



# Lusail Real Estate Development Company

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

## STANDARD OPERATION PROCEDURE – Incident & Event Reporting And Investigation

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### Amendment Record

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## 1.0 PURPOSE & SCOPE

LREDC is committed to a “Zero Incident Performance” policy. Only through thorough investigation, understanding, and response to incidents which occur in the LREDC workplace will employees proactively eliminate or minimize incident occurrence in the future.

Incident reporting and investigation is intended to provide management with a clear understanding of why and how an incident occurred. This includes identifying the primary or “root” cause(s), and contributing factors of the incident. From this understanding, management and staff can identify and implement the actions which are necessary at both the management and operational levels to prevent a similar occurrence from occurring again.

A comprehensive incident reporting and investigation program provides multiple benefits to LREDC employees and stakeholders. Aside from the avoidance or minimization of human pain and suffering, prevention of incidents serves to minimize overall company loss resulting from elevated operational costs, lost productivity, decrease in worker morale, schedule delay, and costs associated with incident case management, medical care, insurances, re-training or recruitment for new employees etc.

This Incident Reporting and Investigation Procedure applies to all personnel, all General Service Contractors / employees, Consultants, and Subcontractors / employees working at or visiting the LREDC site. Personnel who are directly involved in or witness to an employee injury or illness, hazmat spill, property or equipment damage, or “near miss” incident are required to conform to the guidelines presented in this Procedure.

## 2.0 DEFINITIONS

Job Hazard Analysis (JHA)	A process used to identify the hazards or potential hazards associated with each step of a job or work plan to uncover hazards and then eliminate, control, or remove them before the work is started.
Design Failure	Failure resulting from poor or improper engineering, or failure by management to construct per design specifications
Discharge	A planned and uncontrolled release or spill of a substance into the air, water or on land. Generally refers to hazardous substances discharges.
EMT	Emergency Medical Technician responders
Major Property Damage	Is damage to, or the destruction of, public or private property, caused either by a person, equipment, accident or by natural phenomena over the value of QAR 250,000
Minor Property Damage	Is damage to, or the destruction of, public or private property, caused either by a person, equipment, accident or by natural phenomena over the value between QAR 10,000 and QAR 249,000
Explosion	Rapid expansion of gases generally coupled with fire resulting in damage to all materials within the range of the explosion’s energy
Event	Used interchangeably with Incident
The Principle	Lusail Real Estate Development Company
LREDC Representative	Supervisory Consultant, PMCM and or LREDC HSE Department
Contractor Representative	Supervisory Consultant and or Contractor’s employee
Contractor	A person or entity that enters into a contract/agreement with LREDC. Also known as Support Service Provider.
On-site Treating Medical Professional	The health professional <u>that initially assesses</u> and treats the injured or ill worker.

First Aid (FIA)	<p>First Aid injuries are injuries that can be treated by First Aid and do not require follow up medical treatment.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment).</li> <li>• Administering tetanus immunizations (other immunizations such as Hepatitis B vaccine or rabies vaccine are considered medical treatment).</li> <li>• Cleaning, flushing or soaking wounds on the surface of the skin.</li> <li>• Using wound coverings such as bandages, Band-Aids, gauze pads etc.; or using glue or butterfly bandages or Steri-Strips (other wound closing devices such as sutures; staples etc. are considered medical treatment).</li> <li>• Using hot or cold therapy.</li> <li>• Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).</li> <li>• Using temporary immobilization devices while transporting an accident victim (e.g. splints, slings, neck collars, back boards etc.).</li> <li>• Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.</li> <li>• Using eye patches.</li> <li>• Removing foreign bodies from the eye using only irrigation or a cotton swab.</li> <li>• Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.</li> <li>• Using finger guards.</li> <li>• Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)</li> <li>• Drinking fluids for relief of heat stress.</li> </ul> <p>This is a complete list of all treatments considered first aid for record keeping purposes.</p> <p><b>Note</b> – The treatments listed here are to be reported as first aid regardless of the professional status of the person providing the treatment.</p>
Medical Treatment beyond First Aid	<p>Injuries that require active medical treatment (other than diagnosis or investigation) by a physician that could not be undertaken by a suitable trained first aid officer or paramedic. (Please note investigation by a Doctor without specific treatment is NOT a medical treatment case)</p>
Restricted Work Injury Cases	<p>Any injury sustained by a worker that prevents them from undertaking all their normal duties under their classification. (Duties modified due to effects of injury, but still able to work in some capacity)</p>

