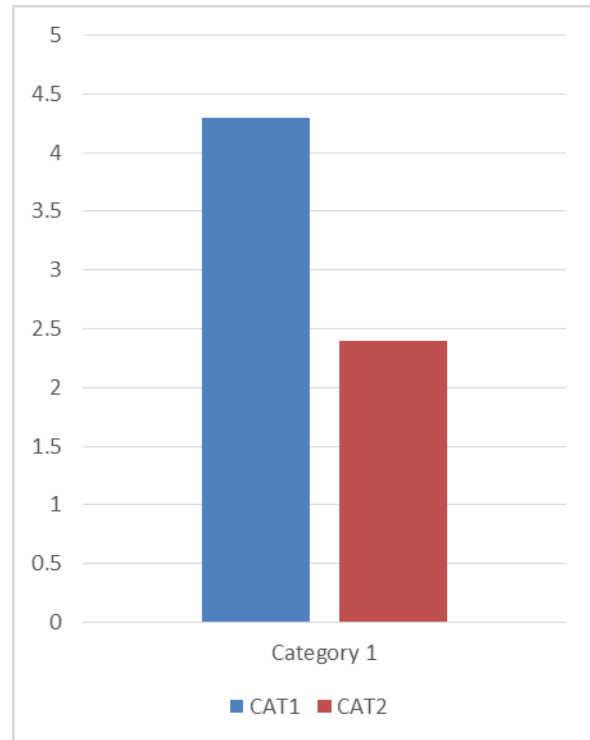
Lusail Project – Safety Management System/Field Audit Report
 Name of the Organization:
 DD MM YYYY



Section 1		<ul style="list-style-type: none"> This section is completed by PMCM. Section 1 is a summary of the audit activity – audit date, audit team members, areas reviewed, total audit score, a summary of compliance per each audit topic. 							
Report Number									
Previous Audit Date									
Audit Date									
Duration		Started:				Finished:			
Attendance	Stakeholder	Name				Attendance			
	PMCM (Auditor)	Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
	PMCM (Sr. Mgr.)	Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
	Consultant (HSE Mgr.)	Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
	Consultant (Sr. Mgr.)	Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
	LREDC HSE (Auditor)	Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
		Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
		Name:		F	<input type="checkbox"/>	P	<input type="checkbox"/>	N	<input type="checkbox"/>
Attendance Legend		F - Full Attendance (full duration of audit) / P - Partial Attendance (<75% of duration of audit) / N - Non-Attendance (<1% of duration of audit)							

Summary of HSE Performance

#	Topic	%
1	Health & Safety Policy	
2	CPHSP	
3	Roles & Responsibilities	
4	Goals & Objectives	
5	HSE Resources	
6	Training	
7	Awareness	
8	Risk Management	
9	Audits & Non-Conformances	
10	HSE Meetings & Reporting	
CONTRACTOR HSE MANAGEMENT		
11	Contractor HSE Management	
Total		



Report by: XXXXXXXX

Lusail Project – Safety Management System/Field Audit Report
Name of the Organization:
DD MM YYYY



Date(s) of HSE Audit(s)	# of CAT-1	# of CAT-2

Note: Add additional row as required.
List audit dates (top-to-bottom) in reverse chronological order (most recent audit dates at the top of the table)

Report by: XXXXXXXX

Lusail Project – Safety Management System/Field Audit Report
Name of the Organization:
DD MM YYYY

**Section 2**

- This section is completed by PMCM.
- Please ensure that an Opening / Closing Meeting Attendance Register is signed

Opening Meeting (should cover the below items (taking no longer than 10 minutes):

- Welcome Auditees
- Introduce Audit team members and their roles.
- Outline reason for and scope of the audit.
- Explain that the audit process adds value and promotes improvements.
- Confirm with auditees that documents required by the SMS/Field Audit Checklist are available for review.
- Describe communication channels on how the audit will be conducted and reported
- Outline arrangements for Closing Meeting (time, location, attendees).

Close-Out Meeting (should cover the below items (taking no longer than 10 minutes)

- Record attendees and thank those present.
- Present findings
- Explain any Non-conformances (citing the specific section of the checklist which the non-conformance relates to)
- Provide a summary/ overview of the whole audit.
- Provide details of how and when the audit close-out report is to be submitted to PMCM.
- Invite discussion / questions
- Draw the meeting to a close.

Report by: XXXXXXXXX

Lusail Project – Safety Management System/Field Audit Report
Name of the Organization:
DD MM YYYY



Section 3	<ul style="list-style-type: none">• This section is completed by PMCM.• Document (in bullet points) elements of the audit that were positive / particularly note-worthy.
------------------	---

Positive Observations:

Report by: XXXXXXXX

Lusail Project – Safety Management System/Field Audit Report

Name of the Organization:

DD MM YYYY



Section 4

- This section is completed by PMCM.
- In the table below, detail non-conformances / opportunities for improvement observed during the audit
- Add additional rows as required
- For each CAT-1 non-conformance identified, the contractor must provide a detailed Non-Conformance Action Report (Template in Section 6)

Audit Findings

DEFINITIONS

CAT-1 - Non-Conformance.

Breaches of national legislation / guidelines, significant deviation from client / project requirements, and non-compliances which pose significant operational / reputational risk to the client / contractor.

CAT-2 - Opportunity for Improvement.

Suggestions for improvements to process / documents / records based on the auditor’s experience.

Note – Add additional row as required.

Checklist #		CAT-1 or CAT-2		Describe Non-Conformance / Opportunity for Improvement

Report by: XXXXXXXX

Lusail Project – Safety Management System/Field Audit Report

Name of the Organization:

DD MM YYYY

**Section 5**

- This section is completed by PMCM.
- For each Non-conformance, the auditor shall ensure that suitable supporting documentation is attached as an appendix to this report.
- For each supporting document, use the table below to list supporting documents.

Supporting Documentation*Note – Add additional row as required.*

#	Document Description	Doc Reference #

Report by: XXXXXXXX

Lusail Project – Safety Management System/Field Audit Report

Name of the Organization:

DD MM YYYY

**Section 6**

- This section is completed by Supervising Consultant.
- Please complete the table below and return to PMCM within 14 days of the date of the audit.
- For each non-conformance detailed in Section 4, the Supervising Consultant will provide details of how each non-conformance will be addressed to achieve compliance with applicable requirements.
- Please ensure that planned actions, timeframes and person responsible are detailed in the columns provided.
- These close-out actions will be checked during the next scheduled audit.

Audit Close-out Report*Note – Add additional row as required.*

Checklist #	What Action will be implemented?	By when?	Who is responsible?

Signature Block

Signed by Consultant HSE Manager	Date	Signed by Consultant Project Manager	Date

Report by: XXXXXXXXX