Lusail Real Estate Development Company

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

Lusail Construction Safety Forms/Checklists – Incident Event Investigation Report

Document No	LUS-HSE-FM4-453-003.04			Rev	4
Uncontrolled Copy		Controlled Copy	x	Date	27-Jun-16

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
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford	Uwe Krueger	1st April 2015
2	Revamp of entire form	Bruce Bester	Michael Ford	Uwe Krueger	30 Nov 15
3	Inclusion of Significant Event classification	Bruce Bester	Michael Ford	Uwe Krueger	13 March '16
3	Risk Matrix QR1 – QR10,000				
3	Review of Dangerous Occurrence classification				
4	Preventative action – added to Corrective Action header	Bruce Bester	Michael Ford	Uwe Kruger	27 June '16

LUSAIL INCIDENT EVENT CLASSIFICATION REPORT

Part - A

Complete the information required for the Incident. (As stipulated in LUS-HSE-SP2-453-001.03 - Incident Investigation Reporting)

Reported Date:		Reported Time:		Reported By Contact details:	
Incident Date:		Incident Time:		Incident #	
Business Type	☐ Construction Package ☐ Developer ☐ Building Package ☐ Operations ☐ Other_____ ☐ Mega Project ☐ QD / Lusail Facilities				
Project Name	(e.g. CP15A2)		Company Name: (Main Contractor)		
Location of Incident:					
Job Classification of Injured Person			Length of Service:		
Injured Person's Name:			Supervisor Name Contact details :		
Summary: (Brief)					
Detailed Description:					
Immediate Actions Taken:					
Project Manager (LREDC):			Project Manager (Contractor)		
Safety Manager (Contractor):			LCCC Notified – Time & Date:		

Incident Classification (Multiple classifications can be selected)			
☐ Dangerous Occurrence	☐ Major Environmental	☐ Minor Environment	☐ Road Accident / MVA
☐ Occupational Exposure (*Not Heat related illness*)	☐ Major Property / Equipment Damage or loss	☐ Minor Property / Equipment Damage or loss	☐ Fire Event
☐ Workplace Injury	☐ Heat Related Illness	☐ Significant Event	☐ Other _____

LREDC Risk Matrix						
Likelihood	Consequence/ Severity	1 Minor First Aid Injury Qr.1 - 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	Extreme 21	Extreme 24
	C: Possible 1/month – 1/year 1% - 10%	Low 4	Moderate 8	High 13	High 18	Extreme 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	Moderate 10	High 15

Final Risk Rating: Note: use the Matrix	Consequence:		Likelihood:		Total:	

Note –

- Incidents initially rated as a Level 1 Risk (Low 1 to Low 6) may only require minimal analysis dependent on the circumstances of the incident and potential for reoccurrence.
- Incidents initially rated as a Level 2 Risk (Moderate 7 to Moderate 11) will require a more detailed incident analysis.
- Incidents rated as a 'Significant Event' & Level 3 & 4 Risk (High 12 to Extreme 25) a detailed analysis including a Formal Root Cause Analysis is required Part D

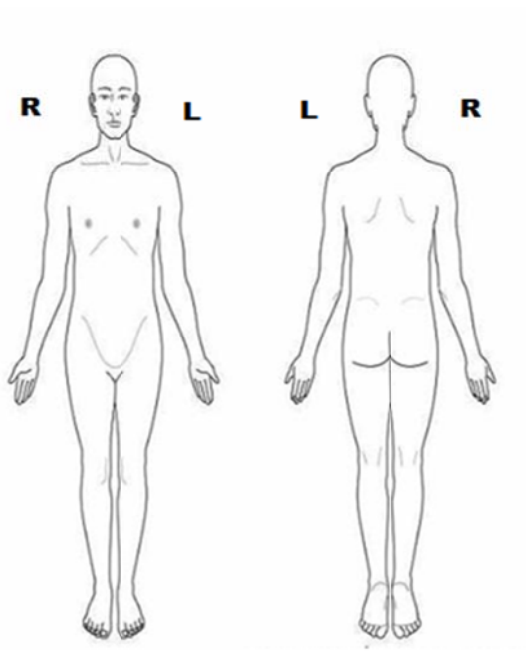
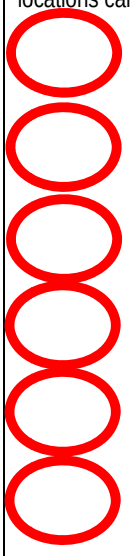
Part B - Incident Classification Details

Complete the information required for the Incident Classification/s

PROPERTY / EQUIPMENT DAMAGE OR LOSS			
Equipment Damage or Loss Classification:	Damage ☐	Loss ☐	Theft ☐
Description:			
Model:		Year:	
Serial Number		Owner Details:	
Estimated Cost of Equipment Damage (Labor and Parts Only):		QAR.	