Major Injuries	<p>Defined injury, which requires immediate notification to Ministry of Labor. (Qatar) Specifically:</p> <ul style="list-style-type: none"> <li>• Any fracture, other than to the finger, thumb or toe</li> <li>• Any amputation</li> <li>• Dislocation of the shoulder, hip, knee, or spine</li> <li>• Loss of sight (whether temporary or permanent)</li> <li>• A chemical or hot metal burn to the eye or penetrating injury to the eye</li> <li>• Any injury resulting from an electric shock or electric burn, leading to unconsciousness or requiring resuscitation, or admittance to hospital for more than 24 hours</li> </ul> <p>Any other injury:</p> <ul style="list-style-type: none"> <li>• Leading to hypothermia, heat induced illness or to unconsciousness</li> <li>• Requiring resuscitation</li> <li>• Requiring admittance to hospital for more than 24 hours</li> <li>• Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent</li> <li>• Acute illness or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin</li> <li>• Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.</li> </ul>
Lost Time Injury (LTI)	An Injury not being a major injury that results in a person either missing 3 or more consecutive days from work (not counting the day of the accident) or being unable to fulfil his/her normal duties for 3 or more consecutive days, including non-working days i.e.- weekends
Health and Safety Incident	A system failure which has or could have led to a fatality, injury, occupational illness, loss of containment, OHS public complaint, OHS legal claim or any other OHS nonconformance (including improvement and prohibition notices). Is an unplanned event that interrupts the completion of any activity, and that may or may not include injury or property damage
HSE	Health Safety & Environment. For purposes of this Procedure, HSE refers to the Lusail Health Safety & Environmental Department.
Incident	Any event which is unforeseen and unplanned which results in any form of material or monetary loss to the Client, Contractor, Consultant, employee or visitor.
Significant Incident	Any occurrence that has actually resulted in or had the potential to result in outcomes classified as Significant.
Incident Owner	The Line Manager responsible for the work area in which the incident occurred.
Supervisor	Refers to the person in charge of the person involved in the incident. A supervisor's actual job title may change depending on the involved person's level, and may include front line Supervisors,
Injury Incident	Any incident resulting in injury to a worker which requires medical treatment beyond first aid.
Incident Review Board	A detailed in person review of the incident summary to identify cause. From cause determination panel identifies corrective measures required to be implemented for prevention of future similar incidents.
Dangerous Occurrence	An unplanned and undesired <b>occurrence</b> (incident) which has the potential to cause injury and which may or may not cause damage to property, equipment or the environment.
Near Miss Incident	Any occurrence, event, or situation having the potential to cause injury, illness, exposure, property damage, etc.; which <u>did not result</u> in injury, illness, property damage, etc this particular instance.
Release	A failure of containment or confinement system(s), or a planned discharge resulting in an uncontrolled spill of a substance into the air, water or on land
Structural Failure	Structure as constructed unexpectedly fails due to poor or improper design, improper construction, material defect or damage

Vehicle Accident	Any incident involving wheel or track mounted light and heavy vehicles or equipment where collision, roll-over, fire, or similar has occurred.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

### 3.0 RESPONSIBILITIES

The Contractor is fully responsible for the pre-planning, development of Method Statements, Job Hazard Analysis, overall safe work planning and implementation. The Contractor's Project Management is responsible for the assuring that all work is planned and conducted according to the pre-planning document, Contractor and Lusail Health Safety & Environment (HSE) procedures and the Qatar Construction Specifications. Should a conflict occur between procedures, standards or requirements, the more stringent shall apply.

