






Part-1

HSEMS Manual

Produced by

HSSE – Facilities & GS Department

PL-ES-001: HSEMS Manual

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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	Date: 18-1-2017

Policy Description

The purpose of this Health, Safety and Environment (**HSE**) Policy is to demonstrate Qatar University's (**QU**) internal and public commitment to the management of Health, Safety and Environment issues associated with its own activities and operations.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/Managers/ Departmental Heads
- ☒ Faculty Members
- ☒ HSE Committees and Sub committees
- ☒ Students
- ☒ All Employees

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1.1 Purpose

- 1.1.1.1 This Manual describes the approach taken by QU to protect its students, employees, contractors, visitors and other relevant stakeholders from health and safety risks and minimise impacts to the environment associated with QU's operations.
- 1.1.1.2 This Manual also provides guidance and direction for the implementation and operation of the Health, Safety and Environment Management System (**HSEMS**) at QU. It describes the core elements of the HSEMS and provides direction to the related documentation, which are in accordance with ISO 14001:2004 and OHSAS 18001:2007.

1.2 Scope

- 1.2.1.1 The scope of the HSEMS covers all operations and services undertaken by QU.

1.3 HSEMS Framework

1.3.1 HSEMS Manual

- 1.3.1.1 There are seventeen (17) components in the HSEMS that define a systematic approach for identifying and managing HSE hazards and risks related to QU:

- 1.0 HSEMS Manual
- 2.0 HSE Policy
- 3.0 Roles and Responsibilities
- 4.0 Targets and Objectives
- 5.0 Legal Compliance
- 6.0 Risk Management
- 7.0 Contractor Management (7.1 Permit to Work)
- 8.0 Emergency Management
 - 8.1 First Aid and Medical Emergency Plan
 - 8.2 Fire Safety and Response Plan
 - 8.3 Earthquake Response Plan
 - 8.4 Spill Response Plan
 - 8.5 Power Outage Response Plan
- 9.0 Standard Operating Procedures
- 10.0 Management of Change
- 11.0 Training and Competency
- 12.0 Hazard, Near Miss and Incident Reporting and Investigation
- 13.0 Communication and Consultation
- 14.0 Inspection and Audit
- 15.0 HSE Performance Monitoring and Reporting
- 16.0 Document Control and Record Retention
- 17.0 Management Review

1.3.2 HSE Policy

- 1.3.2.1 The HSE Policy procedure outlines QU's internal and public commitment on matters relating to the management of health, safety and environment issues with respect to QU's operations, activities, and overall HSE performance.
- 1.3.2.2 The QU HSE Policy Statement is displayed in prominent places and will be available on the QU intranet. The HSE Policy shall be communicated to all relevant stakeholders within QU.
- 1.3.2.3 The QU HSE Policy Statement is endorsed by QU Top Management and is reviewed periodically as needed to ensure that it remains relevant and appropriate to QU's environment, health and safety risks.

Refer to QU HSEMS Section 2.0 – HSE Policy

1.3.3 Roles and Responsibilities

1.3.3.1 Resources:

- 1.3.3.1.1 The Roles and Responsibilities Procedure has been developed where QU has committed to ensuring appropriate, competent HSE resources are provided to implement & maintain the HSEMS.
- 1.3.3.1.2 The procedure establishes clearly defined and documented HSE roles, responsibilities and delegates authorities for each role within QU.

1.3.3.2 Responsibility and Accountability:

- 1.3.3.2.1 The Roles and Responsibilities procedure ensures Top Management is ultimately responsible for the overall development, implementation and monitoring of HSEMS at QU. QU has defined the HSE related roles and responsibilities to be communicated to all concerned employees and relevant stakeholders to ensure the effective implementation of the HSEMS.
- 1.3.3.2.2 The procedure ensures commitment and accountability to HSE through measuring employee conformance against their defined roles and responsibilities.
- 1.3.3.2.3 The Health, Safety, Security and Environment (HSSE) at QU sits in the Facilities & GS Department. The HSSE Manager reports directly to the Director of Facilities and General Services Department.

Refer to QU HSEMS Section 3.0– Roles and Responsibilities

1.3.4 Targets and Objectives

1.3.4.1 Setting of Targets and Objectives:

- 1.3.4.1.1 QU sets HSE targets and objectives based on the HSE policy, significant HSE aspects and hazards, legal and other requirements, financial/operational/corporate requirements, and the view of interested parties.
- 1.3.4.1.2 HSE targets and objectives are designed to facilitate the management and implementation of the HSEMS at QU. They are measurable, documented, communicated and reviewed periodically.

1.3.4.2 Monitoring of Progress Towards Targets and Objectives:

1.3.4.2.1 Progress towards objectives and targets is monitored by:

- Measurement of HSE performance indicators across QU;
- Quarterly meetings of the HSE Committee; and
- An annual meeting for the management review.

1.3.4.2.1 The targets and objectives provide the means to achieve the system requirements and are designed to improve HSE performance across QU.

Refer to QU HSEMS Section 4.0 – Targets and Objectives

1.3.5 Legal Compliance

1.3.5.1 QU has identified the legal, legislative and other requirements applicable to its operations. These are outlined in the Legal Compliance procedure and have been incorporated into the appropriate policy and procedures.

1.3.5.2 The procedure ensures compliance to the relevant local/international HSE legislation/standards when QU develops HSE policies, procedures and programs.

1.3.5.3 The procedure ensures communication to all relevant stakeholders of legal and other requirements and is reviewed periodically to ensure it remains relevant and appropriate.

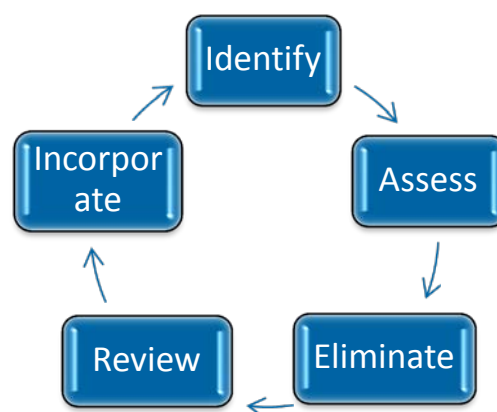
Refer to QU HSEMS Section 5.0 – Legal Compliance.

1.3.6 Risk Management

1.3.6.1 QU's aim is to establish a safe and hazard-free workplace for its students, employees, contractors and visitors by ensuring that the appropriate risk management procedures are in place for managing all identified hazards in an efficient and timely manner.

1.3.6.2 Risk management forms the cornerstone of QU's HSEMS and is embedded in QU's culture and practices. It employs a systematic approach for identifying HSE hazards applicable to QU, assessing the risks and implementing control measures to control and mitigate them. It is the process of:

- **Identifying** any foreseeable hazard - anything in the workplace that has potential to harm anyone at the workplace;
- **Assessing** the risk from the hazard - finding out how significant.
- **Eliminating** the hazard or if not possible, controlling the risk by implementing strategies to eliminate or control the hazard;
- **Reviewing** risk assessment – to monitor and improve control measures.



- **Incorporating** a management of change process within the workplace.
- A risk register is used to help manage the risk of injury of identified hazards, and the environmental impacts of identified significant aspects. The risk register records all hazards and aspects ensuring that their associated risks and impacts are reported through the system, and allows users to see control measures for dealing with a specific risk.

Refer to QU HSEMS Section 6.0 – Risk Management

1.3.7 Contractor Management

1.3.7.1 The Contractor Management procedure aims to provide effective management of environmental and occupational health and safety issues during the selection and engagement of a contractor by QU and to outline the process for control and supervision during contractor activities on site.

1.3.7.2 The Contractor Management procedure ensures the incorporation of the HSE considerations throughout the contract life cycle as follows:

- Establishment of Project HSE Requirements;
- Contractor Evaluation / Selection;
- Contractual Agreement;
- Co-ordination and Communication;
- Mobilisation / Work in Progress;
- Monitoring Performance;
- Commissioning;
- Demobilisation / Decommissioning; and
- Contract Close-out.

1.3.7.3 A Permit to Work procedure has been developed to control high risk activities that may be undertaken within QU campus (*QU HSEMS Section 7.1*)

Refer to QU HSEMS Section 7.0 – Contractor Management

1.3.8 Emergency Management

1.3.8.1 QU's Emergency Management procedure aims to ensure that potential incidents and emergency situations are identified and response plans prepared against them, and aim to prevent and mitigate the environmental impacts and health and safety risks that may be associated with such emergency situations.

1.3.8.2 QU aims to have all of its workplaces achieve a level of emergency preparedness so that immediate and effective response shall be taken in the event of an emergency. To ensure QU's readiness to tackle emergencies in an efficient and effective manner, the following response plans have been developed:

- First Aid and Medical Emergency Response Plan (*QU HSEMS Section 8.1*)
- Fire Safety Response Plan (*QU HSEMS Section 8.2*)
- Earthquake Response Plan (*QU HSEMS Section 8.3*)
- Spill Response Plan (*QU HSEMS Section 8.4*)

- Power Outage Response Plan (*QU HSEMS Section 8.5*)

1.3.8.3 Emergency preparedness shall:

- Prevent, or at least minimize, harm to any student, employee, contractor and visitor from a foreseeable emergency;
- Minimize damage to equipment, facilities and the environment;
- Minimize the time required to restore full services after the disruption caused by an emergency; and
- The Emergency Management procedure defines specific emergency response and management roles, responsibilities and resources. It shall be monitored and reviewed periodically.

Refer to QU HSEMS Section 8.0 – Emergency Management

1.3.9 Standard Operating Procedures

1.3.9.1 The QU HSEMS aims to identify operations and activities associated with significant environmental aspects and high risk health and safety hazards, ensuring that there are sufficient controls in place, either through engineering design, procedures or work practices.

1.3.9.2 Documented procedures define the mechanisms for the establishment, implementation and maintenance of the QU Standard Operating Procedures (SOPs) and Technical Guidelines (TGs), and ensure that the system is maintained in accordance with the HSE policy, objectives and targets.

1.3.9.3 QU aims to establish SOPs and TGs for particularly hazardous and critical tasks at its workplace to minimize the risk of injury, illness, environmental pollution and property damage. SOPs and TGs shall take into account, where relevant, those stakeholders temporarily present at the workplace such as contractors and visitors.

Refer to QU HSEMS Section 9.0 – Standard Operating Procedures.

1.3.10 Management of Change

1.3.10.1 A change to an organisation's operations and activities may have an adverse effect on its employees, stakeholders and the environment if it has not been adequately planned and managed.

1.3.10.2 QU has developed a Management of Change process to identify the hazards and risks associated with changes in QU prior to the introduction of such changes. The process has been developed to:

- Ensure that changes in QU's organisational structure, personnel, documentation, processes and procedures do not introduce new hazards/risks;
- Analyse changes in the operational procedure of processes to identify any necessary changes in training, documentation or equipment; and
- Analyse changes to the location, equipment or operating conditions for potential hazards.

Refer to QU HSEMS Section 10.0 – Management of Change

1.3.11 Training and Competency

- 1.3.11.1** QU identifies, plans, monitors and records training needs for employees whose work may create a significant impact upon the environment or the health and safety of the workplace.
- 1.3.11.2** The Training and Competency procedure has been developed to train employees at each relevant function and level so that they are aware of operating policies, significant environmental aspects and workplace hazards, their roles and responsibilities in achieving conformance with the policy and procedures, and with the requirements of the HSEMS.
- 1.3.11.3** In doing so, QU shall ensure that employees at each relevant function and level are competent to undertake their tasks.

Refer to QU HSEMS Section 11.0 – Training and Competency

1.3.12 Hazard, Near Miss and Incident Reporting and Investigation

- 1.3.12.1** QU has developed a procedure for reporting and investigating all incidents, near misses and hazards occurring on its premises as well as their activities undertaken away from their premises to ensure they are recorded, investigated and analysed to determine deficiencies related to HSE practice in the organization and prevent their reoccurrence.
- 1.3.12.2** QU aims to thoroughly investigate all incidents where an employee is seriously injured and/or where there was significant damage to property. Similarly, incidents which did not result in serious injury and/or significant property damage but had reasonable potential to do so shall be investigated.
- 1.3.12.3** The purpose of these investigations is to determine the root causes of incidents so that corrective measures can be put in place to prevent similar incidents.
- 1.3.12.4** Implementing corrective measures to address the causes of incidents is regarded as an important means to reduce the risk of workplace incidents.

Ref to QU HSEMS Section 12.0 – Hazard, Near Miss & Incident Reporting & Investigation

1.3.13 Communication and Consultation

1.3.13.1 Internal Communication:

- 1.3.13.1.1** Internal communications between the different levels and functions at QU are carried out through e-mail, memos, and internal meetings. QU uses these communication channels to keep employees informed about HSE performance and other communications related to the HSEMS.

1.3.13.2 External Communication:

- 1.3.13.2.1** QU ensures that effective communications regarding HSE matters with external parties related to QU activities are planned and carried out in accordance with

established procedures. These communication procedures include receiving, documenting and responding to communications from external sources and dialogues with interested parties to consider their issues and concerns.

1.3.13.3 Consultation:

- 1.3.13.3.1 Wherever necessary and practicable, interested parties, internally and externally shall be consulted in HSE matters. Consultation in HSE matters shall be undertaken internally as well as with contractors and other external stakeholders.

Refer to QU Section 13.0 – Communication and Consultation.

1.3.14 Inspection and Audit

- 1.3.14.1 The Inspection and Audit procedure has been developed to ensure the compliance with all elements of the HSEMS across all QU workplaces and to evaluate the effectiveness of the HSEMS.

- 1.3.14.2 The process includes planning, document review, on-site audit/inspection, issuing of audit findings, formulation of action plans and follow up of the action plans, where:

- **Inspection:** is a physical on-site verification that ensures work is performed and equipment is maintained in accordance with existing HSE standards and procedures; and
- **Audit:** is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

- 1.3.14.3 The audit program includes:

- Internal audits, which shall be conducted by QU employees who have knowledge and skill in HSEMS auditing or a second party auditor; and
- External Audits, which are conducted by an external auditor.

Refer to QU HSEMS Section 14.0 – Inspection and Audit

1.3.15 HSE Performance Monitoring

- 1.3.15.1 Regular monitoring of HSE performance is an important component of the HSEMS. The overall aim for monitoring is to quantify and demonstrate progress towards set objectives and targets.

- 1.3.15.2 The HSE Performance Monitoring procedure has been developed to ensure that QU objectively monitors HSE performance and implements action to rectify adverse environment, health and safety issues and HSEMS non-conformances.



- 1.3.15.3** QU operations and activities that have a significant impact on health, safety or the environment are monitored by various means. Information to track performance, relevant operational controls, and conformance with QU's objectives and targets are recorded and documented as part of our HSEMS.

Refer to QU HSEMS Section 15.0 – HSE Performance Monitoring

1.3.16 Document Control and Record Retention

- 1.3.16.1** QU has developed an extensive range of HSE documentation that is available to employees and relevant stakeholders. The HSEMS documents shall be reviewed at regular intervals to ensure they remain current and appropriate to QU's environment, health and safety risks and activities.
- 1.3.16.2** QU has developed a process to maintain HSE records. The process ensures identification, storage, protection, retrieval, retention and disposal of records.

Refer to QU HSEMS Section 16.0 – Document Control and Record Retention

1.3.17 Management Review

- 1.3.17.1** Management reviews of the QU HSEMS shall be undertaken at annual intervals to ensure the suitability, adequacy and effectiveness of the QU HSEMS.
- 1.3.17.2** The members of the Management Review Committee shall consist of senior management from various parts of the QU organisation to ensure that concerns of internal stakeholders are considered in reviews.
- 1.3.17.3** Review of QU HSEMS shall include, at minimum:
- HSE Performance;
 - HSE Policy;
 - Incident Reports;
 - Results of HSE Audit;
 - HSE Management Programs;
 - Changes in Operations (activities and structure) or legal requirements;
 - HSE Targets and Objectives; and
 - Recommendations for continual improvement.

Refer to QU HSEMS Section 17.0 - Management Review

1.4 Document Control

- 1.4.1.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.4.1.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

Refer to QU HSEMS Section 16.0 – Document Control and Record Retention



Part-2

HSE Policy

Produced by

HSSE - Facilities & GS Department

PL-ES-002: HSE Policy

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	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this Health, Safety and Environment (**HSE**) Policy is to demonstrate Qatar University's (**QU**) internal and public commitment to the management of Health, Safety and Environment issues associated with its own activities and operations.

Who Should Know This Policy

- ☒ President
- ☒ VPs
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Appendices

Appendix A – QU Health, Safety and Environment Policy Statement

1.1 Purpose

- 1.1.1** The purpose of this Health, Safety and Environment (**HSE**) Policy is to demonstrate Qatar University's (**QU**) internal and public commitment to the management of Health, Safety and Environment issues associated with its own activities and operations.
- 1.1.2** In addition, the HSE Policy exhibits compliance with the relevant HSE legislative requirements of the State of Qatar, ISO 14001 and OHSAS 18001 standards as well as compliance with any other international standards QU subscribes to.
- 1.1.3** This Policy reflects QU's commitment to:
- Provision of a safe and healthy work environment for all QU Employees, Students, Visitors and Contractors;
 - Adopt best practice standards for protecting the health and safety of employees, students, visitors and contractors across all of QU's campus and controlled activities;
 - Integrate risk management into QU's operations and activities; and
 - Adopt sustainable practices within the organisation.

1.2 Scope

- 1.2.1** This HSE Policy applies to all QU facilities and states QU's public position on the management of HSE aspects and risks within all QU operations and activities.

1.3 Responsibilities

1.3.1 Top Management Accountabilities

- 1.3.1.1** QU Top Management (refer to *QU HSEMS Section 3.0 – Roles and Responsibilities Procedure*) shall allocate sufficient resources for the effective implementation of the HSEMS and ensure that QU employees, students, contractors and visitors are aware of their responsibilities through appropriate regulation, delegation and communication.
- 1.3.1.2** The QU Top Management is also accountable for overseeing the monitoring and reporting of HSE performance and appropriate programs and actions to ensure compliance with the QU HSE Policy.
- 1.3.1.3** The QU Top Management may delegate responsibilities to the Vice Presidents (**VP**), Deans, Directors, Managers, Head Sections/Units (refer to *QU HSEMS Section 3.0 – Roles and Responsibilities Procedure*), Project Managers or Health, Safety and Environment Office (**HSSE**), as appropriate, for the fulfilment of the requirements under the QU HSE Policy and associated procedures.

1.3.2 Other Accountabilities

- 1.3.2.1** The HSSE and the HSE Committee are accountable to the QU Top Management for the development and monitoring of implementation of this HSEMS.
- 1.3.2.2** The VPs, Deans, Directors, Managers, Head Sections/Units and Project Managers are accountable to the QU Top Management for the implementation of the QU HSE Policy and HSEMS.

1.4 Procedure

1.4.1 Development of HSE Policy

- 1.4.1.1** The HSE Policy is developed by the HSSE in consultation with key management representatives and the HSE Committee.
- 1.4.1.2** The Policy shall be reviewed by the HSE Committee on an annual basis.

1.4.2 Development of HSEMS

- 1.4.2.1** A fully integrated QU HSEMS has been developed to accompany this HSE Policy.
- 1.4.2.2** The QU HSEMS has been developed by the HSSE in consultation with key management representatives, the HSE Committee and employees whose roles and responsibilities are closely linked with HSE related issues and requirements.
- 1.4.2.3** Consultations were undertaken through the HSE committee and its subcommittees to develop distinct components of the HSEMS.
- 1.4.2.4** The developed HSEMS shall be QU's system for managing potential adverse impacts to the environment and risks to the health and safety of employees, contractors, and visitors within QU's operations and activities.

1.4.3 HSE Stewardship

- 1.4.3.1** The success of this HSE Policy and Management System depends on the commitment, cooperation and input of all employees, students, contractors, visitors and external stakeholders at QU.
- 1.4.3.2** In order to secure effective stewardship and management of HSE issues, QU shall require all employees, students and contractors to comply with the provisions of the QU HSE Policy and HSEMS.

1.4.4 Continual Improvement

- 1.4.4.1 QU shall ensure that there are mechanisms in place to ensure continual improvement of HSE performance throughout its operations and activities.
- 1.4.4.2 QU shall develop programs and procedures to continuously improve the health and safety conditions in its operations and activities, and encourage environmentally responsible practices.
- 1.4.4.3 HSE procedures shall be developed by the HSSE in coordination with the HSE Committee and its subcommittees in consultation with relevant VPs, Deans, Directors, Managers, Head Sections/Units and employees. These procedures shall outline the targets, programs / projects, accountabilities, Key Performance Indicators (KPIs) and timeframes to address QU's high-risk HSE issues and/or deficiencies.
- 1.4.4.4 The HSE procedures shall also provide a monitoring and reporting mechanism to inform the HSE Committee on progress made towards achieving set HSE goals and targets.

1.4.5 Roles and Responsibilities

- 1.4.5.1 All QU employees and contractors working within QU shall be responsible for implementing HSE requirements and achieving targets identified in the HSE procedures relevant to their areas of responsibility and activity (refer to *QU HSEMS Section 4.0 – Targets and Objectives Procedure*).
- 1.4.5.2 Further details on QU's HSE 'Roles and Responsibilities' are provided in *QU HSEMS Section 3.0 – Roles and Responsibilities Procedure*.

1.4.6 Monitoring and Auditing

- 1.4.6.1 The HSSE shall work with QU VPs, Deans, Directors, Managers, Head Sections/Units and the HSE Committee to monitor, audit and report on the implementation of the HSE Management System within QU.
- 1.4.6.2 The HSSE shall develop mechanisms for monitoring, auditing and reporting on the development and implementation of the HSEMS within QU.
- 1.4.6.3 QU's auditing strategies are outlined in *QU HSEMS Section 14.0 – Audit and Inspection Procedure* and its monitoring programs in *QU HSEMS Section 15.0 – HSE Performance Monitoring*.

Health, Safety & Environment (HSE) Policy

سياسة الصحة و السلامة و البيئة

Qatar University (QU) is the national institution of higher education in Qatar. It provides high quality undergraduate and graduate programs that prepare competent graduates, destined to shape the future of Qatar.

جامعة قطر هي الجامعة الوطنية للتعليم العالي في دولة قطر التي تقدم برامج أكاديمية ذات جودة عالية للتعليم الجامعي والدراسات العليا، وتقوم بإعداد خريجين أكفاء قادرين على المساهمة بفعالية في صنع مستقبل وطنهم وأمتهم.

Objectives

QU is committed to the development and implementation of an Health, Safety & Environment Management System (HSEMS) to ensure the protection of the environment and the health and safety of our employees, students, contractors and visitors.

الأهداف المحلية

تلتزم جامعة قطر بتطوير نظام إدارة الصحة و السلامة و البيئة وتطبيقه للتأكد من حماية البيئة و صحة الموظفين و الطلاب و المتعاقدين و الزوار و سلامتهم.

Goals

- Be self-regulating while ensuring that we comply with all applicable Health, Safety & Environment (HSE) Qatar Legislation and any other relevant international requirements at all times;
- Create a safe working environment by providing appropriate HSE resources to prevent occupational health and safety injuries and illness, and to enhance employees, students, contractors and visitors' safety, health, and well-being;
- Incorporate sustainability in education, research, operation and engagement. Strive to develop a more sustainable and low carbon campus with focus on efficiency and responsible management of environmental, economic and social resources to realize Qatar University Sustainability Model.
- Establish, monitor and review HSE strategies, initiatives, targets, and objectives in consultation with QU employees, students and relevant stakeholders;
- Be a guiding influence to our consultants, contractors, and supply chain to ensure that they also observe their HSE responsibilities; and
- Strive to achieve continual improvement in all of our activities.

الأهداف بعيدة المدى

- التنظيم الذاتي لتأكيد الالتزام الدائم بكل التشريعات الخاصة بالبيئة والصحة والسلامة القابلة للتطبيق في دولة قطر و أي متطلبات دولية أخرى في كل الأوقات.
- توفير بيئة عمل آمنة من خلال توفير موارد الصحة و السلامة و البيئة المناسبة لمنع الإصابات المهنية و الأمراض و الحفاظ على سلامة الموظفين و الطلاب و المتعاقدين و الزوار و حسن رعايتهم.
- تعزيز مبادئ الاستدامة في التعليم والبحوث والعمليات ونشر ثقافتها داخل وخارج الجامعة، والسعي لتحقيقها بالتركيز على تطوير حرم جامعي مستدام ومنخفض الانبعاثات الكربونية عبر رفع الكفاءة وحسن إدارة الموارد البيئية والاقتصادية والبشرية للعمليات والمرافق وصولاً لنموذج جامعة قطر للاستدامة.
- وضع ومراقبة ومراجعة استراتيجيات الصحة والسلامة والبيئة والاستدامة والمبادرات والأهداف العامة والأهداف المرحلية ومتابعتها بالتشاور مع موظفي وطلاب جامعة قطر و الأطراف ذات الصلة.
- التأثير الإيجابي على الاستشاريين والمتعاقدين ومزودي الخدمات للتأكد من مراعاتهم لمسؤولياتهم المتعلقة بالصحة والسلامة والبيئة والاستدامة.
- السعي لتحقيق التطوير المستمر في كل نشاطاتنا.

Guiding Principles

- Adequate resources for the continual improvement of our HSE performance will be made available at all levels;
- Integration of hazard identification and risk management into QU's practices;
- Regular monitoring & reporting of the performance of the HSEMS; and
- Promotion of awareness among the QU employees, students, contractors and visitors of their individual and collective responsibilities in protecting the health and safety of individuals and the environment.

المبادئ الإرشادية

- سيتم توفير الموارد المناسبة للتطوير المستمر لأدائنا المتعلق بالصحة و السلامة و البيئة على كل المستويات.
- إدراج "تحديد الأخطار" و "إدارة المخاطر" في نشاطات جامعة قطر.
- المتابعة الدورية و رفع تقارير الأداء الخاصة بنظام إدارة الصحة و السلامة و البيئة.
- رفع الوعي بين موظفي جامعة قطر و طلابها و المتعاقدين و الزوار و ذلك فيما يتعلق بمسؤولياتهم الفردية و الجماعية في حماية الصحة و السلامة العامة و البيئة.

Communication

This Policy shall be communicated to all QU employees, students, contractors and visitors, and shall also be made publically available to all stakeholders.

التواصل

سيتم نشر هذه السياسة لجميع الموظفين و الطلاب و المتعاقدين و الزوار كما سيتم إعلانها لكل الأطراف ذات الصلة.

Review

This Policy will be reviewed on an annual basis to ensure continual improvement.

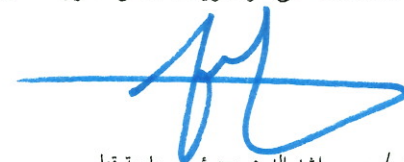
المراجعة

سيتم مراجعة هذه السياسة على نحو سنوي للتأكد من التطوير المستمر.

Signature:

Dr. Hassan Rashid Al-Derham – President of QU

Date:



الأستاذ الدكتور/ حسن راشد الدرهم – رئيس جامعة قطر

التاريخ: ٢٠٢٢/١/٨



Part-3

Roles and Responsibilities

Produced by

HSSE – Facilities & GS Department

PL-ES-003: Roles and Responsibilities

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the Health, Safety and Environment (**HSE**) roles and responsibilities for employees and contractors employed or engaged by Qatar University's (**QU**).

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/Managers/ Departmental Heads
- ☒ Faculty Members
- ☒ HSE Committees and Sub committees
- ☒ Students
- ☒ All Employees

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1.1 Purpose

- 1.1.1.1 The purpose of this document is to define the Health, Safety and Environment (**HSE**) roles, responsibilities, authorities and accountabilities for Qatar University (**QU**) employees, students, contractors and visitors.
 - 1.1.1.2 In addition, this document ensures the effective implementation of the QU Health, Safety and Environment Management System (**HSEMS**).
-

1.2 Scope

- 1.2.1.1 This procedure is applicable to all QU employees, students, contractors and visitors.
-

1.3 Responsibilities

- 1.3.1.1 The HSE Roles and Responsibilities for QU personnel have been defined and assigned in line with the approved QU HSE Policy.
 - 1.3.1.2 An outline of the HSE Roles, Responsibilities, Authorities and Accountabilities for the different stakeholders is provided in Section 1.4 of this procedure.
-

1.4 Procedure

1.4.1 QU President

- 1.4.1.1 Overall, the QU President is ultimately responsible for leading the development of appropriate HSE management through the integration of HSE into the QU management structure, processes, and culture, and the regular monitoring and review of HSE Performance.
- 1.4.1.2 Demonstrating a commitment to, and providing leadership in the implementation of HSEMS programs to meet legislative requirements.
- 1.4.1.3 Establishing and endorsing a clear HSE Policy.
- 1.4.1.4 Allocating adequate resources for HSE Management (e.g. budget, human resources, equipment, etc.).
- 1.4.1.5 Ensuring the QU has effective systems for the provision of HSE information, training, and supervision.
- 1.4.1.6 Monitoring the overall HSE performance of QU.
- 1.4.1.7 Ensuring implementation of the risk management requirements.
- 1.4.1.8 Ensuring QU has effective emergency procedures.

1.4.2 Vice President (VPs), Directors, Managers and Head Sections/Units

- 1.4.2.1 Ensuring QU Departments'/Centres'/Sections'/Units' commitment and compliance with identified HSE legislation and conformance to QU HSEMS policies and procedures.
- 1.4.2.2 Ensuring employees and students are provided with the appropriate HSE information and training.
- 1.4.2.3 Taking an active role in hazard identification and risk assessment within the workplace, and performing reviews and updates of the risk assessments as necessary.
- 1.4.2.4 Ensuring application of appropriate risk control measures.
- 1.4.2.5 Encouraging employee contribution to, and ownership of, HSE issues within the workplace.
- 1.4.2.6 Ensuring the Departments'/Centres'/Sections'/Units' conformance to the QU HSEMS Monitoring, Recording, Investigating, and Reporting requirements.
- 1.4.2.7 Ensuring the Departments'/Centres'/Sections'/Units' conformance to the QU HSEMS Risk Management requirements.
- 1.4.2.8 Ensuring the submission of all HSE Reporting to the HSSE when required.
- 1.4.2.9 Evaluating HSE Performance of their staff.

1.4.3 Health, Safety, Security and Environment (HSSE)

- 1.4.3.1 Actively leading the development, implementation and maintenance of the QU HSEMS.
- 1.4.3.2 Providing HSE advice and support to Top Management regarding the management of workplace hazards and risks.
- 1.4.3.3 Assisting Procurement Department and Project Managers in the selection of contractors during requisition and selection processes.
- 1.4.3.4 Providing HSE advice and information to all employees, visitors, and contractors.
- 1.4.3.5 Ensuring risk assessments are undertaken and reviewed for all activities, and providing advice on how risk can be mitigated and controlled.
- 1.4.3.6 Ensuring HSE performance monitoring system is in place to ensure the effectiveness of injury prevention and risk management policies and procedures.
- 1.4.3.7 Ensuring effective two-way communication between top management and employees with HSE responsibilities.
- 1.4.3.8 Ensuring that HSE programs are consistent with QU policies and procedures.
- 1.4.3.9 Conducting internal audits and inspections on all QU activities and projects, and facilitating external audits.
- 1.4.3.10 Reporting HSE incidents and conducting/participating in incident investigations.

- 1.4.3.11 Following up on the implementation of corrective measures identified after performing audits and inspections.
- 1.4.3.12 Overlooking the HSE training within QU by defining HSE competencies required in the workplace, and the arranging specific HSE training where appropriate in coordination with Human Resources Department.
- 1.4.3.13 Monitoring the HSE Performance at QU, and reporting periodically to Top Management.
- 1.4.3.14 Compiling an Annual HSE Report to Top Management.
- 1.4.3.15 Arranging for Quarterly HSE Committee meetings.
- 1.4.3.16 Establishing and appointing an Emergency Response Team and their alternates.
- 1.4.3.17 Periodically reviewing Emergency Response Plans and updating QU Emergency Procedures accordingly.
- 1.4.3.18 Ensuring the provision of the minimum first aid facilities and medical care facilities on QU campus that are appropriate for the risks and hazards associated.
- 1.4.3.19 Responding to day-to-day HSE related issues as required.

1.4.4 Human Resources Department

- 1.4.4.1 Including HSE roles and responsibilities in performance management programs.
- 1.4.4.2 Ensuring that the HSE Roles and Responsibilities are clearly communicated to all relevant QU employees.
- 1.4.4.3 Facilitating and organizing HSE trainings.
- 1.4.4.4 Regularly evaluating the context of existing training programs while taking into consideration trainee feedback and any legislative or other changes.
- 1.4.4.5 Providing information and statistics to assist in the calculation and analysis of key performance indicators.
- 1.4.4.6 Participating in the development of HSE strategy and implementation of plans.
- 1.4.4.7 Participating in the development and communication of HSE policies and procedures.

1.4.5 Procurement Department

- 1.4.5.1 Including HSE requirements in tender and procurement procedures and documents.
- 1.4.5.2 Ensuring that the HSE performance is included when evaluating and monitoring service providers'/contractors' overall performance.
- 1.4.5.3 Ensuring QU facilities are maintained in a safe and appropriate manner.
- 1.4.5.4 Identifying risks and hazards arising from projects and activities.
- 1.4.5.5 Providing appropriate supervision by ensuring that risk assessments are completed prior to:
 - Submittal of travel requests for out-of-office activities ; and
 - Submittal of Supplier/Vendor Requisition forms.
- 1.4.5.6 Preparing and implementing identified control measures as requested.

- 1.4.5.7 Ensuring appropriate Personal Protective Equipment (**PPE**) is provided to relevant personnel.

1.4.6 Fire Warden

- 1.4.6.1 Complying with requirements for certification and training.
- 1.4.6.2 Ensuring they are familiar with the QU Emergency Procedures.
- 1.4.6.3 Attending HSE meetings coordinated by the HSSE when requested.
- 1.4.6.4 Ensuring all occupants on the floor are familiar with emergency procedures.
- 1.4.6.5 Where practicable, ensuring a record is maintained of all persons who normally occupy the building, particularly those who may require assistance during an evacuation.
- 1.4.6.6 Wearing the designated identification during drills and evacuations.
- 1.4.6.7 Providing assistance to occupants of the building during emergency evacuations as well as practice drills.
- 1.4.6.8 Escorting persons requiring assistance to the pre-designated safe area/room and notify Emergency responders of their location.
- 1.4.6.9 Coordinating orderly evacuation of their floor/section of the building.
- 1.4.6.10 Following evacuation, remaining outside the exit door until building security provides the “all clear” signal to return to the building.

1.4.7 First Aider

- 1.4.7.1 Complying with requirements for certification and ensuring their training is current.
- 1.4.7.2 Ensuring they are familiar with the QU Emergency Procedures.
- 1.4.7.3 Attending HSE meetings coordinated by the HSSE when requested.
- 1.4.7.4 Responding promptly to First Aid cases when requested.
- 1.4.7.5 Administering First Aid with competence.
- 1.4.7.6 Seeking additional help/emergency support when needed.
- 1.4.7.7 Reporting incidents and actions taken.

1.4.8 HSE Committee

- 1.4.8.1 The HSE Committee shall provide support to the HSSE throughout the development and implementation of the QU HSEMS.
- 1.4.8.2 Review of issues and circumstances, which may affect the health and safety of staff, students, contractors and visitors, as well as the environment, at the university.
- 1.4.8.3 To promote the co-operation between management and employees in achieving and maintaining healthy, safe and environment friendly working conditions.
- 1.4.8.4 Provide advice on the implementation of the HSEMS (including HSE policies and procedures) of the university.
- 1.4.8.5 Attend quarterly HSE meetings arranged by the HSSE or any other meetings as required.

- 1.4.8.6 Assist the HSSE in collecting the HSE performance data.
- 1.4.8.7 To exercise other functions and duties as may be prescribed or conferred on the Committee by Top Management or as per the law and as outlined in the QU HSEMS in assuring the health and safety of employees.

1.4.9 Laboratory Safety Subcommittee

- 1.4.9.1 The Laboratory Safety Subcommittee shall provide technical support to the HSE Committee on Laboratory Safety matters.
- 1.4.9.2 Exercising functions and duties as may be prescribed or conferred on the Subcommittee by the HSE Committee, and as outlined in the QU HSEMS and Qatar regulations, in promoting and maintaining Laboratory Safety at QU.
- 1.4.9.3 Monitoring and promote compliance with the established policies and procedures as set out in the most current version of the University Laboratory Safety Procedure and the QU HSEMS.
- 1.4.9.4 To have specific responsibility to develop and recommend policies, standards and general direction for the safe storage, use, handling and disposal of hazardous materials in laboratories in line with the QU HSEMS and legal requirements.
- 1.4.9.5 Assessing the impact of new and existing safety policies and procedures.
- 1.4.9.6 Reviewing, recommend and act as an expert resource for laboratory safety education and training programmes at QU.
- 1.4.9.7 To promote the co-operation between management, employees and students in promoting Laboratory Safety at QU.
- 1.4.9.8 Attending quarterly Laboratory Safety meetings arranged by the HSSE or any other meetings as required.
- 1.4.9.9 Assisting the HSSE in collecting the Laboratory Safety performance data.
- 1.4.9.10 Reporting findings, recommendations and proposed actions related to Laboratory Safety matters to the HSE Committee.

1.4.10 Road Safety Subcommittee

- 1.4.10.1 The Road Safety Subcommittee shall provide technical support to the HSE Committee on Road Safety matters.
- 1.4.10.2 Review of traffic, pedestrian and other Road Safety related issues and circumstances in the university premises, which may affect and / or pose risk to staff, students, contractors and visitors.
- 1.4.10.3 To promote the co-operation between management, employees and students in promoting Road Safety across campus.
- 1.4.10.4 Provide advice on the implementation of the Road Safety policies and procedures of the university.
- 1.4.10.5 Attend quarterly Road Safety meetings arranged by the HSSE or any other meetings as required.

- 1.4.10.6 Assist the HSSE in collecting the Road Safety performance data.
- 1.4.10.7 To exercise other functions and duties as may be prescribed or conferred on the Subcommittee by the HSE Committee, and as outlined in the QU HSEMS and Qatar regulations, in promoting and maintaining Road Safety at QU.
- 1.4.10.8 Report findings, recommendations and proposed actions related to Road Safety matters to the HSE Committee.

1.4.11 External Affairs Department

- 1.4.11.1 The External Affairs Department shall coordinate with the HSSE regarding all external HSE communications at QU.

1.4.12 Employees

- 1.4.12.1 Complying with HSE instructions and safe working procedures.
- 1.4.12.2 Seeking HSE information and advice when necessary before carrying out new or unfamiliar work.
- 1.4.12.3 Using appropriate PPE and safety systems.
- 1.4.12.4 Being familiar with emergency and evacuation procedures.
- 1.4.12.5 Not wilfully or recklessly endangering anyone's health and safety.
- 1.4.12.6 Assisting with the preparation of risk assessments by identifying risks and hazards arising from projects and activities.
- 1.4.12.7 Actively report HSE hazards, incidents, and issues to HSSE.
- 1.4.12.8 Notifying relevant person(s) of any unsafe conditions or practices, unlawful activities, or activities that present unreasonable risk to their own and/or others' health and safety, or to the environment.
- 1.4.12.9 Being proactive in establishing an HSE culture within the workplace.

1.4.13 Students

- 1.4.13.1 Comply with applicable environmental, health and safety laws and regulations, University policy and accepted safe work practices.
- 1.4.13.2 Observe environmental, health and safety related signs, posters, warning signals and written directions.
- 1.4.13.3 Be familiar with the emergency plan, the emergency assembly area and emergency coordinators for their building, and participate in emergency drills.
- 1.4.13.4 Learn about potential hazards associated with their activities and activity area; know where information on these hazards is kept for their review; and use this information when needed.

- 1.4.13.5 Follow safe operating procedures and Material Safety Data Sheet (MSDS) guidance applicable to activity performed, if the activity involves hazardous materials.
 - 1.4.13.6 While in the laboratories, follow procedures and observe precautions for the use of special materials (such as carcinogens or biohazards), as detailed in the use authorization or other operating procedures.
 - 1.4.13.7 Use personal protective equipment and engineering controls (e.g., fume hoods) appropriate to their activity.
 - 1.4.13.8 Curtail or stop their activity if they reasonably believe continuation of the activity poses an imminent danger to health or safety, and immediately notify the person in the chain of authority over the activity.
 - 1.4.13.9 Report all unsafe conditions to their departmental management or HSSE as soon as is reasonably possible.
 - 1.4.13.10 Warn co-students about defective equipment and other hazards.
 - 1.4.13.11 Participate in health and safety training applicable to their activity situation.
-

1.4.14 Contractors

- 1.4.14.1 Conforming to the QU HSE policy by ensuring all work is performed in a safe manner within the extent of their control.
 - 1.4.14.2 Conforming to all contractual HSE requirements.
 - 1.4.14.3 Ensuring that the employees under their responsibility (including subcontractors) are appropriately inducted, trained, and provided with appropriate PPE for the work being undertaken.
 - 1.4.14.4 Ensuring that the employees under their responsibility (including subcontractors) are aware of safe work practices.
 - 1.4.14.5 Ensuring that all equipment to be used are maintained in line with manufacturer requirements.
 - 1.4.14.6 Ensuring that Material Safety Data Sheets (**MSDS**) are available for any chemicals used and/or stored on site and that the requirements of the MSDS are implemented and communicated.
 - 1.4.14.7 Undertaking regular safety inspections of their work sites to ensure HSE risks are being managed.
 - 1.4.14.8 Reporting and investigating any hazards, injuries or near misses promptly to QU representative.
-

1.4.15 Visitors

- 1.4.15.1 Conforming to the QU HSE policy.
- 1.4.15.2 Ensuring that they have undergone the appropriate HSE induction while on QU premises.
- 1.4.15.3 Not wilfully or recklessly endangering anyone's health and safety.

1.4.16 Authorities

1.4.16.1 The level of HSE authority is commensurate with the level of responsibility within a role. This will depend on the level of control a role has to influence outcomes. Specific authorities are as follows:

1.4.16.1..1 QU President

- The authority to make decisions and act on any HSE matters for the University.