FIRE EVENT				
Description:				
Materials Involved:				
Source of Fuel:				
Type of Fuel:	☐ Flammable gas – Acetylene	☐ Flammable gas – LPG	☐ Paper	
	☐ Flammable gas – Nitrogen	☐ Flammable gas – Oxygen	☐ Plastic	
	☐ Flammable gas – Propane	☐ Flammable metal	☐ Rubber	
	☐ Flammable liquid – Diesel	☐ Flammable liquid – Petrol	☐ Hessian Clothes	
	☐ Flammable liquid - Paints		☐ Wood	
	☐ Flammable liquid – Solvents		☐ Other _____	
Source of Ignition:	☐ Auto-ignition	☐ Cutting	☐ Electrical	☐ Welding
	☐ Exothermic reaction	☐ Friction	☐ Hot surfaces	☐ Lightning
	☐ Instrumentation	☐ Static electricity	☐ Other _____	
Source of Oxygen:	☐ Air			

Method of Extinguishment:	☐ Extinguisher - CO2	☐ Extinguisher – DCP	☐ Extinguisher – Foam
	☐ Extinguisher – Water	☐ Fire blanket	☐ Civil Defense
	☐ Fire tender	☐ Water truck	☐ Other_____
	☐ Sprinkler reticulation	☐ Mobile Equipment	

WORK PLACE INJURY / ILLNESS (Details to be enter by treating medical professional)			
Date:		Information entered by:	
Injured / Ill Person's Name:		Employer:	
Gender:		Date of Birth:	
Nationality:			
Employee Type:	☐ Contractor	☐ Sub-contractor	☐ Visitor
	☐ Member of the public	☐ Other	
Brief Summary of Injury:			
Medical Assessment, Treatment and Management			
Was the injury work-related?	☐ Yes ☐ No		
Was outside agencies required?	☐ Ambulance ☐ Police ☐ Other_____	If other Specify	
Work-related classifications:	☐ First Aid Injury - FAI	☐ Fatality	
	☐ Medically Treated Injury beyond FAI - MTI	☐ Occupational Exposure (Not Heat related illness)	
	☐ Restricted Work Injury - RTI	☐ Heat Stress	
	☐ Lost Time Injury - LTI	☐ Other _____	
	☐ Pending Classification		
Body Location		Utilize the red ring below and drag to demonstrate where the IP sustained injuries (multiple locations can be shown) 	

Mechanism	Type of Contact	Contact With
	☐ Struck Against	☐ Electricity
	☐ Struck By	☐ Heat/Climate Related Stress
	☐ Caught In	☐ Cold
	☐ Caught On	☐ Radiation
	☐ Caught Between	☐ Caustics
	☐ Falls from a Height	☐ Toxic or Noxious Substances
	☐ Slips / Trips	☐ Machinery
	☐ Fall on Same Level	☐ Welding Flash
	☐ Falls on Level Ground	☐ Other_____
	☐ Vehicle accident	
	☐ Fall to Below Ground Level	
	☐ Striking Fixed Object	
	☐ Trapped	
	☐ Falling Objects or Materials	
	☐ Sting Bite- Insect, Spider, Snake, etc.	
	☐ Stepping On	
	☐ Other _____	

Road Accident / MVA					
Driver Name:					
Time of Day:	☐ Dawn	☐ Daylight	☐ Dusk	☐ Night	
Weather Conditions:	☐ Clear	☐ Wet	☐ Cold	☐ Dry	☐ Foggy
	☐ Hot	☐ Humid	☐ Sunny	☐ Raining	☐ Windy
	☐ Cloudy / Overcast				
Road Type:	☐ Bend	☐ Intersection	☐ Parking Area	☐ Straight	
Road Surface Conditions:	☐ Asphalt	☐ Gravel-Loose or Potholed	☐ Gravel-Good	☐ Gravel-Muddy	
Vehicle Type:			Vehicle Make:		
Vehicle Model:			Vehicle Year:		
Company Vehicle:	☐ YES ☐ NO		Registration Plate Number:		