The Contractor shall conduct investigations into any incident that occurs within their area of responsibility and shall allow the Principal/LREDC Representatives to attend investigations as required.

### 4.0 TYPES OF INCIDENTS

The Contractor shall implement all pertinent requirements of this Procedure when any of the following types of incidents occur on the LREDC Project, or during offsite performance of work activities directly related to the Contractors scope of work under their Contract. The following incident types are covered by this Procedure:

- Dangerous Occurrence
- Work Related Injuries
- Heat Related Illness
- Occupational Exposures (Not Heat Related)
- Fires (Any Size)
- Minor Environmental (as a result of an incident / accident)
- Major Environmental (as a result of an incident / accident)
- Minor Property / Equipment Damage or Loss
- Major Property / Equipment Damage or Loss
- Road Accident (MVA)

### 5.0 INCIDENT REPORTING

#### 5.1 First Aid Incidents

There are varying degrees of first aid treatment. In many instances, a worker will simply obtain an item from the site first aid box and then return to work. Some first aid cases require a visit to the clinic or health centre to be treated by a nurse or physician. Whatever the level of response called for, all first aid cases have the potential to exacerbate over time if not properly reported and cared for.

The rationale is that minor innocuous cuts, scrapes, etc, if not properly cared for, can worsen to a severe case of infection or other medical condition resulting in Medical Treatment beyond First Aid or Lost Time Cases. Given this, all First Aid Injuries shall be reported to their supervisor/manager and registered on the First Aid Register regardless of severity.

Where First Aid cases are referred to the Contractor's site clinic, the physician shall be required to maintain a detailed Care Log.

Refer to SOP 08 "Occupational Health Plan minimum Requirements", for additional procedures and guidelines for management of first aid injury cases.

#### 5.2 Injury Requiring Medical Treatment Beyond First Aid

Response to injury incidents requiring Medical Treatment beyond First Aid shall be managed in accordance with SOP 14 Emergency Response", and the "LREDC Occupational Health Management Program."

Where the Site Medical Professional determines that immediate advanced medical (EMT) care is required, the Lusail Control and Command Centre (LCCC) must be notify via the **LREDC Emergency Number at 44977-666**.

Contractors / employees are advised to contact the LCCC instead of calling the Qatar Emergency number “999”, as calls through the LREDC system are handled by the LREDC Security Department and emergency services providers’ response times will be faster.

Injury incidents require immediate verbal notification to the LREDC Representatives. This is regardless of injury severity or time of day.

Contractors / employees shall document the injury using form *LUS-HSE-FM4-453-001* “LREDC Incident Notification Report”. The completed written incident notification report shall be submitted to the LREDC Representatives within twelve (12) business hours of incident occurrence.

The staff at Contractor Medical Clinics on site will be provided with additional injury reporting forms by the LREDC Health Advisor. Specifically, form *LUS-HSE-FM4-453-001* “LREDC Incident Notification Report” shall be completed for all personnel receiving medical treatment at site medical clinics.

The Contractor / employee shall make every effort to ensure that comparable medical reports and/ or discharge documentation is acquired from the physicians where cases are treated at external clinics or hospitals. Copies of these documents shall be included in the Contractors / employees Incident Investigation Report.

All notified accidents shall be entered in the accident book including all employees, contractors / stakeholders, visitors to site and accidents to members of the public.