1.4.16.1..2 Executive Management Committee (EMC)

- May act in all matters concerning the University in such manner as to promote the object and interests of the University.

1.4.16.1..3 Vice President (VPs), Deans, Directors, Managers and Head Sections/Units

- The authority to make decisions and act on any HSE matters within their area of responsibility and as described in the QU HSEMS policies and procedures.

1.4.16.1..4 Environmental, Health and Safety Office (HSSE)

- Raise HSE issues with management where appropriate and provide actions to ensure safety.
- Lead incident and emergency response efforts on campus.

1.4.16.1..5 Human Resources Department

- The authority to make decisions and act on any HSE matters within their area of responsibility and as described in the QU HSEMS policies and procedures.

1.4.16.1..6 Procurement Department

- The authority to make decisions and act on any HSE matters within their area of responsibility and as described in the QU HSEMS policies and procedures.

1.4.16.1..7 Fire Warden

- Conduct checks of buildings to notify staff, students, contractors and visitors to exit the building in case of an emergency.

1.4.16.1..8 First Aider

- The authority to provide first aid treatment within their skills and competency and arrange for further treatment if required.

1.4.16.1..9 HSE Committee

- Raise HSE issues to University management.

1.4.16.1..10 Laboratory Safety Subcommittee

- Raise HSE issues relating to university laboratories to the HSE Committee.

1.4.16.1..11 Road Safety Subcommittee

- Raise HSE issues relating to road safety to the HSE Committee.

1.4.16.1..12 External Affairs Department

- The authority to make decisions and act on any HSE matters within their area of responsibility and as described in the QU HSEMS policies and procedures.

1.4.16.1..13 Employees

- The authority to implement HSE requirements and act on any HSE matters within their area of responsibility, as described in the QU HSEMS policies and procedures.

1.4.16.1..14 Students

- The authority to follow HSE requirements and report any HSE hazards, near misses and incidents to a QU employee.

1.4.16.1..15 Contractors

- The authority to make decisions and act on HSE matters within the contractor's area of responsibility

1.4.16.1..16 Visitors

- The authority to report any HSE hazards, near misses and incidents to a QU employee.

1.4.16.2 HSSE personnel and Security officers have the authority to stop an activity and evacuate an area where there is an imminent and significant risk of harm or damage.

1.4.16.3 All QU employees have the authority to initiate action to stop a hazardous or environmentally damaging activity. The appropriate action will vary depending on the circumstances and may include, for example:

- Direct request to the person causing the hazard or their supervisor;
- Calling Security or HSSE in case of emergency;
- Calling Facilities Management for building or contractor hazards;
- Completing a hazard or near miss report (refer to *QU HSEMS Section 12.0 – Hazard, Near Miss and Incident Reporting and Investigation*); or
- Notifying their HSE committee representative.

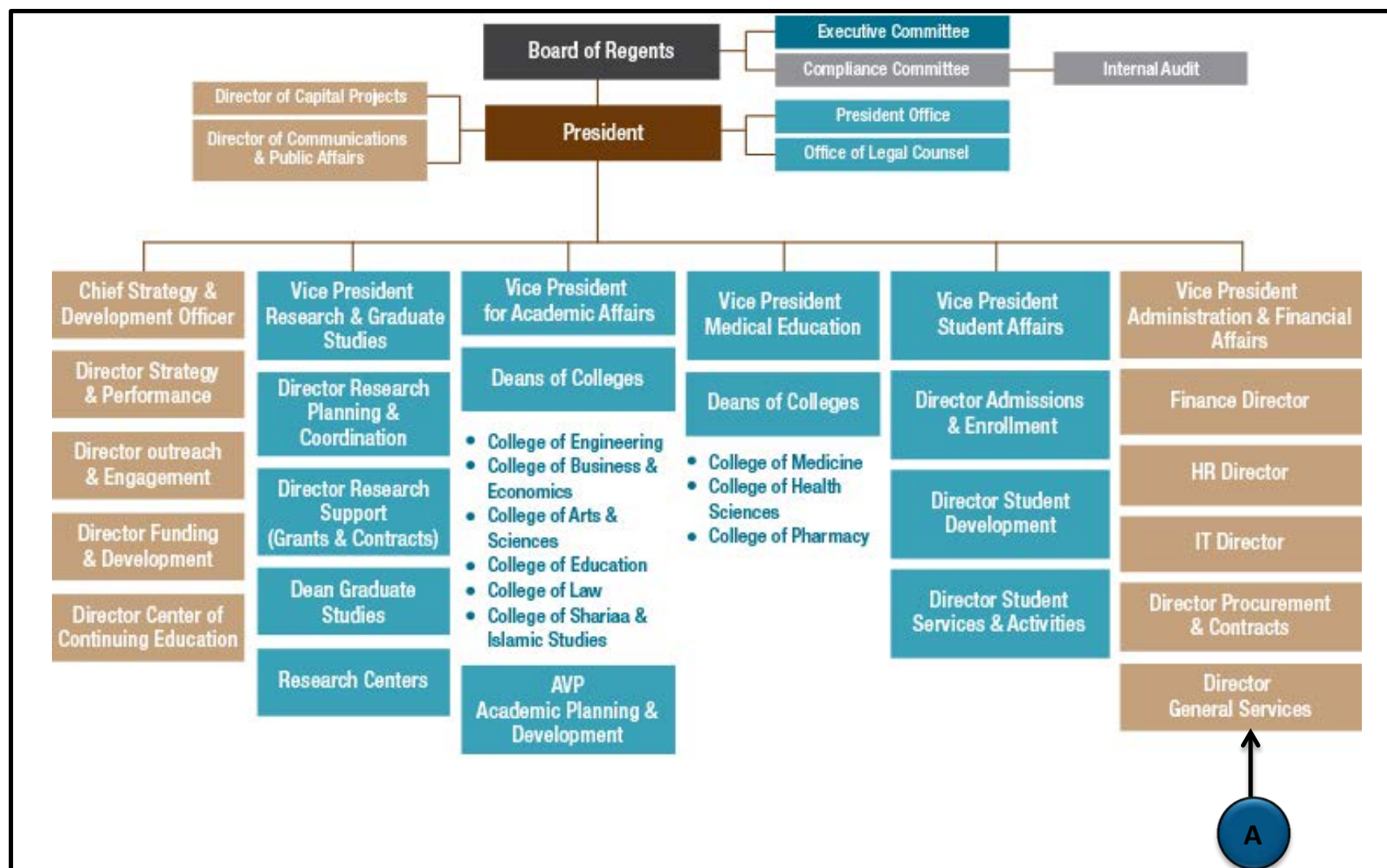
1.4.17 Accountabilities

1.4.17.1 Accountability for HSE responsibilities is monitored through

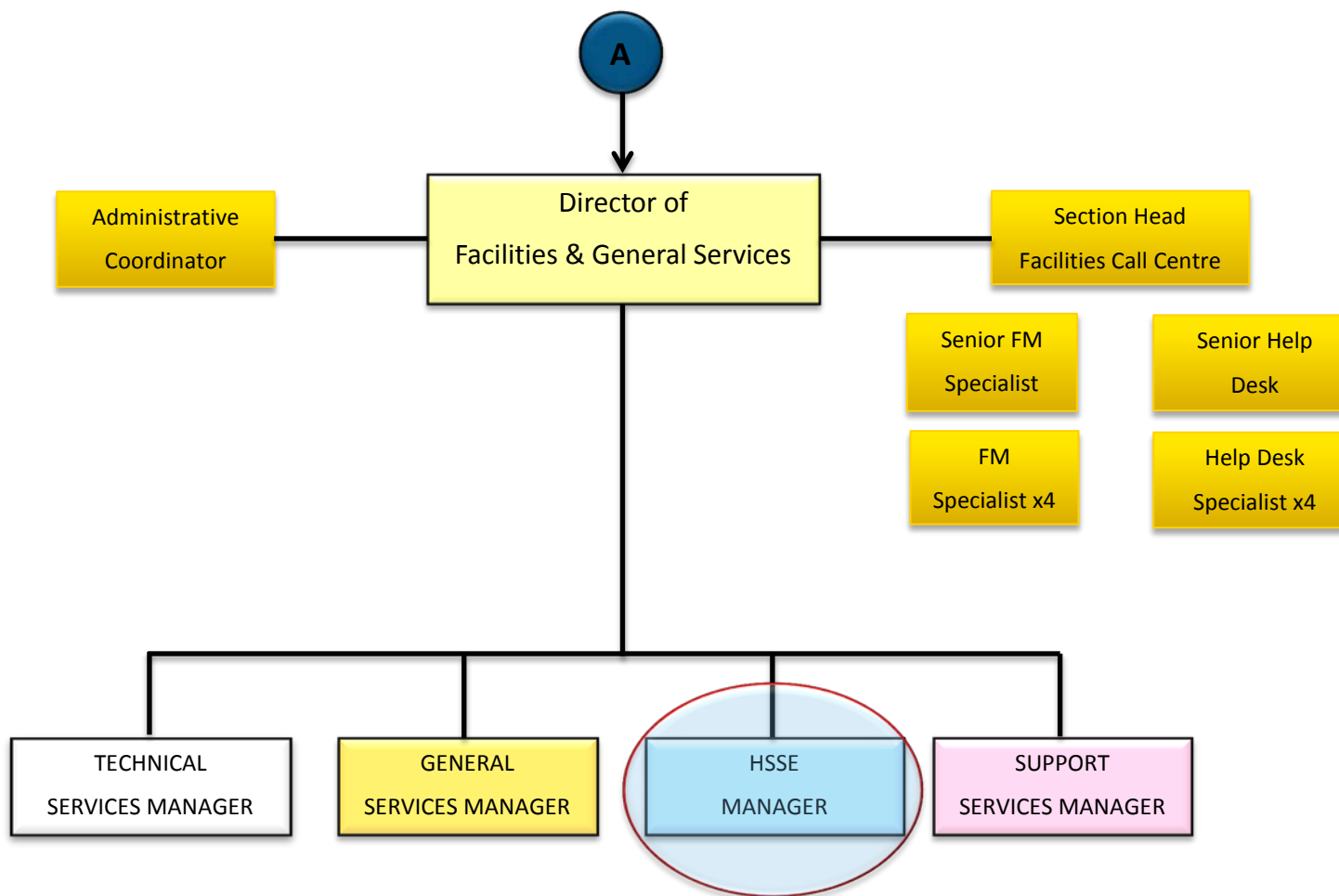
- HSE Committee and subcommittees meetings (refer to *QU HSEMS Section 13.0 – Communication and Consultation*) and Management review meetings (refer to *QU HSEMS Section 17.0 – Management Review*);
- HSE performance monitoring (refer to *QU HSEMS Section 15.0 – HSE Performance Monitoring*); and
- Inspections and internal audits (refer to *QU HSEMS Section 14.0 – Inspection and Audit*).

HEALTH, SAFETY and ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

QU Organization Chart	Ref:	PL-ES-003-01-1.1
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HEALTH, SAFETY and ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)





Part-4

Targets and Objectives

Produced by

HSSE – Facilities & GS Department

PL-ES-004: Targets and Objectives

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this procedure is to define the requirements for developing Environmental, Health, and Safety (**HSE**) Targets, Objectives and Key Performance Indicators (**KPIs**) at Qatar University (**QU**) and ensure the implementation of the QU Environmental, Health, and Safety Management System (**HSEMS**) within QU.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/Managers/ Departmental Heads
- ☒ Faculty Members
- ☒ HSE Committees and Sub committees
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – QU Health, Safety and Environment Targets & Objectives Program

1.1 Purpose

- 1.1.1** The purpose of this procedure is to define the requirements for developing Health, Safety and Environment (**HSE**) Targets, Objectives and Key Performance Indicators (**KPIs**) at Qatar University (**QU**) and ensure the implementation of the QU Health, Safety and Environment Management System (**HSEMS**) within QU.

1.2 Scope

- 1.2.1** The HSE targets, objectives and KPIs outlined in this document are applicable to all QU facilities and activities.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU Top Management (refer to *QU HSEMS Section 3.0 - Roles and Responsibilities Procedure*) shall be responsible for allocating appropriate resources to enable QU to operate towards achieving the QU HSE targets, objectives and KPIs.

1.3.2 Vice Presidents (VP), Deans, Directors, Managers and Head Sections/Units

- 1.3.2.1** QU VPs, Deans, Directors, Managers and Head Sections/Units shall be responsible for communicating the HSE targets, objectives and KPIs to relevant employees.

1.3.3 Health, Safety, Security and Environment (HSSE)

- 1.3.3.1** The HSSE shall be responsible for the:
- Development, monitoring and review of the QU HSE targets, objectives and KPIs; and
 - Day-to-day implementation of the QU HSEMS through the monitoring of the QU HSE targets, objectives and KPIs, including documentation and recording of data.

1.3.4 HSE Committee

- 1.3.4.1** The HSE Committee shall be responsible for:
- Approving all proposed HSE targets, objectives and KPIs proposed by the HSSE in consultation with its subcommittees and relevant QU employees; and
 - Assisting the HSSE in the development and review of the HSE targets, objectives and KPIs.

1.3.5 Human Resources (HR) Department

1.3.5.1 The HR Department shall assist the HSSE by:

- Including HSE targets, objectives and KPIs in employee induction program; and
- Coordinating HSE trainings and workshops.

1.3.6 Employees and Contractors

1.3.6.1 All QU employees and contractors shall ensure that their activities support and contribute towards the achievement of the QU HSE targets, objectives and KPIs.

1.4 Procedure

1.4.1 Development of HSE Targets, Objectives and KPIs

1.4.1.1 To ensure full implementation of the QU HSEMS, QU has developed targets, objectives, and KPIs while considering the following:

- The QU HSE Policy;
- Qatar HSE legal requirements; and
- Environmental aspects and impacts, and health and safety hazards and risks associated with QU operations and activities.

1.4.1.2 Based on the requirements listed above, QU shall set and maintain Specific, Measurable, Achievable, Relevant, and Time-bound (**SMART**) HSE targets, objectives and KPIs through consultations with a variety of QU employees that will be approved by the HSE Committee.

1.4.1.3 The QU HSE Targets and Objectives program is documented in Appendix A of this procedure.

1.4.2 Communication of HSE Targets, Objectives and KPIs

1.4.2.1 The QU HSE objectives, targets and KPIs shall be communicated to all employees, students and contractors as outlined in *QU HSEMS Section 13.0 - Communication and Consultation Procedure*.

1.4.2.2 The QU HSE objectives, targets, and KPIs shall also be discussed in employee HSE induction programs.

1.4.3 Implementation of HSE Targets, Objectives and KPIs

1.4.3.1 A HSEMS implementation program (or action plan) shall be developed by the HSSE, in consultation with the HSE Committee, during the implementation phase and put into operation in order for QU to achieve its HSE targets, objectives and KPIs that are defined in *Appendix A* of this procedure.

1.4.3.2 The implementation program shall include, at minimum, the following:

- Resources required;
- Methods (tasks and actions) to be undertaken;
- Designation of responsibilities and authorities on Department levels;
- Timeframe by which the objectives shall be met; and
- The activities required to monitor the progress of the objectives.

1.4.3.1 The implementation program shall be communicated to relevant staff through meetings and shall be reviewed regularly by the HSSE and HSE Committee in consultation with relevant representatives from QU departments to ensure it remains relevant and appropriate to QU operations and activities.

1.4.4 HSEMS Performance Monitoring and Reporting

1.4.4.1 QU HSEMS implementation progress shall be monitored against the stated HSE targets, objectives and KPIs. Monitoring requirements are presented in *QU HSEMS Section 15.0 - Performance Monitoring Procedure*.

1.4.4.2 Targets, objectives and KPIs shall be reported to QU Top Management, as outlined in *QU HSEMS Section 13.0 - Communication and Consultation Procedure*.

1.4.5 Review of Targets, Objectives, and KPIs

1.4.5.1 The HSE targets, objectives and KPIs shall be reviewed to ensure the HSE targets, objectives and KPIs are SMART, and correspond to the current needs of the organization based on the risk register (refer to *QU HSEMS Section 6.0 -Risk Management Procedure*).

1.4.5.2 The HSE targets, objectives and KPIs shall be reviewed during:

- The annual Management Review process (refer to *QU HSEMS Section 17.0 - Management Review Procedure*); and
- The scheduled quarterly meetings of the HSE Committee (refer to *QU HSEMS Section 13.0 - Communication and Consultation procedure*).

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to *QU HSEMS Section 16.0 – Document Control and Record Retention Procedure*.

Qatar University HSE Targets and Objectives Program

Ref:

PL-ES-004-01-1.2

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 1-01	Total Number of OHS Incidents Reported (QU Staff & Students)	Total Number of Incidents (Sum of KPI 1-03)	< 50	< 47	Monthly	H & S
KPI 1-02	Lost Time Incident Frequency Rate (LTIFR) (QU Staff & Students)	$\frac{\text{No. of LTIs} \times 1,000,000}{\text{Total Man hours Worked}}$	< 2.375	< 2.181	Monthly	H & S
KPI 1-03	Types of OHS Incidents Reported (QU Staff & Students)	Fatalities (QU staff and students)	0	0	Monthly	H & S
		Lost Work Day Cases (QU staff and students)	< 5	< 4	Monthly	H & S
		Restricted Workday Cases (QU staff and students)	< 5	< 4	Monthly	H & S
		Medical Treatment Cases (QU staff and students)	< 5	< 4	Monthly	H & S
		Equipment / Property Damage Cases >1000 QAR (QU staff and students)	< 5	< 4	Monthly	H & S
		Fire Cases (QU staff and students)	< 5	< 4	Monthly	H & S
		Near Miss Cases (QU staff and students)	< 20	< 19	Monthly	H & S
		First Aid Cases (QU staff and students)	< 20	< 19	Monthly	H & S

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 2-01	Total Number of OHS Incidents Reported (Contractors)	Total Number of Incidents (Sum of KPI 2-03)	< 100	< 95	Monthly	H & S
KPI 2-02	Lost Time Incident Frequency Rate (LTIFR) (Contractors)	$\frac{\text{No. of LTIs} \times 1,000,000}{\text{Total Man hours Worked}}$	< 2.375	< 2.181	Monthly	H & S
KPI 2-03	Types of OHS Incidents Reported (Contractors)	Fatalities (QU Contractors)	0	0	Monthly	H & S
		Lost Workday Cases (QU Contractors)	< 20	< 19	Monthly	H & S
		Restricted Workday Cases (QU Contractors)	< 20	< 19	Monthly	H & S
		Medical Treatment Cases (QU Contractors)	< 20	< 19	Monthly	H & S
		Equipment/ Property Damage Cases >1000 QAR (QU Contractors)	<10	< 9	Monthly	H & S
		Fire Cases (QU Contractors)	< 5	< 4	Monthly	H & S
		Near Miss Cases (QU Contractors)	<100	< 95	Monthly	H & S
		First Aid Cases (QU Contractors)	<100	< 95	Monthly	H & S
KPI 3-01	Average Number of Training Hours per Employee	Number of HSE Training Hours Undertaken	800	800	Annually	HSE

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 3-02	Third Party HSEMS Audits	Number of 3 rd Party HSEMS Audits conducted	2 per year	2 per year	Annually	HSE
KPI 3-03	Internal HSEMS Audits	Number of Internal HSEMS Audits conducted	1 per year	1 per year	Annually	HSE
KPI 3-04	Emergency Drills	Number of Emergency Drills Conducted per year	1 drill / building / year	1 drill / building / year	Annually	HSE
KPI 3-05	Number of Monitoring Activities Performed on Contractors	Number of Inspections Performed on Contractors	2 per quarter	2 per quarter	Monthly	HSE
		Percentage of Serious Contractor Incidents (refer to KPI 2-02) Investigated by QU	100%	100%		
KPI 3-06	Wellness Programs	Number of wellness programs conducted	3	4	Annually	HSE
KPI 3-07	Risk Assessments	Number of HSE Risk Assessments Conducted/ Reviewed	10% increase	10% increase	Quarterly	HSE

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 4-01	Environmental Incidents (Biological & Chemical Spills) (QU staff and students)	Total Number of Biological & Chemical Spills Incidents by QU Staff and Students	≤ 5	≤ 4	Monthly	HSE
KPI 4-02	Environmental Incidents (Biological & Chemical Spills) (QU Contractors)	Total Number of Biological & Chemical Spills Incidents by QU Contractors	≤ 5	≤ 4	Monthly	HSE
KPI 4-03	Greenhouse Gas Inventory (Carbon Footprint) (Metric Ton of Carbon Dioxide Equivalent (MTCDE) Per Occupant)	MTCDE Per Occupant	N/A	5% decrease	Annual	E & S

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 4-04	Power Consumption (Kilowatt Hours (kW h) per occupant)	KW h Per Occupant	≤ 60.8	≤ 57.76	Monthly	E & S
KPI 4-05	Water Consumption Water use (in office or operational activities) in cubic meters (m ³) per occupant	m ³ Per Occupant	≤ 346.5	≤ 329.2	Monthly	E & S
KPI 4-06	Paper Consumption Average number of paper used per occupant per month	Number of Paper Per Occupant	≤ 103.9	≤ 98.7	Monthly	E & S

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 4-07	Fuel Consumption Average fuel consumption of QU owned and /or operated vehicles. (Litres (L) per 100 kilometres (Km))	L per 100 Km	≤ 12.9	≤ 12.2	Monthly	E & S
KPI 4-08	Paper Waste Recycling Amount of used paper waste (kg) collected by Service Providers for recycling / reuse / further processing	Kg Per Occupant	N/A	≤ 0.7	Monthly	E & S

Key Performance Indicators		Calculations	Targets		Reporting frequency	Responsibility
Ref	Description		2016	2017		
KPI 4-09	Plastic Waste Recycling Amount of plastic waste (kg) collected by Service Providers for recycling / reuse / further processing	Kg Per Occupant	N/A (new KPI)	≤ 0.3	Monthly	E & S
KPI 4-10	Food Waste Recycling Amount of food waste (kg) composted on-site	Kg Per Occupant	N/A (new KPI)	≤ 0.1	Monthly	E & S

H & S - Health and Safety Section

E & S - Environment and Sustainability Section

HSE – Health, Safety & Environment



Part-5

Legal Compliance

Produced by

HSSE – Facilities & GS Department

PL-ES-005: Legal Compliance

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to identify, and ensure compliance with, the Health, Safety and Environment (**HSE**) Legal requirements applicable to the operations and activities undertaken by Qatar University (**QU**).

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/Managers/Departmental Heads
- ☒ Faculty Members
- ☒ HSE Committee and sub-committees
- ☒ Student
- ☒ All Employees

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Appendices

Appendix A – QU HSE Legal Compliance Register

1.1 Purpose

1.1.1 The purpose of this document is to:

- Identify the Health, Safety and Environment (**HSE**) Legal requirements applicable to the operations and activities undertaken by Qatar University (**QU**);
- Ensure compliance with all HSE Legal requirements;
- Ensure that HSE Legal requirements are communicated and available to all QU employees, students, contractors, and stakeholders.

1.2 Scope

1.2.1 This procedure is applicable to all QU operations, activities and facilities under State of Qatar legal jurisdiction.

1.3 Responsibilities

1.3.1 Top Management

1.3.1.1 QU Top Management (*refer to QU HSEMS - Section 3.0 – Roles and Responsibilities Procedure*) shall ensure that the requirements of the QU Health, Safety and Environment Management System (**HSEMS**) are communicated to all employees, as well as allocating appropriate resources required to maintain legal compliance.

1.3.2 Vice President (VPs), Deans, Directors, Managers and Head Sections/Units

1.3.2.1 QU VPs, Deans, Directors, Managers and Head Sections/Units shall be responsible for communicating the HSE Legal Requirements to relevant employees and ensuring compliance towards these requirements within their department.

1.3.3 Health, Safety , Security and Environment Office (HSSE)

1.3.3.1 The HSE shall be responsible for the development, communication, maintenance, review, and update of the QU HSE Legal Compliance Register.

1.3.4 HSE Committee

1.3.4.1 The HSE Committee shall provide support to the HSSE in the development, communication, maintenance, review, and update of the QU HSE Legal Compliance Procedure and Register.

1.3.5 Employees

- 1.3.5.1** All QU employees shall ensure that they are aware of, and comply with the commitments of the QU HSE Legal Compliance Register particularly those directly relating to their work.

1.3.6 Contractors

- 1.3.6.1** All contractors engaged by QU shall be required to comply with relevant HSE Legal Requirements that apply to their work and/or activity and shall ensure that their activities are in accordance with the requirements of the *QU HSEMS - Section 7.0 - Contractor Management Procedure*.

1.4 Procedure

1.4.1 Identification of HSE Legal Requirements

- 1.4.1.1** The HSE Legal Requirements refers to the State of Qatar HSE-related Laws and Regulations and any HSE Standards and/or Guidelines adopted by QU. In addition, HSE Legal Requirements also include international HSE standards or treaties to which Qatar is a signatory, or under which they have agreed in principle, or to which QU subscribes to.
- 1.4.1.2** The HSSEO shall identify and track the legal requirements, legislations and other requirements related to QU's operations, activities and facilities through a legal compliance register.
- 1.4.1.3** Where available, copies of the relevant laws and regulations shall be maintained as part of the QU HSE Legal Compliance Register (refer to *Appendix A* of this procedure).

1.4.2 Communication of HSE Legal Requirements

- 1.4.2.1** The HSE Legal Compliance Register and QU HSEMS documentation will be made available and readily accessible to all QU employees.
- 1.4.2.2** The HSE Legal Requirements applicable to QU shall be communicated to contractors in the contract specifications.
- 1.4.2.3** The HSE Legal Requirements applicable to QU shall be communicated to all QU employees, students, contractors and visitors as required during the HSE induction training. The training shall also discuss the potential consequences of non-compliance with regulatory requirements.

1.4.3 Compliance with HSE Legal Requirements

- 1.4.3.1 Review of QU's overall performance and compliance with HSE Legal Requirements shall be part of the QU HSEMS internal audits, external third party audits and management review process.
- 1.4.3.2 Compliance with HSE Legal Requirements shall also be taken into consideration when developing, implementing and maintaining QU's HSE policies, procedures and programs.

1.4.4 Review of HSE Legal Requirements

- 1.4.4.1 The HSE Legal Compliance Register shall be kept up-to-date.
- 1.4.4.2 The HSE Legal Compliance Register shall be reviewed by the HSSEO at least annually in consultation with the HSE Committee and Legal Counsel Office.
- 1.4.4.3 Reviewing and updating of the HSE Legal Compliance Register shall be undertaken or initiated when there is:
 - A change to or establishment of law(s) or regulation(s);
 - Changes in the operations or activities of QU;
 - Addition to or change in QU location, facilities, equipment, etc.; or
 - Significant HSE incident.
- 1.4.4.4 Updating or amending of the HSE Legal Compliance Register shall be undertaken in line with the requirements and procedures of *QU HSEMS Section 16.0 – Documents Control and Record Retention Procedure*.

1.5 Document Control

- 1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3 Refer to *QU HSEMS Section 16.0 – Document Control and Record Retention Procedure*.

1.6 Appendices

Appendix A: QU HSE Legal Compliance Register

QU Health, Safety and Environment Legal Compliance Register

Ref:

PL-ES-005-01- 1.1

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
General Environmental Protection	Law No. 30 of 2002 for the Protection of the Environment	The Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Law sets out the framework for the regulation of environmental protection and management in Qatar. Its articles and provisions are aimed towards ensuring:</p> <ul style="list-style-type: none"> Environmental protection and preservation of quality and natural balance; Environment pollution prevention and mitigation; Development and conservation of natural resources to maximise benefits for current and future generations; Protection of society and human health as well as other live creatures; and Protection of the environment of State of Qatar from external environmental impacts. <p>Key requirements of this Law include the following:</p> <ul style="list-style-type: none"> Private bodies should incorporate clause of environment protection and pollution prevention as well as penalties in all local, international agreements and contracts, the execution of which may cause injurious / adverse effects on the environment. All projects shall submit environmental impact studies for review and approval of the Council before execution. Project owners shall keep a record of environmental impacts of their activities and ensure compliance with relevant legislative requirements and standards. Project owners to allocate competent person to oversee, manage and ensure compliance with the relevant legislative requirements and standards. 	General operations / all premises. Engagement of contractors for construction projects and maintenance activities.	<p>QU has established a Health, Safety and Environment office (HSSE) to manage HSE issues in the university.</p> <p>Existing contract / agreements incorporate requirements to comply with relevant regulatory standards including Qatar Ministry of Environment Laws and QCS 2014.</p> <p>QU has developed:</p> <ul style="list-style-type: none"> QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting SOP04 – Hazardous Waste Disposal TG09 – Noise Management 	Y		Top Management FACILITIES & GS DEPT. – Health, Safety, Security and Environment
General Environmental Protection	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Executive By-law provides further details on the regulatory requirements set forth in Law No. 30 of 2002. Below is an outline of the key requirements:</p> <ul style="list-style-type: none"> The Council issues environmental authorization (clearance) for the project or any expansion or renovation thereof. The applicant for a project operating permit, expansion or renovation, is to complete the Environmental Authorization Application Form (Annex 2/2 of this By-Law). Project owners to maintain environmental impact registers (Form prescribed in Annex 6 of this By-Law). <p>This Executive By-law also includes Annexes providing environmental license application forms and environmental protection standards.</p>	General operations / all premises	<p>QU has developed:</p> <ul style="list-style-type: none"> QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting 	Y		Top Management FACILITIES & GS DEPT. – Health, Safety, Security and Environment

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Hazardous Materials and Waste	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Executive By-law also provides specific requirements for managing environmental issues associated with hazardous materials and waste storage, handling, use and disposal.</p> <p>Hazardous waste generators to minimize the quantity and toxicity of waste; promote recycling and reuse of hazardous waste after treatment; document the quantity and quality of hazardous waste; operate units to treat hazardous waste at point of generation or arrange to collect and transport the waste to a specially designed waste facility approved and licensed by the Secretariat General.</p> <p>Hazardous waste generators to provide suitable storage facility for hazardous waste , including requirements for preventing and containing accidents and leaks, labelling (contents, warning & hazards), appropriate collection to minimise prolonged storage</p> <p>Requirements for storage of hazardous materials include: suitable location and facility; emergency prevention and response plan (including fires safety); routine medical examinations and treatment of staff for occupational disease at the expense of employer; staff training and PPE; regular safety inspections; and ensuring entrance and exits are kept clear from obstructions.</p> <p>Loose or unpacked hazardous materials to be stored in secondary containment / storage area with dimensions not less than 110% of the total volume of containers within the area.</p> <p>Flammable liquids to be stored at a minimum of 500 meters from residential areas and a minimum of 200 m from employee residential areas.</p>	Storage, handling and use of chemicals at the laboratories. Clinics	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 8.4 Spill Response Plan</p> <p>QU HSEMS 11.0 Training and Competence</p> <p>SOP03 – Compressed Gas Cylinders</p> <p>TG01 – Chemical Safety</p> <p>TG02 – Biological Safety</p> <p>TG03 – Radiation Safety</p> <p>SOP04 – Hazardous Waste Disposal</p> <p>Basic HSE trainings (e.g. first aid and basic fire-fighting) have been given to some employees (ongoing activity).</p> <p>Materials inventories are maintained at laboratories.</p> <p>Chemical waste is removed by MOE licensed contractor.</p> <p>Emergency procedures in place.</p> <p>Spill and first aid kits are in place at laboratories.</p> <p>Trained first aiders are available at laboratories.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Hazardous Materials	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	<p>A plan to be developed for hazardous materials storage, incorporating the following key requirements:</p> <p>Material stacking should not be higher than three meters.</p> <p>Diagram or site plan showing locations of hazardous materials, emergency and firefighting equipment and emergency exits, to be maintained and kept updated.</p> <p>A list including amount and hazardous properties of stored materials</p> <p>Sorting / segregation of materials according to UN classification.</p> <p>Staff training and orientation to include safe operating and emergency procedures.</p> <p>Storage of hazardous materials away from public access and food products.</p> <p>Spill management procedure to be established including the following requirements:</p> <p>According to MSDS instructions;</p> <p>Ensuring no discharge or disposal via sewage system is undertaken;</p> <p>Ensuring that spill / emergency response equipment is provided and inspected on a routine basis;</p> <p>PPE decontamination after use;</p> <p>Sawdust is not to be used for flammable;</p> <p>Spilled powder / solid materials are to be cleaned with an industrial vacuum cleaner; and</p> <p>Adequate ventilation to be applied for a spill or a fire involving toxic gases.</p> <p>Training programme on hazardous materials management:</p> <p>Staff handling hazmat should be inducted / trained on the characteristics UN category / identification codes, and hazards of materials; risk management (labelling, safe handling procedures, PPE); emergency response; and relevant legislations.</p>	Storage, handling and use of chemicals at the laboratories.	<p>QU has developed the following:</p> <p>QU HSEMS 8.4 Spill Response Plan</p> <p>QU HSEMS 11.0 Training and Competence</p> <p>SOP03 – Compressed Gas Cylinders</p> <p>TG01 – Chemical Safety</p> <p>TG02 – Biological Safety</p> <p>TG03 – Radiation Safety</p> <p>Hazardous Waste Disposal Procedure (April 2014)</p> <p>SOP04 – Hazardous Waste Disposal</p> <p>Basic HSE trainings (e.g. first aid and basic fire-fighting) have been given to some employees (ongoing activity).</p> <p>Materials inventories are maintained at laboratories.</p> <p>Chemical waste is removed by MOE licensed contractor.</p> <p>Emergency procedures in place.</p> <p>Spill and first aid kits are in place at laboratories.</p> <p>Trained first aiders are available at laboratories.</p> <p>PPE is provided to, and used by, laboratory staff.</p> <p>Warning signage.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Waste Management	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	This Executive By-Law prohibits dumping or burning of solid and liquid waste in places other than those designed / permitted for that purpose is prohibited.	Waste management / all premises	<p>Regular collection of waste for offsite disposal via waste contractors.</p> <p>QU has developed HSEMS SOP04 – Hazardous Waste Disposal.</p> <p>Chemical waste is removed by MOE licensed contractor.</p> <p>Domestic sewage is discharged into, and treated via the QU sewage treatment plant.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Hazardous Waste			Annex 2 / 7: Application for Transportation and Disposal of Hazardous Wastes Annex 2 / 7 of this Executive By-law has the following provisions: Generators to refer to SCENR Guidelines on Waste Transport & Disposal. Application for Waste Transport and Disposal (Form 1), to be filled out by waste generator and sent to General Secretariat of The SCENR within 24 hours before shipment. Certificate of Transportation & Disposal of Waste (Form 2), to be filled out by the hazardous waste generator and submitted to SCENR and concerned administration 48 hours before the intended waste transfer. This form is to be completed progressively by the Generator, Transporter and Receiving Facility Annex 2 / 15: Procedures for Obtaining a License to Store Hazardous Materials	Storage, handling and use of chemicals at the laboratories Disposal of healthcare waste from the clinics.	QU has developed HSEMS SOP04 – Hazardous Waste Disposal. Chemical waste is removed by MOE licensed contractor.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Air Quality	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	Annex 3 / 1: The Standards for Air Quality This Annex provides the standards for ensuring protection of the ambient air quality and human health. Among the criteria provided for in this Annex are: Maximum permissible limits for emissions from mobile sources (petrol-driven and diesel-driven). Emission testing is required as part of the vehicle registration procedure. Ambient air quality standards for SO ₂ , NO ₂ , PM ₁₀ , O ₃ CO and Pb. Quantity of air for ventilation of closed or semi-closed places of works / facilities.	Vehicles Cafeterias Clinics Conference / assembly rooms Auditoriums Offices	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Technical Services Manager General Services Manager
Wastewater			Annex 3 / 2: Standards for Treated Wastewater This Annex provides standards for industrial and sanitary effluents to be discharged into the sewer or used for irrigation. The Standards for the Treated Effluents Sanitary Wastewater are considered applicable to QU STP effluent.	Sewage Treatment Plant with effluent used for landscape irrigation.	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting Sewage treatment prior to reuse for landscape irrigation.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Technical Services Manager
Drinking Water			Annex 3 / 3: The Drinking Water Characteristics / Properties This Annex provides the permissible limits for drinking water quality. It requires bottled drinking water to comply with the standard specification for the Arabian Gulf states (No. SSG -1025).	Drinking water amenity provided to staff	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance Drinking water is supplied by an approved vendor.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Procurement and Contracts Director

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Noise			Annex 3 / 5: The Standards for Noise Allowable noise levels for certain areas are provided in this Annex. Below is the criteria considered to be relevant to QU: Maximum limits for noise (20 minutes average) at Residential areas & public corporations: Daytime – 55 dBA Night Time – 45 dBA (2200 hrs to 0400 hrs)	Laboratories Utilities Construction sites	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting QU HSEMS TG08 – Noise Management.	P	Perform a risk assessment including / specific to occupational noise and identify control measures in line with regulatory requirements. <i>Refer to Risk Register for other recommended control measures.</i>	FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Occupational Health and Safety	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	Annex 3 / Sixth: The Standards for Closed Places of Work <u>Occupational noise exposure limits</u> Exposure to noise level >115 dB requires appropriate ear plugs Maximum permissible limit for noise is 85 dB for eight consecutive hours Other permissible noise limits for certain hours of exposures are also provided in this Annex. <u>Heat and humidity</u> Relative humidity in a workplace should not exceed 80%. <u>Lighting</u> Lighting requirements for different rooms of specific functions are contained in this Annex. <u>The Maximum Permissible Limit for the Concentration of Harmful Chemicals</u> Maximum concentrations of harmful chemicals allowed at a workplace are also outlined in this Annex.	Storage, handling and use of chemicals at the laboratories	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 15.0 HSE Performance Monitoring and Reporting TG01 – Chemical Safety TG02 – Biological Safety TG03 – Radiation Safety TG08 – Noise Management	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Hazardous Materials			Annex 5: The administrative authorities Concerned with licensing Hazardous Materials The Ministry of Interior – Responsible for response and dealing with all accidents pertaining to hazardous materials such as spill, leak, fire, etc. Ministry of Municipal Affairs & Agriculture – Licensing for spraying / use of pesticides, and for waste management. SCENR - Authorization to use pesticides and disposal thereof; Authorization to use, handle and dispose of hazardous materials; Management of hazardous materials; and the environmental authorization prior to the grant of licenses by the concerned administrative authorities in pursuance of the provisions of the law and this bylaw.	Chemicals handling at laboratories Compressed gas handling Cryogenics	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
General Environmental Protection			Annex 6: Record of the activities carried out by the facility The following is a list of environmental records required under Annex 6. First: Record of the Environmental Impact of the Facility Second: Record of the Hazardous Wastes resulting from the activities of the Facility. Third: Record of the Hazardous Materials. Fourth: Record of pesticides use / consumption.	General operations / all premises Storage, handling and use of chemicals at the laboratories	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 16.0 Document Control and Record Retention Hazardous materials inventories are maintained at laboratories.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Hazardous Materials	Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002	The Supreme Council for the Environment and Natural Reserves (now MOE)	Annex 8 / 1: Categorization of Hazardous Materials This Annex provides guidelines for categorization of hazardous materials. It recommends UN classification scheme for hazardous materials has been adopted in this Annex. Annex 8 / 2: Labelling of Categories & Secondary danger Labels This Annex provides guidelines on labelling of hazardous materials. Annex 8 / 3: Labelling of Categories & Secondary danger Labels Requirements for separation of hazardous materials are provided in this Annex.	Storage, handling and use of chemicals at the laboratories	QU has developed the following policies and procedures which outline requirements for hazardous materials management: TG01 – Chemical Safety TG02 – Biological Safety TG03 – Radiation Safety SOP04 – Hazardous Waste Disposal QU has adopted a number of schemes, e.g. NFPA diamond, US EPA.	Y		FACILITIES & GS DEPT. Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
General Environmental Protection	Final SCE Standards (June 2003)	The Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Document is a compilation of environmental standards, including but not limited to air emissions and wastewater discharge per industry type, and vehicle emissions and discharge from marine vessels.</p> <p>This document requires the following:</p> <p>Quantity of treated wastewater used in landscape irrigation or injected would be reported in the quarterly environmental monitoring report as required in the consent to operate.</p> <p>Compliance monitoring analyses would be completed by laboratories using methods certified and audited by outside agencies to ISO 17025 or equivalent international quality standards approved by SCE.</p> <p>Compliance with STP treated effluent parameter limits</p> <p>Petrol-driven vehicles imported after December 2002 must have 3-way catalytic converters for hydrocarbons, carbon monoxide and oxides of nitrogen and certified to meet current legislation of their country of origin.</p> <p>Compliance with standards for treated wastewater used for irrigation.</p> <p>Waste characterisation to be approved by the Supreme Council.</p>	<p>Operation of Sewage Treatment Plant.</p> <p>Use of treated effluent for landscape irrigation.</p> <p>Vehicles (emission)</p>	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 15.0 HSE Performance Monitoring and Reporting</p>	Y		<p>FACILITIES & GS DEPT. – Health, Safety, Security and Environment</p> <p>Technical Services Manager</p> <p>Operator of Sewage Treatment Plant</p>
Ozone Depleting Substances	Law 21 of 2007 on the Control of Substances that Deplete the Ozone Layer	Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Law is aimed at controlling the use of ozone-depleting substances in Qatar. It forbids the import and export of controlled substances and materials and the cross-recycled materials unless a licence is obtained from the Council. The requirements and conditions to obtain licence are set forth in this Law.</p> <p>This Law further provides inspection procedure and penalties associated with violation of certain provisions.</p> <p>It is also provided in this Law that the use of apparatus, equipment or controlled substances that deplete ozone layer for laboratories and medical facilities shall be exempt from the provisions of the Law, provided that such use is permitted by the Council.</p>	<p>Construction projects</p> <p>Buildings and facilities management / maintenance</p> <p>Laboratories</p>	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p>	Y	<p>Procurement policy / procedure should include requirement for minimising use of ozone depleting substances or equipment.</p>	<p>FACILITIES & GS DEPT. – Health, Safety, Security and Environment</p> <p>Procurement and Contracts Director</p> <p>Technical Services Manager</p>
Trade of Endangered Wildlife	Law No. 5 of 2006 on Regulating the Trade of Endangered Wildlife Species and Parts or Derivatives Thereof	Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Law regulates the trade of endangered wildlife species including animals, birds, plants, bacterial and fungal organisms listed in appendices. The international trade and the transit of the listed organisms are prohibited except in cases where an authorization from the executive management is obtained in accordance with the provisions of this Law. The Law defines the requirements to obtain an import or export permit. Offences and penalties are also specified in this Law.</p>	<p>Experiments / research involving animals</p>	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU has not been involved in trading of endangered wildlife.</p>	Not Applicable	<p>Where experiments / research involve endangered wildlife, QU shall obtain approval from the Council.</p>	<p>FACILITIES & GS DEPT. – Health, Safety, Security and Environment</p> <p>VPs, Deans, Directors, Managers & Head Sections/Units</p>