DANGEROUS OCCURRENCE (Must be appendix to this report and referenced)		
Comments:		
F100 Form sent to MOL	☐ Yes	☐ No (provide details as to WHY)

OCCUPATIONAL EXPOSURE (Not Heat Related Illness)					
Person Exposed:					
Employee Type:	☐ Employee	☐ Contractor	☐ Visitor		
Employer :					
Gender:		Date of Birth:			
Nationality:					
Summary:					
Detailed Description :					
Method of Exposure:	☐ Ingestion	☐ Inhalation	☐ Absorption	☐ Skin Contact	☐ Injection
Agency:	☐ Asbestos	☐ Diesel Particulate	☐ Blood	☐ Bodily Fluids	☐ Vibration

	☐ Viruses	☐ Dust	☐ Silica	☐ Heavy Metals	☐ Other_____
	☐ Radiation	☐ Noise	☐ Thermal		

Signification Event					
Possible Classification of the Incident:					
☐ Major Environmental	☐ Minor Environment		☐ Road Accident / MVA	☐ Fire Event	
☐ Major Property / Equipment Damage or loss	☐ Minor Property / Equipment Damage or loss		☐ Other _____		
Potential Risk Rating	Consequence:		Likelihood:	Total:	
Comments:					

Part C – Incident Analysis

Analysis Team Leader:				
Analysis Team:				
Start Date:		End Date		
Detailed Description of Analysis Findings:	Note: All supporting documents (which incl. pictures and statements) must be appendix to this report and referenced			
Witnesses Names and Contact Details:				

Part D – Formal Root Cause Analysis

Risk Rating 12 and above and or classified as high potential

Conditions	
Were Conditions a factor? ☐ YES ☐ NO If Yes Select one of the Following	
☐ C1 - Guards or protective systems (including warning systems)	☐ C2 - Tools/equipment/materials - conditions
☐ C3 - Tools/equipment/materials – availability	☐ C4 - Tools/equipment/materials - suitability
☐ C5 - Tools/equipment/materials - failure/mechanical failure	☐ C6 - Congestion
☐ C7 - Access/egress	☐ C8 - Routine Tasks
☐ C9 - Non-routine Task	☐ C10 - Hazardous Substance and Materials
☐ C11 - Inadequate or Improper PPE	☐ C12 - Flora and Fauna
☐ C13 - Instruction	☐ C14 - Communication Systems
☐ C15 - Time Constraints	☐ C16 - Supervision
☐ C17 - Lighting	☐ C18 - Ventilation

☐ C19 - Housekeeping	☐ C20 - Weather
☐ C21 - Noise	☐ C22 - Surface Conditions
☐ C23 - Task/planning	☐ Other _____
Actions	
Were Actions a factor?	☐ YES ☐ NO If Yes Select one of the Following
☐ A1 - Use of equipment - Incorrectly	☐ A2 - Use of Equipment - Without Authority
☐ A3 - Failure to communicate	☐ A4 - Inadequate Communication
☐ A5 - Fitness for Work issue	☐ A6 - Poor Time Management
☐ A7 - Misconduct	☐ A8 - Bypassed safety device/system
☐ A9 - Incorrect selection or use of PPE	☐ A10 - Inadequate equipment maintenance
☐ A11 - Improper work methods	☐ A12 - Manual Tasks
☐ A13 - Inadequate risk identification/management	☐ A14 - Failure to secure
☐ A15 - Operating Speed	☐ A16 - Occupational Hygiene Practices
☐ A17 - Task Planning	☐ Other _____
Human Factors	
Were Humans a factor?	☐ YES ☐ NO If Yes Select one of the Following
☐ H1 - Complacency	☐ H2 - Motivation
☐ H3 - Attitude	☐ H4 - Task Stress
☐ H5 - Time Pressures	☐ H6 - Slip (attention failure)
☐ H7 - Lapse (memory failure)	☐ H8 - Mistake (knowledge of rule base)/ Lack of competence
☐ H9 - Violation - Routine (deliberate action breaking rules - norm)	☐ H10 - Violation - Exceptional (deliberate action breaking rules - challenged, not norm)
☐ H11 - Drugs/alcohol influence	☐ H12 - Fatigue
☐ H13 - Hazard recognition or perception	☐ H14 - Personal Stress/Distraction
☐ Other_____	
Organisational Factors	
Were there Organizational Factors?	☐ YES ☐ NO If Yes Select one of the Following
☐ OF1 - Leadership / supervision	☐ OF2 - Design/construction/commissioning
☐ OF3 - Work procedures/SMS	☐ OF4 - Tools or Equipment
☐ OF5 - Risk Management	☐ OF6 - Supplier/Contractor Management
☐ OF7 - Maintenance Management	☐ OF8 - Operational practices
☐ OF9 - Change Management	☐ OF10 - Crisis and emergency management
☐ OF11 - Planning/operational constraints	☐ OF12 - Communication
☐ OF13 - Training and Development	☐ OF14 - Selection and recruitment
☐ OF15 - Organizational culture	☐ OF16 - Purchasing/procurement
☐ OF17 - Organizational Learning	☐ Other _____
Formal Root Cause Analysis – Further Details	