Specifically, the Contractor or manager shall track:

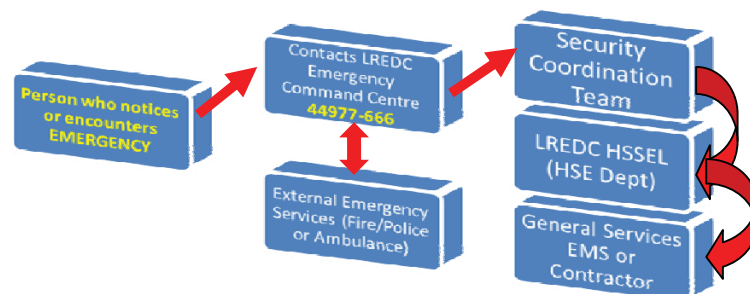
- Total incidents
- Incidents by type
- Incidents involving medical treatment
- Incidents involving a work restriction
- Incidents involving lost time

The Contractor shall maintain up to date records of all incidents and make all records available for review by LREDC HSELQ REPRESENTATIVE. In addition the Contractor will provide a Lusail Monthly HSE Reporting Form Records (*LUS-HSE-FM4-443-005*) on or before the 3<sup>rd</sup> of every month.

The records must be sent to archive at the end of the contract with the rest of the contract documents. Lessons learned and corrective actions planned following incident investigations must be shared with all site personnel and implemented in all work areas where similar activities are occurring. A safety alert will be promulgated and sent out by the Communications Department when its necessary to share certain lessons learnt cases.

### 5.2.1 Incident Reporting Protocol

The flowchart below indicates how and who you report and incident that requires outside emergency agencies to attend on LREDC site, it is important that the “First Point” of contact is the LCCC so they can liaise, meet and lead in emergency services to where the incident is and to avoid any time delay or confusion. On no account are the emergency services to be called “Directly” as this will cause a breakdown of communications and perhaps lead to emergency services not finding the correct location and possible delay on treating casualties or the situation in worsening.





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In accordance with Qatar Construction Specifications , the following must be reported immediately to the appropriate Qatar Enforcing Authority (EA) by the quickest practical method (usually by telephone) and a report submitted on the approved form within 10 days:

- Fatalities and major injuries
- Injuries resulting in incapacity for more than three days when linked to certain work activities
- Specified diseases
- Dangerous occurrences.

A description of the listed incident types which are reportable to the Qatar EA have been provided below:

### 5.2.2 Fatality

The death of any person, whether or not they are at work, if it results from an accident arising out of or in connection with work.

### 5.2.3 Major injury

Defined injury, which requires immediate notification to Enforcing Authority under the Reporting of Injuries, Disease or Dangerous Occurrence (RIDDOR). Specifically:

- a) Any fracture, other than to the finger, thumb or toe
- b) Any amputation
- c) Dislocation of the shoulder, hip, knee, or spine
- d) Loss of sight (whether temporary or permanent)
- e) A chemical or hot metal burn to the eye or penetrating injury to the eye
- f) Any injury resulting from an electric shock or electric burn, leading to unconsciousness or requiring resuscitation, or admittance to hospital for more than 24 hours
- g) Any other injury -
  - i. Leading to hypothermia, heat induced illness or to unconsciousness
  - ii. Requiring resuscitation
  - iii. Requiring admittance to hospital for more than 24 hours
  - iv. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
  - v. Acute illness or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin
  - vi. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

### 5.2.4 Over 3-Day Light Or Restricted / Modified Case

An Injury not being a major injury that results in a person either missing 3 or more consecutive days from work (not counting the day of the accident) or being unable to fulfil his/her normal duties for 3 or more consecutive days, including non-working days i.e.- weekends.

### 5.2.5 Specified Disease

Where any person suffers from any of the occupational diseases specified in RIDDOR and their work involves one of the activities noted. All instances where it is suspected that it may be necessary to report an Occupational Disease should be referred to the LREDC HSSELQ Dept.