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Use of Fertilisers and Soil Conditioner	Order No. 24 of 2006 on Regulating Fertilizers and Soil Conditioners in Gulf Cooperation Council Countries	Ministry of Municipal Affairs and Agriculture	This Law aims to regulate the production, import and circulation of fertilizers and soil conditioners for the Gulf Cooperation Council. According to this Law, the competent authority shall register the fertilizers and agricultural soil conditioners that may be used in Qatar.	Use of fertilisers and soil conditioning in landscaping	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 7.0 Contractor Management Only approved fertilisers and soil conditioners are used at QU.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Technical Services Manager
Wildlife Conservation	Law No. 19 of 2004 on the Conservation of Wildlife and its Natural Habitat	Supreme Council for the Environment and Natural Reserves (now MOE)	According to this Law the Council's responsibilities include: Rehabilitation and management of the wildlife's habitat; Ban or restriction of human activities that lead to the distortion of the natural habitat; Protection of the endangered wildlife species; Control of the exploitation of living organisms; and Development of record system for the endangered species. It forbids specific activities including: Hunting, fishing or transport of wildlife species; Damage of shells and coral reefs; Destruction of plants inside the natural reserves; Destruction of geological formations and animals habitat; Introduction of any alien species to the protected areas; Water and air pollution inside the reserves; and Construction of buildings and facilities inside protected areas. Provisions on offenses and corresponding penalties are also provided in this Law.	Natural Conservation Area	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance No hunting of wildlife is allowed or involved in QU operation. Where experiments / research involve wildlife, QU obtain approval from the Council.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Radiation Safety	Law 31 of 2002 on the Protection Against Radiation	Upper Council of the Environment and Natural Resources	This Law requires obtaining a license from the Council for: Possessing radioactive substances Practices involving radioactive substances or sources or machines Any site or buildings (and any expansion thereof) for performing works that involve radioactive substances or sources or machines that release radioactivity Dealing with ionizing or non-ionizing radiations or working in the field of expertise The Council issues personal licenses for individuals working in various fields of radioactivity as well as institutional licenses comprehensive to site, establishments and practice. General license requirements include ensuring safety of individuals and workers and protection of environment from radiation exposure risks; providing suitable equipment for radiation detection, measurement of doses and worker's personal protection; providing technical and health services to protect workers and people and keeping associated records; and appointing an official (radioactive protection officer) in charge of radiation protection. Penalties include fines and imprisonment, depending on the violations.	Use of radioactive materials / substances at laboratories.	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 6.0 Risk Management QU HSEMS 11.0 Training and Competence HSE Performance Monitoring and Reporting TG03 – Radiation Safety Personal radiation exposure monitoring is being undertaken. PPE is provided to, and used by relevant staff. Radiation Protection Officer is trained and appointed.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Radiation Safety	Resolution No. 4 of 2003, Executive Draft of Law No. 31 of 2002 on the Protection Against Radiation	High Council for the Environment and Nature Reserves	<p>This Resolution reiterates requirements of Law No. 31 of 2002 while providing further details on procedures.</p> <p>Key features of this Resolution are outlined below:</p> <p>Exemptions of activities where there is limited exposure or cumulative effect of exposure to radioactive sources.</p> <p>Authorization from the Council shall be obtained for activities and operations involving radioactive substances. Application shall be submitted within the timeframes specified in this Resolution.</p> <p>Documentation requirements for applying above authorizations.</p> <p>No party possessing authorized radioactive sources shall have the right to permanently destroy, cede or lend the latter without prior authorization of the Council.</p> <p>Requirements for protection against exposure to radiation, including control of work areas; competency and training; special terms for employees 16 and 18 years of age; special terms for pregnant women; supervision roles; surveillance of work premises; measurement / monitoring of staff's radiation exposure; hazard warning signages; record keeping; and PPE.</p> <p>Authorized party shall notify the Council or the General Directorate of Civil Security by phone, of any near-miss or accident involving an individual's exposure to radiation in excess of the allowable limit. Notification shall be undertaken within 20 hours, with a written report provided within three days from date of incident.</p> <p>Protection of public from radiation exposure / hazard, including emergency plans and procedures; evacuation; and environmental surveillance.</p> <p>Requirements on architectural / building criteria for areas where radioactive materials are used / handled / stored; designation of a radiation protection officer; maintaining of relevant records; orientation of staff potentially exposed to radiation; and emergency plan, to be submitted to the Council.</p> <p>Chapter 5 contains general provisions for radioactive waste management measures, such as: designation of radioactive safety officer responsible for managing radioactive waste; return of radioactive waste to supplier in case the latter is characterized by a radioactivity exceeding the maximum levels set by the committee (this should form part of supplier's agreement / contract stipulations, copy of which shall be furnished to the Council); suitable storage condition; waste inventory; access restriction at storage areas.</p> <p>Radioactive waste shall be classified to certain criteria into the following: (a) authorised or exempted waste; (b) low activity waste or decomposing waste; (c) low and medium-activity waste with short mid-range; (d) low and medium-activity waste with long mid-range; and (e) high activity waste.</p> <p>Report on radioactive waste management and associated records (types, quantities and final states) to be submitted to the Council within 15 days prior to end of each year.</p>	Use of radioactive materials / substances at laboratories. Management of radioactive waste.	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>QU HSEMS 11.0 Training and Competence</p> <p>HSE Performance Monitoring and Reporting</p> <p>TG03 – Radiation Safety</p> <p>Personal radiation exposure monitoring is being undertaken.</p> <p>PPE is provided to and used by relevant staff.</p> <p>Radiation Protection Officer is trained and appointed.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Radiation Safety and Radioactive Waste Management	Decision of the Chairman of the SCENR No 11 of 2005, Instruction for Radioactive Waste Management	Supreme Council for the Environment and Natural Reserves (now MOE)	<p>This Instruction applies to all radioactive waste management practices including processes of collection, separation, characterisation, classification, treatment, storage and disposal of radioactive waste resulting from research and educational fields. There is however a provision for exemption from the requirements of this Instruction: this applies to operation where radionuclides levels are below the clearance levels specified in Appendix 1 of this Instruction. Appendix 1 provides emission / disposal limits for radioactive waste.</p> <p>This Instruction requires for a license to generate, store or manage radioactive waste to be obtained from the Council. Requirements / documentations for license applications are outlined in this Instruction.</p> <p>Responsibilities of a licensee include conducting safety and environmental assessment; ensuring protection of workers, public and environment; and providing trained personnel and adequate equipment and facilities to ensure safety.</p> <p>Requirements for management of radioactive waste include quality assurance procedures; maintaining a waste inventory; providing control and supervision for treatment, storage and treatment of radioactive waste; appointing a radioactive waste management officer, licensed by the Council; potential reuse or recycling of radioactive waste, where feasible and safe; monitoring and recording of disposal and emission of radionuclides; submission of a Report of Disposal to the Council; reporting of any exceedance of limit / standards to the Council; segregation and characterization of radioactive waste according to specifications of the Instruction; and development of an emergency plan.</p> <p>Requirements for waste collection, storage and quality assurance are also detailed in this Instruction.</p>	Management of radioactive waste.	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>QU HSEMS 11.0 Training and Competence</p> <p>HSE Performance Monitoring and Reporting</p> <p>SOP04 – Hazardous Waste Disposal</p> <p>TG03 – Radiation Safety</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Healthcare Waste Management	Decision of the Higher Council for Environment and Natural Reserves No. 8 of 2006, The Instructions for Healthcare Waste Management	Higher Council for Environment and Natural Reserves	<p>This Instruction provides guidelines for managing waste generated from healthcare facilities, particularly with regard to:</p> <p>Classification of healthcare waste.</p> <p>Segregation of hazardous and non-hazardous waste streams</p> <p>Packaging and labelling of healthcare waste. Specifications of plastic bags and containers to be used are detailed in Appendix 4.</p> <p>Handling and transport of healthcare waste.</p> <p>Dedicated storage area for of healthcare waste, while awaiting collection.</p> <p>Health and safety requirements for handling and management of healthcare waste.</p> <p>Appendix 7 of this Instruction is a form to be used for documenting transportation / collection of hazardous healthcare waste.</p>	Clinics	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>SOP04 – Hazardous Waste Disposal</p> <p>TG02 – Biological Safety</p> <p>Hazardous waste is segregated from the non-hazardous waste and disposed of offsite via a MOE -approved waste contractor.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Ecological Protection	Law No. 32 of 1995 on Prohibiting Damage to Plant Ecology	Ministry of Agriculture and Municipality Affairs	This Law entrusts the Ministry of Agriculture and Municipality Affairs to control the cultivated plants, regulate the grazing, and to protect and exploit plants. The Ministry shall define the grazing season and no-grazing zones. This Law further prohibits: Carrying out agricultural works; tree rooting; exploiting of natural resources; and establishment of fixed installations unless prior licence / approval is obtained. Setting a fire and burning agricultural crops and herbage. Discharging waste water on cultivated plants. Damaging plant at protected areas. Offences and associated penalties are also articulated in this Law.	Natural Conservation Area	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU operations / activities are undertaken in a manner that does not result in adverse impact on ecology.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Waste Management	Law by Decree No. 303 and the recent Executive By-Law 4 on solid waste management	Supreme Council for the Environment and Natural Reserves (now MOE)	This Law applies the principle of “polluter-pays” as it defines a set of fines and penalties for non-compliances as well as for causing serious environmental damage. Under this Law, unauthorised dumping or burial of any wastes is prohibited, with special reference to hazardous wastes. Disposal of any wastes at sea is also prohibited.	Waste management	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance SOP04 Hazardous Waste Disposal No dumping or burial of hazardous waste is allowed / undertaken at QU. Waste is regularly collected by MOE - approved waste contractors.	Y	Establish a Waste Management Plan including minimisation, reuse and recycling programs.	FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Smoking	Law No. 20 of 2002 on the Control of Tobacco and its Derivatives	Ministry of Public Health	Article 10 of this Law provides that smoking shall be prohibited in the enclosed public places including schools, education and training centers, universities, hospitals, health centers, and other educational institutions and health facilities.	All premises	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance A ‘No smoking’ policy is in place. ‘No Smoking’ signs are posted across the QU premises including lobbies and work areas.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Occupational Health and Safety	Labour Law No. 14 of 2004, Qatar Labour Law	Ministry of Civil Service Affairs and Housing - Department of Labour	<p>Qatar's Labour Law includes a number of provisions on ensuring protection of workers and employees from occupational health and safety hazards. An outline of the key requirements of this Law is provided as follows:</p> <p>Part 10: Safety, Vocational and Social Care</p> <p>Employer to inform worker on commencement of worker's engagement of the hazards and safety measures associated with his work; take precautionary measures at the employer's own expense for protecting workers during the work from occupational injury or disease; provide for good hygiene and adequate ventilation in work areas; provide for a first aid box for every group of five to twenty-five workers; provide for a full-time medical nurse in the establishment in the event that number of workers exceeds one hundred, in addition to the first aid; and arrange for regular medical check-ups of staff. Workers are required to use protection devices and uniform provided to him by the employer and obey instructions aimed at protecting them from injuries and diseases</p> <p>Occupational diseases inflicted on workers shall be reported to the Department within three days from date of knowing the result.</p> <p>Part 11: Work Injuries and Compensation Thereof</p> <p>Any work-related injury or fatality of a worker shall immediately be reported to the Police and the Labour Department.</p> <p>Worker who sustains a work injury shall be entitled to receive medical appropriate treatment at the cost of the employer and receive his full wage during the treatment period or the period of six months whichever is nearer.</p> <p>Heirs of worker who dies because of work or sustains a work-related injury resulting in a partial or total permanent disability shall be entitled to receive compensation.</p> <p>The work injury resulting in a total permanent disability shall be considered as a death of the worker</p> <p>Compensation shall be paid within fifteen days from date of proof of disability or death or from date of announcement of the result of injuries supporting the occurrence of disability or death.</p> <p>The employer shall every six months provide the Department with a statistics of the work injuries and occupational diseases</p> <p>The employer or his representative shall facilitate the performance by the Work Inspectors of their duties and shall provide them with the correct information on any matter related to the performance of their duties and shall obey their request to him to attend whenever he is requested to do so.</p> <p>Fine of not less than two thousand Riyals and not more than six thousand Riyals depending on violation.</p>	General operations / all premises	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 8.1 First Aid and Medical Emergency Plan</p> <p>QU HSEMS 9.0 Standard Operating Procedures</p> <p>QU HSEMS 12.0 Hazard, Near Miss and Incident Reporting and Investigation</p> <p>QU HSEMS 15.0 Performance Monitoring and Reporting</p> <p>TG01 – Chemical Safety</p> <p>TG02 – Biological safety</p> <p>TG03 – Radiation Safety</p> <p>TG04 – Machine Safety</p> <p>TG05 – Office and Classroom Safety</p> <p>TG07 – Construction, Operations and Maintenance Safety</p> <p>TG08 – Noise Management</p> <p>TG09 – Warehousing Safety</p>	Y	.	Top Management FACILITIES & GS DEPT. – Health, Safety, Security and Environment Human Resources Director VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Occupational Health and Safety	Cabinet Resolution No 16 of 2011 for the Establishment of the National Committee of Occupational Health and Safety	National Committee of Occupational Health and Safety	This Resolution has accorded the National Committee of Occupational Health and Safety the following key responsibilities are to: Develop a national policy and system for occupational health and safety; Develop occupational health and safety rules and regulations; and Develop the mechanisms in respect of enforcing compliance with health and safety rules and regulations.	General operations / all premises to comply with relevant HSE requirements of the Committee	Not Applicable	Not Applicable	Any future standards and guidelines issued by the Committee shall be incorporated in QU HSEMS.	FACILITIES & GS DEPT. – Health, Safety, Security and Environment
Infectious Disease	Law No 17 of 1990 on Protection from Infectious Diseases	Ministry of Public Health	This Law requires that the competent health authority be notified of any person known or suspected of having an infectious disease. Duty of such notification is placed on the attending doctor as well as the accommodation provider; director of the university or his representative; the immediate supervisor at work if infection has occurred on duty; and the foreign sponsor. Isolation is mandatory for infected employees involved in food and beverage manufacture, preparation or transport. Permission to return to work shall be obtained from competent health authority. Failure to comply with the above requirements entails a penalty of imprisonment (not more than two years) and fine (not more than 3000 Riyals).	Clinics Biological Laboratories Kitchens and cafeterias	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 6.0 Risk Management QU HSEMS 12.0 Hazard, Near Miss and Incident Reporting and Investigation SOP04 Hazardous Waste Disposal TG02 – Biological Safety	Y	Perform risk assessment including / specific to infectious diseases and identify corresponding control measures (e.g. immunisation programs, staff training / induction, standard precautions, and first aid kits) that are in line with relevant regulatory requirements. <i>Refer to Risk Register for other recommended control measures.</i>	FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Civil Defence	Law No. 25 of 2015 Civil Defence	Civil Defence Department, Ministry of the Interior	<p>This Law provides further details on civil defence requirements in Qatar in line with the provisions in Qatar Civil Defence Law. Key provisions of this Law include the following:</p> <p>Approvals of Civil Defence Department required for buildings and facilities before and after completion of construction as well as for planned modifications or expansion of buildings or activities.</p> <p>Fixed width of 2 meters for main passages and 1.5 m for sub-passages in warehouses.</p> <p>Separator fire throttle in air-conditioning connections.</p> <p>Requirement for wall or anti-fire door to separate commercial shops from warehouses.</p> <p>Gas fuelling pipes to be painted in yellow.</p> <p>Standard specifications for building materials, entrance and exit (including set-up for automatic closing device), fire-resistant doors, emergency lightings and escape routes.</p> <p>Copies of keys for lifts to be provided to the Civil Defence Department.</p> <p>Maintenance program for lifts, ventilation and air conditioning system.</p> <p>Requirements for fire detection, fighting and alarm system including associated maintenance services. An automatic fire extinguishing system is required for basements.</p> <p>Electrical safety requirements including setting up of automatic breakers.</p> <p>Fuel storage requirements such as ventilation, isolation from the rest of the building areas and periodic maintenance.</p>	General operation / all premises The kitchens, laboratories and stores are areas of specific fire risk.	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>QU HSEMS 8.0 Emergency Management</p> <p>QU HSEMS 8.2 Fire Safety and Response Plan</p> <p>QU HSEMS 8.3 – Earthquake Response Plan</p> <p>QU HSEMS 8.5 Power Outage Response Plan</p> <p>SOP02 – Electrical Safety</p> <p>SOP03 – Compressed Gas Cylinders</p> <p>TG01 – Chemical Safety</p> <p>TG05 – Office and Classroom Safety</p> <p>TG07 – Construction, Operations and Maintenance Safety</p> <p>TG09- Warehousing Safety</p>	Y	.	FACILITIES & GS DEPT. – Health, Safety, Security and Environment Technical Services Manager VPs, Deans, Directors, Managers & Head Sections/Units
Hygiene	Ministerial Resolution No. 9 of 1987 on Conditions and Specifications and Hygienic Equipment that should be Available in Private Clinics	Ministry of Public Health	<p>Private clinics operating in Qatar are subject to the provisions of this Ministerial Resolution, including the following requirements:</p> <p>Approval from Permanent Committee for Licensure must be obtained for the clinic's location and establishment.</p> <p>Conditions and specifications for a private medical clinic include:</p> <p>Requirements for separate waiting areas for men and women;</p> <p>Suitable toilet, drinking, lighting, ventilation and air conditioning facilities;</p> <p>A list of medical and technical equipment;</p> <p>Registers and medical files of patients which should be kept for a period of five years from date of registration;</p> <p>Prescription leaflets model / template of which requires approval from the Permanent Committee before they can be used; and</p> <p>A list of medicines that should be kept in a private clinic.</p> <p>Nurse working at private clinics shall hold a license from the Permanent Committee for Licensure.</p>	Clinics	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 16.0 Document Control and Record Retention</p>	Y		Head of Health Clinic

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Juvenile Employment	Resolution of the Ministers of Civil Service and Housing Affairs No. 15 of 2005, Works Forbidden for Juveniles	Ministry of Civil Service and Housing Affairs	This Resolution prohibits employment of juveniles for certain types of works including but not limited to activities where they will be exposed to radiation and cyanide substances, works related to chemical substances that may cause poisoning and carrying of weights more than 20 kg.	Radiation Laboratories	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance TG03 – Radiation Safety	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Human Resources Director
Medical Emergency and First Aid	Resolution of the Ministers of Civil Service and Housing Affairs No. 16 of 2005, The Medical Care of the Workers of the Institutions	Ministry of Civil Service and Housing Affairs	According to this Ministerial Resolution, employers shall ensure that the following are undertaken: First aid box to be provided for each batch consisting between 5 to 25 workers. It shall contain the minimum items prescribed under this Resolution. A company consisting of 5 to 25 workers shall train one of the workers in administering first aid. A full time nurse shall be appointed at institutions comprising more than 100 workers, in addition to the first aid kits. Where more than 500 workers are employed, a doctor and a nurse shall be appointed, and a clinic and first aid room allocated in addition to first aid kits.	Laboratories Workshops Sports facilities Kitchens and cafeterias All premises	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 6.0 Risk Management QU HSEMS 8.0 Emergency Management QU HSEMS 8.1 – First Aid and Medical Emergency First aid kits and trained first aiders are available at laboratories. First aid kits are available in all the buildings. QU has a main Medical Clinic and four satellite clinics with medical personnel available to attend in cases of medical emergencies.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Clinic In-charge VPs, Deans, Directors, Managers & Head Sections/Units
Regulatory Reporting of Incidents	Resolution of the Ministers of Civil Service and Housing Affairs No. 18 of 2005 Regarding Models of Work-Related Injury Statistics, Occupational Diseases & Their Reporting Procedures	Ministry of Civil Service and Housing Affairs	Employers are required to notify the Labour Department of the following incidents: Incidents of fire, collapse or explosion that lead to discontinue of work for one working day or more. Notification should be carried out with 24 hours of incident occurrence Any occupational disease that affects any employee when diagnosed by the competent medical authority. Notification shall be undertaken within three days of diagnosis and in accordance with Form 1 annexed to this Resolution Work related death and injury shall be reported to the police, the Labour Department and competent medical authority, using Form 2 annexed to this Resolution. Police report (e.g. when injury occurs on road) should be attached to the Form. Other relevant data shall be reported to the Labour Department. The employer is required to present to the Labour Department the statistics of injuries, serious accidents and occupational diseases using Forms 3, 4& 5 annexed to this Resolution. This should be carried out every 6 months, with forms submitted not later than the 15 th of the following month.	General operations / all premises Incident reporting and investigation procedure	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 3.0 Roles and Responsibilities QU HSEMS 5.0 Legal Compliance QU HSEMS 12.0 Hazard, Near Miss and Incident Reporting and Investigation QU HSEMS 16.0 Document Control and Record Retention	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Human Resources Director

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Occupational Disease Monitoring	Resolution of the Ministers of Civil Service and Housing Affairs No. 19 of 2005, The Periodic Medical Examination For Workers Exposed to the Occupational Diseases Risks	Ministry of Civil Service and Housing Affairs	<p>This Resolution outlines the types of occupational risks requiring periodic medical examinations. An example of occupational disease requiring medical examination once every six months are occupational deafness and disease that result from exposure to radiation.</p> <p>Under this Resolution, periodic examinations of workers exposed to certain occupational diseases (e.g. listed in the Table of Occupational Diseases attached to the Qatar Labour Law) shall be undertaken on a periodic basis.</p> <p>The employer shall notify the work administration of the name of the worker who sustained occupational disease.</p> <p>A worker afflicted with an occupational disease shall return to work only upon approval of the medical authority in charge of the examination.</p> <p>According to this Resolution, medical examination results shall be kept confidential.</p>	Laboratories Radiation laboratories Clinics Incident reporting	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>QU HSEMS 12.0 Hazard, Near Miss and Incident Reporting and Investigation</p> <p>QU HSEMS 15.0 HSE Performance Monitoring and Reporting</p> <p>QU HSEMS 16.0 Document Control and Record Retention</p> <p>TG01 – Chemical Safety</p> <p>TG02 – Biological Safety</p> <p>TG03 – Radiation Safety</p> <p>Personal monitoring of radiation exposure is being undertaken at laboratories.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Workplace Safety	Minister of Civil Service Affairs and Housing Decree No. 20 of 2005 on precautions and steps that should be taken in the workplace to protect workers and visitors from occupational hazards	Ministry of Civil Service and Housing Affairs	<p>This Regulations require provision of the following measures at workplace:</p> <p>Protective measures with respect to machinery</p> <p>Protective measures when working with and storing materials and working tools</p> <p>Prevention measures with respect to electricity</p> <p>Prevention measures with respect to fire</p> <p>Prevention measures with respect to natural hazards</p> <p>Prevention measures with respect to chemical hazards</p> <p>General services</p>	General operations / premises	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>TG01 – Chemical Safety</p> <p>TG02 – Biological Safety</p> <p>TG03 – Radiation Safety</p> <p>TG04 – Machine Safety</p> <p>TG05 – Office and Classroom Safety</p> <p>TG06 – Warehousing Safety</p> <p>TG07 – Construction, Operations and Maintenance Safety</p> <p>Occupational health and safety risk assessments (university wide; and department and /or work-specific) including identification of control measures that are in line with relevant regulatory requirements are performed.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Construction Safety	Qatar Construction Specifications 2014	Civil Defence Department, Ministry of the Interior	<p>The QCS 2014 is a comprehensive set of standards for construction works HSE management. Below is an outline of key HSE standards anticipated to be likely applicable to QU construction projects:</p> <p>Section 11 Part 1.02: Occupational Health and Hygiene (Regulatory Document)</p> <p>Section 11 Part 1.03: Working at Heights (Regulatory Document)</p> <p>Section 11 Part 1.04: Safe Use of Plant and Equipment (Regulatory Document)</p> <p>Section 11 Part 1.05: Other Hazardous Activities (Regulatory Document)</p> <p>Section 11 Part 1.06: Human Factors (Regulatory Document)</p> <p>Section 11 Part 1.07: Fire and Flammable Substances (Regulatory Document)</p> <p>Section 11 Part 1.08: Miscellaneous (Regulatory Document)</p> <p>Section 11 Part 2.1.01: Safety, Health and Environment Management System</p> <p>Section 11 Part 2.3.02: Control of Substances Hazardous to Health (COSHH)</p> <p>Section 11 Part 2.3.03: Safe Working in the Vicinity of Buried and Overhead Services</p> <p>Section 11 Part 2.3.04: Electricity at Work</p> <p>Section 11 Part 2.3.05: Powered Work Equipment Procedure</p> <p>Section 11 Part 2.3.08: The Report and Investigation of Accidents and Incidents</p> <p>Section 11 Part 2.3.09: Personal Protective Equipment (PPE)</p> <p>Section 11 Part 2.3.10: The Safe Use of Cranes and Other Lifting Appliances</p> <p>Section 11 Part 2.3.13: Fire Prevention and Control on Site</p> <p>Section 11 Part 2.3.15: Environmental Protection</p>	Management of contractors engaged for construction projects of QU.	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 7.0 – Contractor Management</p> <p>QU HSEMS 12.0 Hazard, Near Miss and Incident Reporting and Investigation</p> <p>SOP01 – Lock Out / Tag Out</p> <p>SOP02 – Electrical Safety</p> <p>SOP06 – Working at Height</p> <p>TG04 – Machine Safety</p> <p>TG07 – Construction, Operations and Maintenance Safety</p> <p>Existing contracts include general requirement for contractors to comply with relevant regulatory standards.</p>	Y	.	FACILITIES & GS DEPT. – Health, Safety, Security and Environment Procurement and Contracts Director Technical Services Manager
Traffic	Workzone Traffic Management Guide (2013)	Ashghal Public Works Authority	This Guide requires vehicle traffic management and pedestrian segregation.	Traffic on campus	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>TG06 – Parking, Driving and Pedestrian Safety</p> <p>Dedicated and clearly marked pedestrian crossings have been designated.</p> <p>Designated parking areas.</p> <p>Adequate speed humps are provided in strategic places.</p> <p>In campus speed limit – 40 km/hr.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Security Services Office

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Hazardous Materials Management	Resolution 130 of 1998 on Regulating the Circulation of Gas Cylinders	Ministry of Interior	Key articles of this Resolution: Prohibits the sale, delivery and marketing of gas cylinders causing noise in the residential quarters, populated markets, populated squares and the like. Forbids the parking, stopping of the transport means delivering, marketing and selling gas cylinders in front commercial shops, squares, residential quarters and the like unless in the authorized places where is the safety and security is fulfilled defined by the Ministry of Interior. Companies, enterprises, places, shops and persons operating in delivery, marketing and sale of gas cylinders shall respect safety and security requirements and conditions defined by the Ministry of Interior and concerned Authorities. Violations are punishable via the provisions of Law No. 3 of 1975.	Use of gas cylinders at the Laboratories	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance QU HSEMS 6.0 Risk Management SOP03 Compressed Gas Cylinders SOP04 Hazardous Waste Disposal	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment VPs, Deans, Directors, Managers & Head Sections/Units
Food Safety	Law No. 8 of 1990 on Regulating Food Control	Ministry of Public Health and Ministry of Municipal and Agricultural Affairs	Requirements for food import, trading and packaging (information to be provided in labels). Authorities are given rights to inspect food establishments and take samples as they may deemed required. Vendor is obliged to provide buyers with an undertaking letter declaring that the food sold to them complies with provisions of this Law.	Food supply for kitchens and cafeterias.	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance Existing contract / agreements incorporate a general requirement for vendors / suppliers to comply with relevant regulatory standards.	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Procurement and Contracts Director Food Services Department
Public Hygiene / Waste Management	Law No. 8 of 1974 on Public Hygiene	Ministry of Municipal Affairs	Provisions of this Law are aimed at ensuring that no waste of any kind is indiscriminately dumped or disposed of. This Law requires suitable waste storage and transport. This Law further provides provisions on penalty of not more than one month of imprisonment and fine of not more than 500 Riyals for any violation of.	General operations / all premises. Waste management	QU has developed the following: QU HSEMS 1.0 Manual QU HSEMS 2.0 HSE Policy QU HSEMS 5.0 Legal Compliance SOP04 – Hazardous Waste Management Regular collection of waste for offsite disposal via waste contractors. Domestic sewage is discharged into, and treated via QU sewage treatment plant.	Y	Establish a Waste Management Plan, ensuring suitable storage and regular collection for offsite disposal. <i>Refer to Risk Register for other recommended control measures.</i>	FACILITIES & GS DEPT. – Health, Safety, Security and Environment

QU HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Fire Safety	National Fire Protection Association Codes and Standards	Civil Defence Department, Ministry of the Interior	<p>NFPA has more than 300 codes and standards designed to minimize the risk and effects of fire. QU has adopted the following standards:</p> <p>NFPA 1: Chapter 26 and 60.4.10.3 and 60.4.10.2.3</p> <p>NFPA 10: Standard for Portable Fire Extinguishers</p> <p>NFPA 13: Standard for Installation of Sprinkler System</p> <p>NFPA 14: Standard for Standpipe and Hose Reel System</p> <p>NFPA 20: Standard for the Installation of Stationary Fire pumps for Fire Protection Systems</p> <p>NFPA 24: Standard for the Installation of Private Fire Service Mains and Their Appurtenances</p> <p>NFPA 25: Standard for Inspection, Testing, and Maintenance of Water Based Fire Protection Systems</p> <p>NFPA 45: Standard on Fire Protection for Laboratories Using Chemicals</p> <p>NFPA 58: Liquefied Petroleum Gas Code</p> <p>NFPA 72: Fire Alarm and Signalling Code</p> <p>NFPA 101: Life Safety Code</p> <p>NFPA 251: Standard Methods of Tests of Fire Resistance of Building Construction and Materials</p> <p>NFPA 70E: Standard for Electrical Safety in the Workplace</p> <p>NFPA 704: Standard System for the Identification of the Hazards of Materials for Emergency Response</p> <p>NFPA 704 Diamond</p> <p>NFPA 5000: Building Construction and Safety Code</p>	Laboratories CSUs Cafeterias Warehouses General facilities	<p>QU has developed the following:</p> <p>QU HSEMS 1.0 Manual</p> <p>QU HSEMS 2.0 HSE Policy</p> <p>QU HSEMS 3.0 Roles and Responsibilities</p> <p>QU HSEMS 5.0 Legal Compliance</p> <p>QU HSEMS 6.0 Risk Management</p> <p>QU HSEMS 8.0 Emergency Management</p> <p>QU HSEMS 8.2 Fire Safety and Response Plan</p> <p>QU HSEMS 8.5 Power Outage Response Plan</p> <p>QU HSEMS 14.0 Inspection and Audit</p> <p>SOP01 - Lock Out / Tag Out</p> <p>SOP02 – Electrical Safety</p> <p>SOP03 – Compressed Gas Cylinders</p> <p>TG01 – Chemical Safety</p> <p>Gap analysis report prepared based on NFPA and legal requirements. Work ongoing to close out the gaps.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment Technical Services Manager Procurement and Contracts Director VPs, Deans, Directors, Managers & Head Sections/Units

Category	Legal Law Or Regulation	Regulatory Authority	Requirements Relevant to Qatar University (QU)	Activities (aspects) / locations affected	Controls in Place at QU	Compliance Status? (Y / N / P)	Compliance Action Required	Responsibility
Public Hygiene	Law No. 3 of 2006 on Pesticides	Ministry of Municipal and Agricultural Affairs	<p>This regulation provides provisions for the registration, trade and use of pesticides, identifies the types permitted to be registered, traded and used, and types restricted except under the supervision of the competent authorities.</p> <p>Chemical pesticides shall meet following specifications:</p> <p>Diluted, wet, spreading or emulsified materials shall have no detrimental effects on plants; material shall be of a fixed combination, not transferable to other materials, and shall not decompose rapidly.</p> <p>Pesticide containers shall meet the following specifications:</p> <p>Compatible with the pesticides' chemical composition, not subject to corrosion or leakage, and properly sealed.</p> <p>Labelled in Arabic and English with details of: trade name and mark, if any; chemical name and active material; active material concentration and other complementary materials (weight and size); purpose of the pesticide, manner and percentages of use; safety period (expiration period); procedures and directions for administering first aid and anti-poison measures; toxicity and appropriate warning signs in accordance with classification of international health authority and instructions of Food and Agriculture Organization of the United Nations; date of production, expiration and batch number; producer company, country and registration number of the pesticide; storage conditions, influence of temperature during storage, appropriate storage temperature; ability to be mixed with other pesticides; net weight and size of container.</p> <p>Pesticide storage facilities shall:</p> <p>Be located far from residential areas, trading districts and other areas; be well ventilated and equipped with exhaust fans, and meet required health, security and safety conditions; be annexed to small pharmacy including first aid and anti-poison kits; have direct access to water rHSEurce and firefighting equipment; have a technical official adequately experienced with different kinds of pesticides and their circulation; be located away from other agricultural materials; have numbered record, sealed with seal of Ministry's register, indicating source, type and amount of stored pesticides.</p>	General operations / all premises. Management of contractors engaged for pest control of QU.	<p>QU has developed the following policies and procedures which outline requirements for hazardous materials management:</p> <p>TG01 – Chemical Safety</p> <p>Existing contract / agreements incorporate a general requirement for contractor to comply with relevant regulatory standards.</p> <p>Pest control contractor is licensed by competent authorities.</p> <p>Only approved pesticides are used at QU.</p> <p>No pesticides are stored in QU facilities.</p> <p>No pesticides are disposed in QU facilities.</p> <p>Pest control activities are scheduled to prevent causing any detrimental effects to QU occupants.</p>	Y		FACILITIES & GS DEPT. – Health, Safety, Security and Environment General Services – Pest Control



Part-6

Risk Management

Produced by

HSSE – Facilities & GS Department

PL-ES-006: Risk Management

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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Policy Description

The purpose of this procedure is to ensure that all the hazards and risks applicable to Qatar University (QU) are managed appropriately in order to ensure the effective implementation of the QU Health, Safety and Environment Management System (HSEMS).

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/Managers/ Departmental Heads
- ☒ Faculty Members
- ☒ HSE Committees and Sub committees
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – Risk Assessment Template

Appendix B – OHS Risk Registers

Appendix C – Environmental Impacts Registers

1.1 Purpose

1.1.1 The purpose of this procedure is to:

- Ensure that all the hazards and risks applicable to Qatar University (**QU**) are managed appropriately in order to ensure the effective implementation of the QU Health, Safety and Environment Management System (**HSEMS**).
- Outline the methodology by which QU will identify, assess, control, and monitor the Health, Safety and Environment (**HSE**) risks throughout the organisation and its associated activities.
- Embed a risk management practice in all phases of QU practices and activities.

1.2 Scope

1.2.1 The requirements in this procedure are applicable to all QU facilities and operations, and activities (routine, non-routine and emergency activities) conducted by QU employees, students, contractors and visitors.

1.3 Responsibilities

1.3.1 Top Management

1.3.1.1 QU Top Management (refer to *QU HSEMS Section 3.0 - Roles and Responsibilities Procedure*) shall be responsible for allocating appropriate resources to enable identification and control of QU HSE risks in line with this procedure.

1.3.2 Vice President (VPs), Deans, Directors, Managers, Head Sections/Units and Project Managers

1.3.2.1 VPs, Deans, Directors, Managers, Head Sections/Units and Project Managers shall be responsible for the implementation and monitoring of HSE Risk Management requirements and ensuring the implementation of this procedure within their jurisdiction.

1.3.2.2 This includes:

- Ensuring that risk registers are completed, in consultation with the HSSE and relevant personnel, prior to approving of new projects, services, and/or initiatives for QU;
- The implementation of the control measures identified in the risk assessments in their area of control; and
- Ensuring that the risk registers are updated and kept maintained.

1.3.3 Health, Safety, Security and Environment Office (HSSE)

1.3.3.1 The HSSE is responsible for the development, implementation, monitoring and review of the QU HSEMS Risk Management Procedure in coordination and consultation with all relevant employees and stakeholders at QU.

1.3.3.2 This shall include the following activities:

- Ensuring that a risk based approach is adopted for the management of HSE in all QU activities, projects and initiatives;
- Identifying hazards present within QU facilities and operational activities, and assessing the risk of each identified hazard in line with the requirements of this Risk Management Procedure;
- Developing action plans in accordance with the hierarchy of control (refer to Table 6) for HSE risks and impacts;
- Ensuring that a record of the risk assessments and control process is maintained;
- Ensuring that the control measures implemented are reviewed and monitored;
- Ensuring the development and implementation of risk control measures is conducted in consultation with QU employees and/or relevant stakeholders; and
- Ensuring the day-to-day implementation and monitoring of the Risk Management Program for QU including documentation and recording of data.

1.3.4 HSE Committee

1.3.4.1 The QU HSE Committee is responsible for providing support to the HSSE to ensure the implementation of the QU HSEMS requirements. This includes:

- Providing advice with respect to legislative requirements; and
- Providing assistance in conducting HSE risk assessments and development of control measures when requested.

1.3.5 Procurement Department

1.3.5.1 The Procurement Department shall ensure that risk assessments for all contracts undertaken by QU are completed prior to commencement of these contracts.

1.3.6 Employees and Contractors

1.3.6.1 All QU employees and contractors shall ensure that their activities support and contribute towards the achievement of the QU HSEMS requirements.

1.3.6.2 This includes:

- Not placing themselves or others at risk of injury;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimize risk or prior to undertaking an identified high risk activity; and

- Using designated control measures as required (e.g. PPE, IT tools, SOPs, etc.), and any other measures required to protect health and safety.

1.3.6.3 Contractors shall also ensure their activities are in line with the requirements of the *QU HSEMS Section 7.0 – Contractor Management Procedure*.

1.4 Procedure

1.4.1 Overview

1.4.1.1 Risk Management is a key element in the QU HSE Policy, as it provides the necessary information for QU to ensure the sufficient management of environmental aspects and ensure the health and safety of students, employees, contractors and the community at large by addressing identified health and safety hazards.

1.4.1.2 While QU acknowledges that it is not possible to have a completely risk-free work environment, it is committed to embedding the risk management process in the QU culture and by applying it to all QU operations (including all phases of a project /development, from design to decommissioning) to manage those HSE risks that are identified.

1.4.1.3 QU shall ensure integration of the risk management process into the QU culture in the following manner:

- For potential HSE risks resulting from contractor activities, QU has included the requirement for risk assessments to be undertaken from the time of the contractor pre-qualification stage through to project close-out. Integration of risk management and other HSE requirements for contractor management shall commence during implementation phase of the QU HSEMS (refer to *QU HSEMS Section 7.0 – Contractor Management Procedure*).
- QU has included in their SOPs (refer to *QU HSEMS Section 9.0 – Standard Operating Procedures*), the requirement to undertake risk assessments prior to commencing those activities (which have been identified as high risk).
- QU shall review the existing HSE risk registers (refer to 3.5) on a bi-annual basis the first year of implementing their HSEMS with the intention to ensure that risk management is being integrated into the QU culture. Thereafter, the risk register shall be reviewed as outlined in 3.4.5 of this procedure.
- Identification of HSE risks and determination of controls shall be taken into account when developing, implementing and maintaining the QU HSEMS and other procedures related to the QU processes and activities. This shall be undertaken through *QU HSEMS Section 10.0 –Management of Change Procedure*.

1.4.2 Competency and Consultation

1.4.2.1 Those carrying out risk assessments should be competent to do so. Competence is defined as sufficient training and experience; or knowledge and other qualities, to

enable a person to properly undertake the measures needed to comply with QU risk management requirements.

1.4.2.2 Prior to undertaking any risk assessment, depending on the complexity of the process or task, the staff who are involved in the execution of the process or task should be consulted to gain an understanding of the hazards involved and more importantly, how the task is undertaken.

1.4.2.3 A consultative group could include, but is not limited to:

- A representative from the HSSE;
- A representative from the HSE Committee; and
- Relevant employees, contractors, and stakeholders.

1.4.2.4 Relevant reference material, e.g. Material Safety Data Sheets (**MSDSs**) for chemicals, Method Statements submitted by the contractor, etc.

1.4.3 Risk Assessment Methodology

1.4.3.1 A Risk Assessment is the process of determining the 'risk' or 'impact' level associated with a 'hazard' or 'environmental aspect' (*refer to Table 1 for definitions and examples of hazards, risks, environmental aspects and impacts*).

Table 1 Definitions and Examples

Hazard	Risk
Is a source, situation, or act with a potential for harm in terms of human injury or ill health, or a combination of these (e.g. chemicals, electricity, working from ladders, noise etc.).	Is a combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can be caused by the event or exposure (e.g. contact with live electrical equipment causing electric shock or electrocution or waste oil causing land contamination).
Environmental Aspect	Environmental Impact
Is an element of an organisation's activities or products or services that can interact with the environment (e.g. emission to air, waste water discharge to water stream or land, waste discharge to land, noise generation, etc.).	Is any change to the environment, whether adverse or beneficial, wholly or partially resulting from an organisation's environmental aspects (e.g. air pollution, water pollution, land pollution, noise pollution, etc.).

1.4.3.2 The purpose of the risk assessment is to identify environmental aspects and impacts, and health and safety hazards within QU operational activities, events, and facilities.

1.4.3.3 Risk assessments will be conducted before the start of all operational and specific work activities undertaken within/by each department. This includes systems of work and equipment.