Note: All supporting documents must be appendix to this report and referenced
Tick boxes that have been checked above must be expanded and explicated within the Analysis

Part E – Corrective and Preventative Actions

Corrective Actions - Tables can be duplicated if required.

Action Assigned To:		Date Raised:		Due Date:	
Action Category:	☐ 1 Elimination	☐ 2 Substitution		☐ 3 Engineering	
	☐ 4 Administration	☐ 5 PPE			
Priority:	☐ Urgent (Within 24-48 hours)	☐ High (Within the week)		☐ Medium (Within the month)	
	☐ Low (Due Date Greater than one month)				
Action Title:					
Action Description:					

Action Assigned To:		Date Raised:		Due Date:	
Action Category:	☐ 1 Elimination	☐ 2 Substitution		☐ 3 Engineering	
	☐ 4 Administration	☐ 5 PPE			
Priority:	☐ Urgent (Within 24-48 hours)	☐ High (Within the week)		☐ Medium (Within the month)	
	☐ Low (Due Date Greater than one month)				
Action Title:					
Action Description:					

Action Assigned To:		Date Raised:		Due Date:	
Action Category:	☐ 1 Elimination	☐ 2 Substitution		☐ 3 Engineering	
	☐ 4 Administration	☐ 5 PPE			
Priority:	☐ Urgent (Within 24-48 hours)	☐ High (Within the week)		☐ Medium (Within the month)	
	☐ Low (Due Date Greater than one month)				
Action Title:					
Action Description:					

Action Assigned To:		Date Raised:		Due Date:	
Action Category:	☐ 1 Elimination	☐ 2 Substitution		☐ 3 Engineering	
	☐ 4 Administration	☐ 5 PPE			
Priority:	☐ Urgent (Within 24-48 hours)	☐ High (Within the week)		☐ Medium (Within the month)	
	☐ Low (Due Date Greater than one month)				
Action Title:					
Action Description:					

Action Assigned To:		Date Raised:		Due Date:	
Action Category:	☐ 1 Elimination	☐ 2 Substitution		☐ 3 Engineering	
	☐ 4 Administration	☐ 5 PPE			
Priority:	☐ Urgent (Within 24-48 hours)	☐ High (Within the week)		☐ Medium (Within the month)	
	☐ Low (Due Date Greater than one month)				
Action Title:					
Action Description:					

Contractor HSE Representative Approval – Printed Name	Contractor HSE Representative- Signature
Contractor Project Manager Approval – Printed Name	Contractor Project Manager- Signature

Part F – Sign-Off

SIGN OFF			
Consultant HSE Signing Off			
Person Signing Off:		Signature	
Sign Off Comments:			
Sign Off Date:			
PMCM HSE Sign Off			
Person Signing Off:		Signature	
Sign Off Comments :			
Sign Off Date			
LREDC HSE Sign Off			
Person Signing Off:		Signature	
Sign Off Comments :			
Sign Off Date			