### 5.2.6 Dangerous Occurrence

An occurrence, which arises out of or in connection with work and contained in RIDDOR, specifically for construction works, this would include:

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- a) The collapse or overturning of, or the failure of any load bearing part of any lift, hoist, crane, derrick, MEWP, access cradle, excavator, pile-driving frame or rig (over 7m in height) or fork lift truck.
  - b) Any unintentional incident in which plant or equipment comes into contact with or causes an electrical discharge by coming into near proximity of an overhead electrical line exceeding 200 volts
  - c) Electrical short circuit or overload attended by fire or explosion and stops the plant for more than 24 hours or has the potential for death.
  - d) Collapse of:
    - i. Scaffolding over 5m in height
    - ii. Scaffolding erected near to water, which could have resulted in a drowning incident
    - iii. The suspension arrangements of any slung scaffold
    - iv. Incidents involving pipelines or pipeline works including unintentional escapes, damage, etc.
  - e) Collapse of:
    - i. A building or structure under construction, alteration, demolition etc that involves the fall of more than 5 tons of material.
    - ii. Any floor or wall of a building used as a work place
    - iii. Any false work
  - f) The escape of flammable substances, including specific quantities of liquids or gas
  - g) The escape of any substances in sufficient quantities to death or major injury or damage to health.

### 5.3 Occupational Illness

Response to suspected or known occupational illnesses or exposures shall be managed in accordance with SOP 04 “Emergency Response”, and the “LREDC Occupational Health Management Program.”

The Contractor/manager must always suspect that illness may be attributable to occupational exposures or stressors. An initial assessment of the ill worker (question and answer) and workplace area must be conducted to identify potential sources/causes of the illness.

Regardless of the known or suspected cause(s), Contractors / employees shall provide ill workers with the necessary medical treatment, either at the site clinic or from outside sources. Where the Site Medical Professional Representative determines that immediate advanced medical (EMT) care is required, the Contractor / manager shall notify the LCCC at 44977-666.

Incidents involving worker illness due to occupational exposures, either known or suspected, shall warrant an immediate verbal notification to the LREDC Representative.

The Contractor/manager shall follow up the verbal notification by completing the LREDC Incident Notification Report *LUS-HSE-FM4-453-001* Incident Notification Report. The completed report shall be submitted to the LREDC Representative within twelve (12) business hours.

A Medical Report, prepared by the treating nurse/ physician shall be completed and attached to the Incident Notification (where possible) and the Incident Investigation Report.

The Contractor shall make every effort to ensure that comparable medical reports and/ or discharge documentation is acquired from the physicians where cases are treated at external clinics or hospitals. Copies of these documents shall be included in the Contractors / employees Incident Investigation Report.

*Occupational Diseases have to be reported to the appropriate Enforcing Authority on the approved form. (Form F100A).*

### 5.4 Vehicle Accidents

Response to vehicle accidents shall be managed in accordance with SOP04 “Emergency Response.” Where it is determined that immediate advanced medical (EMT) care is required for injured motorists, the Contractor shall notify the LCCC at 44977-666.

Vehicle accidents require an immediate verbal notification to both the LREDC Representative. This is regardless of severity or time of day.

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Contractors / employees shall also verbally notify the LCCC at 44977-666 for all vehicle accidents which have, or will, impact the flow of site traffic. Vehicle accidents resulting in damage to traffic controls, signs, etc. warrant immediate notification to LCCC.

The Contractor shall provide LREDC Representative with written notification of the vehicle accident using form *LUS-HSE-FM4-453-001*, "LREDC Incident Notification Report." The completed report must be submitted within twelve (12) business hours of incident occurrence.

Contractors / employees shall be prepared to clear site roads of immobilized vehicles when necessary. Abandonment of damaged vehicles along site roads will not be permitted.

### 5.5 Property Damage Incidents

This section shall include all incidents resulting in property damage belonging to the Contractor, Client, Supervising Consultant, or public; including fires, explosions, structural and design failures, and general damage to site facilities, structures and infrastructure.

All fires and explosions warrant immediate verbal notification to the LCCC at 44977-666. This is regardless of size of fire/ explosion and whether anything remains burning.