- 1.4.3.4** Risk assessment shall be undertaken prior to the beginning of a project on all the activities being carried out; and reviewed if any elements within the activity changes, or if an incident/accident occurs or due to a change in legislation.
- 1.4.3.5** The Risk Assessment process described in Section 3.4 shall be utilized for undertaking Risk Assessments (*refer to Appendix A for the Risk Assessment Template*).
- 1.4.3.6** QU may need to undertake additional assessments, including: fire assessments, workstation assessments, manual handling activities assessments, hazardous materials assessments, and noise assessments.
- 1.4.3.7** Each stage of the risk management process shall be appropriately recorded and documented in writing. Assumptions, methods, data sources, analysis, results and reasons for decisions shall be recorded.
- 1.4.3.8** Risk assessments shall take into account:
- Routine and non-routine activities;
 - Activities of all persons having access to the QU workplace (including contractors and visitors);
 - Human behaviour, capabilities and other human factors;
 - Identified hazards originating outside the QU workplace capable of adversely affecting the health and safety of persons under the control of QU and within the workplace;
 - Hazards created in the vicinity of the QU workplace by work-related activities under the control of QU;
 - Infrastructure, equipment and materials at the QU workplace, whether provided by the QU or others (such as contractors);
 - Changes or proposed changes at QU organization, its activities, or materials;
 - Modifications to the QU HSEMS, including temporary changes, and their impacts on operations, processes, and activities;
 - Any applicable legal obligations relating to risk assessment and implementation of necessary controls; and
 - The design of work areas, processes, installations, machinery / equipment, operating procedures and work organization, including QU's adaptation to human capabilities.
- 1.4.3.9** Any newly identified risks from the risk assessments shall be recorded into the facilities risk registers (*refer to 3.5 of this procedure*).

1.4.4 Risk Assessment Process

1.4.4.1 Step One: Identifying the Hazards and Risks

1.4.4.1.1 Identifying the hazards applicable to the activity or facility within QU is a critical element in the risk assessment process.

1.4.4.1.2 The hazards applicable to QU activities and facilities can be identified by considering the following sources:

- Conducting workplace inspections to identify what could be reasonably expected to cause health and safety hazards or harm (including human behaviour);
- Identifying hazards outside the workplace that may adversely affect the environment or pose a risk to the health and safety of employees;
- Identifying hazards that may pose a potential risk to persons not in QU's employment;
- Consultation with relevant employees, HSE representatives, and relevant stakeholders to identify hazards;
- Reviewing manufacturer instructions or MSDSs for chemicals and equipment used as they can be very helpful in classifying the hazards ;
- Reviewing the design / work areas, processes, equipment, work organisation and operating procedures at QU;
- Reviewing previous Near Miss & Incident Reports and Investigation findings;
- Reviewing Health Surveillance data; and
- Observation of routine and non-routine activities undertaken by all persons on behalf of QU (in and out of office) and conducting task analysis.

Refer to Table 2 to assist during hazard identification process. It is worth noting that Table 2 is not an exhaustive list, but provides some prompts for considering potential hazards.

1.4.4.1.1 Identify the potential consequences if the hazard is not controlled.

1.4.4.1.2 Identifying who or what might be harmed will help in identifying the potential consequences, such as:

- Employees;
- Students;
- Visitors;
- Contractors;
- Members of the public;
- Environment; and
- Equipment/property.

- 1.4.4.1.1 Also consider how hazards can be imposed on people with special circumstances such as expectant mothers, persons with disabilities, young or inexperienced workers, and lone workers.

Table 2 Example Prompt for Hazard Identification

Factors in the work environment that influence risk	Work organization factors that may influence risk by interacting with other risk factors	Useful sources of information
<ul style="list-style-type: none"> • Temperature • Lighting • Noise • Dust • Vibration • Radiation (incl. UV) • Electricity • Water • Fire • Ventilation • Floors • Manual handling • Waste • Equipment • Chemicals • Location of work • Topography • Cultural and natural heritage 	<ul style="list-style-type: none"> • Workplace condition and layout • Contaminated atmosphere • Moving or falling objects • Working at heights • Work station design • Overhead or underground utilities • Vehicle / traffic movement • Presence of asbestos in the place of work • Staffing levels • Availability of appropriate equipment • Work schedules • Shift work • Work space • Task variety • Rest breaks and recovery time • Work practices and systems of work • Interaction with clients • Appropriate instruction, training and information • Availability of appropriate protective equipment (personal or environmental) 	<ul style="list-style-type: none"> • QU Facilities' OHS Risk Registers • QU Facilities' Environmental Impacts Registers • Project HSE Plans • Training Matrix • Inspection Reports • MSDSs • Results of atmospheric or health monitoring contaminants • First aid records • Incident/ hazard reports • HSE committee meetings

1.4.4.2 **Step Two:** Evaluating the Initial Risk Rating

1.4.4.2.1 Risk analysis involves consideration of the source of risk, its consequences and the likelihood that those consequences may occur. The level of risk is calculated by:

Risk = Consequence x Likelihood of Occurrence (refer to Table 3 for the risk matrix)

1.4.4.2.2 All risks shall be evaluated and ranked based on a combination of the potential likelihood of occurrence (refer to Table 4 for likelihood descriptors) and the potential consequence (refer to Table 5 for consequence descriptors) as specified in the risk matrix in Table 1.

1.4.4.2.3 Take into account existing preventative or precautionary control measures and check that the control measures meet legal requirements, industry standards, and represent good practice. Typical measures include:

- Legal Compliance (e.g. Laws, Regulations);
- Planning (e.g. Pre-contract, maintenance, Standard Operating Procedures, Method Statements, interaction between contractors);
- Physical (e.g. Access, Personal Protective Equipment requirements, equipment requirements, signs);
- Managerial/Supervisory (e.g. Checks and actions required by supervision, inspections); and
- Training (e.g. Specific employee/operator training or certification required).

Table 3 Risk Matrix

Risk Matrix		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood		A	B	C	D	E
Almost Certain	5	Low	Moderate	Significant	Extreme	Extreme
Likely	4	Low	Low	Moderate	Significant	Extreme
Possible	3	Negligible	Low	Moderate	Significant	Extreme
Unlikely	2	Negligible	Negligible	Low	Moderate	Significant
Very Unlikely	1	Negligible	Negligible	Low	Moderate	Moderate

Table 4 Likelihood Descriptors

Likelihood Descriptor	Source of Risk Frequency			Exposure
	University (Specific)	Qatar (local)	Industry (worldwide)	
5 Almost Certain	Typically occurs more than once per task	Typically occurs more than once per year	Typically occurs more than 10 times per year	Frequent (daily) exposure at > 10 x Occupational Exposure Limit (OEL)
4 Likely	Typically occurs once per task	Typically occurs once per year	Typically occurs 1-10 times per year	Frequent (daily) exposure at > OEL
3 Possible	Typically occurs once per 1-10 tasks	typically occurs once every 1-10 years	Typically occurs once every year	Frequent (daily) exposure at > 50% of OEL Infrequent exposure at > OEL
2 Unlikely	Typically occurs once every 10-100 tasks	Typically occurs once every 10-100 years	Typically occurs once every 1-10 years	Frequent (daily) exposure at > 10% of OEL Infrequent exposure at > 50% of OEL
1 Very Unlikely	Might occur every 100 or more tasks	Might occur every 100 or more years	Might occur every 10 or more years	Frequent (daily) exposure at < 10% of OEL Infrequent exposure at > 10% of OEL

Table 5 Consequence Descriptors

	Consequence				
	A Insignificant	B Minor	C Moderate	D Major	E Catastrophic
Health & Safety	First aid and no medical treatment. Reversible health effects of little concern, requiring first aid treatment at most. Minor irritations of eyes, throat, nose and or skin, or minor un-accustomed muscular discomfort.	A medical treatment or minor lost time injury. E.g. Sprains and strains and minor fracture (including fingers, thumbs and toes). Reversible health effects of concern that would typically result in medical treatment. Can include temperature effects; travel effects; stress; and sunburn.	A significant lost time injury or partial disability. E.g. Significant fracture (other than digits), amputations, dislocations; loss of sight, electric shock or injuries requiring admittance to hospital. Severe, reversible health effects of concern that would typically result in a lost time incident.	Single fatality or permanent disability. Irreversible health effects or disabling illness.	Multiple fatalities or permanent disabilities.
Environment	On-site/Off-site environmental negligible impact and of low significance.	On-site/Off-site environmental localized impact, immediately contained.	On-site/Off-site environmental short term impact, immediately recoverable	On-site/Off-site environmental medium term impact or repeated non-compliance with potential for prosecution. May require notification of Ministry of Environment.	On-site/off-site environmental long term harm that is not recoverable. Significant fines and prosecution at company and individual level. Requires notification to Ministry of Environment.

1.4.4.3 Step Three: Identifying and Implementing Risk Control Measures

- 1.4.4.3.1** Having established a level of risk for a hazard, it is then necessary to determine and implement an appropriate control measure (or combination of controls if no single measure is sufficient) in order to manage the hazard to an acceptable and As Low As Reasonably Practicable (**ALARP**) risk level. For hazard(s) with low risk, actions may not be required, as long as the existing control measures are being implemented maintained and remain relevant.
- 1.4.4.3.2** Risk control must be achieved by using a predetermined hierarchy of controls (refer to Table 6 for hierarchy of controls). The hierarchy of controls provides a guide from most preferred (eliminating a hazard) to least preferred control measures (use of protective equipment). It is a world-wide accepted model for managing of risks.
- 1.4.4.3.3** When the mitigation measures are identified, a second assessment (refer to 3.4.4) will be done to evaluate the HSE risk level of the hazard (i.e. *residual risk*) after considering one or more of the proposed control measures.
- 1.4.4.3.4** Furthermore, if mitigation measures are to be implemented, an action plan shall be formulated addressing:
- Roles and responsibilities;
 - Training required for the relevant parties;
 - Time frame for completing the actions; and
 - Required changes for the HSEMS and its associated documents and procedures.

Table 6 Hierarchy of Controls

HIERARCHY OF CONTROLS			
AIM & DEFINITION		EXAMPLE OF CONTROL	
Eliminate the Hazard	ELIMINATE - Get rid of the hazard out of the workplace	Redesign the work process to remove the hazard	
		Redesign of the work process to eliminate exposure	
Change the Way Work is Done	SUBSTITUTE - Try to replace or change plant, substances or materials to lower the risk from hazard	Consider using air-powered instead of electric powered tools	
		Consider using less hazardous cleaning products	
	Try to ISOLATE the hazard	Insulation (e.g. sound proofing, heat insulation)	
		Place noisy, particle-emitting equipment in locations away from people	
	ENGINEERING CONTROL - Design and install equipment to counteract the hazard	Use lifting aids to move heavy items	
		Use exhaust systems to move hazardous particles / fume away from the work area.	
	ADMINISTRATIVE CONTROL - Arrange work so people spend less time around the hazard and monitor their understanding of the hazard and the controls	HSE related training / certification / signs & warnings	
		Risk Assessments	
		Contractor HSE Plans	
		Standard Operating Procedures	
Protective Equipment	PROTECTIVE EQUIPMENT	Protective Equipment should be appropriate for the person / place	Examples of Protective Equipment: • PPE (i.e. clothes, gloves, helmets, hats, goggles, safety footwear, high visibility vests, ear plugs and ear muffs) • Respirator • Bunding • Silt traps / fencing • Disinfectant (for mobile equipment) • Spill kits
		As a short term measure arrange for people to wear Personal Protective Equipment (PPE) and clothing while near the hazard	Limitations of the equipment should be explained to staff members
		Use physical barriers to prevent environmental damage	Staff member should be given instruction and training on the proper use of Protective Equipment.

1.4.4.4 Step Four: Determining the Residual Risk Rating

- 1.4.4.4.1** Following identification and implementation of control measures, each risk will need to be reassessed, taking into consideration the potential risk reduction created via the implementation of control measures, and to weigh up whether enough precautions have been taken or whether further controls are necessary to prevent harm.
- 1.4.4.4.2** The residual risk rating can be determined using the same criteria detailed in Step 2 (3.4.2).
- 1.4.4.4.3** In accordance with the ALARP Reporting Framework (refer to Table 7), the ALARP Actions are to be implemented based on the corresponding residual risk rating. For example, where an EXTREME level of risk has been identified, stop task or activity and notify the HSSE immediately (who will in turn notify QU Senior Management).
- 1.4.4.4.4** The ALARP Reporting Framework has been developed to engage QU management in the HSE risk management process. It is the responsibility of the person undertaking the risk management exercise to commence the upward reporting framework by informing their immediate supervisor of the relevant risk information for consideration including the suggested control measures to be implemented to reduce the risk.
- 1.4.4.4.5** Any further actions needed to mitigate the risks shall be documented.

Table 7 ALARP Reporting Framework

ALARP Actions				
Residual Risk Category	Negligible or Low Residual Risk	Moderate Residual Risk	Significant Residual Risk	Extreme Residual Risk
Actions	Continue task or activity within existing systems, processes and controls.	Continue task or activity considering all practicable controls to reduce risk. Active monitoring of the risk is required	Adopt and implement all practicable risk reduction measures and do not proceed without permission and supervision of HSSE. Active management of the risk is required	Reassess the need for the task or activity, and do not proceed with the task without reducing the risk and only with the permission and supervision of senior management and the HSSE. Do not proceed with the task without reducing risk and senior management permission

1.4.4.5 Step Five: Monitoring and Review

- 1.4.4.5.1** Risk management shall be an ongoing and constantly improving process within QU. To ensure the effectiveness in eliminating or minimising risk, the process must be continuously reviewed and steps taken to implement revised control measures, where appropriate. It ensures that new hazards are identified and controlled.
- 1.4.4.5.2** The HSSE shall ensure that there are procedures in place to review relevant HSEMS documentation in light of any technical, operational, or organisational changes (Refer to *QU HSEMS Section 10.0 – Management of Change Procedure*). This shall include, but not be limited to, updating procedures, risk registers and reviewing training needs.
- 1.4.4.5.3** The risk management process and risk assessments shall be reviewed and documented as follows:
- When planning or making change to a work procedure and/or practices;
 - When introducing new equipment, materials, substances, machinery into the workplace;
 - After an HSE incident or near miss;
 - After an organisational change;
 - At regular or scheduled intervals appropriate to the nature of the workplace and the hazards present;
 - After legislative changes (including regulations and QU policies and standards);
 - Before high risk work activities begin, including any work that might require a permit to work, e.g. maintenance activities requiring high risk activities, such as hot work, electrical lock outs, confined space etc. In these cases an assessment needs to be done and a work permit issued for the specific work; and
 - At least annually.

1.4.5 HSE Risk Registers

- 1.4.5.1** All HSE hazards identified in consultation, via observation, or analysis shall be recorded in the HSE risk registers, which constitutes of an Occupational Health & Safety (**OHS**) Register and an Environmental Impacts Register.
- 1.4.5.2** The OHS Risk Register shall establish a record of health and safety hazards and risks associated with QU operations and activities. The OHS Risk Register (*refer to Appendix B*) shall include:
- Activities/Tasks;
 - Hazards and potential risks;
 - Legal and other requirements;
 - Existing controls;
 - Initial risk score, assessed before proposed control measures;
 - Proposed controls;

- Residual risk score, risk remaining after implementation of proposed control measures; and
- Actions.

1.4.5.3 The Environmental Impacts Register shall establish a record of environmental aspects associated with QU's operations and activities. The impacts on the environment, both positive and negative, shall be identified and evaluated for significance. The Environmental Impacts Register (*refer to Appendix C*) shall include:

- Activities/Tasks;
- Aspects and potential impacts;
- Legal and other requirements;
- Existing controls;
- Initial risk score, assessed before proposed control measures;
- Proposed controls;
- Residual risk score, risk remaining after implementation of proposed control measures; and
- Actions.

1.4.5.4 The HSSE shall maintain the HSE risk registers to ensure that all changes to the identified hazards/aspects and level of risk controls established through subsequent risk assessments are included and the registers are current.

1.4.6 Management of Operational Risk

1.4.6.1 Once the high risk operations are identified via the Risk Assessment process (initial risk rating), the HSSE will create specific Standard Operating Procedures (**SOPs**) or Technical Guidelines (**TGs**) in consultation with the appropriate personnel to consider specific control measures and safe working practices.

1.4.6.2 The SOPs/TGs (*refer to QU HSEMS Section 9.0 – Standard Operating Procedures*) shall detail the required HSE considerations, identification of hazards and assessment of risks, the supply of work instructions and method statements as required, use and maintenance of suitable equipment.

1.4.7 Training

1.4.7.1 Training as a Control Measure

1.4.7.1.1 The HSSE shall make sure that training needs of QU employees, students, visitors and contractors identified during the risk assessment process shall be implemented as per *QU HSEMS Section 11.0 – Training and Competency Procedure*.

1.4.7.2 Risk Assessment Training

1.4.7.2.1 Training on how to undertake risk assessments shall be provided by QU where the need arises. The training is to include a combination of verbal description and practical demonstration to instruct members of staff on how to undertake risk assessments and shall include, at minimum:

- How to identify hazards associated with the task/work place;
- How to assess the risk of the hazards identified; and
- How to identify and implement controls to manage the risk associated with the task.

1.4.8 HSE Performance Measures

1.4.8.1 In reference to *QU HSEMS Section 15.0 – HSE Performance Monitoring Procedure*, the hazards and risks identified shall be measured against a monitoring plan and Key Performance Indicators (**KPIs**) identified. Accordingly, HSSE shall ensure that:

- All hazards identified in the work area are accurately recorded in the HSE risk registers;
- Risk assessments have been properly completed for all identified hazards;
- All control measures have been implemented for identified hazards and any failure of control measures recorded and reported to the direct line manager; and
- All equipment registers (where applicable) have been properly completed and all registrations are current.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to *QU HSEMS Section 16.0 – Document Control and Record Retention Procedure*.

1.6 Appendices

Appendix A: Risk Assessment Template

Appendix B: OHS Risk Registers

Appendix C: Environmental Impacts Registers

Date:		Ref: PL-ES-006-EI-
Zone/Building Code:		Building Name:
Location Description/Room No:		
COMPLETED BY:	Title:	ID:
REVIEWED BY:	Title:	ID:

Tasks/Activities (Breakdown the activity into its tasks (e.g. mobilization, transportation, loading, unloading etc.)	
Associated Aspects (What could cause harm to people, environment, assets and/or reputation?)	
Potential Impacts (Examples of what might go wrong if aspect is not controlled?)	
Reference (e.g. Legal / HSEMS / SOPs)	

Initial Impact Rating	Consequences:	A	B	C	D	E
	Likelihood:	1	2	3	4	5
	Risk Rating:	Negligible	Low	Moderate	Significant	Extreme

Existing Control Measures (consider highrarchy of control, Elimination, Substitution, Isolation, Engineering control, Administrative control, PPE)	
Recommended Control Measures (consider highrarchy of control, Elimination, Substitution, Isolation, Engineering control, Administrative control, PPE)	

Residual Impact Rating	Consequences	A	B	C	D	E
	Likelihood	1	2	3	4	5
	Risk Rating	Negligible	Low	Moderate	Significant	Extreme

Evaluation of Legal Compliance

Responsible (For Implementing measures) :	Due Date:
---	-----------

QU (HSE) Risk Assessment Form

Ref: PL-ES-006

Date:

Ref: PL-ES-006-RA-

Zone/Building Code:

Building Name:

Location Description/Room No:

COMPLETED BY:

Title:

ID:

REVIEWED BY:

Title:

ID:

Tasks

(Breakdown the activity into its tasks
(e.g. mobilization, transportation,
loading, unloading etc.)

Hazards

(what could cause injury or ill health,
damage to property or environment)

Potential Outcomes

what could go wrong e.g. fall in water,
what might happen as a result e.g.
person drawn

Reference

(e.g. Legal / HSEMS / SOPs)

**Initial Risk
Rating****Consequences:****A****B****C****D****E****Likelihood:****1****2****3****4****5****Risk Rating:****Negligible****Low****Moderate****Significant****Extreme****Existing Control Measures**

(consider highrarchy of control,
Elimination, Substitution, Isolation,
Engineering control, Administrative
control, PPE)

**Recommended Control
Measures**

(consider highrarchy of control,
Elimination, Substitution, Isolation,
Engineering control, Administrative
control, PPE)

**Residual
Risk
Rating****Consequences****A****B****C****D****E****Likelihood****1****2****3****4****5****Risk Rating****Negligible****Low****Moderate****Significant****Extreme****Responsible Persons/Dept.:**

(For Implementing measures)

Due Date:



Part-7

Contractor Management

Produced by

HSSE – Facilities & GS Department

PL-ES-007: Contractor Management

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this procedure is to outline a systematic approach in the tendering, selection, management, commissioning, and demobilization of contractors in order to minimise the Environment, Health and Safety (**HSE**) risks to Qatar University (**QU**) employees, students, contractors, visitors and the community; in addition to minimising the impacts on environment from the work activities of contractors engaged to carry out work on behalf of QU.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Finance/Procurement/Facilities/General Services Personnel
- ☐ Students
- ☐ All Employees

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Appendices

Appendix A – Contractor HSE Evaluation/Selection Review Form

Appendix B – Contractor Workplace Inspection Checklist

Appendix C – Food Services Inspection Checklist

Appendix D – Hazardous Substances Register

Appendix E – Contractor HSE Performance Assessment Review Form

Appendix F - Contractor HSE Plan Review Checklist

1.1 Purpose

1.1.1 The purpose of this procedure is to:

- Outline a systematic approach in the tendering, selection, management, commissioning, and demobilization of contractors in order to minimise the HSE risks to QU employees, students, contractors, visitors and the community; in addition to minimising the impacts on the environment from the work activities of contractors engaged to carry out work on behalf of QU.
- Ensure compliance with the requirements of ISO 14001, OHSAS 18001 and legal requirements of Qatar.

1.2 Scope

1.2.1 The requirements of this document are applicable to all contractors, sub-contractors, suppliers and service providers engaged by QU. For ease of use, the term **contractor** will be used throughout the document, which will refer to contractors, sub-contractors, suppliers and service providers.

1.3 Responsibilities

1.3.1 Top Management

1.3.1.1 QU Top Management (*refer to QU HSEMS Section 3.0 - Roles and Responsibilities Procedure*) shall allocate sufficient resources for the effective implementation of this Contractor Management Procedure and ensure that QU employees, students, contractors and visitors are aware of their responsibilities through appropriate regulation, delegation and communication.

1.3.2 Vice President (VPs), , Deans, Directors, Managers, Head Sections/Units and Project Managers

1.3.2.1 VPs, s, Deans, Directors, Managers, Head Sections/Units and Project Managers shall ensure that all contracts commissioned by QU are in accordance with the relevant laws and regulations and in compliance to this procedure.

1.3.3 Procurement Department

1.3.3.1 The Procurement Department shall ensure:

- The appointment of contractors in line with the requirements of this procedure;
- The clear communication of HSE requirements to contractors during all stages of the project (i.e. project tender to project close out);

- Facilitation of contractor monitoring to ensure appropriate implementation of HSE requirements and associated contractor HSE performance.
- Full compliance to Qatar's legal requirements, including relevant construction standards where applicable.

1.3.4 Health, Safety & Environment Office (HSEO)

1.3.4.1 The HSEO shall be responsible for:

- Providing advice on management of contractors with respect to HSE legislative requirements;
- Assisting respective Project Managers with the completion of a Risk Assessment prior to submittal of Requisition Form to the Procurement Department;
- Providing assistance in evaluating the prospective contractor's HSEMS (where operating) upon selection;
- Taking a lead in the review of the contractor's risk assessment and project HSE plan; and
- Providing assistance, where requested, with the review of contractor HSE performance.

1.3.5 HSE Committee

1.3.5.1 The HSE Committee shall provide support on issues related to the implementation of Contractor Management requirements when requested.

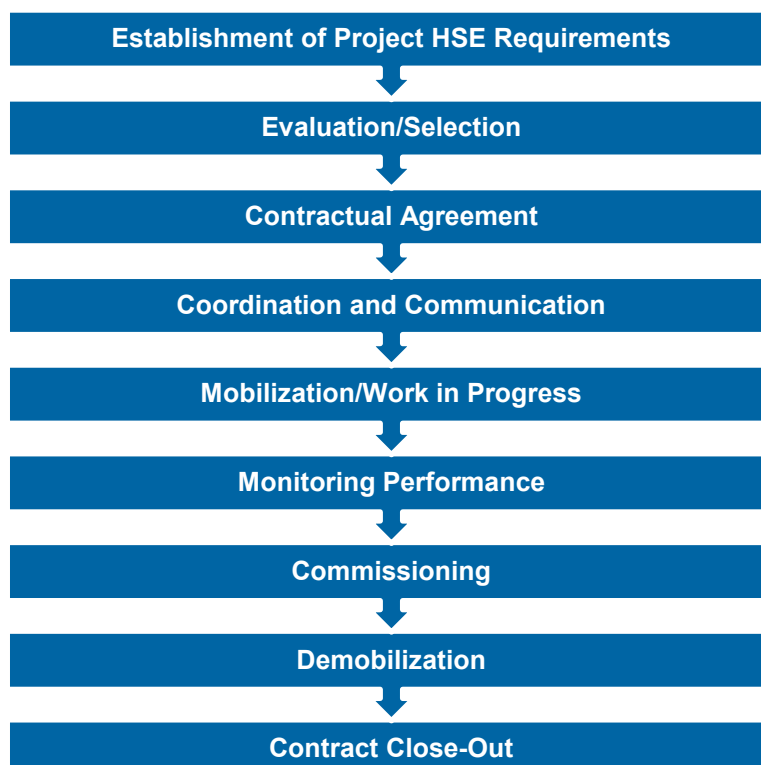
1.4 Procedure

1.4.1 Overview

- 1.4.1.1** QU engages third party service providers for various types of contracted work.
- 1.4.1.2** QU acknowledges that the HSE obligations in regards to engaged contractors remain the same irrespective of the size and duration of the contract works.
- 1.4.1.3** In line with above, QU recognizes the practical issues associated with the engagement of small contractors. (*Note: Small contractors typically have a less formalised HSE management system*). Therefore it is important that the QU HSEMS be sufficiently flexible to accommodate the different levels of HSE system development.

1.4.2 Management of Contractors

1.4.2.1 Management of Contractors' is summarised in the following flowchart:



1.4.3 Establishment of Project HSE Requirements

1.4.3.1 Prior to engaging any contractor, QU shall define HSE requirements in the tender and specification documents. This shall include, but is not limited to:

- A detailed Scope of Work that includes sufficient detail to allow a competent contractor to fully understand the requirements of the project.
- A list of known key HSE hazards and risk associated with the project should be listed on service/material requisition forms submitted to the Procurement Department. HSE risks can be identified by completing a risk assessment (refer to QU HSEMS *Section 6.0-Risk Management Procedure*) in consultation with the HSEO where appropriate. Such a list, however, should be limited to those risks and hazards that are considered to represent moderate, significant or extreme risk as defined in QU HSEMS *Section 6.0-Risk Management Procedure*.
- QU shall highlight the HSE requirements for the works that are being tendered, which will reflect the risk and complexity of the project, and Q U and legislative requirements. Such must include, but not be limited to:
 - Adequate HSE resources;
 - Legal compliance;
 - Risk management programs;

- HSE performance monitoring and incident reporting;
- HSE training and competency;
- Communication and consultation activities;
- HSE inspection and auditing requirements; and
- Non-compliance and enforcement procedure.

1.4.3.2 For contractor work that involves high risk activities (i.e. those assessed as moderate, significant or extreme risk using the QU HSEMS *Section 6.0-Risk Management Procedure*), QU shall:

- Require a high level of HSE management and supervision by specifying such in the tender documents;
- Provide information on the systems the contractor will have to comply with whilst on the project; and
- Ensure that the successful contractor is fully aware of any requirements that will be in place that may be a burden (in terms of time, resource or cost) to the successful contractor, order to secure effective stewardship and management of HSE issues, QU shall require all employees, contractors and visitors to comply with the provision of this Policy and HSEMS.

1.4.4 Evaluation / Selection

1.4.4.1 The Selection Committee in coordination with Project Manager/Leader, the HSEO and/or an HSE Committee member(s) will evaluate the responses to ensure the HSE requirements have been fully considered and comply with the HSE requirements issued within the tender documentation.

1.4.4.2 QU will give preference to contractors that have an operating and effective HSEMS.

1.4.4.3 QU shall utilise the questionnaire (Appendix A) as the primary tool for the assessment of a contractor's HSE management capability and track record as part of the contractor selection process.

1.4.4.4 For contractors/suppliers/service providers undertaking:

- High risk activities (i.e. those assessed as moderate, significant or extreme risk using QU HSEMS *Section 6.0-Risk Management Procedure*):
 - QU will meet with the prospective contractors to review their systems and examine their capabilities, resources, and previous performance in similar jobs.
 - QU will have preference for contractors that have an operating and effective HSEMS, as outlined in Section 1.3.3.2.
- Low risk activities:
 - In the case where the low risk service provider (such as a consultant undertaking low risk activities or supply provider) does not have an HSE system in place, they will be given a one year grace period to implement the requirements acceptable to QU prior to selection. (Meanwhile, all low

risk service providers (such as consultants) shall follow the QU HSEMS as outlined in Section 1.3.5.2 if selected).

1.4.4.5 QU will maintain a list of preferred contractors/supplies that have already been evaluated and meet acceptable HSE requirements, including Qatar regulatory requirements.

1.4.4.6 Contractors and suppliers HSE performance will be reevaluated on an annual basis.

1.4.5 Contractual Agreement

1.4.5.1 QU shall ensure that all the HSE requirements are clearly defined and clearly stipulated within the service contract.

1.4.5.2 The level of detail required shall be based on the risk of the project/activity that is being undertaken, which shall include, but not be limited to:

- The requirement for the contractors to have an operating management system to appropriately address HSE. In cases where the selected contractors do not have a suitable management system operating to address their HSE aspects and performance, then they must undergo induction and training on the QU HSEMS requirements as organized by QU in order to ensure the contractor has suitable systems or procedures in place to manage the risks of their undertakings;
- The requirements of the contractors in respect of HSE;
- The requirement for adequate HSE resources;
- HSE roles, responsibilities and accountabilities of all relevant stakeholders are clearly defined and communicated;
- A chronological division of work to be performed under the contract (or subcontract) up until the completion of a project;
- A description in sufficient detail to enable contractors to understand the complexity, potential hazards and level of risk of the work to be performed;
- Mechanisms for HSE monitoring and coordination with QU on HSE matters;
- Mechanisms and/or enforcement procedures for managing on-going non-conformance to HSE requirements; and
- Relevant project HSE documentation (e.g. Site induction requirements, site safety plan, HSE procedures, permit systems and HSE policy).

1.4.6 Coordination and Communication / Mobilisation – Pre Start

1.4.6.1 Prior to mobilization of any contract, QU must ensure that:

- A main focal point has been nominated within QU for the contractor to communicate with regards to HSE information;
- The staff that have been allocated by the contractor are competent; and
- All contractors staff have been provided with the relevant HSE information and training.

1.4.6.2 QU shall ensure that all staff who are working within their premises are aware of:

- All HSE hazards and risks that are present and how to mitigate and manage the risks;
- Legal and broader relevant QU HSE-related requirements;
- Reporting and Emergency Procedures; and
- Site rules, facilities available, contact information, working hours, and restricted areas

1.4.6.3 QU will allocate appropriate levels of planning, coordination and communication to the management of contractors to ensure that risks are identified and activities are properly planned.

1.4.6.4 Coordination activities shall include, but not limited to:

- Forward planning of work activities and tasks between contractors to minimize risks;
- Joint risk assessment of work activities and tasks;
- Contractor's participation in consultative activities (e.g. a project HSE committee)
- Employee / student welfare related and transportation activities;
- Emergency response and management arrangements;
- Communication of HSE information (including hazard alerts, site safety alerts and incident reports, toolbox meetings, etc.); and
- HSE record keeping requirements.

1.4.7 Mobilisation / Work in Progress

1.4.7.1 As far as reasonably practicable, QU contracts and associated arrangements shall ensure that:

- The contractors are performing work activities in a manner that is safe for employees, students and the community, as well as in a manner that protects the environment;
- The contractors are applying HSE systems/practices suitable for the work being carried out; and
- All employees and visitors complete an HSE induction process.

1.4.8 Monitoring Performance

1.4.8.1 In order to ensure that the standards that have been agreed through the pre-tender information are being adhered to, QU shall, as far as reasonably practicable, monitor the contractors performance and compliance to HSE requirements, including but not limited to:

- Monitoring and assessing the performance of contractors to ensure all HSE requirements outlines in the contract in accordance to HSE legislation are met;
- Ensuring that the contractors' performance against agreed KPI's is regularly measured and also that feedback is given;
- Monitoring and assessing whether regular site inspections are conducted, where appropriate;

- Monitoring, assessing and following up non-conformances and corrective actions; and
- Reviewing contractor HSE performance, incident reports, third party reports and complaints.

1.4.8.2 Contractor Performance shall be monitored, measured and recorded throughout the procurement, delivery and contract close-out, by, but not limited to:

- Regular inspections using the appropriate forms/checklists, e.g.:

<i>Available Form/ Checklist</i>	<i>Purpose and Comments</i>
<i>HSE Inspection Checklist (Appendix B)</i>	This general inspection checklist serves as a basis for performing HSE inspections. This checklist should be modified to include additional requirements depending on the scope, size complexity and risk involved in each individual type of project/service.
<i>Food Services Inspection Checklist (Appendix C)</i>	A specific Food Services HSE check-list incorporating relevant regulatory requirements.
<i>Hazardous Substances Register (Appendix D)</i>	To ensure proper management of hazardous substances and safe storage on QU premises, a Hazardous Substances Register will be utilized as part of risk control.
<i>Contractor HSE Performance Assessment Review (Appendix E)</i>	Assessment and recording of contractor HSE performance as part of the contract close-out process.

- Meetings to discuss results of inspections, incidents, on-going issues/remedial actions, and future planned activities:
 - For lengthy and complex contracts (e.g. Construction work) QU shall hold regular meetings to discuss performance and any on-going issues.
 - For longer fixed contracts (e.g. General services), QU shall meet with the contractor quarterly, at minimum. The frequency may be reviewed as deemed necessary by QU and as informed by the associated risks.
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1.4.9 Commissioning

1.4.9.1 Where applicable, QU shall ensure that:

- Appropriately trained and competent personnel perform commissioning activities;
- Full written operating instructions shall be provided for all commissioning activities;
- Commissioning procedures shall document a logical progression of steps necessary to verify that any installed equipment and plant is fully functional and fit for purpose. These procedures shall include, but not limited to:
 - Permit to work procedures;
 - Isolation (lock-out/tag-out procedures);
 - Restrictive access;
 - Operator training and competency;
 - System configuration check; and
 - Handover.

1.4.10 Demobilisation / Decommission

1.4.10.1 Where applicable, QU shall ensure that upon demobilization/decommission:

- The decommissioning plan is developed by the contractor and reviewed and approved by QU before work commences;
- Decommissioning will be consistent with the relevant construction specifications where applicable.
- All equipment and materials shall be demobilized in accordance with all local and State laws related to transportation, waste disposal and safety; and
- All access areas shall be restored to the same condition as prior to the start of the work upon completion of the work.

1.4.11 Contract Close-Out

1.4.11.1 Once the contractor has completed works, QU shall ensure that:

- The areas of the works have been returned to the original state or to an agreed condition; and
- All HSE requirements have been complied with and all necessary records have been handed over by the contractor.

1.4.11.2 Following which, the control of the workplace/site shall be returned to QU. This provision shall be clearly stated in the contract between QU and the contractor.

1.4.11.3 A contractor HSE performance assessment shall also be performed as part of the contract close-out process (using the form in Appendix E), to assess how the contractor performed during contract delivery. The assessment results shall be considered as part of future contractor selection processes.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Contractor HSE Evaluation Selection review form

Appendix B: Contractor Workplace Inspection Checklist

Appendix C: Food Services Inspection Checklist

Appendix D: Hazardous Substances Register

Appendix E: Contractor HSE performance assessment review form

Appendix F: Contractor HSE Plan Review Checklist



Part-7.1

Permit to Work

Produced by

Health, Safety, Security and Environment – Facilities & GS Dept.

PL-ES-007.1: Permit to Work

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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Policy Description

The purpose of this document is to establish a safe system of work applicable to the operations and activities undertaken by Qatar University (QU) to ensure proper consideration is given to the risks of a particular high-risk potential task by documenting the scope of work authorized to be commenced, control measures and place, and the specific times and dates when the work can be carried out

Who Should Know This Policy

- ☒ President
- ☒ Vice President (VPs)
- ☒ Legal Advisor
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty Members
- ☒ All Employees

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Appendices

Appendix A – Permit to Work Form

1.1 Purpose

- 1.1.1** The purpose of this procedure is to establish a safe system of work for ensuring proper consideration is given to the risks of a particular high-risk potential task by documenting the scope of work authorized to be commenced, control measures and place, and the specific times and dates when the work can be carried out.

1.2 Scope

- 1.2.1** The Permit to Work shall be applied to the following planned works that are undertaken at QU facilities or premises by either contractors or QU employees:
- Working at Heights (i.e. above 2 meters);
 - Confined Space Entry (e.g. excavations deeper than 1.5 meters / pits deeper than 1.0 meter);
 - Electrical Works;
 - Hazardous materials transport;
 - Isolation of Services;
 - Excavations/ground disturbance (i.e. excavations deeper than 0.5 meters);
 - Hot works (e.g. welding, cutting, grinding);
 - Mobile crane lifting (loads greater than 1,000 Kg);
 - Radiography;
 - Scaffolding (above 2 meters)
 - Any other non-routine work activities that may potentially impact HSE conditions.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU shall allocate sufficient resources for the effective implementation of the HSEMS and ensure that QU employees, students, contractors and visitors are aware of their responsibilities through appropriate regulation, delegation and communication.

1.3.2 Vice Presidents (VP), Deans, Directors, Managers, Head Sections/Units and Project Managers

- 1.3.2.1** VPs, s, Deans, Directors, Managers, Head Sections/Units and Project Managers shall ensure that their relevant employees and contractors are familiar with this procedure and meet all the requirements of the procedure.

1.3.3 Health, Safety, Security and Environment (HSSE)

1.3.3.1 The HSSE shall ensure that:

- All activities requiring a Permit to Work (PTW) are identified and managed in a safe manner;
- All persons involved with activities that require a PTW are competent; and
- A PTW system is established for non-routine activities that occur at QU.

1.3.4 Permit Control Manager

1.3.4.1 QU shall nominate a competent person to be the Permit Control Manager.

1.3.4.2 The Permit Control Manager is a competent representative for the building/facility/project who is ultimately responsible for the PTW system. The Permit Control Manager should have the necessary authority to control the operations being undertaken and have the relevant competence on the facility, site, or undertakings.

1.3.4.3 The Permit Control Manager is responsible for ensuring that:

- A competent Authorized Person is appointed to issue and manage Permits;
- All relevant employees/contractors have undertaken appropriate training;
- Appropriate procedures are established and maintained for all work done under the PTW system;
- QU employees/contractors are made aware of the permits and systems, and trained in their operation;
- The PTW system is monitored to ensure that it is effective and correctly applied;
- Appropriate control measures are implemented for any emergency situations that may arise following non conformity with the PTW;
- The PTW system is audited and reviewed; and
- Appropriate resources are allocated to enable the PTW system to be implemented.

1.3.5 Authorized Person

1.3.5.1 The Authorized Person (**AP**) shall be given the authority to issue and sign permits issued to contractors engaged by QU. The AP must be competent about the hazards associated with the relevant activity in order to be able to identify those hazards and control measures correctly. The AP then will authorize, by signature, the work to proceed following confirmation that all control measures are implemented and have been signed off.

1.3.5.2 The Authorized Person is responsible to ensure that:

- All foreseeable hazards associated with the proposed job have been identified, appropriately assessed, and that all steps necessary to ensure the safety of the site or installation have been identified on the PTW;

- The permit holder and staff tasked with undertaking works under the PTW, have appropriate competence to undertake the role and fully understand the risks, and are fully aware of the precautions to take, particular equipment to be used, PPE required, and any other precautionary procedures to be followed;
- The permit's duration is clearly communicated, and all relevant people are aware of the actions to be taken if the work is suspended;
- Any work activities that may conflict with one another are clearly identified in order to be avoided, or to include precautions on the permit;
- Shall undertake ongoing inspections of the PTW to ensure risk control measures (including isolations) are being maintained, and copies of all issued permits are displayed at an appropriate location;
- The work site is examined any time when (1) work is suspended, (2) before it is restarted, and (3) finally when the work is completed, to ensure that it is in a safe condition; and
- Ensure appropriate records of all permits and master controls sheet are maintained.

1.3.6 Permit Holder

1.3.6.1 The Permit Holder, who is independent of the AP (permit issuer), is the competent person who has requested the permit to be issued and shall be fully responsible for the works whilst they are being undertaken.

1.3.6.2 The Permit Holder is responsible to ensure that:

- The conditions and precautions specified in the permits are fully understood, implemented and effectively monitored;
- All persons listed in the PTW issued understand (the operation of and the consequences of non-compliance with) the PTW systems applicable to the areas in which they are responsible for work;
- Any necessary information, instruction or training is given to users to ensure that they understand the PTW systems and the specific precautions required for their work;
- All control measures are implemented before the commencement of work;
- Work will be immediately stopped / suspended if the conditions require or if the PTW requires
- change;
- Clear and effective communication with all parties during the operation of the PTW will be maintained; and
- All parties are aware of the completion of the works and the permit is correctly closed with the AP.

1.3.7 Work Party

1.3.7.1 The Work Party who undertakes the work shall comply with the requirements of the PTW at all times, which includes:

- Understanding the scope of work and the control measures implemented;
- Participating in the development or review of the risk assessment;
- Ensuring that all control measures defined in the PTW are strictly followed;
- Adhering to the roles and responsibilities assigned under the PTW;
- Ceasing work and informing the Permit Holder when there is a breach of the PTW conditions, and;
- Leaving a clean and safe work site.

1.4 Procedure

1.4.1 Overview

1.4.1.1 The Permit to Work (PTW) system is a formal recorded process used to control work which is identified as potentially hazardous. It is also a means of communication between the job owners (e.g. HSSE, Maintenance, etc.) and those who carry out the hazardous work (e.g. QU maintenance staff and contractors).

