



Lusail Real Estate Development Company

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

Lusail Operation Safety Forms/Checklists – Incident Notification Report Form

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COMPANY PROPRIETARY INFORMATION

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LUSAIL INCIDENT NOTIFICATION REPORT

Part A

Reported Date:		Reported Time:		Reported By Contact details:	
Incident Date:		Incident Time:		Incident #	
Business Type	<input type="checkbox"/> Construction Package <input type="checkbox"/> Developer <input type="checkbox"/> Building Package <input type="checkbox"/> Other				
Project Name	(eg. CPX)	Company Name:			
Location:					
Job Classification of Injured Person		Length of Service:			
Injured Person's Name:		Supervisor Name Contact details :			
Summary:					
Detailed Description:					
Immediate Actions Taken:					
Project Manager (LREDC):		Project Manager (Contractor)			
Safety Manager (Contractor):		LCCC Notified – Time & Date:			

Part B

Incident Classification (Multiple classifications can be selected)			
<input type="checkbox"/> Dangerous Occurrence	<input type="checkbox"/> Major Environmental	<input type="checkbox"/> Minor Environment	<input type="checkbox"/> Road Accident / MVA
<input type="checkbox"/> Occupational Exposure (Not Heat related illness)	<input type="checkbox"/> Major Property / Equipment Damage	<input type="checkbox"/> Minor Property / Equipment Damage	<input type="checkbox"/> Significant Event
<input type="checkbox"/> Other _____			
Injury Classification (Needs only be completed if there is an injury)			
<input type="checkbox"/> First Aid Injury	<input type="checkbox"/> Medically Treated Injury beyond FAI	<input type="checkbox"/> Restricted Work Injury	<input type="checkbox"/> Lost Time Injury
<input type="checkbox"/> Fatality	<input type="checkbox"/> Injury Unknown	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Other _____

LREDC Risk Matrix						
Likelihood	Consequence	1 Minor First Aid Injury QR1 - Qr.10k	2 Medium Medically Treated Injury Qr.10K – Qr.20k	3 Serious Restricted Work Injury Qr.20K – Qr.50K	4 Major Lost Time Injury Qr.50K – Qr.100k	5 Catastrophic Fatality >Qr.100k
	A: Almost Certain > 1 per week >25%	Moderate 11	High 16	Extreme 20	Extreme 23	Extreme 25
	B: Likely 1/week – 1/month 10% - 25%	Moderate 7	High 12	High 17	High 21	Extreme 24
	C: Possible 1/month – 1/year 1% - 10%	Low 4	Moderate 8	High 13	High 18	High 22
	D: Unlikely 1/year – 1/10 years 0.1% - 1%	Low 2	Low 5	Moderate 9	High 14	High 19
	E: Rare < 1/10 years 0.1%	Low 1	Low 3	Low 6	Low 10	High 15
Initial Risk Rating Result	Consequence:		Likelihood:		Total:	

Contractor Supervisor Approval – Printed Name

Contractor Supervisor- Signature

Contractor HSE Representative Approval – Printed Name

Contractor HSE Representative- Signature

Project Manager Approval – Printed Name

Project Manager- Signature

Notes:

- Contractors shall provide incident notification in writing to Supervising Consultant, responsible PMCM and Lusail HSE within 12 hours of occurrence.
- Contractor shall have made previous verbal notification to Supervising Consultant responsible PMCM and Lusail HSE Department.
- All work related injuries, illnesses, or other incidents that result in immediate medical treatment or those incidents that may involve medical treatment in the future must be reported.
- Refer to **LUS-HSE-WG3-446-004.01 Lusail Incident Reporting & Investigation** for a list of incident types requiring reporting.