Contractors / employees shall provide immediate verbal notification to the LREDC Representative of all property damage incidents. Notification shall be followed up in writing using form *LUS-HSE-FM4-453-001* "LREDC Incident Notification Report." The completed report shall be submitted to the LREDC HSSELQ Department within twelve (12) business hours.

Structural or design failures, or property damage affecting structural stability or integrity will warrant an immediate response by the Contractor, and in some cases, external agencies. Response actions necessary should be taken per guidelines provided in SOP 04 "Emergency Response" and SOP 14 "Crisis And Disaster Management".

### 5.6 Hazardous Materials Spill/Discharge/Release

All Contractors / employees who plan to use, handle, and/ or store hazardous materials on the LREDC Project site shall be required to have a comprehensive spill response plan or program. This information may be contained in the Contractors Emergency Response Plan or Spill Prevention Control & Countermeasures Plan.

Response actions required following an incident involving spill, discharge or release of one or more hazardous materials into the air, water, or soil shall be conducted per the Contractors internal spill response plan. Should the Contractor have not met the requirement for such a plan, the Contractor shall perform spill response per guidelines specified in SOP 04 & SOP 014 "Emergency Response" and Crisis Disaster Management.

Spills, discharges and releases of hazardous materials occurring on the LREDC Project warrant immediate verbal notification to the LREDC Representative. Spills, discharges, or releases into waterways, harbours, and/ or lagoons of the State of Qatar warrant an immediate notification to the LCCC at 44977-666.

Depending upon the specifics of the spill, LREDC shall notify the Qatar Ministry of Environment (MOE) per Ministry requirements, see SOP 11 "Environmental Oil Spill Procedure".

The Contractor shall provide the LREDC Representative in written notification of the spill using form *LUS-HSE-FM4-453-001*, "LREDC Incident Notification report", or similar internal report. The completed report must be submitted within twelve (12) business hours of incident occurrence.

## 6.0 INCIDENT INVESTIGATION

Contractors / employees shall immediately provide verbal notification to LREDC Representative for all incidents, accidents, injuries, illnesses, and near miss incidents. Contractors / employees shall follow up with documented notification to all aforementioned entities within twelve (12) hours. Where warranted due to the severity or nature of the incident, CONTRACTOR shall complete all required notifications and reports to statutory entities. Work shall be halted at incident scenes, where necessary, in order to begin the incident investigation in an un-tampered environment.

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Contractors / employees shall perform a comprehensive post-incident investigation process to identify all details of the incident, determine the root cause, contributing causes primary and to identify actions or controls, which are necessary to mitigate the determined cause(s). High-risk work related to any incident shall be suspended until a risk assessment has been done and appropriate controls implemented.

Contractors / employees are required to submit a complete incident investigation report using form *LUS-HSE-FM4-453-003* "LREDC Incident Investigation Report", or similar internal form, to the LREDC Representative per "LUS-HSE-WG3-Draft". The completed report shall contain all witness statements, medical reports, incident scene photos, and supporting data documenting the investigation process taken.

The incident investigation process shall begin immediately following the incident. The HSELQ Representative shall make the decision whether the incident scene requires closure and quarantine to support the investigation process. This determination decision shall occur for all incidents of any severity.

Where the incident scene has been closed and quarantined, the investigation process shall include the gathering of facts such as worker placement, tools in use and their condition, lighting, housekeeping conditions, placement of equipment, etc. All facts about the scene may prove critical in determination of incident cause(s), as well as identifying where liabilities exist.

The LREDC Representative shall ensure that only those persons qualified to conduct incident investigation are engaged in this process. Statements shall be gathered as soon as possible from personnel involved in the incident, all witnesses, area supervisors, and management responsible for the activities and men in this area. All statements shall be documented and later added to the investigation report.