1.4.1.2 Essential features of PTW systems include:

- Clear identification of who may authorize particular jobs (and any limits to their authority), and who is responsible for specifying the necessary precautions;
- Training and instruction in the issue, use and closure of permits;
- Monitoring and auditing to ensure that the system works as intended;
- Clear identification of the types of work considered hazardous; and
- Clear and standardized identification of tasks, risk assessments, permitted task duration and supplemental or simultaneous activity and control measures.

1.4.1.3 QU recognizes that the PTW does not, in itself, make the job safe but relies for effectiveness on specified personnel implementing its requirements conscientiously under competent supervision. It is therefore essential that anyone undertaking hazardous work demonstrates that they have followed an appropriate risk assessment process to identify and minimize any hazard associated with the proposed work.

1.4.2 Work that Requires a Permit to Work

1.4.2.1 Types of Work that will require a PTW Procedure at QU:

Table 1: Work that Requires a PTW

Activity	Definition
Working at Height	Any height above 2 meters, or on roofs
Confined Space Entry	<p>Confined Space Entry is any work in a confined space or partially confined space having restricted access or egress and/or which is or may become hazardous to personnel because of:</p> <ul style="list-style-type: none"> ▪ The confined space design, construction, and/or location; ▪ Atmosphere content (gas composition); and ▪ The materials or substances in the confined space. <p>Such could include any chamber, tank, surface tunnel, pit, trench, sewer, ventilation and exhaust ducts, or similar space.</p>
Electrical Works	Electrical work is any work where the worker or the worker's tools will intentionally be in contact with electrically energised circuits. Testing and/or the use of testing equipment is not considered electrical work, unless the testing requires that the worker and/or the worker's tools will intentionally be in contact with the electrically energised circuits.
Hazardous Materials Transport	Any kind of transferring/transporting of hazardous materials within the campus which can be considered source of risk to student or staff, e.g. Compressed gas cylinders, chemicals, radioactive materials, biological hazardous materials, hazardous waste, heavy loads, Concrete beams etc.
Isolation of Services	Isolation occurs when normal guarding is removed or modified (e.g. fire safety systems, alarms, water supply, etc.) Isolation is defined as a process to prevent the unintentional release of energy (e.g. electricity, forceful release of gases or liquids) or materials.
Excavations	Digging of trenches, excavating or ground disturbance is any work where excavation, trenching, tunnels, drilling, pile driving and scraping (earth removal) are done. An exception would be routine grading of roadways where there is no potential for damaging buried pipes, electrical cables or other sub-surface equipment or structures.
Hot/Cold Works	<p>Hot work is any work that could create a source of ignition that could result in a fire or explosion. Examples of hot work include, but are not restricted to:</p> <ul style="list-style-type: none"> ▪ Welding and torch cutting; ▪ Spark producing tools such as grinders and chippers and power tools such as electric drills; or ▪ Use of non-intrinsically safe electrical or electronic equipment. <p>High risk Cold Work includes, but is not restricted to:</p> <ul style="list-style-type: none"> ▪ Work on equipment that are under pressure or are energized in some form (e.g. mechanical energy); ▪ Work on equipment that are at extreme temperatures (cold or

Activity	Definition
	<p>hot);</p> <ul style="list-style-type: none">▪ Work on equipment that contain hazardous materials;▪ Work on vessels (e.g. tanks);▪ Isolations of pipe work, valves and associated vessels;▪ General construction;▪ Work on de-energised electrical circuits or on energised circuits of 120 volts or less (shop bench work will not require a permit);▪ Work performed in the immediate vicinity of overhead power lines; or▪ Non-routine maintenance work.

1.4.2.2 Furthermore, employees / contractors will require a PTW when:

- Any non-routine activities which are determined to be of high-risk after conducting a risk assessment in accordance to QU HSEMS *Section 6.0 – Risk Management Procedure*; and
- A contractor engaged by QU does not have an established HSE System in place.

1.4.3 Preparation of a Permit to Work

1.4.3.1 The process for preparing a PTW is outlined in Figure 1.

1.4.3.2 The QU PTW form is presented in Appendix A.

1.4.3.3 The PTW document should usually be drawn up by a QU employee (also referred to as the Authorized Person [AP]) who has arranged for the work to take place, and who will ultimately be supervising the work.

1.4.3.4 To prepare a PTW, the QU employee who requested the work (AP) should:

- Define the scope of work
 - Gather the relevant information in relation to the work, including the intended starting time and date, the anticipated duration, a description of the task duration, and the names of those carrying out the work.
 - The PTW should clearly define:
 - The Scope of Work of the work activity (one work activity per PTW);
 - Validity Period of the PTW;
 - Start Time and Finish Time of the proposed work; and
 - Names of those carrying out the work and their functions/titles.
 - The period for completion of the work shall not exceed the maximum duration of the PTW as defined by the start and finish times.
 - The timeframes for a PTW shall not exceed 12 hours or one working shift, whichever is the lesser timeframe.
 - For the work to extend beyond the stated finish time the PTW shall be revalidated (including re-approval by the person issuing the PTW) or a new PTW issued.
 - The PTW system shall only allow for limited extensions or revalidations rather than continuously extending previous PTW.
 - For specific circumstances, QU will develop a formal procedure for use when a permit is required for a period longer than one shift or 12 hours whichever is the lesser. In such event, the AP will have to inspect the works being undertaken daily.
- Identify Hazards
 - Obtain and review the Safe Working Method Statement (SWMS) or work instructions and risk assessment prepared by the contract or the QU department performing the work for the work to be undertaken. All hazards associated with the scope of work shall be identified and risk assessed.
 - The risk assessment, at minimum, should identify any:
 - Concurrent conflicting activity hazards and their control measures;

- Workplace environmental monitoring (eg. confined space, hot work, etc.); and
 - Control measures required for work that extends beyond a single shift.
- Furthermore, the risk assessment reviewer should ensure that any external influencing hazards and risks are also identified.
- Determine if the work to be carried out requires a permit to work. This will be the case if it is of the type described in Section 1.4.2 unless a risk assessment indicates that it is already a low risk activity. Other high risk activities, which are not listed in 1.4.2, may also require a permit to work.
- Identify Control Measures
 - Consult with the HSSE and/or those familiar with location/activities to be carried out to further assist in determining any further control measures need to be in place.
 - All necessary control measures for the safe completion of the work shall be identified on the PTW and its associated supporting documentation
- Verification of Isolations
 - Inspect the intended location of the work. Considering the method statement, any additional measures or actions that are required in order to minimize risks associated with carrying out the intended task(s) at the specified location should be determined. This may include isolation of services such as electricity, or gas. All isolations must be verified by the Authorized Person prior to authorization of the PTW.
 - Isolation certificates¹ shall be included to record and communicate that isolations, checks or other tests have been carried out by an AP (permit issuer). Certificates of Isolation shall be attached to the PTW and entered into an isolations register. Certificates typically cover:
 - Electrical isolation / mechanical isolation;
 - Ground disturbance; and
 - Gas testing.
 - Certificates shall only be signed after an authorized and competent person verifies that isolations and other required control measures are implemented and the Certificate is cross referenced to the controlling PTW.
 - The AP (permit issuer) shall confirm that all defined control measures have been established and authorized signatories have fully implemented any Permit/Certificate requirements.
 - The Permit Holder shall confirm that the workplace is safe to commence work.

¹ Isolation certificates are documents that define preparations that are additional to the prime PTW requirements and are required for work to proceed. They do not, by themselves, authorize work to proceed. They cannot stand-alone and shall always be accompanied by a covering PTW.

Responsibility:

Authorised Person
(i.e. Projects Unit,
Environment, Health and
Safety Office (HSEO))

Responsibility:

HSEO

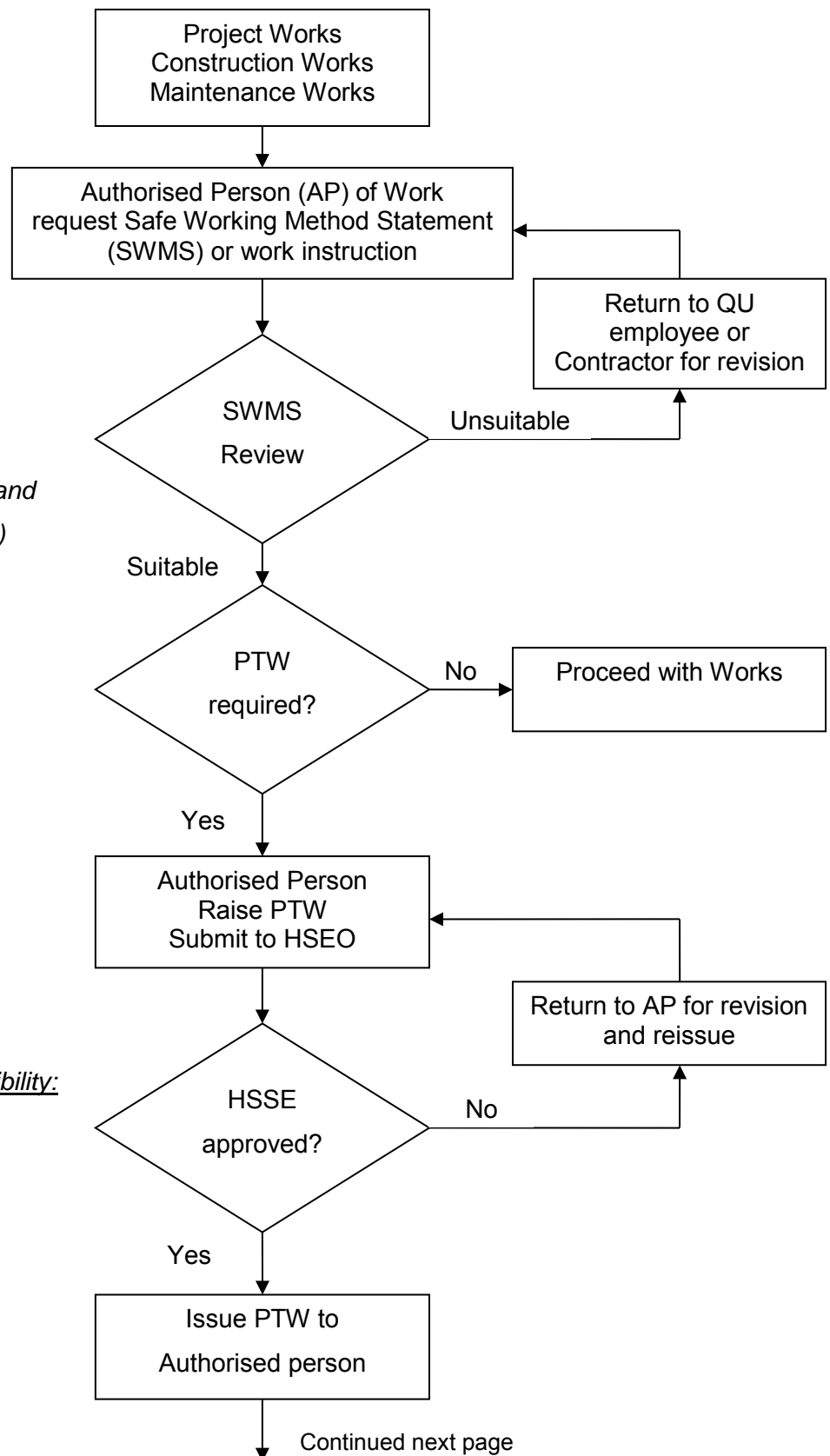
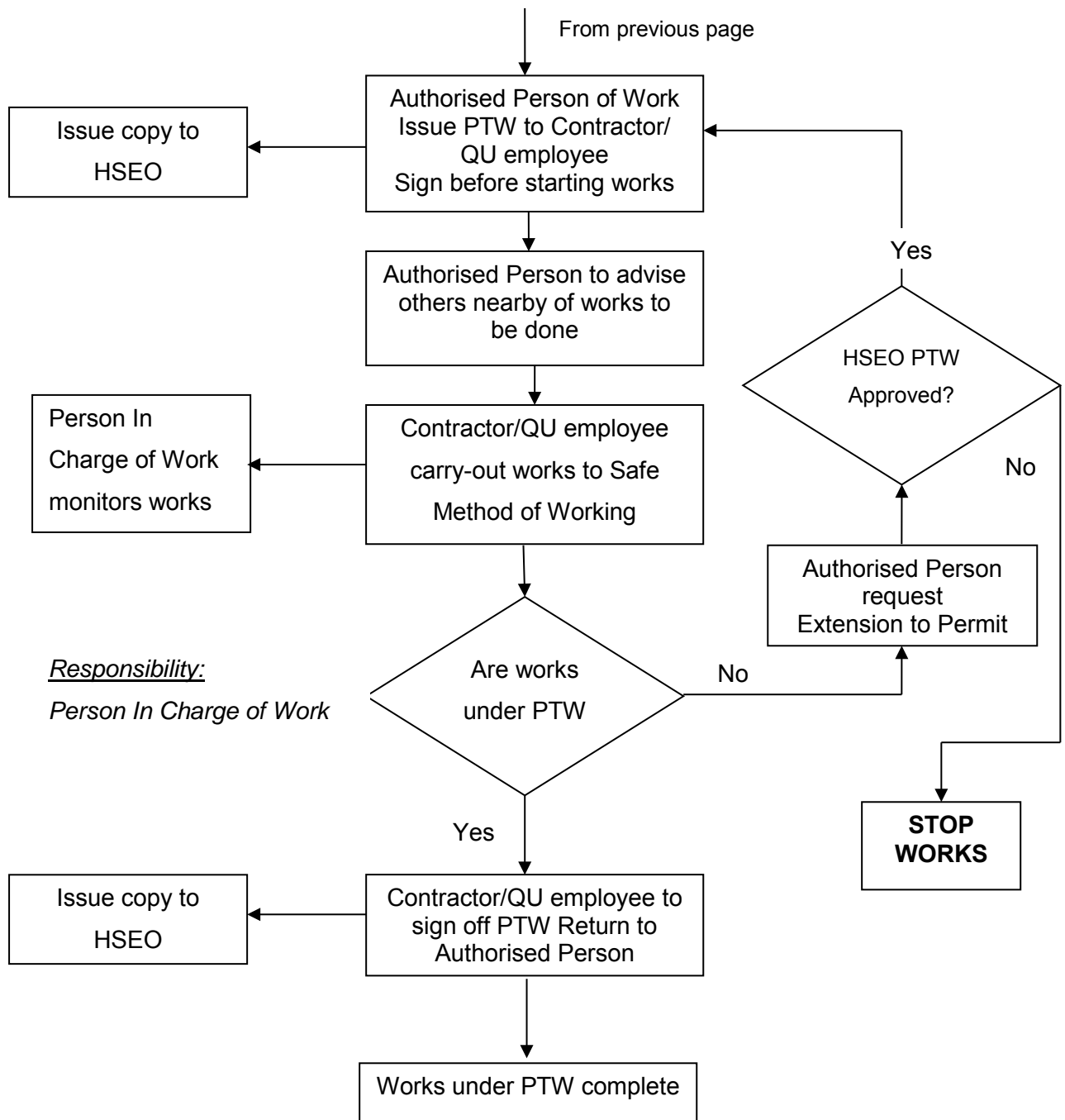


Figure 1: Preparation of a Permit to Work (PTW)



1.4.4 Simultaneous Conflicting Activities

1.4.4.1 QU shall have control measures implemented to control risks associated with concurrent or interacting activities. This process shall include the identification and management of:

- Interfaces between working parties; and
- Interfaces between contractors and QU.

1.4.4.2 Where a number of Permits to Work are in operation, the Authorised Person shall designate a competent person to ensure that the interfaces are appropriately managed.

1.4.5 Communication

1.4.5.1 Permit Holders shall communicate the requirements of the PTW to the members of the Work Party through a Toolbox Talk (TBT).

1.4.5.2 Work shall not proceed until all personnel working on the job confirm, by signature, their understanding of the PTW requirements.

1.4.5.3 The original PTW form and its associated documentation shall be displayed at the worksite.

1.4.5.4 A duplicate of all 'live' PTW forms shall be maintained in a central location (e.g. supervisor's office, area where works are undertaken).

1.4.5.5 Where work continues over more than one shift, the PTW shall be revalidated (including re-approval by the person issuing the PTW) or a new PTW issued.

1.4.5.6 Revalidation shall be subject to site inspection confirming the implemented control measures are still appropriate.

1.4.5.7 A formal handover process shall be implemented to ensure:

- Effective communication of all relevant work details and control measures between off-going and on-coming shifts; and
- Handover of Permit Authorizer, Permit Holder and Work Party responsibilities.

1.4.5.8 The communication of all necessary information shall be in a common language of understanding.

1.4.5.9 In situations where there is a requirement for HSE critical equipment to be removed from service (e.g. components of a fire safety system), the Authorized Person or delegate shall notify:

- Other potentially affected parties on the facility; and
- Any relevant external parties.

1.4.6 Suspension of Permit

1.4.6.1 Work being carried out under the PTW may be stopped before work is completed. Typical circumstances where this may arise are:

- In the event of an emergency (see section 1.4.10);
- For operational reasons to prevent interaction with other activities;
- Work carried out during single shift only;
- Work requires more time than is allowed on the PTW;
- Waiting for materials or services;
- Occurrence of an accident while the work is being completed; or
- Permit Holder failure to meet Permit requirement.

1.4.7 Permit Handover

1.4.7.1 On completion of work, the issued copies of the permit should be signed by the Permit Holder and returned to the Authorized Person for Permit close out.

1.4.8 Close Out

1.4.8.1 When work is complete or there is a requirement to close the PTW:

- Permit Holder shall ensure the work site is left in a clean and safe state and where required a process is implemented to manage any follow-up work;
- Permit Holder shall sign the 'hand-back' section of the PTW form; and
- AP (permit issuer) shall initiate the removal of control measures originally installed for the work to take place. Such includes any isolations and/or removal of components of the emergency safety systems in place.

1.4.8.2 When the work environment has been returned to a state of readiness for return to normal duties, the AP (permit issuer) shall sign the 'permit closure' section of the PTW form on both original and duplicate copy.

1.4.9 Management of Change

1.4.9.1 In the situation where the work scope or circumstances change (e.g. conflicts identified during the work activity), work shall immediately cease and the PTW shall be suspended. A new permit shall be issued with the new control measures identified on it.

1.4.9.2 If work covered by a PTW proceeds from one work shift to the next, the PTW form shall be re-validated with the new (on-coming shift) AP (permit issuer) confirming that it is safe to recommence work. Both the Permit Holder and AP (permit issuer) shall sign-off onto the re-validated PTW form and the new Work Party briefed.

1.4.10 Emergency Situation

1.4.11 In any emergency situation, all Permits to Work shall be suspended until the facility has returned to its normal status.

1.4.12 All Permits to Work shall be revalidated or re-issued prior to work resuming.

1.4.13 Training and Competency

1.4.13.1 Further to role specific training, the QU shall ensure that all staff are been given awareness training on the requirements of the PTW procedure and how this affects their role.

1.4.13.2 Training shall be competency-based and include:

- Overview of the PTW system;
 - Legal and entity requirements;
 - Responsibilities and authorities under the PTW system;
 - Documentation requirements;
 - How to close Permits;
 - PTW conditions e.g. validity, required signatures, precautions etc.; and
 - Emergency procedures.
-

1.4.14 Record Keeping

1.4.14.1 QU shall maintain records of all permits and master control sheets for a period of at least 1 year.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Permit to Work Form

QU Permit To Work

Permit Number:

Date:

1. Type of Permit (please tick ✓)

- ☐ Hot Work
 ☐ Excavation
 ☐ Working at Height
 ☐ Cold Works
 ☐ Confined Space
 ☐ Electrical
☐ Isolation of Services
☐ Hazardous Materials Transport
☐ Lifting Works
☐ Scaffolding
☐ Others

* A **Work Method Statement/Work Instruction** and **Risk Assessment** has been provided and is attached to this 'work permit' Yes ☐ No ☐ Ref No.

* Site / Location:

Permit Holder (*QU/Contractor*): Phone:

Authorized Person (*AP/QU Project In-charge*): Phone:

Contractor / QU Section/Unit Name:

Project / Contract / Work Request /

Order No.
(where applicable)

2. Validity of the Permit:

Start Time: ☐ am ☐ pm Date:
 End Time: ☐ am ☐ pm Date:

3. Description/Scope of works:

4. List of Employees/Workers Carrying the works:

#	Name	Title	#	Name	Title
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

5. Preparations/Precautions for Isolations (if applicable)			6. Control Measures			
<u>Item Name</u>	<u>Lock Location/Ref</u>	<u>Isolated by</u>	<p>Stand by personnel available? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Warning notice / barricades (Installed) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Emergency response equipment: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Others:</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>			
7. Precautions in case of asbestos presence (if applicable)						
<ul style="list-style-type: none"> Are asbestos containing materials present? <i>(if yes, then ensure compliance with QCS 2014 – Chapter 11)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Have all isolations been tagged and tested? <i>(if applicable)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> 						
8. Tools/ Heavy Equipment/ Vehicles to be used			9. Inspection and Monitoring of Works			
<p>Hand/Power tools</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> <p>Heavy Equipment and Vehicles</p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 5px;"></div>			<p>Does the Contractor/QU employee:</p> <ul style="list-style-type: none"> Comply with Qatar legal requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Comply with QU's procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No Implement the identified control measures? <input type="checkbox"/> Yes <input type="checkbox"/> No Undertake activities in line with the PTW issued? Are in line with any permit to work documents that have been issued. <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Appropriate Heavy Equipment and Vehicles Documents</p> <ul style="list-style-type: none"> Vehicle access permit <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Driver/ Operator license <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Vehicle Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Heavy equipment certificate <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> <p><i>(including accessories i.e. slings, chains)</i></p> <ul style="list-style-type: none"> Certified rigger <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Lifting Plan <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> 			
10. PPE - The following safety/emergency equipment shall be worn/used:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Footwear <input type="checkbox"/> Harness / lifeline </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Communication Equipment <input type="checkbox"/> Protective clothing <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety helmet <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; vertical-align: middle;"></div> </td> </tr> </table> <p>Other Special Confine Space Equipment:</p> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;"></div>					<input type="checkbox"/> Respiratory protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Footwear <input type="checkbox"/> Harness / lifeline	<input type="checkbox"/> Communication Equipment <input type="checkbox"/> Protective clothing <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety helmet <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; vertical-align: middle;"></div>
<input type="checkbox"/> Respiratory protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Footwear <input type="checkbox"/> Harness / lifeline	<input type="checkbox"/> Communication Equipment <input type="checkbox"/> Protective clothing <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety helmet <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; vertical-align: middle;"></div>					

****This permit should be prominently displayed at the work site***

11. Authorization:

I certify that the task for which this Permit was issued for will be conducted according to Permit requirements.

*Permit Issued To (QU/Contractor)	<input type="text"/> (Print name)	<input type="text"/> (Signature)	<input type="text"/> (Date)
*Permit Issued By: (AP/QU PM) Permit	<input type="text"/> (Print name)	<input type="text"/> (Signature)	<input type="text"/> (Date)
Approved By Security Section	<input type="text"/> (Print name)	<input type="text"/> (Signature)	<input type="text"/> (Date)
*Permit Approved by: (Environmet & Sustainability)	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Permit Approved by: (Health & Safety)	<input type="text"/> (Print name)	<input type="text"/> (Signature)	<input type="text"/> (Date)

12. Suspension of permit

I certify that the task for which this Permit was issued has now been suspended.

Permit suspended/ returned by :

AP/ Project In-charge:

HSE (Representative):

Cancelled/returned at: ☐ am ☐ pm Date:

*Reason for Suspension :

13. Permit Hand Back

I certify that the work for which the permit was issued is now COMPLETED and that all persons at risk have been WITHDRAWN, and that all tools and equipment are all clear.

Permit Holder (QU/Contractor)	AP/QU Project In-charge
<input type="text"/> (Print name)	<input type="text"/> (Print name)
<input type="text"/> Signature	<input type="text"/> Signature
Date <input type="text"/>	Date <input type="text"/>

14. Permit Close Out

This permit-to-work is hereby CLOSED. Control measures been removed & site has been restored to safe conditions, including isolation of guards.

AP/QU Project In-charge	<input type="text"/> Signature <input type="text"/>	Health & Safety	<input type="text"/> Signature <input type="text"/>	Date <input type="text"/>
Security Services	<input type="text"/> Signature <input type="text"/>	Comments <input type="text"/>		
Environment & Sustainability	<input type="text"/> Signature <input type="text"/>			

Note: If it is identified or suspected that the contractor/QU employee is not adhering to any of the instructions issued to them during the induction stage, then work must stop immediately and the HSE must be informed. **For detailed inspection checklist, QU HSEMS Section 7.0 – Contractor Management can be applied.**

Contractor HSE Evaluation/Selection Review	Ref: PL-ES-007-01-	Date:
--	--------------------	-------

Department College/Center		Contact	Tel:
			Email:
Contractor Name:		Contact	Tel:
			Email:
Tender/Work Order Ref:			

Summary of Work/Project Scope:

--

Expected Health & Safety Hazards	Expected Environmental Impacts

Item	Question	Yes	No	N/A	Comments
1	Policy and Management				
1.1	Is there a documented company policy for: <ul style="list-style-type: none"> Health and safety; Environmental management;? If yes, request copies.				
1.2	Does the company have management systems approved by a recognised independent authority for: <ul style="list-style-type: none"> Health and safety; Environmental management;? If yes, request details e.g. certificates.				
1.3	Is the management system in line with Qatar University's Environment, Health and Safety Management System (HSEMS)? <i>Accessible in QU Website</i>				
2	Legal Compliance				
2.1	Does the company have a process for identifying and managing statutory compliance requirements for: <ul style="list-style-type: none"> Health and safety; Environmental Management? Request brief description of the processes.				
3	Risk Management Procedures				
3.1	Has the company prepared risk management procedures including the identification, assessment and control of health and safety hazards and environmental impacts relevant to its operations?				

Item	Question	Yes	No	N/A	Comments
3.2	Has the company prepared safe operating procedures or specific safety instructions relevant to its operations and activities delivered? If yes, request a summary listing of these procedures or instructions.				
3.3	Does the company have a method statement detailing the nature of the works to be under taken and the environment, health and safety controls?				
4	Incident Reporting				
4.1	Is there a documented procedure for recording, investigation, reporting and follow-up of incidents? If yes, request details.				
4.2	Does the procedure include investigation of subcontractor's incidents? If yes, request details.				
4.3	Is there a procedure by which employees can report HSE hazards at the workplace? If yes, provide details.				
5	Training & Competency				
5.1	Does the company undertake trainings in relation to HSE management & do these cover sub-contractors?				
5.2	Are records maintained of all HSE training and induction programs undertaken? Does this cover subcontractors? If yes, provide examples of training records.				
6	Environment, Health and Safety Inspection & Audit Procedures				
6.1	Are regular HSE inspections performed at worksites? If yes, provide details or examples.				
6.2	Are standard inspection checklists used to conduct HSE inspections? If yes, provide details or examples.				
7	Environment, Health and Safety Communication				
7.1	Are employees informed of HSE matters? If Yes, provide details.				
7.2	Is there an appointed HSE representative on site?				
8	Environment, Health, and Safety Performance Monitoring				
8.1	Is there a system for recording and analysing HSE performance statistics? If yes, provide details e.g. safety records for the last 5 years covering fatalities, lost time injuries, number of days lost, medical treatment injuries and environmental incidents.				

Item	Question	Yes	No	N/A	Comments
9	Non-compliance and Enforcement Procedures				
9.1	Is there a procedure or system in place for managing HSE non-conformances? If yes, provide details.				
10	Previous performance on QU projects (if applicable)				
10.1	Was HSE performance acceptable on previous QU projects? (refer to previous post-project HSE evaluation records) Provide comments.				

To be filled by HSE

[illegible]

Additional Notes/Comments:

Decision:

☐ **Approved**☐ **Conditional Approved**☐ **Not Approved**

Reviewed By (Name): _____

Signature: _____

Reviewed By (Position): _____

Date: _____

Contractor HSE Workplace Inspection Checklist	Ref:	PL-ES-007-02-1.1
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Date:		Time:	am	pm	Ref:	PL-ES-007-02-
Contract/Service Owner (Dept./College/Center)					Tel:	
					Email:	
Contract Title & Ref No						
Type of work being undertaken (Contract/Service scope/description)						
Contractor Name				Tel No:		
				Email:		
Location/Worksite						

Topics	Yes	No	N/A	Comments
1. Protecting the Staff and Other Stakeholders				
• Is the work area properly lit?				
• Are the staff and public protected, as far as reasonably possible?				
2. Emergency Procedures				
• Are there emergency procedures in place?				
• Have the contractors been inducted in the emergency procedures?				
• Is there a means of raising the alarm, and does it work?				
• Are the emergency services contact details clearly posted and visible to all?				
• Are there enough suitable escape routes and are these kept clear?				
• Are exit routes clearly marked?				
• Is the First Aid provision adequate?				
• Is the location of the first aid box clearly signed?				
3. Manual Handling				
• Are there heavy materials which could cause problems if they have to be moved by hand? If so:				
• Have people been trained how to lift safely?				
4. Welfare				
• Are toilets readily available, the correct number provided and are they kept clean and properly lit?				
• Are drinking water and cups provided?				
• Are welfare facilities kept well ventilated?				

Topics	Yes	No	N/A	Comments
5. Fire				
• Are suitable fire protection arrangements provided?				
6. Electricity and other services				
• Have all necessary services been provided before work begins?				
• Are low voltage for tools and equipment being used, e.g. battery operated tools or low voltage systems?				
• Have tools and equipment been regularly inspected and tested by a competent person?				
7. Personal Protective Equipment (PPE)				
• Are contractors provided with appropriate PPE for the activities undertaken? (e.g. Safety boots, gloves, hard hats)				
• Is the PPE provided being used correctly?				
• Is the PPE maintained in good condition?				
8. Waste				
• Is the use of disposable materials been avoided?				
• Has a specific area been designated for storage/disposal of segregated waste?				
9. Noise				
• Are noise levels arising from equipment mitigated through the appropriate measures?				
• Is operating noisy equipment restricted outside of normal working hours where possible?				
10. Hazardous Materials/Chemicals Handling				
• Is the Material Safety Data Sheet (MSDS) available for each chemical being used?				
• Are hazardous materials/chemicals being managed according to the requirements of their respective MSDS and legal requirements?				
• Are hazardous materials/chemicals being stored in a bund at least 110% of the total volume of hazardous materials/chemicals being stored?				
• Is the bund made of impervious material?				
• Is there a spill kit/appropriate spill containing material(s) in place to contain potential spills?				

Inspector Name		Signature	
Position		Date	

Food Services Inspection Checklist

Ref:

PL-ES-007-03-1.1



Food Services Inspection Checklist

Date		Time	am	pm	Reference No	PL-ES-007-03-
Contractor/Service Provider Name					Contact details	Tel No:
						Email:

Location	Building Code:	Room/area:	Facility Type/Brand:			
Inspector Name			Position			Tel No:
						Email:

#	Topics	Yes	No	N/A	Comments
1	Is the Company HSE policy available to all catering employees?				
2	Are internal HSE inspections undertaken by company?				
3	Has a risk assessment been performed to determine the risks associated with the dining facility?				
4	Has the catering company implemented appropriate HSE systems / control measures?				
5	All relevant employees have the required : <ul style="list-style-type: none"> • certificate of medical fitness, and • Training prescribed by Qatar Legislation. 				
6	Have the catering company staff received appropriate training on and are aware of: <ul style="list-style-type: none"> • How to recognize and report hazards? • How to identify, care for and use any personal protective equipment (such as gloves, safety footwear and eye protection)? • HSE policies and procedures that apply in the workplace. • key personnel including First Aiders, Fire Marshals and HSE Manager/Officers 				(Documentation Proof: Training Material, Training Records, etc.)

Food Services Inspection Checklist

Ref:

PL-ES-007-03-1.1

#	Topics	Yes	No	N/A	Comments
7	Does training cover: <ul style="list-style-type: none"> • Procedures for food preparation to prevent cross contamination; • procedures on how to appropriately store and prepare food to prevent food borne illnesses; • dining hall procedures and best practices when presenting food to a consumer to prevent food borne illnesses; and • Process for identifying and disposing of food that exceeded its shelf-life. 				
8	Does the catering company have an effective food waste management program?				
9	Are the food waste containers constructed of appropriate leak-proof, impervious material that is easy to clean or disposable?				
10	Are the contractor's food transport vehicles, including reusable containers, kept clean and maintained in good repair and conditions to protect food from contamination? <i>(The interior of food transport vehicles should be appropriately insulated with a lined interior that provides a smooth, continuous, easily cleanable waterproof surface).</i>				
11	Are the ready-to-eat and raw foods transported in the same vehicle appropriately separated to avoid cross contamination?				
12	Food items are physically separated from non-food items during transport?				
13	Are the canteen surfaces well-kept? (i.e. Surface are grease free, and there are no residuals of standing water and foodstuffs)				

Food Services Inspection Checklist

Ref:

PL-ES-007-03-1.1

#	Topics	Yes	No	N/A	Comments
14	Is drying of floors completed following wet mopping immediately? Is appropriate warning signage utilized?				
15	Are cleaning staff aware of spill response procedure?				
16	Is staff provided with appropriate safety footwear that has a non-slip sole?				
17	Are electrical fixtures and fittings protected to ensure further hazards are created?				
18	Does staff demonstrate appropriate Manual Handling technique?				
19	Food Handling employees wear suitable, clean and protective clothing while handling food? E.g. hair nets, gloves, masks, beard covers?				
20	Food handlers have washed their hands prior to service?				
21	Food wrapping materials and packaging to transport food provides adequate protection for food to minimize contamination and accommodate proper labelling?				
22	Ready to eat/unpackaged food is displayed behind protective barriers, at appropriate temperature, to prevent likelihood of food contamination				
23	Separate serving utensils are provided for each food?				
24	All serving utensils used at the food display counters are food grade, inert, easily cleaned?				
25	Serving utensils are easily cleaned and disinfected prior to use?				
26	Food that has passed its marked 'expiry', 'use by', or 'best before' date shall be disposed of as quickly as reasonably practicable?				

Hazardous Substances Register

QU Floor Number		Last Reviewed Date:		Completed by:	
------------------------	--	----------------------------	--	----------------------	--

Material	Location of Storage	Hazard Classification	Supplier / Manufacturer	Quantity Stored	Maximum Quantity Allowed to be Stored	Expiration Date (if Applicable)	Storage Location	MSDS Available (Y/N)

Date Reviewed by HSE Office	
------------------------------------	--

Contractor HSE Performance Assessment Review	Ref:	PL-ES-007-05 – 1.1
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Date:		Time:	am	pm	Ref:	PL-ES-007-05-
Owner (Dept./College/Center)					Tel:	
					Email:	
Contract Title & Ref No						
Type of work being undertaken (Contract/Service scope/description)						
Contractor Name				Tel No:		
				Email:		
Location/Worksite						

Health & Safety Hazards involved	Environmental Impacts involved

#	Question	Yes	No	N/A	Comments
1	Did the contractor develop and activate relevant HSE documentation for the contract consistent with the requirements of the contract?				
2	Were the requirements of the required HSE documents effectively implemented throughout contract delivery (e.g. work instructions, method statements)?				
3	Did the contractor deliver HSE training, inductions and other HSE related communications (e.g. tool box meetings) for their staff and relevant stakeholders as required by the contract and related HSE documentation?				
4	Did the contractor perform site or activity HSE inspections in accordance with the contract requirements and appropriately address any HSE issues identified?				
5	Was any non-compliance raised by QU related to the contractor's HSEMS, HSE procedures, or HSE performance etc.?				

Health, Safety & Environment Management System (HSEMS)



#	Question	Yes	No	N/A	Comments
6	Were any non-conformances and corrective actions appropriately closed out in a timely manner?				
7	Did any HSE incidents occur during the contract delivery?				
8	Were any HSE incidents effectively recorded, investigated, reported, followed-up and corrective actions put in place?				
9	Did the contractor achieve HSE KPI targets established for the scope of works?				
10	Based on project HSE performance, should the contractor be considered for future contracts for QU? Comment.				

Additional Notes/Comments:

Overall Future projects Recommendations:

Recommended

Conditionally Recommended

Not Recommended

Inspector Name:		Signature:	
Position:		Date:	
Approved by:		Signature:	
Position:		Date:	



Part-8

Emergency Management

Produced by

HSSE – Facilities & GS Department

PL-ES-008: Emergency Management

Contents: <ul style="list-style-type: none">▪ Policy Description▪ Who Should Know This Policy▪ Policy Sections	Version Number: 1.1
	Effective Date: 18-01-2017
	Approved by Director Facilities & GS Dept. On: 18/ 1 / 2017
	Approved by VP for Administration & Financial Affairs On: 18 / 01/ 2017
	Approved by QU President On: 18 / 01 / 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for responding effectively and timely to events that pose an immediate danger to the health and safety of the Qatar University (**QU**) employees, students, contractors, visitors, the community and/or the environment.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – Emergency Response Plan Template

1.1 Purpose

- 1.1.1. The purpose of this document is to define the policies and procedures that are necessary for responding effectively and timely to events that pose an immediate danger to the health and safety of the Qatar University (QU) employees, students, contractors, visitors, the community and the environment.

1.2 Scope

- 1.2.1 This procedure covers all key potential emergencies that may occur at QU work premises including site works and work related travel.
- 1.2.2 All QU employees, students, contractors, and visitors must comply with this procedure.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1 QU leadership and management are responsible for:
- Implementing this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.

1.3.2 Health, Safety & Environment Office (HSE)

- 1.3.2.1 The Environment, Health and Safety Office (HSSE) will serve as an Emergency Program Manager by:
- Developing, implementing and maintaining a comprehensive emergency management program;
 - Conducting and participating in Risk Assessments associated with QU; and keeping Risk Registers updated;
 - Developing Emergency Response Plans (**ERPs**) for QU;
 - Identifying an Emergency Response Team;
 - Ensuring Training in emergency management to QU staff in the areas of emergency response;
 - Ensuring appropriate training and certification of the Emergency Response Team;
 - Coordinating Emergency drills with Building Facilities Management;
 - Monitoring potential and on-going threats against QU;
 - Responding on-scene to incidents (depending on the nature of the incident) and supporting the Emergency Response Team in coordinating the response with off-site emergency responders;

- Coordinating with Regulatory Agencies as required in accordance with QU HSEMS Communication & Consultation Procedure and Hazard, Near Miss and Incident Reporting Procedure; and
- Keeping QU leadership aware of incident situations.

1.3.3 HSE Committee

1.3.3.1 The HSE Committee shall:

- Provide support and assistance as may be required by the HSE in issues related to Emergency Management;
- Ensure Emergency Personnel receive appropriate training relevant to the tasks assigned and maintain required competency levels; and
- Ensure Emergency Personnel duties and responsibilities are clearly communicated and identified.

1.3.4 Emergency Response Team

1.3.4.1 The emergency response team shall:

- Comply with requirements for certification and ensuring their training is current;
- Attend Emergency Management meetings and providing feedback on ERPs;
- Take reasonable steps to ensure that they do not place themselves or others at risk or harm; and
- Respond to emergencies in line with the instructions outlined in the relevant QU HSEMS Emergency Response Plans, including:
 - First Aid and Medical Response Procedure (Ref No. PL-ES-008.1);
 - Fire Safety and Response Procedure (Ref No. PL-ES-008.2);
 - Earthquake Response Procedure (Ref No. PL-ES-008.3);
 - Spill Response Procedure (Ref No. PL-ES-008.4); and
 - Power Outage Response Procedure (Ref No. PL-ES-008.5).

1.3.5 Other Accountabilities

1.3.5.1 Employees, Students, Contractors, and Visitors are responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and
- Using control measures as required and any other action taken, which is designed to protect environment, health and safety.

1.4 Procedure

1.4.1 Emergency Response Program

1.4.1.1 The Emergency Management Procedure provides an integrated, risk management approach to effectively mitigate the impact of a crisis on QU employees, students, contractors, visitors, stakeholders, and community; and ensure an adequate level of response is achieved.

1.4.1.2 The Emergency Management Program can be seen over time in four stages (Figure 1).

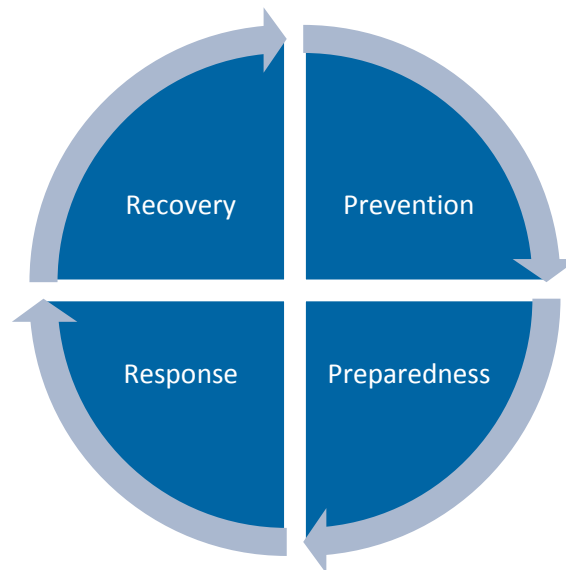


Figure 1: Stages of Emergency Management

1.4.1.3 The Emergency Management Procedure outlines:

- Prevention Measures through the:
 - Identification of potential emergency scenarios through hazard identification and risk assessment.
- Preparation measures through the:
 - Selection, Training, and Identification of competent Emergency Personnel; and
 - Provision of stimulated Training of emergency scenarios and awareness
- Response Measures through the:
 - Development of ERPs;
 - Establishment of an Emergency Operations Centre (EOC) to make decisions on emergency response; and
 - Development of an Emergency Evacuation Plan.
- Recovery Measure through the:
 - Review and Monitoring of the effectiveness of the ERPs.

1.4.2 Identification of Emergency Scenarios

- 1.4.2.1 Risk Assessments will be conducted in accordance to the QU HSEMS *Section 6.0 – Risk Management Procedure* in order to identify emergency scenarios that could potentially harm QU staff, contractors, or visitors.
- 1.4.2.2 Although control measures to reduce risk to as low as reasonably practicable (**ALARP**) may be implemented, there shall normally be some residual risk that may lead to emergency as a result of control failures associated with routing operations.
- 1.4.2.3 Hazards whose initial risk rating of “extreme” or “high” may be considered to constitute as an emergency and will have a Specific Emergency Plan developed.
- 1.4.2.4 Based on hazard identification, risk assessment, consultation with employees, and credible event analysis; response plans shall be developed for foreseeable scenarios, which shall include, but are not limited to:
- First Aid and Medical Emergency Response Procedure;
 - Fire Response Procedure;
 - Earthquake Response Procedure;
 - Spill Response Procedure; and
 - Power Outage Response Procedure.

1.4.3 Selection, Training and Identification of Emergency Personnel

- 1.4.3.1 Competent emergency personnel will be allocated based on the results of emergency planning and risk assessment.
- 1.4.3.2 There are various roles and responsibilities to fulfil in the event of an emergency incident, therefore QU shall ensure that individuals managing and implementing the Emergency Response Plans are:
- Fitted into an incident command and control structure;
 - Competent to discharge their assigned roles;
 - Physically fit and able to perform their assigned work;
 - Appropriately equipped to do their assigned work safely;
 - Forewarned of risks and their remedies (e.g. through site risk assessments, toolbox talks, and Safety Data Sheets when handling hazardous materials);
 - Trained to carry out their duties safely;
 - Exercised in the relevant emergency response plans; and
 - Appropriately delegated to execute their roles and responsibilities.
- 1.4.3.3 To ensure effective implementation, QU shall provide training for the Emergency Response Team members and the opportunity to practically test implementation of the Emergency Plans in a scenario setting on a regular basis. The HSSE will be delegated

the task of ensuring that the Emergency Personnel acquire the appropriate training. At a minimum, the Emergency Personnel should be trained on:

- Emergency Management in the legal context;
- QU approach to Emergency Management;
- Roles and Accountabilities;
- Specific Emergency Plans and Structures; and
- Communications during a crisis/emergency.

1.4.3.4 The following types of training exercises shall be covered as necessary:

- Desk-top exercises, which involve the responders reacting to a simulated emergency across a table setting, usually in an EOC ;
- Equipment deployment exercises, which test the ability to combat a simulated emergency scenario with the equipment at disposal; and
- Full incident management exercises, which simulate the real emergency. These exercises require advanced pre-planning, and shall include the stakeholders.

1.4.3.5 All specialised trainings such as first aid and fire extinguisher training shall be provided by certified training provider(s).

1.4.3.6 During emergency exercises or events, all members of the QU emergency personnel shall be identifiable in accordance with the following:

- Shall be identifiable by the use of coloured vest. e.g. in-house first aid personnel shall be identified by a white crescent on a green background;
- Identification apparel shall be prominently marked with the wearer's emergency role /title;
- The specific floor, area or building may also be identified;
- The type of identification used for each designation shall be consistent throughout the facility; and
- The identification colours white, yellow and red shall represent the responsibility as listed in Table 1.

Table 1: Colour Code for Emergency Personnel Vests

Emergency Role/Position	Colour
Lead Emergency Officer	White
Deputy Emergency Officer	White
Area Fire Warden	Yellow
Emergency Response Team Member / HSSE	Orange
Fire Warden	Red
First Aid Personnel	Green

1.4.4 Emergency Training, Awareness and Competency

- 1.4.4.1** All employees, students, contractors and visitors shall receive basic instruction on emergency response as part of their HSE induction (e.g. location of emergency exits, fire extinguishers, and primary contact details).
- 1.4.4.2** Employees shall receive the training and information necessary to recognize report and respond to emergencies in the workplace. QU shall review with each employee those aspects of the emergency management procedures necessary for self-preservation and assistance in the event of an emergency.
- 1.4.4.3** Key emergency contacts from within QU and external will be maintained by the HSSE and distributed to all employees.
- 1.4.4.4** Employees, students, contractors and visitors shall be made aware of the existence of the ERPs as they relate to Training in the procedures required for effective implementation of each of the ERPs. For example, first aiders shall undergo the basic first aid training and fire wardens shall attend the firefighting trainings.
- 1.4.4.5** Drills and exercises shall be conducted and refresher training shall be provided at appropriate intervals to assure that all employees can execute their roles and responsibilities.

1.4.5 Emergency Testing

- 1.4.5.1** The most effective way to test emergency procedures is to conduct regular stimulated emergency response test. A simulated emergency response exercise will be undertaken at least once per year.
- 1.4.5.2** QU will facilitate drills in close communication, cooperation, and coordination with the Buildings Operation Department (**BOD**) and local emergency services as required.
- 1.4.5.3** QU will address general building evacuation procedures and will participate in the Buildings' annual drills to ensure employees are aware of the proper response to different scenarios.
- 1.4.5.4** The following types of exercises shall be covered to the extent appropriate:
- Notification exercises, which test the accuracy of call plans within a specified time frame and evaluate the quality of call handling;
 - Desk-top exercises, which involve the responders reacting to a simulated emergency across a table setting, usually in an Emergency Operations Centre;
 - Equipment deployment exercises, which test the ability to combat a simulated emergency scenario with the equipment at disposal; and
 - Full incident management exercises, which simulate the real emergency.
- 1.4.5.5** Refresher training shall be offered when procedures are updated / revised or following an emergency event.

1.4.6 Emergency Response Plans

- 1.4.6.1** QU shall develop, implement and maintain appropriate HSE ERPs as part of the QU HSEMS, which shall address emergency preparedness, planning and response to specific HSE emergencies scenarios within QU.
- 1.4.6.2** ERPs are action execute documents that are produced and maintained to safeguard people, environment, property or business from foreseeable emergency scenarios and shall be in line with the Qatar Civil Defence Laws, including *Qatar Law No (13) on Civil Defence* and *Qatar Law No. (9) on Amending Some of the Provision of Law No (13) of 1997 (2012)*.
- 1.4.6.3** The general content of the ERPs developed by QU shall be in line with the requirements in Appendix A of this procedure.
- 1.4.6.4** ERPs shall be developed for the following foreseeable scenarios:
- HSEMS Section 8.1 First Aid and Medical Response Procedure (Ref No. PL-ES-008.1);
 - HSEMS Section 8.2 Fire Safety and Response Procedure (Ref No. PL-ES-008.2);
 - HSEMS Section 8.3 Earthquake Response Procedure (Ref No. PL-ES-008.3);
 - HSEMS Section 8.4 Spill Response Procedure (Ref No. PL-ES-008.4); and
 - HSEMS Section 8.5 Power Outage Response Procedure (Ref No. PL-ES-008.5).
- 1.4.6.5** Each ERP shall have the following roles and responsibilities clearly allocated and communicated:
- ERP Owner – A single point of accountability
 - ERP Custodian – A single point of contact
 - Emergency Duty Officer – Who can call-out other required role holders
 - Emergency Response Team – dedicated to the type of emergency at hand and involved in plan execution
- 1.4.6.6** This applies to HSE emergencies that occur as a result of activities being carried out by QU (internal risk), or from events beyond the control of QU (external risk).
- 1.4.6.7** ERPs shall include joint training, exercises and drills with the local emergency services, as required, facilitating effective preparedness.
- 1.4.6.8** Close communication, cooperation and coordination with such services shall assist QU in further developing and refining its emergency management arrangements and plans.

1.4.7 Emergency Evacuation Plan

1.4.7.1 Evacuation plans shall be developed by QU to ensure the prompt and orderly evacuation of employees and other occupants (including students, visitors and contractors) when an actual emergency situation occurs.

1.4.7.2 The Evacuation plans shall be appropriate to QU premises and shall include:

- Duties and identity of staff who have specific responsibilities in evacuation;
- Identification of key escape routes, and how people can gain access to them and escape to a place of total safety;
- How people shall be warned if there is need to evacuate;
- How the evacuation of premises shall be carried out and any arrangements for phased Evacuation (where some areas are evacuated while others are alerted but not evacuated until later);
- Where people shall assemble after they have left the premises and what procedures shall be used to account for employees / occupants and confirm full evacuation;
- Arrangements for the safe evacuation of people with special needs, such as those with disabilities, lone employees and young persons;
- Arrangements for the evacuation of any special risk areas;
- Arrangements to deal with people once they have left the premises;
- Procedures for meeting rescue service on their arrival and notifying them of any special risks or any staff that could not be evacuated;
- Training needs and arrangements for ensuring this training is given; and
- Guidance to employees / occupants on how to safely exit the building and assemble, stressing that preservation of life requires individuals reacting immediately to the evacuation alarm.

1.4.7.3 The evacuation routes shall be selected, equipped and managed such that they:

- Lead to emergency exits that are appropriate for the risks and size of the premises / workplace and the number of occupants that may be present at any one time;
- Lead to emergency exit doors that open in the direction of escape (sliding or revolving doors shall not be used as emergency exits) and are not locked or fastened;
- Lead as directly as reasonably practicable to a place of safety;
- Are marked by signs and with appropriate illumination to guide occupants to a place of safety; and
- Are kept clear of obstructions at all times.

1.4.7.4 The Emergency Evacuation Plan shall cover any special equipment and arrangements that are justified by risk assessment.

1.4.7.5 Evacuation route maps, complete with locations of emergency exits and assembly points, shall be posted throughout facilities in a manner and quantity that assures the availability of the information to all occupants.

1.4.8 Monitoring and Review

- 1.4.8.1** Following every declared emergency or drill, the Emergency Response Planning team shall convene for an After Action Meeting with the Emergency Response Team. They will produce an After Action Report based on the lessons learned from the incident, and Corrective Improvement Plans.
- 1.4.8.2** The HSSE, with support from the management, the HSE Committee, and Emergency Response Teams, shall be responsible for the monitoring and annual review of the EMP and ERPs.
- 1.4.8.3** The HSE Unit shall review and revise EMP/ERPs:
- following a change in the assessment level;
 - upon the addition of or change in new legal requirements and process changes;
 - following an emergency management response exercise/drill;
 - following an actual emergency occurrence (such as a fire or spill); or
 - at least annually.
- 1.4.8.4** The monitoring of the EMP and ERPs may also form part of the regular audits.
- 1.4.8.5** In reviewing the EMP and ERPs, the HSSE shall take into account feedback provided by the members of Emergency Response Team.
- 1.4.8.6** Following the formal review and feedback process, the HSSE shall re-submit reviewed EMP and or ERP(s) to the designated Emergency Response Plan Custodian(s).
- 1.4.8.7** The Emergency Response Custodian(s) shall consider the following:
- established and implemented EMP and ERPs;
 - review of the effectiveness of evacuation training exercises; and
 - the personnel required to implement ERPs.
- 1.4.8.8** Any and all changes to the QU EMP and ERPs shall be communicated to the QU staff in compliance with QU HSEMS - *Section 13.0-Communication and Consultation Procedure*.
- 1.4.8.9** A list of ERPs will be kept and updated as necessary for reference.
- 1.4.8.10** A list of all emergency response equipment and locations will be kept and updated as necessary for reference.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to *QU HSEMS - Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Emergency Response Plan Template

Emergency Response Plan Template	Ref:	PL-ES-008-01-1.1
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Subject:

Description:

Developed/Written By:		Created Date:		Issued Date:	
Approved By:		Review Date:		Revision:	

Contents:

1	Document Control Including authorization, distribution, revision record, and glossary of terms & abbreviations
2	Introduction
2.1	Purpose and Scope
2.2	QU HSEMS Policy
2.3	Roles and Responsibilities
3	Linkage with other plans
3.1	Key Stakeholders (and their roles and responsibilities)
3.2	Linked plans and linkage guidelines
4	Pre-Emergency Planning
4.1	Hazard Identification
4.2	Risk Analysis
4.3	Management System and Standards Requirements
4.4	Emergency Organization Responsibilities
4.5	Resources and Training
4.6	Internal Alerting
4.7	External Alerting
4.8	Communications
4.9	Public Affairs
5	Emergency Response
5.1	Response Action Decision Making
5.2	Plan Activation and Response/Communications Mobilization
5.3	Response Action/Containment/Isolation/Quarantine/Cleanup
5.4	Emergency Operations Centre and Liaison
5.5	Evacuation and Accountability
5.6	Management of Contaminants and Debris
5.7	Site Restoration/Remediation
5.8	Incident Investigation, Debriefing and Post-Incident Evaluation
5.9	Reporting (Internal and to QU)

6	Training and Practice Drills
6.1	Training records
6.2	Practice Drills summary reports
7	Plan Evaluation Reports
8	Plan Updates
9	Appendices and Operational Guidelines
Including essential data, e.g. equipment inventories, critical vendors, emergency contacts, Material Safety Data Sheets, etc.	



Part-8.1

First Aid and Medical Emergency Response Procedure

Produced by

HSSE – Facilities & GS Department

PL-ES-008.1: First Aid and Medical Emergency Response Procedure

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for responding in an effective and timely manner to events that lead to first aid or medical emergency injuries for Qatar University (**QU**) employees, students, contractors, visitors, or the community

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – First Aid Common Hazard Tool

Appendix B – First Aid Kit Checklist

Appendix C – QU HSEMS Letter of Appointment: First Aider

1.1 Purpose

- 1.1.1 The purpose of the First Aid and Medical Emergency Response Plan is to define the policies and procedures that are necessary for responding in an effective and timely manner to events that lead to first aid or medical emergency injuries for Qatar University (QU) employees, students, contractors, visitors, or the community.

1.2 Scope

- 1.2.1 This procedure covers all potential first aid and medical emergencies that may occur at QU work premises including site works and work related travel.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1 QU Top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to environment, health and safety (HSE). This includes:
- Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.

1.3.2 Environment, Health and Safety (HSSE)

- 1.3.2.1 The Environment, Health and Safety Office (HSSEO) shall be responsible for:
- Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring that the control measure implemented are reviewed and monitored;
 - Providing assistance, where requested with the conduct of HSE assessments prior to the commencement of works; and
 - Undertaking all the duties identified in line with this procedure.

1.3.3 First Aid and Medical Emergency Plan Custodian(s)

- 1.3.3.1 First aid and medical emergency plan custodian(s) shall act as QU's single point of accountability to ensure that first aid and medical emergencies are managed within QU facilities and the First Aid and Medical Emergency Plan is developed, updated and implemented.

1.3.4 First Aid and Medical Emergency Plan Owner(s)

1.3.4.1 First aid and medical emergency plan owner (s) shall act as the QU single point of contact during first aid and medical emergencies and ensures that these are managed within QU facilities.

1.3.4.2 First aid and medical emergency plan owner (s) shall also ensure first aid and medical emergencies are attended to in line with the requirements in Section 1.5.6 of this plan.

1.3.5 Emergency Duty Officer

1.3.5.1 The Emergency duty officer shall assist QU First Aid and Medical Emergency Owner and coordinate the roles and responsibilities amongst the different First Aid and Medical Emergency Response Team members.

1.3.6 First Aid and Medical Emergency Response Team

1.3.6.1 The first aid and medical emergency response team shall be responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Limiting their first aid treatment to that within the scope of their authority and training level;
- Ensuring that their training is certified and current in accordance with the requirements of this plan;
- Keeping documentation of cases treated in accordance with requirements of Section 1.5.10 of this plan;
- Being knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter and the types of injuries and specific health conditions that are reasonably practicable to require first aid treatment;
- Ensuring that emergency support services are pursued to ensure timely intervention by specialist services; and
- Responding to emergencies in line with the instructions outlined in Section 1.5.6 of this plan.

1.3.7 Other Accountabilities

1.3.7.1 Employees, students, contractors and visitors shall be responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and

- Using control measures as required and any other action taken, which is designed to protect environment, health and safety.

1.4 Risk Assessment

- 1.4.1 To facilitate identification of the potential injuries and illnesses that might occur, HSE risk assessments for QU undertakings, facilities and activities shall be carried out according to QU HSEMS-Section 6.0 - *Risk Management Procedure*.
- 1.4.2 Although control measures to reduce risks of personnel injuries and ill health to as low as reasonably practicable (**ALARP**) shall be implemented, there is normally some residual risk that may lead to emergencies, as a result of control failures associated with routine operations.
- 1.4.3 Use Appendix A – Common Hazard Tool as a reference tool only, as it identifies common hazards with corresponding injury and illness that could occur. However, other common medical conditions should not be overlooked such as, but not limited to, asthma, epilepsy, heart attack, or hypoglycaemia.
- 1.4.4 To further facilitate the risk assessment, a combination of the following methods can be used to help identify likely injuries and illnesses at QU:
 - Review of accident, injury, and near miss data;
 - Consultation with employees;
 - Office Inspections;
 - Review of Safety Data Sheets and product labels of chemicals on QU premises; and
 - Review Audits and Incident Investigation

1.5 Organisation and Emergency Response Procedure

1.5.1 General Requirements

- 1.5.1.1 QU shall ensure all employees working within QU facilities (including contractors/consultants/etc.) have appropriate medical insurance that will provide coverage for medical care provided in the State of Qatar.
- 1.5.1.2 QU shall ensure in the event of a medical emergency or work related injury/illness, those persons who require emergency services receive prompt, appropriate first aid services by an appropriately certified trained first aid officer, whilst appropriate arrangements for emergency support are being pursued. The casualty shall be transferred to the nearest medical facility that can provide appropriate care.

1.5.1.3 QU shall ensure that a routine review of the effectiveness of the First Aid and Medical Emergency Response Plan review is undertaken by the HSEO in coordination with the HSE Committee and the First Aid and Medical Emergency Response Team to determine the first aid and medical emergency training, competency and first aid kit requirements of QU. This review shall include a consideration of:

- the nature of the work and workplace hazards and risks;
- the size of the organisation;
- the nature of the workforce;
- work patterns;
- the number and distribution of the workforce;
- the entities history of incidents;
- provision for treatments throughout a 24-hour day and during weekends;
- the need of travelling, remote or lone employees;
- the remoteness of the worksite from emergency medical services;
- transport arrangements for emergency evacuation when required;
- annual leave and other absences of first aiders and appointed persons; and
- First aid provisions for non-employees.

1.5.1.4 QU shall ensure that employees understand how and where to receive first aid or medical treatment through continuous awareness campaigns, training and communication.

1.5.1.5 Communication regarding contact details for first aiders or appointed persons, the emergency contact number/radio frequency, and where the first aid box is, shall be provided to all QU employees. Special consideration shall be given to the provision of first aid information to employees in a manner taking into account language and literacy levels.

1.5.2 First Aid Signage

1.5.2.1 QU shall ensure that all first aid facilities are appropriately identified and marked with the recognised first aid sign and that the environment where first aid treatment may take place is, as far as reasonably practicable, free from hazards.

1.5.3 Emergency Contacts

1.5.3.1 QU shall ensure that all first aid facilities are appropriately identified and marked with the recognised first aid sign and that the environment where first aid treatment may take place is, as far as reasonably practicable, free from hazards.

1.5.3.2 The list will contain as a minimum:

- Names of Emergency First Aid Officers;
- Location of first aid station;

- Nearest ambulance service;
- Nearest doctor/clinic for emergency care; and
- Nearest hospital with accident and emergency department.

1.5.4 Emergency Response Personnel

- 1.5.4.1 First aiders may not have the primary duty of providing medical assistance, but they shall be able to respond if an incident occurs.
- 1.5.4.2 Teams who regularly undertake field work should contain at least one person trained in first aid.

1.5.5 Emergency Services

- 1.5.5.1 Initial first aid treatment shall be available anywhere on the QU facilities worksite within a three minute response time.
- 1.5.5.2 For QU employees travelling for work-related activities, first aid requirements shall as per QU HSEMS-*Section 6.0– Risk Management Procedure*.

1.5.6 Emergency Response Procedure

- 1.5.6.1 This section specifies the roles, responsibilities and activities undertaken by the First Aid and Medical Emergency Response Team members during different stages of an emergency.

1.5.6.2 Pre-Emergency Arrangement

- **First Aid and Medical Plan Custodian**
 - Ensure First Aid and Medical Emergency Response resources (including personnel, equipment and training) are maintained in line with the requirements of this plan.
 - Ensure the emergency response procedures are kept up-to-date.
- **First Aid and Medical Emergency Plan Owner**
 - Maintain a c urrent register of First Aid and Medical Emergency Response Team members.
 - Replace First Aid and Medical Emergency Response Team members when a position becomes vacant.
 - Conduct regular exercises.
 - Ensure the emergency response procedures are kept up-to-date.
 - Attend meetings, as appropriate.
 - Attend training and emergency exercises, as required.
 - Ensure personal First Aid and Medical Emergency Response Team identification is available.

- **Emergency Duty Officer**
 - Confirm appropriate First Aid and Medical Emergency Response Team members are assigned to different areas of responsibility.
 - Report on deficiencies of first aid kits.
 - Ensure that First Aid and Medical Emergency Response Team members have communicated the emergency response procedures to all occupants within their nominated areas.
 - Ensure that occupants are aware of the identity of their First Aid and Medical Emergency Response Team members.
 - Attend training and emergency exercises, as required.
 - Ensure personal identification is available.
 - Ensure reporting of any incidents in line with QU HSEMS *Section 12.0-Hazard, Near Miss and Incident Investigation and Reporting requirements*.
- **First Aid and Medical Emergency Response Team**
 - Attend regular first aid training.
 - Practice use of first aid kits provided.
 - Inspect and maintain first aid kits stocked and as per Appendix B.
 - Ensure that personal protective equipment is maintained and available.
 - Ensure personal identification is available.
 - Participate in emergency exercises, as required.

1.5.6.3 General Treatment of Injured Persons:

- **First Aid and Medical Response Team:**
 - Minor injuries, which include minor burns, nose bleeds, cuts, scratches and scrapes- injured persons shall be evaluated and treated according to their injuries.
 - Non-life threatening injuries that require a higher level of medical treatment, the injured person shall be transported by a QU vehicle to the nearest medical treatment centre or hospital.
 - Major injuries, which involve chemical burns, electric shock, inhalation of fumes, fractures, dislocations, sprains, deep cuts and injuries that are life threatening, ambulatory services shall be called upon to transport the patient to the nearest hospital for treatment.
 - Employees complaining of chest pain shall always be treated as a life threatening condition and ambulatory services called immediately. As far as reasonably practicable, an employee complaining of chest pain shall not be transported to a medical treatment centre or hospital in a personal or company vehicle.
 - All contaminated items (bandages, used equipment) shall be placed into a labelled sealed container or plastic and shall be disposed of as hazardous waste.

1.5.7 First Aiders Safety and Infection Control

- 1.5.7.1 First aid personnel and employees may be at risk of exposure to infectious diseases or biological hazards and shall receive training on the various types of blood borne pathogens and methods to protect themselves from exposure.
- 1.5.7.2 Appropriate Personal Protective Equipment (**PPE**) shall be provided to protect first aid personnel and ill or injured persons from risks of exposure to infections.
- 1.5.7.3 PPE shall include at a minimum:
- Protective gloves such as disposable PVC, latex gloves or heavy duty gloves where there is a risk of exposure to sharp objects or when cleaning blood or body substance spills;
 - Protective clothing such as disposable non-porous overalls or plastic aprons;
 - Eye protection such as goggles and safety glasses;
 - Safety footwear to protect feet from sharp objects; and
 - Resuscitation mask to reduce the risk of exposure to blood and body substances.
- 1.5.7.4 Control measures shall be in place for the management of skin penetrating injuries (**SPI**) and other blood or body substance exposures.
- 1.5.7.5 Management of a SPI includes the following:
- Encourage the wound to bleed by gently squeezing;
 - Wash the area with cold running water and soap if available; and
 - Apply an antiseptic if available then cover the wound with an appropriate dressing.
- 1.5.7.6 Procedures shall be in place for the management of exposure to blood or body substances. Management of exposure to blood or body substances include the following:
- Wash away the blood or body substance with soap and water. If water is not available then use a 60-90% alcohol based hand rinse or foam;
 - If the eyes are contaminated, rinse eyes while open with tap water or saline solution; and
 - If blood gets into the mouth, spit it out and then repeatedly rinse with water.
- 1.5.7.7 If exposed to blood or body substances the person shall be referred for medical assessment immediately. The doctor can then assess the degree of exposure and arrange blood tests and immunisation where appropriate. Access to professional counselling shall also be provided, if necessary.
- 1.5.7.8 Records of blood or body substance exposure shall be documented and kept. Records of exposure and treatment shall be kept confidential.

1.5.8 First Aid Kits

- 1.5.8.1 Appropriate first aid kits shall be maintained and readily available at all QU premises (minimum one at each floor) and vehicles.
- 1.5.8.2 First Aid kits shall be stored in clearly identified locations. Location of all first aid kits shall be communicated to all QU employees, including contractors and visitors as may be required.
- 1.5.8.3 Inspection of first aid kits shall be undertake at least once each month, to ensure that these are adequately available in an emergency event. A First Aider shall be nominated to complete and regularly update the First Aid Checklist (Appendix B) which shall be kept together with the first aid kits and reported to the HSSE.
- 1.5.8.4 The HSEO and Emergency Response Team shall ensure that first aid kits / medical supplies are inspected by and replenished with necessary items (including replacing expired items).

1.5.9 Training and Exercises

- 1.5.9.1 First aiders shall be registered and maintain a valid certificate of training from one of the approved training providers and/or approved training courses.
- 1.5.9.2 Competent First Aiders shall be designated for all QU facilities. The designation shall be properly documented through a Letter of Appointment (Appendix CAppendix A).
- 1.5.9.3 First aider's initial training shall be refreshed as required by the training provider, but at a minimum annually for life threatening emergencies, cardiopulmonary resuscitation (**CPR**) procedures and automated external defibrillator (**AED**) use. Unless otherwise stipulated by the training provider, nonlife-threatening response refresher training shall be provided at a minimum every two years.
- 1.5.9.4 Any nurses employed by QU shall receive training on common worksite hazards prior to starting work. All nurses shall hold the designation of Registered Nurse and maintain a valid license issued by Supreme Health Council, Qatar.
- 1.5.9.5 The first aid training and competency undertakings shall be in line with the requirements and procedures of the QU HSEMS *Section 11.0 – Training and Competency Procedure*.

1.5.10 Record Keeping

1.5.10.1 QU shall ensure that all records be kept with regards to First Aid statistics and emergency cases treated.

1.5.10.2 All first aid incidents shall be recorded including the following information:

- Injured person's name, Qatar ID number, employee ID number, and profession;
- Date, time, and place of injury;
- Description of injury;
- Description of how the injury occurred;
- Treatment provided (QU first aid and external medical services);
- Any follow-up treatment required; and
- Name and signature of First Aider.

1.5.11 Monitoring and Review

1.5.11.1 The HSEO, with support from Top Management, Department and Team Managers, and First Aid and Medical Response Teams, shall be responsible for the monitoring and annual review of the First Aid and Medical Emergency Plan.

1.5.11.2 The First Aid and Medical Emergency Plan shall be reviewed:

- Following a change in the assessment level;
- Upon the addition of or change in new legal requirements and process changes;
- As part of regular HSEMS audits;
- Following an emergency management response exercise/drill;
- Following an actual emergency occurrence (such as a fire or spill); or
- At least annually.

1.5.11.3 During the review of the First Aid and Medical Emergency Plan, the HSEO shall take into account the following:

- Feedback provided by the members of First Aid and Medical Response Team;
- Feedback from medical practitioners or injured personnel on adequacy of the first aid care provided;
- The response time required to attend to first aid cases; and
- Adequacy of the available first aid equipment.

1.5.11.4 Following the formal review and feedback process, the HSSE shall re-submit reviewed First Aid and Medical Response Plan to the designated First Aid and Medical Response Plan Custodian.

1.6 Document Control

- 1.6.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.6.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.6.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.7 Appendices

Appendix A: First Aid Common Hazard Tool

Appendix B: First Aid Kit Checklist

Appendix C: QU HSEMS Letter of Appointment: First Aider

Common Hazard Tool – <i>For Reference Use Only</i>	Ref:	PL-ES-008.1-01-1.1
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Hazard	Typical Problems	Injury/illness requiring First Aid
Manual Handling	Overexertion/Repetitive Movement	Sprains, Strains, Fractures
Falls	Falls from heights, slips and trips on uneven surfaces	Fractures, bruises, cuts, dislocations, concussion
Electricity	Contact with electrical current	Shock, Burn, loss of consciousness, cardiac arrest
Plant	Being hit by projectiles, striking objects, being caught in machinery overturning vehicles	Cuts, bruises, dislocations, dermatitis, fractures, amputation, eye damage
Hazardous substances	Exposure to chemicals, e.g. Solvents, acids, hydrocarbons	Dizziness, vomiting, respiratory problems, burns to skin or eyes
Temperature, UV radiation	Effects of heat or cold from weather or work environment	Sunburn, frostbite, heat stress, heat stroke, hypothermia
Biological	Allergens, needles stick exposure to infectious agents	Severe allergic reaction, injuries, skin rash, infection
Occupation violence	Intimidation, conflict, physical assault	Nausea, shock, collapse, physical injuries

First Aid Kits Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.28-1.1
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-
Room No:	Lab Name:	First Aid Box Code/No:	
Inspector Name:	Title:	ID:	Tel:
Lab In charge Name:	Title:	ID:	Tel:

Notes:

- Questions answered as 'No' should have an associated action created or a comment entered.
- Inspections should be undertaken in consultation with staff to gauge their knowledge, understanding and opinions and not completed in isolation by inspectors.

Question	Yes	No	N/A	Comments	Actions
1. Is the First Aid Guide available?					
2. Is the contact number of First Aider displayed?					
3. Is the First Aid Treatment Record available?					
4. Is the First Aid cabinet locked?					
5. Is the Triangular Bandage (1pc) available?					
6. Is the Scissors (1pc) available?					
7. Is the Antiseptic Spray Bandage (1pc) available?					
8. Is the Burn Relief Spray (1pc) available?					
9. Is the Betadine Antiseptic Solution (1pc) available?					
10. Is the Pain Relief Spray (1pc) available?					

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Question	Yes	No	N/A	Comments	Actions
11. Is the Plaster (100 pcs) available?					
12. Is the Alcohol Pads (100 pcs) available?					
13. Is the Gloves Nitrile or Vinyl Powderless (20 pcs) available?					
14. Is the Forceps (1 pc) available?					
15. Is the Face Mask (10 pcs) available?					
16. Is the Cold Pack (1 pc) available?					
17. Is the Burn shield (1 pc) available?					
18. Is the Gauze Bandage (2 pcs) available?					
19. Is the Gauze Swab (2 pcs) available?					
20. Is the Sting Relief Pad (100 pcs) available?					
21. Is the Emergency Blanket (1 pc) available?					
22. Is the Gauze Roll (3 pcs) available?					
23. Is the Gauze Roll (3 pcs) available?					
24. Is the Sam Splint (1 pc) available?					
25. Is the Pocket Resuscitator Mask (3 pcs) available?					
26. Is the Plaster Roll 5 X 5 (1pc) available?					
27. Is the Dressing Pad 7.5 X7.5 (1 pc) available?					
28. Is the Wound Dressing (5 pcs) available?					
29. Is the Cotton Balls (2 pcs) available?					

Additional Notes

PL-ES-014-04.28-1.1 - Inspection and Audit Procedure – Appendix D – First Aid Kits Inspection Checklist

First Aider Appointment Letter	Ref:	PL-ES-008.1-03- 1.1
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Appointment of First Aider

Date:	Building Code:	Building Name:	Ref: PL-ES-008.1-03-
Department/College :	Assigned from Date:	Assigned to Date:	

1- Personal Information:

Name	Title	QU ID	Tel No	Mobile No

2- First Aid Training Information:

Training Provider	ID Card Ref No	Issue Date	Expiry Date

Hereby you are appointed as a volunteer First Aider at _____ and you should take the following responsibilities:

- Administer first aid as required within the scope of the first aid training level received and license.
- Understand the nature and type of hazards to be encountered as a first aider including exposure to blood and take all precautionary measures to ensure your safety.
- Treat all personnel work First Aid injury types promptly and properly as required and transfer serious injuries immediately to the Medical Clinic.
- Ensure that sufficient first aid equipment is available in your area of responsibility and adequately stocked by replacing any used and expired items.
- Undertake monthly inspection on first aid equipment and complete relevant register.
- Record all injuries in the appropriate registers and report them to QU HSE.

Appointer Name (<i>HSE</i>):	Appointee Name (<i>First Aider</i>):
Signature: Date:	Signature: Date:



Part-8.2

Fire Safety and Response Plan

Produced by

HSSE - Facilities & GS Department

PL-ES-008.2: Fire Safety and Response Plan

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for the prevention, control, planning and response to fires at Qatar University (QU) facilities

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – Maintenance and Inspection Checks for Fire Fighting Equipment

Appendix B – QU HSEMS Letter of Appointment: Fire Warden

Appendix C –Fire Drill Observation Checklist

1.1 Purpose

- 1.1.1** The purpose of the Fire Safety and Response Plan is to define the policies and procedures that are necessary for the prevention, control, planning and response to fires at Qatar University (QU) facilities.
- 1.1.2** This plan also aims to ensure the timely response and evacuation to prevent any immediate danger to the health and safety of staff, students, contractors, visitors, the community and the environment.
-

1.2 Scope

- 1.2.1** This procedure covers all potential fire emergencies that may occur at QU work premises including site works.
- 1.2.2** All QU staff, students, contractors, and visitors must comply with this procedure.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** The QU Top Management, Department/Team/Project Managers and Leaders are responsible for:
- Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.
-

1.3.2 Health, Safety, Security and Environment (HSSE)

- 1.3.2.1** The Health, Safety and Environment (HSE) is responsible for:
- Implementing this procedure in their areas of responsibility and accountability;
 - Ensuring that the control measure implemented are reviewed and monitored;
 - Providing assistance, where requested with the conduct of Health, Safety & Environment (HSE) assessments prior to the commencement of works; and
 - Undertaking all the duties identified in line with this procedure.
-

1.3.3 HSE Committee

- 1.3.3.1** The HSE Committee shall:
- Provide support and assistance as may be required by the HSE in issues related to Emergency Management;

- Ensure Emergency Personnel receive appropriate training relevant to the tasks assigned and maintain required competency levels; and
- Ensure Emergency Personnel duties and responsibilities are clearly communicated and identified.

1.3.4 Health and Safety Management Section

1.3.4.1 The QU Health and Safety Management Section shall:

- Act as the QU single point of accountability to ensure that fire prevention, planning, control and response is managed within QU facilities and the Fire Safety and Response Plan is developed, updated and implemented.
- Act as the QU single point of contact during fire emergencies and ensures that these are managed within QU facilities;
- Ensure a Fire Safety and Response Plan is developed, updated and implemented in line with Qatar requirements; and
- Ensure fire safety and emergencies are attended to in line with the requirements in Section 1.4 of this plan.

1.3.5 Fire Emergency Response Team

1.3.5.1 The Emergency Response Team (ERT) shall include:

- HSSE;
- First aiders (Ref: PL-ES-008.1); and
- Fire wardens (Ref: PL-ES-008.2).

1.3.5.2 The Fire Emergency Response Team shall:

- Take reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Limit their fire response to that within the scope of their level;
- Be knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter;
- ensure that emergency support services are pursued to ensure timely intervention by specialist services; and
- Respond to emergencies in line with the instructions outlined in Section 1.4 this plan.

1.3.6 Other Accountabilities

1.3.6.1 Employees, Students, Contractors and Visitors are responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;

- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and
- Using control measures as required and any other action taken, which is designed to protect environment, health and safety.

1.4 Procedure

1.4.1 Risk Assessment

1.4.1.1 For successful prevention and preparedness for potential emergency situations, QU shall undertake HSE risk assessments for QU's undertakings, facilities and activities in accordance with QU HSEMS *Section 6.0 - Risk Management Procedure*. In addition, QU shall ensure that a fire risk assessment is conducted for all its facilities.

1.4.1.2 The fire risk assessment shall include the following considerations:

- Be specific to the fire risks that all QU employees, contractors, and visitors are exposed to;
- Comply with all Federal and Local requirements;
- Identify control measures to reduce the risks to As Low As Reasonably Practicable (**ALARP**) in line with QU HSEMS *Section 6.0 - Risk Management Procedure* and ensure controls are implemented and communicated;
- Be reviewed on a regular basis to ensure it is up to date and in particular if there has been a significant change in the matters to which it relates including when the premises, special, technical and organisational measures, or organisation of the work undergo significant changes, extensions, or conversions; and
- Be conducted by a competent professional(s).

1.4.1.3 The findings of HSE and fire risk assessments shall be communicated to QU employees with particular roles and responsibilities identified for the QU Fire Response Team regarding the implementation of control measures. In addition, key stakeholders (e.g. Civil Defence) shall be consulted and contacted as deemed necessary.

1.4.1.4 Although control measures to reduce risks of personnel injuries and ill health to ALARP shall be implemented, there is normally some residual risk that may lead to emergencies, as a result of control failures associated with routine operations.

1.4.2 Dangerous Substances

1.4.2.1 QU shall ensure that any dangerous substances stored within QU facilities are managed in line with the requirements of QU HSEMS *Section 6.0 - Risk Management Procedure* in order to identify the necessary control measures to reduce the risks to ALARP.

1.4.2.2 The fire risk assessment shall also take into consideration potential fire hazards from the use and storage of dangerous substances within QU.

1.4.2.3 QU shall ensure that competent persons oversee the storage, use, and disposal of any hazardous materials within QU, and conduct routine inspections to ensure appropriate storage arrangements are made to prevent a potential fire.

1.4.2.4 The Laboratory Staff and Procurement Department at QU shall ensure the following with regards to hazardous materials stored at the laboratories and warehouse:

- arrangements to prevent build-up of static electricity, occurrence of sparks, and consequent potential for fire or explosion;
- arrangements for grounding or bonding of flammable material containers;
- alarms, detectors or tests, e.g. for presence of flammable or toxic mixtures in air;
- Arrangements for informing employees of parties to be contacted in case of emergency (names, telephone numbers, etc.);
- availability of appropriate types and numbers of fire extinguishers, sprinklers, fire hose reels, fire hydrants, fire pumps and other control measures;
- regular inspection of storage areas;
- appropriate storage compatibility risk assessments are undertaken;
- limitations on quantities of the materials stored;
- storage of materials in accordance with the Material Safety Data Sheets (**MSDS**); and
- Availability of copies of current MSDSs all hazardous materials in hardcopy or electronic copy for access by employees and emergency responders.

1.4.3 Organisation and Emergency Response

1.4.3.1 QU shall comply with the provisions of the *Qatar Law No (13) on Civil Defence (1997)* and *Qatar Law No (9) on Amending Some of the Provision of Law No (13) of 1997 (2012)*.

1.4.3.2 QU shall ensure that an appropriate Fire Risk Assessment is undertaken for all QU facilities and reviewed on a regular basis to ensure that it is up to date in line with QU HSEMS *Section 6.0– Risk Management Procedure*.

1.4.3.3 QU shall ensure that procedures are in place to update the fire safety risk assessment and fire safety management plan on a regular basis.

1.4.3.4 QU shall ensure that all persons within the building, including contractors and members of the public or visitors, are aware of the emergency arrangements related to fire through briefings and/or safety inductions as may be deemed necessary.

1.4.4 Fire Prevention

1.4.4.1 In order to minimise the risk of fire outbreak, QU shall ensure the following good practices are implemented as a minimum:

- Ensure that all electric appliances and installations are of good quality standards;
- Engage only competent person or service providers for electrical works;

- Regularly inspect, test and maintain all electrical installations and electrical appliances. Keep records/log of services provided to each;
- Immediately remove suspect or potentially damaged electric appliance, devices, cable, etc. and label “do not use” until repair is made by a competent person/service provider;
- Minimise use of extension bar/cord to prevent overload, and not plug an extension wire into another extension;
- Switch off electric appliances, equipment and devices when not in use;
- Restrict smoking to designated areas;
- Layout office/work areas such that flammable and combustible materials storage are away from fire hazards;
- Minimise storage of flammable substances;
- Ensure storage of chemicals according to their compatibility;
- Maintain good housekeeping such that unnecessary paper stockpiles and waste overfill, which may form fire hazards, are minimised; and
- Ensure that there is adequate security to prevent the risk of arson.

1.4.5 Fire Detection and Fire Fighting Equipment

- 1.4.5.1** Appropriate fire detection, alarm systems and firefighting equipment shall be in place at QU Facilities, in accordance with the requirements of Civil Defence.
- 1.4.5.2** QU work areas shall have fire detection, alarm systems and firefighting equipment appropriate to the risks present.
- 1.4.5.3** Fire detection, alarm systems and fighting equipment shall be tested, inspected and maintained in effective working condition as per the manufacturer’s recommendations and *Qatar Law No (13) on Civil Defence (1997)*.
- 1.4.5.4** Portable fire extinguishers shall be visible and easily accessible, and distributed in a manner suitable to the risks presented. They shall be simple to use and indicated by appropriate and suitable signs.
- 1.4.5.5** Fire extinguishers shall be of the appropriate class for the type of fires anticipated:
- **Class A Fire Extinguishers:** For use on ordinary combustibles or fibrous material, such as wood, paper, cloth, rubber and some plastics;
 - **Class B Fire Extinguishers:** For use on flammable or combustible liquids such as gasoline, kerosene, paint, paint thinners and propane; or
 - **Class C Fire Extinguishers:** For use on energized electrical equipment, such as appliances, switches, panel boxes and power tools.
- 1.4.5.6** Substantial changes or modifications to firefighting systems, devices or other equipment shall be reviewed in line with the requirements of the *Qatar Law No (13) on Civil Defence (1997)* and following consultation with the Civil Defence. No significant changes shall be implemented until this review is completed and the change is approved by the relevant stakeholders.

- 1.4.5.7 Appropriate information regarding the change shall be communicated to occupants and other affected persons prior to or coincident with implementation of the change.

1.4.6 Inspection and Maintenance

- 1.4.6.1 QU shall ensure that any existing equipment, devices or facilities that are provided in the premises for the safety of people, such as fire alarms, fire extinguishers, lighting, signs, fire exits and fire doors, are kept in effective working order and maintain fire separating elements and the prevention of smoke into escape routes. In doing so, QU shall ensure:
- Regular checks, periodic servicing and maintenance are carried out and any defects are rectified as reasonably practicable;
 - Maintenance activities shall be undertaken as per equipment manufacturer's instructions and where necessary in line with contractual agreements;
 - Fire management equipment shall be inspected in line with the checks in Appendix A; and
 - Fire management equipment such as fire alarms, fire extinguishers, lighting, signs, fire exits and fire doors, shall be maintained and kept in effective working order by competent person(s) and where required by an approved third party.