In cases where new or modified information relating to an incident is identified following submittal of the investigation report, the Contractor shall be required to re-submit a revised incident investigation report which contains all updated/ revised/ new information. Investigation report revisions shall be submitted to the LREDC Representative within seventy two (72) business hours following identification of updated/ revised/ new information.

The goal of incident investigation is to prevent the same incident from occurring again. A comprehensive investigation process will successfully identify root cause and contributing causes. From cause identification, the Contractor can identify the changes in process, equipment, administration, etc. which are necessary to ensure the incident does not repeat.

Contractors / employees are required to implement identified corrective measures with the utmost urgency. Completion dates for all identified corrective measures shall be provided on the investigation report. Personnel responsible for completion of the identified corrective measures shall also be indicated in the report.

The Contractor / Project Manager / Office Manager (whichever applies) shall participate in the incident investigation process. Budget and resources must be made available to implement the necessary changes to work activities or processes identified during the investigation process. Only with their input and support will identified corrective measures be successfully implemented in the work area in the timeframe necessary.

Following implementation of corrective measures in the work area(s), Contractor Management, at some pre-determined time interval, shall re-assess the effectiveness of corrective measures at prevention of the target incident(s) and modify where necessary.

## **7.0 POST INCIDENT BRIEFING (PIB)**

LREDC requires a Post Incident Briefing(s) (PIB) for all incidents / accidents. This is intended to assist the Contractor in post incident / accident task assignment, information collating and the analysis thereof in order to identifying contributing causes, root cause and to formulate robust corrective measures necessary for prevent reoccurrence. The briefing is not intended to place blame on any Contractor or employee, nor is it to degrade the persons involved in the incident.

The Contractor shall schedule and conduct a PIB within twenty four (24) hours or as early as reasonably practicable (at the discretion of LREDC) following the incident occurrence. Personnel invited to the meetings shall include (but not limited to):

- Contractor Project Manager
- Contractors HSE Manager
- Area Supervisor/ Foreman

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- Personnel Involved in Incident
  - Witnesses (all)
  - LREDC Representatives

During the PIB the parties involved will appoint and establish an investigation team and team leader. The appointed Investigation Team Leader (normally the Contractors HSE Manager) will assign responsibilities as required to ensure all necessary information/evidence can be collated.

It is necessary to collate the evidence to build up a picture of the incident and its causes. This is often an interactive process, between evidence gathering and the development of causes, and may include:

- Evaluate what actions have been taken or are needed to be taken to ensure the safety and / or the protection of the area, meeting any legislative requirements.
- Review the initial notification
- Take statements, and interview staff as required.
- Take measurements and photos.
- Submit photos and any other documentation as required
- Collation of all evidence sources in chronological order;
- Construction of a time line diagram to organise the evidence showing chronological interrelationships;
- Ensure the investigation goes far enough into the historical period prior to the incident so that all contributory factors are covered;
- Cross-check evidence to find any time gaps, lack of evidence, or areas of inconsistency; and
- Re-interview or recheck evidence where disagreement or inconsistency occurs.

Note – some of the above activities may not be required for Level 1 incidents

Form LUS-HSE-FM4-443-001 “HSE Minutes of Meeting Form” will be used to document the PIB(s) and all information shared.

The LREDC Representative will chair the initial PIB until an Incident Team Leader has been appointed, thereafter he/she will be updated on the progress of the investigation and attend any additional PIB at their discretion.

## **8.0 TRAINING & DOCUMENTATION**

The Project Manager and/ or LREDC Representative shall ensure that only those persons trained and qualified by the Contractor to participate in incident reporting and investigation programs are tasked with such. Incident prevention hinges on proper incident investigation by trained and qualified investigators.

The Contractor must document all incident reporting and investigation training provided to staff. Training records must be retained in site files for the duration of the project and archived for a minimum retention time of 10 years from creation date.

## **9.0 REFERENCES**

Qatar Construction Specifications