1.4.7 Emergency Escape Routes

- 1.4.7.1 All emergency escape routes shall be in accordance with the requirements of Civil Defence and *Qatar Law No (13) on Civil Defence (1997)*.
- 1.4.7.2 Emergency escape routes shall be clearly marked, arranged and maintained to provide unobstructed egress from all parts of the building.
- 1.4.7.3 All exit routes shall be protected in accordance with *Qatar Law No (13) on Civil Defence (1997)* and shall provide at least 30 minutes protection from smoke and fire.
- 1.4.7.4 All exits are to be so arranged and maintained as to provide free and unobstructed egress from all parts of the building or structure at all times when it is occupied. No lock or fastening device designed to prevent free escape from the inside of any building shall be installed.
- 1.4.7.5 Every exit shall be clearly visible or the route to reach it will be conspicuously indicated in such a manner that every occupant of every building or structure will know the direction of escape from any point.
- 1.4.7.6 All emergency escape routes and emergency exits, that require illumination, shall be provided with emergency lighting of appropriate intensity in case of failure of normal lighting.
- 1.4.7.7 Each path of escape, in its entirety, shall be so arranged or marked that the way to a place of safety is clear.
- 1.4.7.8 No building or structure under construction shall be occupied in whole or in part until all exit facilities required for the occupied part are completed and appropriate for use.

- 1.4.7.9** No existing building shall be occupied during repairs or alterations unless all existing exits and any existing fire protection are continuously maintained, or in lieu thereof, other measures are taken which provide equivalent safety.
- 1.4.7.10** All required exits and ways of travel to and from the exit, shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.
- 1.4.7.11** Means of egress shall be so designed and maintained as to provide appropriate headroom.
- 1.4.7.12** Where a means of egress is not substantially level, these differences in elevation shall be negotiated by stairs or ramps.
- 1.4.7.13** Exits shall be marked by a readily visible sign. Access to exits shall be marked by readily visible signs in all cases where the exit or way to reach it is not immediately visible to the occupants.
- 1.4.7.14** Every exit sign shall be appropriately illuminated.
- 1.4.7.15** Every exit sign shall have the word "Exit" in plainly legible letters (in Arabic and English) not less than 150 mm high, with the principal strokes of letters not less than 19 mm wide.
- 1.4.7.16** All safety signs shall be in Arabic and English along with other languages as used by the majority of the workforce.

1.4.8 Pre Emergency Arrangements

- 1.4.8.1** The QU Health and Safety Section responsible for ensuring the fire evacuation diagrams are displayed in all buildings.
- 1.4.8.2** The QU Health and Safety Section responsible for ensuring the following is conducted on a routine basis in preparation for any fire emergency:
- 1.4.8.3** Area Fire Warden:
- Confirm appropriate wardens for area of responsibility.
 - Report on deficiencies of emergency equipment.
 - Ensure that wardens have communicated the emergency response procedures to all occupants within their nominated areas.
 - Ensure that occupants are aware of the identity of their wardens.
 - Coordinate safety practices (eg. clear egress paths, access to first-attack equipment and disposal of rubbish) by wardens throughout their area of responsibility.
 - Attend training and emergency exercises, as required.

1.4.8.4 Fire Warden:

- Ensure that all occupants are aware of the emergency response procedures.
- Carry out safety practices (e.g. clear egress paths, access to first-attack equipment and disposal of rubbish).
- Practice use of specialized equipment.
- Maintain specialized equipment as per manufacturers' specifications
- Ensure that personal protective equipment is maintained and available.
- Attend training and emergency exercises, as required.

1.4.9 Emergency Arrangements

1.4.9.1 Health and Safety Section: On becoming aware of an emergency, the Health and Safety Section shall take the following actions:

- Respond and take control, as appropriate.
- Ascertain the nature of the emergency and implement appropriate action.
- Ensure that the appropriate Emergency Service has been notified.
- Ensure that (Area) fire wardens are advised of the situation, as appropriate.
- If necessary, after evaluation of the situation and using all of the information, and resources available, initiate an action plan in accordance with the emergency response procedures and control entry to the affected areas.
- Monitor the progress of the evacuation and record any action taken in an incident log.
- Brief the Emergency Services personnel upon arrival on type, scope and location of the emergency and the status of the evacuation and, thereafter, act on the incident commander's instructions.
- Any other actions as considered to be necessary or as directed by Emergency Services.

1.4.9.2 Area Fire Warden: On hearing an alarm or on becoming aware of an emergency, the Area fire wardens shall take the following actions:

- Implement the emergency response procedures for their area.
- Ensure that the appropriate Emergency Service has been notified.
- Communicate the status of the situation with the emergency officer.
- Hand over and brief Emergency Services on arrival.
- Direct fire wardens to check the floor or area for any abnormal situation.
- Commence evacuation if the circumstances on their floor or area warrant this.
- Communicate with the emergency officer by whatever means available and act on instructions.
- Advise the emergency officer as soon as RP of the circumstances and action taken.
- Co-opt persons as required to assist a fire warden during an emergency.
- Confirm that the activities of fire wardens have been completed and report this to the emergency officer or the incident commander of the attending Emergency Services if the emergency officer is not contactable.

1.4.9.3 Fire Warden: Persons selected as fire wardens shall carry out activities as set out in the emergency response procedures and as directed by the Area fire warden. Wardens' activities may include the following:

- Act as Area fire wardens.
- Don emergency visibility vest and obtain Emergency Response Team Contact List.
- Operate the communication system(s) in place.
- Check that any fire doors and smoke doors are properly closed.
- Close or open other doors in accordance with the emergency response procedures.
- Facilitate orderly flow of occupants to assembly area and provide assistance to persons with disabilities as required.
- Search the floor or area to ensure all people have evacuated. This function is of greater importance than a later physical count of those evacuated.
- Report status of required activities to the Area fire warden on their completion.
- Act as leader of groups moving to nominated assembly areas and ensure all personnel stay together.

1.4.10 Post Emergency

1.4.10.1 The actions to be undertaken by the Health and Safety Section after an emergency shall include, but not be limited to, the following:

- When the emergency incident is rendered safe or the Emergency Service returns control, notify fire wardens to have occupants return to their facility, as appropriate.
- Organize debrief with ERT members and, where appropriate, with any attending Emergency Service.
- Compile a report for the management.

1.4.10.2 Area Fire Warden:

- Compile a report of the actions taken during the emergency for the debriefing.
- Attend debriefing session and contribute to investigation processes and internal and external communications.

1.4.10.3 Fire Warden:

- Ensure that the specialized equipment are cleaned and serviced.
- Ensure specialized equipment are replaced as necessary.
- Attend debriefing session and contribute to investigation processes and internal and external communications.

1.4.11 Training and Exercises

1.4.11.1 General principles of fire safety and fire extinguisher use shall be included in the general HSE awareness and induction training to all QU employees and to contractors and visitors, as may be required. This training shall include:

- the risks identified by the fire risk assessment;

- the preventative and protective measures;
- contents of the emergency evacuation plan;
- identity of the emergency management team; and
- evacuation procedures for the work area.

1.4.11.2 Competent Fire Wardens shall be designated for all QU facilities. The designation shall be properly documented through a Letter of Appointment (Appendix B).

1.4.11.3 Special trainings on firefighting and evacuation shall be provided to all fire wardens as well as the first aiders to ensure that they will be capable to respond to an event of fire. Training shall include:

- general principles of a fire;
- hazards employed with an incipient stage fire(s);
- when to abandon efforts to extinguish a fire and evacuate;
- general principles and types of firefighting equipment;
- hazards employed with the use of firefighting equipment; and
- steps to be taken in case of fire emergency, location of assembly points & procedure to report superiors.

1.4.11.4 Fire drills shall be arranged in coordination with the Property Management personnel on a regular basis to familiarize QU employees with the evacuation procedures. Fire drills will also assist in assessing the overall capability of QU to respond to fire emergencies, as well as in identifying improvement requirements for fire management. A fire drill observation checklist will be used to record and assess all fire drills (Appendix C).

1.4.11.5 Refresher training shall be provided to all QU employees annually or whenever there is a change in their job assignment, fire prevention plans or office activities which introduces a fire hazard or, wherever an employee's knowledge of fire extinguisher use and fire prevention procedures is believed to be inadequate (whichever is more frequent).

1.4.11.6 The fire safety training and competency undertakings shall be in line with the requirements and procedures of the QU HSEMS *Section 11.0 – Training and Competency Procedure*.

1.4.11.7 QU shall ensure that only competent contractors shall be commissioned to service and maintain firefighting equipment. Competency requirements of contractors shall be in line with QU HSEMS *Section 7.0 – Contractor Management Procedure*.

1.4.12 Reporting Requirements

1.4.12.1 Fire emergency incidents involving employees, students, contractors, members of the community, or affecting the environment shall be:

- Recorded in accordance with the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*;
- Notified to other relevant authorities where required;

1.4.12.2 Following a fire emergency, an incident investigation shall be conducted according to the requirements and procedures of the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*. In general, investigations shall be led by QU's HSEO, in collaboration the Health and Safety Section and all concerned or involved parties, in order to assess causes, examine lessons learnt, and agree improvement actions to prevent recurrence.

1.4.12.3 A written incident investigation report shall be produced and documented by the investigation team, shared with all involved parties, and forwarded to the QU HSE Committee.

1.4.12.4 The investigation report shall include:

- the root cause(s) of the incident;
- how the fire emergency might have been prevented;
- what actions are to be taken to avoid the same, or a similar, fire emergency from occurring again;
- what actions are to be taken to decontaminate, or clean-up any pollution of land or water; and
- the time frame for implementation of those actions.

1.4.13 Monitoring and Review

1.4.13.1 The HSEO and Health and Safety Section with support from the HSE Committee, Executive Directors, Department/Team/ Project Managers, and Fire Response Teams, shall be responsible for the monitoring and review of the effectiveness of the Fire Response Plan.

1.4.13.2 The Fire Response Plan shall be reviewed:

- Upon the addition of or change in new legal requirements and process changes;
- As part of regular HSEMS audits;
- Following an emergency management response exercise/drill;
- Following an actual fire; or
- At least annually.

1.4.13.3 During the review of the Fire Response Plan, the following shall be taken into account:

- feedback provided by the members of Fire Response Team;
- findings of maintenance checks and inspections on firefighting equipment;
- findings of any fire risk assessments conducted;
- findings of incident investigations; and
- Adequacy of fire response equipment and response time in containing fire incidents.

1.4.13.4 Following the formal review and feedback process, the HSEO shall re-submit the reviewed Fire Response Plan to the Health and Safety Section along with an action

plan identifying the roles, responsibilities and target dates to achieve improvements and implement changes within the reviewed plan.

- 1.4.13.5** The Health and Safety Section shall ensure the timely implementation of the actions identified following the monitoring and review of the Fire Response Plan.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Maintenance and Inspection Checks for Fire Fighting Equipment

Appendix B: Letter of Appointment: Fire Warden

Appendix C: Fire Drill Observation Checklist

Fire System Maintenance and Inspection Checks & KPI	Ref:	PL-ES-008.2-01-1.1
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Daily Checks:

- Check fire exits, ensure that doors on escape routes swing freely and close fully and check escape routes to ensure they are clear from obstructions and combustible materials.
- Check the fire alarm panel to ensure the system is active and fully operational. Where practicable, visually check that emergency lighting units are in good repair and working.
- Check that all safety signs and notices are legible.

Weekly Tests and Checks:

- Test fire-detection and warning systems and manually-operated warning devices weekly following the manufacturer's or installer's instructions.
- Check the batteries of safety torches and that fire extinguishers and hose reels are correctly located and in apparent working order.
- Test fire pumps and standby diesel engines for 30 minutes each week.

Monthly Tests and Checks:

- Test all emergency lighting systems and safety torches to make sure they have enough charge and illumination according to the manufacturer's or supplier's instructions. This shall be at an appropriate time when, following the test, they will not be immediately required.
- Check that fire doors are in good working order and closing correctly and that the frames and seals are intact.

Six-Monthly Tests and Checks:

- A competent person shall test and maintain the fire-detection and warning system.

Annual Tests and Checks:

- The emergency lighting and all fire fighting equipment, fire alarms and other installed systems shall be tested and maintained by a competent person.
- All structural fire protection and elements of fire compartmentalization should be inspected and any remedial action carried out.

Fire/General Safety Review Program

Key Performance Indicators

HSSE - Health & Safety

Fire and CO Detection Systems
Fire alarm pull station obstructed.
Annunciation panel obstructed.
Lack of approved annunciation panel.
Lack of approved building fire alarm.
Heat detector not operational.
Smoke detector not operational.
Lack of heat detector.
Lack of smoke detector.
Replace existing heat detector with a smoke detector.
Replace existing smoke detector with a heat detector.
Conduct annual fire alarm test.
Lack of carbon monoxide detector.
CO detector not operational.
Lack of signage for pull station.
Improper signage for pull station.
Glass rod missing from pull station.
Detex system not working.
Portable Fire Extinguishers
Fire extinguisher obstructed.
Improper location of extinguisher.
Fire extinguisher discharged.
Fire extinguisher seal broken.
Lack of current service tag.
Provide ABC extinguisher within 30' of lab door.
Provide BC extinguisher within 30' of lab door.
Provide D extinguisher within 30' of lab door.
Replace missing A extinguisher.
Replace missing ABC extinguisher.
Replace missing BC extinguisher.
Replace missing D extinguisher.
Improper mounting of extinguisher.
Provide Class A extinguisher.

Provide Class ABC extinguisher.
Provide Class BC extinguisher.
Provide Class D extinguisher.
Replace A extinguisher with ABC.
Replace A extinguisher with BC.
Replace A extinguisher with D.
Replace BC extinguisher with A.
Replace BC extinguisher with ABC.
Replace ABC extinguisher with BC.
Lack of signage for extinguishers.
Provide label for Class A fires.
Provide label for Class ABC fires.
Provide label for Class BC fires.
Provide label for Class D fires.
Provide Class K extinguisher.
Replace missing K extinguisher.
Provide label for Class K fires.
Fire extinguisher not hung.
Fire extinguisher needs monthly check.
Excessive extinguishers present.
Fixed Fire Suppression Equipment
Fixed system nozzles obstructed.
Lack of current service tag.
Fixed system damaged.
Fire hose requires testing.
Fire hose requires repacking.
Fire hose obstructed.
Fire hose missing cover.
Lack of signage for fire hose cabinet.
Fire hose missing
Sprinkler head obstructed.
Replace pendent type sprinkler head upright type head.

Replace upright type sprinkler head with a pendent type head.
Sprinkler head cover missing.
Sprinkler valve not secured in the open position.
Inside CFD connection obstructed.
Outside CFD connection obstructed.
Wrong type of nozzle on fire hose.
Nozzle missing from standpipe hose.
Nozzle damaged on standpipe hose.
Fire pump main water supply valve not secured in the open position.
Lack of coupling guard on fire pump.
Relief valve on fire pump not in operating condition.
Conduct an annual fire pump test.
Conduct monthly fire pump churn test and inspection.
Electrical – General
Emergency lighting not operational.
Emergency lighting unit missing.
Lack of emergency lighting.
Power cord damaged.
Cord-connected equipment not grounded.
Improper use of extension cord.
Improper use of electrical adapter.
Poor condition of electrical outlet.
Electrical junction box coverplate missing.
Poor condition of lighting fixture.
Lack of safety cable for lighting.
Electrical panel not identified for disconnecting means.
Electrical panel not accessible.
Electrical panel door or cover missing.
Electrical panel door not secured.
Electrical blocks open in panel.
Lack of High Voltage signage.
Poor lighting.
Lack of keys for elevator recall.
Lack of Lockout/Tagout usage.
Test emergency lighting.
Light cover missing.
Fuses open in panel.
Lack of elevator communication system testing.

Light fixture missing bulb.
Wires hanging and exposed.
Electrical - Signage
Exit sign not operational.
Exit sign not visible.
Exit sign glass broken or missing.
Exit sign missing.
Stairway sign not operational.
Stairway sign not visible.
Stairway sign glass broken or missing.
Stairway sign missing.
Fire escape sign not operational.
Fire escape sign not visible.
Fire escape sign glass broken/missing.
Fire escape sign missing.
Directional exit sign not operational.
Directional exit sign not visible.
Directional sign glass broken/missing.
Directional exit sign missing.
Unapproved exit, directional, stairway or fire escape sign.
Extend present exit lighting system.
Exit sign pointing in wrong direction.
Stairway sign pointing in wrong direction.
Fire escape sign pointing in wrong direction.
Means of Egress – Fire Doors
Fire door secured in open position.
Fire door does not close and latch.
Hardware missing from fire door.
Self-closing device missing from fire door.
Fire door does not swing in the direction of travel.
Exit door does not open without special knowledge.
Fire exit door locked.
Improper fire door.
Missing fire door.
Fire door weights obstructed.
Missing fusible link.
Poor condition of fusible link.
Attic door missing.

Attic door not secured.
Means of Egress – Stairwells/Corridors
Storage in stairwell.
Obstruction in corridor.
Fire exit obstructed.
Improper exit.
Penetration through wooden floor.
Penetration through concrete floor.
Penetration through wooden wall.
Penetration through masonry wall.
Penetration through plaster wall.
Penetration through drywall.
Penetration through wooden ceiling.
Penetration through masonry ceiling.
Penetration through plaster ceiling.
Penetration through drywall ceiling.
Fire escape not in operating condition.
Fire escape paint peeling.
Fire escape requires inspection.
Roof ladder not accessible.
Lack of railings.
Railings damaged.
Non-rated floor covering.
Non-rated wall covering
Non-rated ceiling covering.
Greater than 5% wall area covered or one article >3%.
Housekeeping
Storage in mechanical room.
Improper storage (18" below ceiling).
Improper storage (unapproved enclosure for storage areas >100 sf).
Poor housekeeping.
Ceiling tile misaligned.
Ceiling tile missing.
Accumulation of rubbish and refuse.
Loose floorboards.
Loose carpeting.
Tripping hazard.

Ceiling falling down.
Lack of verification for flame resistant fabric.
Improper storage of oily rags.
Storage under stairways.
Accumulation of lint or dust behind washing and/or drying machines.
Accumulation of grease on hood and duct system.
Storage in elevator.
Ceiling tile penetration.
Mechanical room door not secured.
Storage present in electrical closet.
Compressed Gas Cylinders
Improper storage of cylinder.
Cylinder not secured.
Cylinder not labeled.
Cylinder not capped when not in use.
Cylinder stored in lab not necessary for current lab procedures.
Chemicals
Current chemical inventory not on file with the Safety Office.
Improper labeling of chemical containers.
Incompatible chemicals not properly segregated in storage.
Excessive storage of chemicals on tables and/or lab benches.
Improper storage of flammable liquids (provide cabinet).
Excessive storage of flammable liquids.
Improper storage in a flammable liquid cabinet.
Lack of required signage for flammable liquid cabinet.
Lack of bonding and grounding.
Improper storage of corrosives.
Old chemicals present.
Storage of chemicals on lab floor.
Storage of liquid chemicals too high.
Storage of flammables in an unapproved refrigerator.
Storage of flammable liquids below grade.
Lack of Spill Kit.
Lack of acid neutralizer.
Lack of base neutralizer.
Lack of solvent neutralizer.

Lack of pH paper.
Improper labeling of waste containers.
Chemical containers not closed.
Emergency Eyewashes
Eyewash not present.
Eyewash not in operating condition.
Eyewash not clearly marked.
Covers/Caps missing.
Eyewash not accessible.
Non-approved eyewash station.
Test eyewash stations.
Keep covers/caps on eyewashes.
Emergency Showers
Shower not present.
Shower not in operating condition.
Shower not clearly marked.
Shower not accessible.
Shower needs testing.
Shower not needed.
Personal Protective Equipment (PPE) - Respirators
Lack of respiratory protection.
Lack of respirator OV/AG cartridges.
Lack of respirator HEPA cartridges.
Lack of respirator combo cartridges.
Replace OV/AG with HEPA.
Replace OV/AG with combo.
Replace HEPA with OV/AG.
Replace HEPA with combo.
Replace combo with OV/AG.
Replace combo with HEPA.
Failure to wear respirator.
Improper storage of respirator.
Respirator in poor condition.
PPE – Eye Protection
Lack of chemical splash goggles.
Lack of safety glasses.
Replace safety glasses with goggles.
Replace goggles and with safety glasses.
Failure to wear laser eye protection.

Failure to wear goggles.
Failure to wear safety glasses.
Poor condition of goggles.
Poor condition of safety glasses.
Poor condition of laser eye protection.
Reminder to wear appropriate eye protection.
PPE – Body Protection
Lack of chemical resistant apron.
Lack of laboratory coat.
Failure to wear apron.
Failure to wear laboratory coat.
Laboratory coat in poor condition.
Apron in poor condition.
Reminder to wear appropriate body protection.
PPE – Hand Protection
Lack of appropriate gloves.
Failure to use appropriate gloves.
Poor condition of chemical gloves.
Poor condition of latex gloves.
Reminder to wear appropriate hand protection.
Electrical gloves not tested.
PPE – Miscellaneous
Lack of signage for PPE.
Failure to wear hearing protection.
Failure to wear head protection.
Failure to wear safety shoes.
Poor condition of head protection.
Poor condition of hearing protection.
Poor condition of safety shoes.
Improper disposal of personal protective equipment.
Lack of personal protective equipment disposal or laundering.
Guarding and Machinery
Lack of guarding on vacuum pump.
Lack of guarding on motor.
Lack of guarding on saw.
Fixed machinery not anchored.
Building Construction
Pipe insulation in poor condition.
Paint peeling from walls.

Paint peeling from ceiling.
Plaster loose or coming off wall.
Plaster loose or coming off ceiling.
Lack of proper ventilation.
Improper identification of building service piping.
Lack of approved filters in spray paint booth.
Filters in spray paint booth dirty.
Skylight in poor condition.
Broken glass.
Permits/Licenses
Occupancy placard not posted.
Lack of license for use/storage of explosives.
Lack of license for use/storage of flammable liquids.
Elevator permit not posted.
Personal Safety
Accumulation brush and/or weeds.
Building address on building exterior obstructed or missing.
Exterior lighting not illuminated.
Lack of exterior lighting.
Lack of Hot Work Permit.
Guardrail missing.
Handrail missing.
Miscellaneous
Improper disposal of smoking materials.
Improper use of space heater.
Lack of non-slip surface.
Lack of protection around vertical ladders.
Playground equipment in poor condition.
Lack of approved dust collection system.
Sidewalk in poor condition.
Lack of crane inspection documentation.
Ladder in poor condition.
Lack of non-slip safety feet on ladder.
Grease or oil present on ladder rungs and steps.
Improper use of ladder.
Improper elevation of ladder.
Lack of signage on portable metal ladders.
Poor condition of hand tools.
Lockout/Tagout log book not maintained.

Lack of lockout/tagout log book.
Lack of daily forklift logs.
Evidence of smoking.
Other
Other.
Training
Employees need Asbestos Training.
Employees need Back Safety Training.
Employees need Bloodborne Pathogens Training.
Employees need Chemical Hygiene Plan – Laboratory Safety Training.
Employees need General Electrical Safety Training.
Employees need Qualified Electrical Safety Training.
Employees need Ergonomics Training.
Employees need Fire Safety Training.
Employees need Forklift Training.
Employees need Hazard Communication Training.
Employees need Hearing Conservation Training.
Employees need LO/TO Training.
Employees need PPE Training.
Employees need Respirator Training.
Employees need Crane Operation Training.
Reminder for Asbestos Training.
Reminder for Back Safety Training.
Reminder for Bloodborne Pathogens Training.
Reminder for CHP Training.
Reminder for General Electrical Safety Training.
Reminder for Qualified Electrical Safety Training.
Reminder for Ergonomics Training.
Reminder for Fire Safety Training
Reminder for Forklift Training.
Reminder for Hazard Communication Training.
Reminder for Hearing Conservation Training.
Reminder for Lockout/Tagout Training.
Reminder for Personal Protective Equipment Training.
Reminder for Respirator Training.
Reminder for Crane Operation Training.
Employees need Lab Specific Training.
Reminder for Lab Specific Training.

Employees need Biological Safety Cabinet Training.
Employees need Shipping Infectious Substances Training.
Employees need Fall Protection Training.
Employees need Grounds Keeping Training.
Employees need Ladder Safety training.
Employees need SPCC Training.
Employees need Safety Orientation Training.

Reminder for Biological Safety Cabinet Training.
Reminder for Shipping of Infectious Substances Training.
Reminder for Fall Protection Training.
Reminder for Grounds Keeping Training.
Reminder for Ladder Safety Training.
Reminder for SPCC Training.
Reminder for Safety Orientation Training.

Fire Alarm System Simulation/Testing Summary Report				Ref:	PL-ES-008.2-02-1.1
Date:	Start Time:	am	pm	End Time:	Ref: PL-ES-008.2-02-
Building Code:		Building Name:			
QU In charge Engineer Name:		Department:	Section:	QUID:	
Test Performed by (Technician/Eng. Name):				ID:	
Test Supervised by Name:		Dept.:	Section:	QUID:	

Fire Alarm System Component	Installed	Tested	Passed	Failed	Remarks
FACP Status (Normal, No of Troubles)					
Smoke Detectors					
Heat Detectors					
Duct Detectors					
Beam Detectors					
Manual Pull Stations					
Horns, Sounders & Flashers					
Lifts - interface					
Doors (Slide) - Interface					
AHU – Interface					
Smoke Management System					
Generator - Interface					
Public Address System (PAS)					
Total					<div>Accepted</div> <div>Partially Accepted</div> <div>Not Accepted</div>

Additional Notes:

#	Action required	Action By	Date
1			
2			
3			
4			
5			
6			
7			

Approved By (Contractor)	Signature:	Date:
Approved By (QU)	Signature:	Date:
Approved By (HSE)	Signature:	Date:

Fire warden selection form نموذج اختيار مراقب حرائق

Ref:

PL-ES-008.2-02-1.1

Fire warden assignment اختيار مراقب حرائق

Fire Warden for Building No: _____ مسؤول عن مبنى/قسم:

For the period From: _____ To: _____ إلى: _____ في الفترة من:

1- Personal information:
1- المعلومات الشخصية:

Department القسم	Title المسمى الوظيفي	Name الاسم
Email عنوان البريد الالكتروني	Office Tel No رقم هاتف المكتب	Mobile No رقم الجوال

2- Firefighting Training information: معلومات عن الدورات التدريبية في مجال مكافحة الحرائق:

Training Provider اسم الجهة التدريبية	Date التاريخ	Training Title اسم الدورة التدريبية	
			1
			2
			3

يرجى العلم أنه قد تم اختيارك متطوعاً كمراقب حرائق في مبنى _____ ، وفيما يلي المسؤوليات الخاصة بك:

- التأكد من تواجد أدوات مكافحة الحرائق في أماكنها . Ensure availability of all firefighting equipment .
- التأكد من وجود خطة إخلاء الحرائق بالمبنى . Ensure availability of fire evacuation plans in the building .
- إبلاغ مكتب رجال الإطفاء (3999) بأي إنذار حريق أو أي طوارئ أخرى. Inform fire section in case fire alarm.
- مساعدة وتوجيه الأشخاص لإخلاء المبنى في حالات الطوارئ . Support and direct people during evacuation .
- المرور المستمر على المبنى للتأكد من عدم المخاطر . Conduct Inspections at night/holidays to assure .

3- Approval
3- الموافقة:

Name: _____

ا م

Signature: _____

ا و :

Date: _____ ا ر

Fire Drill Observation Checklist	Ref:	PL-ES-008.2-03-1.1
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Date:	Building Cod:	Building Name:	Ref: PL-ES-008-2-03-
Time Alarm Activated:	am pm	Time the building Evacuated:	am pm Date:
Time evacuated people Returned to Building:	am pm	Total People Count:	
Completed by:	Position:	Signature:	

	Activities to Observe	Yes	No	Comments	Recommendations
1	All team members responded promptly to the alarm activation.				
2	Staff and students responded promptly to the alarm.				
3	All employees and students know who the Fire Wardens are and observed their directions.				
4	All equipment was switched off and all fire doors closed behind people exiting the building.				
5	Evacuation took place in a calm and orderly manner. i.e. (No running, no shouting, no stopping to collect personal belongings etc.)				
7	Fire Wardens were fully in control of the situation.				
8	People didn't returned to building until the all clear was given by the Fire Warden in charge.				
9	After event discussions with employees confirmed that exits were clearly marked, operational and that escape routes were clear and easily accessible.				
10	After event discussions, Fire Wardens confirmed that they were clear on their responsibilities, knew what to do and had control.				



Part-8.3

Earthquake Response Plan

Produced by

HSSE – Facilities & GS Department

PL-ES-008.3: Earthquake Response Plan

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for the planning and response to earthquakes at Qatar University (QU) facilities.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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1.1 Purpose

- 1.1.1 The purpose of the Earthquake Response Plan is to define the policies and procedures that are necessary for the planning and managing the response to earthquakes that may affect Qatar University (QU) facilities.
- 1.1.2 This plan also aims to ensure the timely response and evacuation to prevent any immediate danger to the health and safety of staff, students, contractors, visitors, the community and the environment.

1.2 Scope

- 1.2.1 This procedure covers potential earthquake emergencies that may affect QU work premises including site works.
- 1.2.2 All QU staff, students, contractors, and visitors must comply with this procedure.
- 1.2.3 Due to the possibility of a fire occurring after an earthquake and the potential for medical attention to be required, this Procedure should be read in conjunction with the 'First Aid and Medical Response Procedure' (Ref: PL-ES-008.1) and the 'Fire Safety and Response Procedure' (Ref: PL-ES-008.2).

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1 The QU Top Management, Department/Team/Project Managers and Leaders are responsible for:
 - Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.

1.3.2 Health, Safety, Security and Environment Office

- 1.3.2.1 The Health, Safety, Security and Environment Office (HSSE) is responsible for:
 - Implementing this procedure in their areas of responsibility and accountability;
 - Ensuring that the control measure implemented are reviewed and monitored;
 - Providing assistance, where requested with the conduct of Environment, Health and Safety (HSE) assessments prior to the commencement of works; and
 - Undertaking all the duties identified in line with this procedure.

1.3.3 HSE Committee

1.3.3.1 The HSE Committee shall:

- Provide support and assistance as may be required by the HSSE in issues related to Emergency Management;
- Ensure Emergency Personnel receive appropriate training relevant to the tasks assigned and maintain required competency levels; and
- Ensure Emergency Personnel duties and responsibilities are clearly communicated and identified.

1.3.4 Health and safety Management Section

1.3.4.1 The QU Health and safety Management Section shall:

- Maintain a current register of Emergency Response Team (ERT) members.
- Locate safe spots for each floor (under tables, or between door frames).
- Replace ERT members when a position becomes vacant.
- Conduct regular exercises.
- Ensure the emergency response procedures are kept up-to-date and are communicated to all building occupants.
- Attend meetings, as appropriate.
- Attend training and emergency exercises, as required.
- Ensure personal ERT identification is available.

1.3.5 Emergency Response Team

1.3.5.1 The Emergency Response Team (ERT) shall include:

- HSSE;
- First aiders (Ref: PL-ES-008.1); and
- Fire wardens (Ref: PL-ES-008.2).

1.3.5.2 The Emergency Response Team shall:

- Take reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Limit their response to that within the scope of their level;
- Be knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter;
- ensure that emergency support services are pursued to ensure timely intervention by specialist services; and
- Respond to emergencies in line with the instructions outlined in Section 1.4 this plan.

1.3.6 Other Accountabilities

1.3.6.1 Employees, Students, Contractors and Visitors are responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and
- Using control measures as required and any other action taken, which is designed to protect HSE.

1.4 Procedure

1.4.1 Risk Assessment

1.4.1.1 For successful prevention and preparedness for potential emergency situations, QU shall undertake HSE risk assessments for QU's undertakings, facilities and activities in accordance with QU HSEMS *Section 6.0 - Risk Management Procedure*. In addition, QU shall ensure that an earthquake risk assessment is conducted for all its facilities.

1.4.1.2 The risk assessment shall include the following considerations:

- Be specific to the earthquake risks that all QU employees, contractors, and visitors are exposed to;
- Comply with all Federal and Local requirements;
- Identify control measures to reduce the risks to As Low As Reasonably Practicable (**ALARP**) in line with QU HSEMS *Section 6.0 - Risk Management Procedure* and ensure controls are implemented and communicated;
- Be reviewed on a regular basis to ensure it is up to date and in particular if there has been a significant change in the matters to which it relates including when the premises, special, technical and organisational measures, or organisation of the work undergo significant changes, extensions, or conversions; and
- Be conducted by a competent professional(s).

1.4.1.3 The findings of HSE and earthquake risk assessments shall be communicated to QU employees with particular roles and responsibilities identified in this procedure regarding the implementation of control measures. In addition, key stakeholders (e.g. Civil Defence) shall be consulted and contacted as deemed necessary.

1.4.1.4 Although control measures to reduce risks of personnel injuries and ill health to ALARP shall be implemented, there is normally some residual risk that may lead to emergencies, as a result of control failures associated with routine operations.

1.4.2 Earthquake Preparation

1.4.2.1 In order to minimise the risk that may occur during or after an earthquake, QU shall ensure the following good practices are implemented, as a minimum:

- Ensure all shelves are fastened securely to walls;
- Ensure that all large or heavy objects are placed on lower shelves;
- Ensure that heavy items such as pictures are fastened securely to walls away from anywhere people sit;
- Ensure that all electric appliances and installations are of good quality standards;
- Engage only competent person or service providers for electrical works and gas connections;
- Regularly inspect, test and maintain all electrical installations and electrical appliances. Keep records/log of services provided to each;
- Where practical, secure water heater, refrigerator, and gas appliances by strapping them to the wall studs and bolting them to the floor (it is recommended that there is an automatic gas shut-off valve that is triggered by strong vibrations available);
- Ensure that any deep cracks in ceiling or walls are reported and repaired and in a timely manner;
- Switch off electric appliances, equipment and devices when not in use;
- Layout office/work areas such that flammable and combustible materials storage are away from fire hazards;
- Minimise storage of flammable substances;
- Ensure storage of chemicals according to their compatibility; and
- Maintain good housekeeping such that unnecessary paper stockpiles and waste overfill, which may form fire hazards, are minimised.

1.4.3 Post-Earthquake Arrangements

1.4.3.1 During or immediately following an earthquake event, the HSSE and/or the Emergency Response Team alarm shall sound the alarms if evacuation is required.

1.4.3.2 The HSSE shall ensure that they:

- Respond and take control as appropriate.
- Ascertain the nature of the situation and implement appropriate actions.
- Ensure the emergency services have been notified (if required)
- Ensure that fire wardens and first aiders are advised of the situation.
- If necessary, after evaluation of the situation and using all of the information, and resources available, initiate an action plan in accordance with the emergency response procedures and control entry to any affected areas.
- If Emergency Services personnel are required to attend QU property, HSSE shall ensure they are briefed upon arrival on type, scope and location of the

emergency and the status of the evacuation and, thereafter, act on the incident commander's instructions.

- Any other actions as considered to be necessary by 8.1 First Aid and Medical Emergency Procedure (Ref: PL-ES-008.1) and Fire Safety and Response Procedure (Ref: PL-ES-008.2) (as applicable), or as directed by Emergency Services.

1.4.3.3 The ERT shall ensure the following:

- Respond to the emergency as directed by the HSSE;
- Communicate the status of the situation with the HSSE; and
- Handover and debrief to emergency services on their arrival, if they are required.

1.4.4 Training and Exercises

1.4.4.1 General principles of earthquake preparation and response shall be included in the general HSE awareness and induction training to all QU employees and to contractors and visitors, as may be required. This training shall include:

- Response procedure when indoors, outdoors or driving;
- 'Drop, cover and hold' technique;
- Hazards after an earthquake; and
- What is an aftershock.

1.4.4.2 Earthquake/emergency response drills shall be arranged in coordination with the Business Operations Department on a regular basis to familiarize QU employees with the evacuation procedures. Drills will also assist in assessing the overall capability of QU to respond to emergencies, as well as in identifying improvement requirements for further management of risk.

1.4.4.3 The earthquake training undertakings shall be in line with the requirements and procedures of the QU HSEMS *Section 11.0 – Training and Competency Procedure*.

1.4.5 Reporting Requirements

1.4.5.1 Earthquake emergency incidents involving employees, students, contractors, members of the community, or affecting the environment shall be:

- Recorded in accordance with the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*; and
- Notified to other relevant authorities where required.

1.4.6 Monitoring and Review

1.4.6.1 The HSSE with support from the HSE Committee, Executive Directors, Department/Team/ Project Managers, and Emergency Response Teams, shall be responsible for the monitoring and review of the effectiveness of the Earthquake Response Plan.

1.4.6.2 The Earthquake Response Plan shall be reviewed:

- Upon the addition of or change in new legal requirements and process changes;
 - As part of regular HSEMS audits;
 - Following an emergency management response exercise/drill;
 - Following an actual earthquake; or
 - At least annually.
- 1.4.6.3 During the review of the Earthquake Response Plan, the following shall be taken into account:
- Feedback provided by the members of Emergency Response Team;
 - Findings of any incident investigations; and
 - Response time required.
- 1.4.6.4 Following the formal review and feedback process, the HSSE shall re-submit the reviewed Earthquake Response Plan to the HSE Committee along with an action plan identifying the roles, responsibilities and target dates to achieve improvements and implement changes within the reviewed plan.
- 1.4.6.5 The HSE Committee shall ensure the timely implementation of the actions identified following the monitoring and review of the Earthquake Response Plan.

1.5 Document Control

- 1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.



Part-8.4

Spill Response Procedure

Produced by

HSSE – Facilities & GS Department

PL-ES-008.4: Spill Response Procedure

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	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for the prevention, control, planning and response to spills at Qatar University (QU) facilities

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A –Spill Drill Observation Checklist

1.1 Purpose

- 1.1.1** The purpose of the Spill Response Plan is to define the policies and procedures that are necessary for the planning and managing the response to potential spills at Qatar University (QU) facilities.
- 1.1.2** This plan also aims to ensure the timely response to prevent any immediate danger to the health and safety of staff, students, contractors, visitors, the community and the environment.
-

1.2 Scope

- 1.2.1** This procedure covers all potential chemical spills that may occur at QU work premises including site works, including fuel spills.
- 1.2.2** All QU staff, students, contractors, and visitors must comply with this procedure.
- 1.2.3** Due to the risk of a fire occurring or medical attention being required as a result of spills of certain hazardous materials under certain scenarios, this Procedure should be read in conjunction with the 'First Aid and Medical Response Procedure' (Ref: PL-ES-008.1) and the 'Fire Safety and Response Procedure' (Ref: PL-ES-008.2).
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** The QU Top Management, Department/Team/Project Managers and Leaders are responsible for:
- Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.
-

1.3.2 Health, Safety, Security & Environment Office (HSSE)

- 1.3.2.1** The Health, Safety, Security & Environment Office (HSSE) (HSEO) is responsible for:
- Implementing this procedure in QU;
 - Ensuring that the control measure implemented are reviewed and monitored;
 - Providing assistance, where requested with the conduct of Environment, Health and Safety (HSE) assessments prior to the commencement of works; and
 - Undertaking all the duties identified in line with this procedure.

1.3.3 HSE Committee

1.3.3.1 The HSE Committee shall:

- Provide support and assistance as may be required by the HSEO in issues related to Emergency Management;
- Ensure Emergency Personnel receive appropriate training relevant to the tasks assigned and maintain required competency levels; and
- Ensure Emergency Personnel duties and responsibilities are clearly communicated and identified.

1.3.4 Health and Safety Management Section

1.3.4.1 The QU Health and Safety Management Section shall:

- Maintain a current register of Emergency Response Team (ERT) members.
- Replace ERT members when a position becomes vacant.
- Conduct regular exercises.
- Ensure the emergency response procedures are kept up-to-date and are communicated to all building occupants.
- Attend meetings, as appropriate.
- Attend training and emergency exercises, as required.
- Ensure personal ERT identification is available.

1.3.5 Emergency Response Team

1.3.5.1 The Emergency Response Team (ERT) shall include:

- HSEO;
- First aiders (Ref: PL-ES-008.1); and
- Fire wardens (Ref: PL-ES-008.2).

1.3.5.2 The Emergency Response Team shall:

- Take reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Limit their response to that within the scope of their level;
- Be knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter;
- ensure that emergency support services are pursued to ensure timely intervention by specialist services; and
- Respond to emergencies in line with the instructions outlined in Section 1.4 this plan.

1.3.6 Other Accountabilities

1.3.6.1 Employees, Students, Contractors and Visitors are responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and
- Using control measures as required and any other action taken, which is designed to protect environment, health and safety.

1.4 Procedure

1.4.1 Risk Assessment

1.4.1.1 For successful prevention and preparedness for potential emergency situations, QU shall undertake HSE risk assessments for QU's undertakings, facilities and activities in accordance with QU HSEMS *Section 6.0 - Risk Management Procedure*. In addition, QU shall ensure that a spill risk assessment is conducted for all its facilities.

1.4.1.2 The findings of the risk assessments shall be communicated to all QU employees with particular roles and responsibilities identified for the QU Spill Response Procedure regarding the implementation of control measures. In addition, key stakeholders (e.g. Civil Defence) shall be consulted and contacted as deemed necessary.

1.4.1.3 Although control measures to reduce risks of personnel injuries and ill health to ALARP shall be implemented, there is normally some residual risk that may lead to emergencies, as a result of control failures associated with routine operations.

1.4.2 Spill Prevention and Response Preparation

1.4.2.1 In order to minimize the risk of accidental spills at the QU facilities and to be suitably prepared to respond to a spill incident, the following measures shall be implemented:

- The quantity of chemicals and hazardous substances to be stored at the QU facilities shall be kept to a minimum.
- Chemical and hazardous substances stores shall be maintained as restricted areas wherever practical.
- Chemical and hazardous substances stores and transport vehicles shall be designed to minimise spill risks.

- Regular spill response training and exercises shall be conducted.
- Emergency response procedures shall be kept up-to-date.
- Inspect and maintain spill kits stocked and as per manufacturers' specifications.
- Ensure reporting of any incidents in line with QU HSEMS Section 12.0) - Hazard, Near Miss and Incident Investigation and Reporting requirements.
- Ensure that personal protective equipment is maintained and available.

1.4.3 Minor Spill Response

1.4.3.1 Minor spills are considered those where the quantity of chemical and/or hazardous material can be contained and managed using QU resources and do not require the use of external resources.

1.4.3.2 In an event of a minor chemical spill, the following procedures shall be activated as far as reasonably practicable by the Health and Safety Management Section and the Emergency Response Team:

- Respond and take control, as appropriate.
- Ascertain the nature of the emergency and implement appropriate action.
- If necessary, after evaluation of the situation and using all of the information, and resources available, initiate an action plan in accordance with the emergency response procedures and control entry to the affected areas.
- Notify all employees within and close to the spill area of the spill incident.
- Isolate the area (e.g. by closing doors). Evacuate the immediate area, if necessary.
- Remove any ignition sources and unplug nearby electrical equipment.
- Establish exhaust ventilation (e.g. open windows and turn on fume hoods).
- Locate the nearest spill containment kit.
- Put on appropriate Personal Protective Equipment (PPE) including gloves, mask, eye goggles and laboratory coat or plastic apron.
- Start clean-up; cover liquid spill with appropriate absorbent material. Remember to neutralize acid and base spill prior to clean up. For solid materials, sweep into a plastic dust pan and place in a sealed container or plastic.
- Wet mop the spill area. Decontaminate broom, dust pan and other cleaning materials.
- All contaminated items shall be placed into a labelled sealed container or plastic and shall be disposed of as hazardous waste, in line with the Qatari waste disposal requirements.
- Monitor the progress of the containment and clean up and record any action taken in an incident log.

1.4.4 Major Spill Response

1.4.4.1 Major spills are considered those which release large quantities of chemicals and/or hazardous materials and require the use of external services in order to control the material spill and the remediation and clean up tasks involved.

1.4.4.2 For a spill that involves the release of a type or quantity of a chemical that poses an immediate risk to health or involves an uncontrolled fire or explosion, the Health and Safety Management Section and the Emergency Response Team shall:

- Notify the relevant authorities. Provide details of the incident including location, types of hazardous materials involved, and whether there is personal injury; and
- Ensure the area is evacuated using *QU HSEMS Section 8.2 – Fire Safety and Response Procedure* requirements.
- Hand over and brief Emergency Services on arrival.

1.4.5 Training and Exercises

1.4.5.1 General principles of spill response shall be included in the general HSE awareness and induction training to all QU employees and to contractors and visitors, as may be required.

1.4.5.2 QU shall ensure that all employees involved in handling chemicals and hazardous substances are provided with appropriate training and shall include as a minimum:

- Use of Safety Data Sheets (SDS) (previously known as Material Safety Data Sheets, MSDS) and/or material profile sheets;
- Required PPE when handling hazardous materials;
- Properties of and risks associated with hazardous materials;
- Storage, handling and decanting requirements;
- Appropriate disposal requirements;
- Actions to take to prevent accidental exposures or releases of hazardous materials;
- Incompatible materials and segregation requirements;
- Appropriate labelling of hazardous materials and hazardous waste;
- Meaning of signs and placards;
- Specialized training for specific hazardous material management requirements
- Applicable to the responsibilities of their position; and
- Control measures to take if there is an incident involving hazardous materials.

1.4.5.3 Where practical, emergency spill response training shall also include cordoning off areas according to the following zones:

- the HOT Zone is the contaminated area, which may be entered only by trained responders;
- the WARM Zone is the decontamination corridor where responders and equipment are cleaned to avoid secondary contamination;

- the COLD Zone is the safe upwind locations used for the command post, first aid station, emergency evacuation assembly point, equipment staging area, rest area, refreshments ,etc. ; and
- appropriate zone control (tape, signage), assessment equipment (binoculars, monitors, etc.) and personal protective equipment (respiratory, eyes, head, hands, feet etc.) shall be provided, used and maintained.

1.4.5.4 The spill training undertakings shall be in line with the requirements and procedures of the QU HSEMS *Section 11.0 – Training and Competency Procedure*.

1.4.6 Reporting Requirements

1.4.6.1 Spills causing injuries or incidents involving employees, students, contractors, members of the community, or affecting the environment shall be:

- Recorded in accordance with the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*; and
- Notified to other relevant authorities where required.

1.4.6.2 Following a spill an incident investigation shall be conducted according to the requirements and procedures of the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*. In general, investigations shall be led by QU's HSEO, in collaboration with the Emergency Duty Manager, the SRT and all concerned or involved parties, in order to assess causes, examine lessons learnt, and agree improvement actions to prevent recurrence.

1.4.6.3 A written incident investigation report shall be produced and documented by the investigation team, shared with all involved parties, and forwarded to the QU HSE Committee.

1.4.6.4 The investigation report shall include:

- The root cause(s) of the incident;
- How the spill emergency might have been prevented;
- What actions are to be taken to avoid the same, or a similar, emergency from occurring again;
- What actions are to be taken to decontaminate, or clean-up any pollution of land or water; and
- The time frame for implementation of those actions.

1.4.7 Monitoring and Review

1.4.7.1 The HSEO with support from the HSE Committee, Executive Directors, Department/Team/ Project Managers, Emergency Duty Manage, and SRT, shall be responsible for the monitoring and review of the effectiveness of the Spill Response Plan.

1.4.7.2 The Spill Response procedure shall be reviewed:

- Following the change in risk assessment level;
- Upon the addition of or change in new legal requirements and process changes;
- As part of regular HSEMS audits;
- Following an emergency management response exercise/drill;
- Following an actual spill; or
- At least annually.

1.4.7.3 During the review of the Spill Response Procedure, the following shall be taken into account:

- Feedback provided by the members of Emergency Response Team;
- Quantities and types of chemicals and/or hazardous materials stored;
- Adequacy of spill response equipment in containing and cleaning up spills;
- Findings of incident investigations; and
- Response time required.

1.4.7.4 Following the formal review and feedback process, the HSEO shall re-submit the reviewed Spill Response Plan to the HSE Committee along with an action plan identifying the roles, responsibilities and target dates to achieve improvements and implement changes within the reviewed plan.**1.4.7.5** The HSE Committee shall ensure the timely implementation of the actions identified following the monitoring and review of the Spill Response Procedure.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Spill Drill Observation Checklist

Spill Drill Observation Checklist	Ref:	PL-ES-008.4-01- 1.1
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Date:	Building Cod:	Building Name:	Ref: PL-ES-008-4-01-
Time Alarm Activated:	am pm	Time the building Evacuated:	am pm Date:
Time evacuated people Returned to Building:		am pm	Total People Count:
Completed by:		Position:	Signature:

	Activities to Observe	Yes	No	Comments	Recommendations
1	All Emergency Management Section and the Emergency Response Team members responded promptly to the spill notification.				
2	All employees and students observed the directions of the response Team.				
3	All spill control equipment and materials and appropriate PPE were efficiently accessed and used properly to address the spill situation.				
4	Spill area suitably cordoned off and access controlled				
5	Response team members were fully in control of the situation and didn't let others take over.				
7	Response team members were aware of where to dispose of collected spilled materials and used spill kit components.				
8	Response team were aware of emergency services communication requirements in the event of a major spill.				
	After event discussions with response team members and affected personnel confirmed that they were clear on their responsibilities and knew what to do.				



Part-8.5

Power Outage Response Procedure

Produced by

HSSE – Facilities & GS Department

PL-ES-008.5: Power Outage Response Procedure

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
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	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to define the policies and procedures that are necessary for the prevention, control, planning and response to power outages at Qatar University (QU) facilities

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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1.1 Purpose

- 1.1.1** The purpose of the Power Outage Response Plan is to define the policies and procedures that are necessary for the planning and managing the response to potential power outages at Qatar University (QU) facilities.
- 1.1.2** This plan also aims to ensure the timely response to prevent any immediate danger to the health and safety of staff, students, contractors, visitors, the community and the environment.
-

1.2 Scope

- 1.2.1** This procedure covers all potential power outages that may occur at QU work premises including site works.
- 1.2.2** All QU staff, students, contractors, and visitors must comply with this procedure.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** The QU Top Management, Department/Team/Project Managers and Leaders are responsible for:
- Implementation of this procedure in their area of responsibility and accountability;
 - Ensuring availability and provision of advice, information and assistance where required; and
 - Undertaking all the duties identified in line with this procedure.
-

1.3.2 Health, Safety, Security & Environment (HSSE)

- 1.3.2.1** The Health, Safety, Security & Environment (HSSE) is responsible for:
- Implementing this procedure in QU;
 - Ensuring that the control measure implemented are reviewed and monitored;
 - Providing assistance, where requested with the conduct of Environment, Health and Safety (HSE) assessments prior to the commencement of works; and
 - Undertaking all the duties identified in line with this procedure.
-

1.3.3 HSE Committee

- 1.3.3.1** The HSE Committee shall:
- Provide support and assistance as may be required by the HSSE in issues related to Emergency Management;
 - Ensure Emergency Personnel receive appropriate training relevant to the tasks assigned and maintain required competency levels; and
 - Ensure Emergency Personnel duties and responsibilities are clearly communicated and identified.

1.3.4 Health and Safety Management Section

1.3.4.1 The QU Health and Safety Management Section shall:

- Maintain a current register of Emergency Response Team (ERT) members.
- Replace ERT members when a position becomes vacant.
- Conduct regular exercises.
- Ensure the emergency response procedures are kept up-to-date and are communicated to all building occupants.
- Attend meetings, as appropriate.
- Attend training and emergency exercises, as required.
- Ensure personal ERT identification is available.

1.3.5 Emergency Response Team

1.3.5.1 The Emergency Response Team (ERT) shall include:

- HSEO;
- First aiders (Ref: PL-ES-008.1); and
- Fire wardens (Ref: PL-ES-008.2).

1.3.5.2 The Emergency Response Team shall:

- Take reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Limit their response to that within the scope of their level;
- Be knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter;
- ensure that emergency support services are pursued to ensure timely intervention by specialist services; and
- Respond to emergencies in line with the instructions outlined in Section 1.4 this plan.

1.3.6 Other Accountabilities

1.3.6.1 Employees, Students, Contractors and Visitors are responsible for:

- Taking reasonable steps to ensure that they do not place themselves or others at risk of harm;
- Co-operating fully and complying with any procedures that QU may introduce as a measure to protect the safety and well-being;
- Reporting any hazards associated with the working environment, work tasks or activities to their superior as soon as becoming aware of them;
- Participating in the development of appropriate risk control measures for identified hazards to eliminate or minimise risk; and
- Using control measures as required and any other action taken, which is designed to protect environment, health and safety.

1.4 Procedure

1.4.1 Risk Assessment

- 1.4.1.1** For successful prevention and preparedness for potential emergency situations, QU shall undertake HSE risk assessments for QU's undertakings, facilities and activities in accordance with QU HSEMS *Section 6.0 - Risk Management Procedure*. In addition, QU shall ensure that a power outage risk assessment is conducted for all its facilities.
- 1.4.1.2** The findings of HSE and the power outage risk assessments shall be communicated to all QU employees with particular roles and responsibilities identified for the QU Power Outage Response Procedure regarding the implementation of control measures. In addition, key stakeholders (e.g. Civil Defence) shall be consulted and contacted as deemed necessary.
- 1.4.1.3** Although control measures to reduce risks of personnel injuries and ill health to ALARP shall be implemented, there is normally some residual risk that may lead to emergencies, as a result of control failures associated with routine operations.

1.4.2 Building or Individual Room Power Failure

- 1.4.2.1** In the event of extended power loss to a facility, precautionary measures should be initiated depending on the location, environment and activities conducted at the facility.
- 1.4.2.2** The following actions should be initiated in case of an individual building or room power failure:
- Report the power failure to Campus Facilities Department.
 - Contact the QU Health and Safety Management Section.
 - Report to your supervisor's office space, if there is adequate light to do so, otherwise follow standard evacuation procedure as detailed in QU HSEMS *Section 8.0 Emergency Procedure* (Ref: PL-ES-008).
 - When evacuating an area due to power failure, make an attempt to turn off as many electrical devices as you reasonable can without endangering yourself. This may prevent problems when the power is restored and will allow emergency generators to run longer.
 - Employees who are with customers and/or vendors before the power outage remain with them until they are relocated to a safe area.

1.4.3 Elevator

- 1.4.3.1** In the event that you are trapped inside the elevator:
- Use the elevator emergency phone to notify security. Provide the following information:
 - Name;
 - Building you are in; and
 - Levels you believe you are trapped between.

- If the elevator does not have an emergency phone, activate the emergency alarm which will signal for help.
- Remain calm.

1.4.3.2 In you observe a malfunction from outside the elevator:

- If you think someone is trapped inside, notify Security/Building Management and the QU Health and Safety Management Section.
- If the trapped person can hear you, try to assure them that help is on the way
- DO NOT attempt to open elevator doors or release occupants yourself.
- Should trapped persons be suffering from a medical condition, contact Emergency Services immediately.

1.4.4 Training and Exercises

1.4.4.1 General principles of emergency preparation and response shall be included in the general HSE awareness and induction training to all QU employees and to contractors and visitors, as may be required.

1.4.4.2 The emergency training undertakings shall be in line with the requirements and procedures of the QU HSEMS *Section 11.0 – Training and Competency Procedure*.

1.4.5 Reporting Requirements

1.4.5.1 Emergencies causing injuries or incidents involving employees, students, contractors, members of the community, or affecting the environment shall be:

- Recorded in accordance with the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*; and
- Notified to other relevant authorities where required.

1.4.5.2 Following an emergency an incident investigation shall be conducted according to the requirements and procedures of the QU HSEMS *Section 12.0 – Hazard, Near-miss, Incident Reporting and Investigation*. In general, investigations shall be led by QU's HSEO, in collaboration with the Emergency Duty Manager, the SRT and all concerned or involved parties, in order to assess causes, examine lessons learnt, and agree improvement actions to prevent recurrence.

1.4.5.3 A written incident investigation report shall be produced and documented by the investigation team, shared with all involved parties, and forwarded to the QU HSE Committee.

1.4.5.4 The investigation report shall include:

- The root cause(s) of the incident;
- How the power outage emergency might have been prevented;
- What actions are to be taken to avoid the same, or a similar, emergency from occurring again;
- What actions are to be taken to decontaminate, or clean-up any pollution of land or water; and

- The time frame for implementation of those actions.

1.4.6 Monitoring and Review

- 1.4.6.1** The HSEO with support from the HSE Committee, Executive Directors, Department/Team/ Project Managers, Emergency Duty Manager, and ERT, shall be responsible for the monitoring and review of the effectiveness of the Power Outage Response Procedure.
- 1.4.6.2** The Power Outage Response Procedure shall be reviewed:
- Following the change in risk assessment level;
 - Upon the addition of or change in new legal requirements and process changes;
 - As part of regular HSEMS audits;
 - Following an emergency management response exercise/drill;
 - Following an actual power outage; or
 - At least annually.
- 1.4.6.3** During the review of the Power Outage Response Procedure, the following shall be taken into account:
- Feedback provided by the members of Emergency Response Team;
 - Findings of incident investigations; and
 - Response time required.
- 1.4.6.4** Following the formal review and feedback process, the HSEO shall re-submit the reviewed Power Outage Response Procedure to the HSE Committee along with an action plan identifying the roles, responsibilities and target dates to achieve improvements and implement changes within the reviewed plan.
- 1.4.6.5** The HSE Committee shall ensure the timely implementation of the actions identified following the monitoring and review of the Power Outage Response Procedure.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.



Part-9

Standard Operating Procedures

Produced by

HSSE - Facilities & GS Department

PL-ES-009: Standard Operating Procedures

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
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Policy Description

The purpose of this procedure is to outline a process for the development of specific Standard Operating Procedures (**SOPs**) and Technical Guidelines (**TGs**) for operational activities, processes, equipment, working environments and hazardous substances at Qatar University (**QU**), that have the potential to cause harm to people, damage to property or the environment, as identified from risk assessments.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the General Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – QU SOP Template

Appendix B – QU TG Template

Appendix C – QU List of SOPs and TGs

1.1 Purpose

- 1.1.1 This procedure outlines a process for the development of specific Standard Operating Procedures (**SOPs**) and Technical Guidelines (**TGs**) for operational activities, processes, equipment, working environments and hazardous substances at Qatar University (**QU**), that have the potential to cause harm to persons, damage to property or the environment, as identified from risk assessments.
- 1.1.2 The purpose of SOPs is to delineate safe methods for undertaking operations at QU.
- 1.1.3 The purpose of TGs is to delineate safe methods for undertaking operations at QU **and** to provide more detailed guidance for personnel conducting specific operational activities.

1.2 Scope

- 1.2.1 This procedure applies to employees, visitors and contractors in all QU premises, operations and events.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1 QU Top Management (refer to **QU HSEMS Section 3.0 - Roles and Responsibilities Procedure**) shall allocate sufficient resources for the effective implementation of the HSEMS and ensure that QU employees, students, contractors and visitors are aware of their responsibilities through appropriate regulation, delegation and communication.
- 1.3.1.2 Top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of these resources.

1.3.2 Vice President (VPs), Deans, Directors, Managers and Heads of Sections/Units

- 1.3.2.1 VPs, s, Deans, Directors, Managers, Head Sections/Units and Project Managers shall be responsible for the implementation and monitoring of HSE Standard Operating Procedure requirements and ensuring the implementation of this procedure within their jurisdiction.
- 1.3.2.2 This includes:
 - Ensuring that workplace specific SOPs and TGs applicable to their area of control are implemented and followed by QU employees, students, contractors, and visitors as required by the SOPs and TGs and associated risk assessments; and

- Assisting with the review of, and updates to, SOPs and TGs applicable to their area of control in consultation with the HSSE and HSE Committee.

1.3.3 HSSE Office

1.3.3.1 The QU HSSE is responsible for ensuring that SOPs and TGs are developed for the operation of equipment, substances, work tasks and processes with a potentially significant level of associated environment, health and safety risk if not controlled, as identified from Risk Assessments;

1.3.3.2 This includes:

- consulting with 1.3.2.1 VPs, s, Deans, Directors, Managers and Head Sections/Units in the development of the SOPs and TGs;
- reviewing the SOPs and TGs periodically to ensure they continue to provide the necessary controls measures; and
- the implementation of appropriate risk control measures in consultation with employees.

1.3.3.3 The QU HSSE shall also provide training in SOPs and TGs to employees and contractors undertaking the tasks/operation for which procedures have been established and maintaining documentation of the training provided.

1.3.4 HSE Committee and Subcommittees

1.3.4.1 The HSE Committee and its subcommittees are responsible for:

- providing specialist advice with respect to legislative requirements including the interpretation of the State of Qatar HSE-related Laws and Regulations, any HSE Standards and/or Guidelines adopted by QU, international HSE standards or treaties to which Qatar is a signatory, or under which they have agreed in principle, or to which QU subscribes; and
- providing assistance, where requested with the development and production of SOPs and TGs.

1.3.5 Procurement Department

1.3.5.1 The Procurement Department shall ensure that any equipment or materials necessary to conduct activities in accordance with the prescribed SOPs and TGs is available.

1.3.6 Employees and Contractors

1.3.6.1 QU employees and contractors are responsible for:

- not placing themselves or others at risk of injury;
- identifying hazardous tasks/operations;
- assisting in the documentation of SOPs and TGs; and
- working in accordance with documented procedures.

1.3.6.2 Contractors shall also ensure their activities comply with the requirements of the *QU HSEMS Section 7.0 – Contractor Management Procedure*.

1.4 Procedure

1.4.1 Overview

1.4.1.1 The development and use of SOPs and TGs are an integral part of a successful HSE management system. They provide individuals with the information to appropriately perform a job, which has a potentially significant level of associated environment, health and safety risk, properly. They also facilitate consistency in the quality and integrity of the process or end-result.

1.4.1.2 The SOP and TG outlines the hazards, risks and associated control measures to be applied to ensure the activity is conducted in a way to reduce the risk of injury or incidents.

1.4.1.3 The HSSE (in consultation with personnel delivering tasks covered by the SOP or TG), will determine whether a SOP or a more detailed TG is most appropriate for a specific activity or work area. This will be determined by assessing what will be most effective in supporting personnel performing the activity or operating in the work area.

1.4.1.4 VPs, s, Deans, Directors, Managers, Head Sections/Units and Project Manager are responsible for communicating to employees, visitors and contractors the tasks within their respective areas of control that have an associated SOP or TG (refer to *QU HSEMS Section 13.0 - Communication and Consultation Procedure*).

1.4.2 SOP and TG Development

1.4.2.1 When developing SOPs and TGs, consideration shall be given to reducing the risks according to the following hierarchy:

- elimination;
- substitution;
- engineering controls;
- signage/warnings and/or administrative controls;
- personal protective equipment.

1.4.2.2 SOPs and TGs shall address the following at a minimum:

- operations and activities that are associated with identified hazard(s) that require implementation of control measure(s) to manage risk(s);
- control measures related to supply chains (purchase of goods, equipment and services);
- control measures related to contactors and other visitors to the workplace; and
- stipulated operating criteria / instructions, maintenance instructions / integrity programs where their absence could lead to an increase in HSE risk(s).

1.4.2.3 SOPs or TGs shall be developed and implemented for all operations, activities, processes and events where a risk assessment process has identified an SOP or a TG as a suitable control measure to direct specific equipment and job tasks. Such a risk assessment process can be applied in situations including:

- The general risk assessment and review processes performed in accordance with the ***QU HSEMS Section 6.0 - Risk Management Procedure***;
- introducing new work practices;
- introducing new technology;
- as part of equipment inspections; and
- an incident investigation.

1.4.2.4 SOPs shall be written with sufficient detail to ensure that anyone with limited experience or knowledge of the procedure, but with a basic understanding, can successfully carry out the procedure in a safe manner when unsupervised. They will be written in a concise, logical, step-by-step, easy-to-read format.**1.4.2.5** TGs shall be developed to meet the requirements of an SOP, but will have additional information included to enable a greater understanding of the activity, context and associated risks and requirements.**1.4.2.6** References to an equipment manufacturer's/supplier's user manuals or information shall be included in SOPs and TG's where appropriate to support the SOP and TG.**1.4.2.7** The SOP and TG shall be written by QU employee(s) who has good knowledge of the subject activity. Consultation with others involved in the activity shall be utilised and encouraged. In some circumstances, additional expertise may be used to prepare the SOP or TG.**1.4.2.8** SOPs shall be structured consistently where practical (refer to Section 1.4.5). A template for an SOP is presented in *Appendix A*.**1.4.2.9** TGs shall generally include the items included in the SOPs, and will also include additional material to meet the needs to best direct the subject activity or work function. A template for a TG is presented in *Appendix B*.**1.4.2.10** When finalised, SOPs and TGs shall be reviewed by the HSE Committee, and the relevant subcommittee (if applicable), prior to being available for use.

1.4.3 Identifying Tasks/Processes

1.4.3.1 The HSSE, in consultation with the HSE Committee and relevant employees, shall identify tasks/activities that will require an SOP or a TG.

1.4.3.2 The HSSE shall consider the following possible sources of information when determining tasks that will require an SOP or a TG:

- general information documents, such as brochures, catalogues and annual reports;
- operations manuals, process flowcharts, or quality and product plans;
- reports from previous audits, assessments or reviews;
- information from other management systems, such as quality;
- technical data reports, published analyses or studies, or lists of toxic substances;
- applicable legal requirements and other requirements to which QU subscribes;
- purchasing data;
- product specifications, product development data, Material Safety Data Sheets (**MSDS**);
- waste inventories;
- monitoring data;
- permits or licence applications;
- views of, requests from, or agreements with interested parties;
- reports on emergency situations and accidents, and incident records;
- HSE Risk Registers;
- Workplace Inspections; and
- Contractor Management Procedure.

1.4.3.3 As a minimum, the HSSE shall make sure that all tasks conducted in the workplace with an inherent risk level of 'significant' or 'extreme' have a SOP or TG developed for those operational activities.

1.4.4 Process Steps

1.4.4.1 To aid in the development of SOPs and TGs the following steps shall be followed:

- Observe the task or process;
- Record the sequence of basic job steps;
- Assess potential hazards of each step;
- Review associated legislative requirements;
- Assess the risks of the hazards;
- Suggest ways of eliminating and controlling the hazards;
- Test the procedure by consultation and verify relevant issues are documented; and
- Obtain approval of the procedure.

1.4.5 SOP and TG structure

1.4.5.1 SOPs shall follow a clear and concise format that includes (where relevant):

- A description and purpose of the activity or process;
- The initial date of issuance for the SOP and the most recent review date;
- Definition of any specialized or unusual terms;
- Tools or equipment used in the process;
- References to MSDS for any chemicals to be used in the process;
- The person or position that has supervisory responsibility for the activity or process;
- A clear and simple explanation/instructions in sequential order of the steps or stages comprising the procedure or process in a safe manner;
- Potential hazards and their associated risk using the QU HSE risk matrix (refer to **QU HSEMS Section 6.0 - Risk Management Procedure**);
- Precautions required to eliminate or adequately reduce the risk prior to commencing the task ;
- Emergency procedures and shutdown;
- Risk controls to prevent injury and/or persons coming in contact with known hazards including the information and training requirements;
- Personal Protective Equipment (**PPE**) to be worn while undertaking the task;
- The environment where the task should be undertaken;
- Correct environmental clean-up and waste disposal measures; and
- Reference to applicable State of Qatar HSE-related Laws and Regulations, HSE Standards and/or Guidelines adopted by QU, and international HSE standards or treaties to which Qatar is a signatory, or under which they have agreed in principle, or to which QU subscribes. This aids in determining appropriate control measures.

1.4.5.2 TGs shall generally include the above SOP items (where relevant), however, the structure and additional material included will be determined based on how to best meet the needs of users and to best direct the subject activity or work function.

1.4.6 Training

1.4.6.1 The HSSE is to make sure the SOPs and TGs identify training needs of employees and contractors, and that these are implemented as per the requirements of **QU HSEMS Section 11.0 – Training and Competency Procedure**. The training is to include a combination of verbal description and practical demonstration to instruct trainees on:

- how to perform the task;
- the hazards associated with the task;
- the controls to be adopted to manage the risk associated with the task;
- emergency procedures related to the SOP/TG, where they exist; and
- consequences of not following the appropriate control measures

- 1.4.6.2** In order for employees and contractors to be deemed competent in performing a task, the HSSE shall make sure that the employees and contractors are observed performing the task in accordance with the relevant SOPs and TGs.
- 1.4.6.3** The completion of training is to be recorded in a Training Register.
- 1.4.6.4** Should employees and/or contractors be deemed as not yet competent they are to be re-trained in the SOP or TG until the HSSE is satisfied that the employee and/or contractor is able to follow all steps outlined in the SOP.
- 1.4.6.5** The training process is to be repeated annually for each SOP and TG. Training on a specific SOP or TG that would also be relevant to a new employee shall be included on the HSE Induction Checklist.
- 1.4.6.6** Refresher training shall be provided when there is a repeated violation or as identified by the HSE inspections and audits.

1.4.7 Records

- 1.4.7.1** The HSSE is to maintain copies of completed SOPs and TGs. The VPs, s, Deans, Directors, Managers, Head Sections/Units and Project Managers shall ensure that copies of completed SOPs and TGs are available to employees and contractors who have been deemed as competent following training.

1.4.8 Continual Improvement

- 1.4.8.1** SOPs and TGs shall be reviewed on a periodic basis dependent on level of risk, to ensure that the procedure remains current and appropriate. If an SOP or TG describes a process that is no longer required to be followed, it shall be withdrawn and archived.
- 1.4.8.2** The HSSE, in consultation with the HSE Committee, shall review all SOPs and TGs annually or when:
- there is a change in HSE legislation;
 - there is a change in the organisational structure or personnel undertaking the specific activities/operations outlined in the relevant SOP/TG;
 - a task changes;
 - site modifications and/or renovations are conducted;
 - new equipment is purchased; and
 - a hazard or incident is reported.
- 1.4.8.3** If, as a result of the review, changes are made to the SOP the HSSE is to make sure that employees, visitors and contractors are re-trained in accordance with the amended procedure.

1.4.9 HSE Risk Management / Register

- 1.4.9.1** The HSSE shall make sure that any controls identified and implemented as a result of developing or reviewing a SOPs or a TG are included in the HSE Risk Register. Refer to ***QU HSEMS Section 6.0 – Risk Management Procedure.***
-

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to ***QU HSEMS Section 16.0 – Document Control and Record Retention.***
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1.6 Appendices

Appendix A: QU SOP Template

Appendix B: QU TG Template

Appendix B: QU List of SOPs and TGs



Health, Safety and Environment Standard Operating Procedure

**SOP-##
XXXXX**

Produced by

Health, Safety, Security & Environment (HSSE) – Facilities & GS Department

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SOP-##:

1 Overview

1.1 Purpose

1.2 Hazards and Risks

1.2.1 Hazard Definition

1.2.2 Potential Outcomes

1.3 Key Terminology

Term	Definition

2 Scope

The requirements outlined in this SOP are applicable to all QU employees, students, contractors, and visitors who are working for QU, and/or conducting work on QU premises. The following subsections outline some of routine and non-routine activities in which the conditions covered by this SOP may be encountered.

2.1 Routine

2.2 Non-routine

3 Risk Prevention

3.1 General Prevention Requirements

3.2 Specific Prevention Methods

4 Safe Work Practices

4.1 General Worker Safety

4.2 Qualified Worker Safety

4.3 Use of Equipment

4.4 Personal Protective Equipment (PPE)

4.5 *Additional sections as needed*

5 Training

5.1 General Worker

5.2 Qualified Worker

6 Document Control

7 References



Health, Safety and Environment Technical Guideline

**TG-##
XXXXX**

Produced by

Health, Safety, Security and Environment (HSSE) – Facilities & GS Department

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1 Purpose

2 Scope

3 Responsibilities

3.1.1 Top Management

3.1.2 Other Accountabilities

4 Guidelines

5 Document Control

6 Appendices

Appendix A – XXXXX

SAMPLE

Appendix C – QU List of SOPs and TGs

Standard Operating Procedures

SOP01 – Lock Out / Tag Out

SOP02 – Electrical Safety

SOP03 – Compressed Gas Cylinders

SOP04 – Hazardous Waste Disposal

SOP05 – Working In, Over and Around Water

SOP06 – Working at Height

Technical Guidelines

TG01 – Chemical Safety

TG02 – Biological Safety

TG03 – Radiation Safety

TG04 – Machine Safety

TG05 – Office and Classroom Safety

TG06 – Parking, Driving and Pedestrian Safety

TG07 – Construction, Operations and Maintenance Safety

TG08 – Noise Management

TG09 – Warehousing Safety



Part-10

Management of Change Procedure

Produced by

HSSE – Facilities & GS Department

PL-ES-010: Management of Change

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to outline the corresponding responsibilities for managing the changes within Qatar University (**QU**), which may have significant impacts on its Health, Safety & Environment (**HSE**) performance

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – Request for Change Form

Appendix B – Change Control Log

Appendix C – Capital Projects & Campus Facilities Change Management Procedure

1.1 Purpose

- 1.1.1 The purpose of this document is to outline the corresponding responsibilities for managing the changes within Qatar University (QU), which may have significant impacts on its Health, Safety, Security & Environment (HSE) performance while in compliance with ISO 14001 and OHSAS 18001; and
- 1.1.2 The document also directs the utilization of standardized methods and procedures to process Requests for Change (RFCs) efficiently, effectively and in a timely manner.

1.2 Scope

- 1.2.1 The requirements of this document apply to the changes in the organizational structure, personnel, premises, facilities, equipment, materials, documentation, processes or procedures that may introduce significant hazards and increased risk or have implications on the QU HSE Management System (HSEMS).
- 1.2.2 For Capital Projects Department and Campus Facilities Department projects, the change management procedure in *Appendix C* shall be utilised.
- 1.2.3 For any changes to legal and other requirements, please refer to *QU HSEMS Section 5.0 – Legal Compliance procedure*.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1 QU Top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to HSE.
- 1.3.1.2 In addition, QU Top Management shall be responsible for the review and approval of any changes within QU that may have significant impacts on its HSE performance.

1.3.2 Health, Safety, Security & Environment Office (HSSE)

- 1.3.2.1 The Health, Safety, Security & Environment Office (HSSE) shall be responsible for the overall supervision and monitoring of the Management of Change Process. Specific tasks of the HSSE include:
 - Ensuring that all aspects of the QU HSEMS are considered throughout the Management of Change process;
 - Validation and preliminary review of the Request for Change (RFC);

- Rejection or endorsement of the RFC for a review and approval by QU Top Management;
- Monitoring of the Change Implementation Plan (CIP) implementation, and reporting the progress to QU Top Management; and
- Ensuring that the communication, training and HSEMS documentation updating requirements of the CIP are fully complied with.

1.3.3 HSE Committee

1.3.3.1 The HSE Committee shall provide support to the HSSE throughout the development and implementation of the QU HSEMS requirements. This includes:

- Providing assistance in reviewing RFC's (if requested); and
- Reviewing CIP's created under this procedure prior to obtaining approval from Top Management if required.

1.3.4 Employees, Students and Contractors

1.3.4.1 Potentially affected QU employees, students and contractors shall be aware of any approved change that may have significant impacts on QU's HSE performance, and provide information or other inputs as may be required to facilitate a comprehensive review and an effective implementation of the change.

1.4 Procedure

1.4.1 Overview

1.4.1.1 Management of change as part of the HSEMS is a process to evaluate and properly manage any modifications to the design, control, or operations (including staffing) of an activity or operation that may have significant impacts on its HSE performance.

1.4.1.2 Changes may include:

- Organizational structure;
- Personnel (staffing);
- Location and operating conditions;
- Equipment and materials;
- Documentation; and
- Processes or Procedures.

1.4.1.3 Management of Change is a process intended to:

- Assure no unintended hazards are introduced;
- Assure risks are properly evaluated and minimized; and
- Keep the HSE information provided and the QU HSEMS training, documentation, reporting, and monitoring standards current.

1.4.1.4 QU shall ensure that proposed and introduced changes in the QU HSEMS are communicated to all relevant employees and contractors per QU HSEMS *Section 13.0-Communication and Consultation Procedure*.

1.4.2 Management of Change Process

1.4.2.1 A QU Individual/Department identifying a change to be made that may have impacts on the QU HSE performance shall request that change to be approved as the Change Initiator (CI).

1.4.2.2 The CI shall complete the Request for Change (RFC) form (Appendix A) to document their request.

1.4.2.3 The CI shall be responsible for the following:

- Completing the RFC with sufficient information;
- Providing information as may be required to facilitate the review of the RFC; and
- Taking an active participation in the implementation of change (upon approval).

1.4.2.4 The completed RFC form will be submitted to the HSSE (Change Coordinator). Prior to which, the CI may require assistance from the HSSE in determining the HSE risks and impacts associated with the request for change.

1.4.2.5 Upon receipt of the RFC form, the HSSE shall log the RFC on the Change Control Log (CCL) (Appendix B).

1.4.3 Review of Request for Change (RFC) Form

1.4.3.1 The HSSE will review the RFC for completeness and adequacy of data supplied.

1.4.3.2 If the RFC is rejected, the HSSE shall inform the CI of the reasons or ground for the rejection.

1.4.3.3 If the RFC is approved:

- The HSSE shall conduct a preliminary assessment by:
 - Analysing the changes in operational procedures or processes relevant to the change request in order to identify any required changes in training, documentation or equipment; and
 - Analysing changes in location, equipment or operating conditions relevant to the change request in order to identify any potential hazards.

- Depending on the type, priority, and impacts of the proposed change, the review of the RFC may involve, but not be limited to the following:
 - Risk Assessment (QU HSEMS *Section 6.0 - Risk Management Procedure*) for the proposed change;
 - Establishing the change priority, whether low, medium, high, or emergency; and
 - Consultation with the CI as well as other relevant staff that may likely be affected by the proposed change.

1.4.4 Authorisation

1.4.4.1 The HSSE shall validate the findings of the review of the RFC, and based on this, shall provide the RFC to the QU Top Management for review and approval.

1.4.4.2 The QU Top Management's approval or rejection shall be documented on the RFC Form.

1.4.5 Change Implementation Plan

1.4.5.1 Should the RFC receive the approval of the QU Top Management, the HSSE shall develop a Change Implementation Plan (CIP) outlining the following, at minimum, which may be required as a result of the proposed Change:

- Responsibilities of QU employees and contractors;
- Timeframes for the implementation of the change;
- Communication and training requirements for the relevant staff, students, volunteers and contractors;
- Standard Operating Procedures (SOP) to be developed or updated;
- Risk assessment to be undertaken; and
- Any change in the HSEMS documentations.

1.4.5.2 The CIP shall be reviewed by the HSE Committee and approved by a QU Top Management representative.

1.4.5.3 The HSSE shall ensure that all personnel are made aware of and understand any changes in the QU HSE requirements, procedures and applicable control measures.

1.4.6 Implementation of Change

1.4.6.1 The HSSE is responsible for overseeing the safe implementation of the change. If new HSE hazards/risks are identified as a result of the change, the HSSE, shall:

- Notify the QU Top Management representative, employees, and relevant contractors of the new HSE hazards/risks; and
- Review and amend the CIP to eliminate the new HSE hazards/risk.

1.4.7 Emergency Change Management

- 1.4.7.1** For any changes in the QU emergency arrangements or in QU procedures leading to a change in the emergency arrangements, this shall be reviewed in line with QU HSEMS *Section 8.0 - Emergency Management Procedures* and the Health and Safety Committee shall be consulted.
- 1.4.7.2** An Emergency Change determined by the HSSE upon reviewing an RFC shall be given the highest priority in terms of timelines and resources.
- 1.4.7.3** Emergency Change shall follow the same review, approval and implementation as outlined above.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Request for Change Form

Appendix B: Change Control Log

Appendix C: Capital Projects & Campus Facilities Change Management Procedure

REQUEST FOR CHANGE	Ref:	PL-ES-010-01-1.1
---------------------------	-------------	-------------------------

Date of Request:		Reference Number: PL-ES-010-01-	
Department/College/Center:		Location:	
Requested/Initiated by:	Title:	Email:	Tel:
Type of Change:			
Process	Equipment	Materials	
Personnel	Procedure	Documentation	
Space	Others		
Priority:			
Normal		Emergency	

Details of Proposed Change:
Justifications for Change:

HSE Impacts/Risks:**Required Resources:****Attachments (if any):****Requestor/Initiator Signature:****Date:***The following section shall be completed by the HSE:*

RFC Rejection		RFC Endorsement for Review	
Remarks:			
Name:	Title:	Signature:	Date:

Change Control Log	Ref:	PL-ES-010-02-1.1
---------------------------	-------------	-------------------------

RFC Number	Preliminary Review		Management Approval		Change Implementation Date	Signature
	Date Received	Remarks	Date	Remarks		



Part-11

Training and Competency

Produced by

HSSE – Facilities & GS Department

PL-ES-011: Training and Competency

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A: HSE Training Matrix

Appendix B: Training Plan Template

Appendix C1: Training Attendance sheet

Appendix C2-1: Training Records Register

Appendix C2-2: Training Records - Participants

Appendix D: Training Evaluation Form

Appendix E: Competency Assessment Form

1.1 Purpose

- 1.1.1** The purpose of this procedure is to ensure all employees, students and contractors at Qatar University (QU):
- Have received appropriate Health, Safety & Environment (HSE) training, instruction and supervision; and
 - Are assessed as competent by appropriately qualified or experienced persons prior to carrying out the responsibilities of their role.
- 1.1.2** This procedure shall also ensure that visitors receive appropriate HSE information.
- 1.1.3** In addition, this document ensures compliance with the requirements of the ISO 14001 and OHSAS 18001.
-

1.2 Scope

- 1.2.1** The requirements outlined in this document are applicable to all QU employees, students, contractors, and visitors who are working for QU, and/or conducting work on QU premises.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU Top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to HSE.
-

1.3.2 Directors, Managers and Head Sections/Units

- 1.3.2.1** The Directors, Managers and Head Sections/Units shall be responsible for:
- Identifying the training needs of their employees / students;
 - Developing a training plan for each employee / students;
 - Maintaining training and competency records; and
 - Maintaining records of HSE training and competency for individual staff / students.
-

1.3.3 Human Resources

- 1.3.3.1** Human Resources (**HSE/HR**) shall be responsible for:
- Assisting Directors, Managers and Head Sections/Units in the identifying, developing and maintaining a 'Training and Competency Plan' including training records for the individual QU employees and students;
 - Participating in the development and awareness of HSE policies and procedures;
 - Facilitating the delivery of training to employees in accordance with training plan; and
 - Regularly evaluating the context of existing training programs while taking into consideration trainee feedback and any legislative or other changes.

1.3.4 Health, Safety, Security & Environment Office

1.3.4.1 The Health, Safety, Security & Environment Office (**HSSE**) shall be responsible for:

- Assisting Directors, Managers and Head Sections/Units and the HSE/HR Department in defining the HSE competencies required in the workplace;
 - Ensuring all QU employees, students and contractors undertake the required training;
 - Ensuring that visitors receive sufficient HSE information, commensurate to the HSE risk they may be exposed to, for the time they are visiting the QU campus;
 - Ensuring that all training and competency records and documents are maintained/updated;
 - Updating the HSE Training and Competency procedures and forms;
 - Participating in identifying the training needs of all employees; and
 - Participating in the developing of training plans for employees.
-

1.3.5 HSE Committee

1.3.5.1 The HSE Committee shall be responsible for assisting in the development and review of the HSE Training and Competency procedures and programs when requested.

1.3.6 Employees, Students and Contractors

1.3.6.1 All employees and students of QU are responsible for:

- Attending and participating in their individual training plan; and
- Providing feedback to their direct line managers or the HSSE in relation to the context and relevance of current training programs.

1.3.6.2 All contractors/service provider/suppliers engaged by QU shall be required to comply with relevant HSE legal requirements that apply to their work and/or activity and shall ensure that their activities are in accordance with the requirements of the QU HSEMS *Section 7.0 - Contractor Management Procedure*.

1.4 Procedure

1.4.1 Overview

1.4.1.1 QU shall ensure that all employees, students, contractors and service providers are competent to perform their work and/or activities in an environmentally sound and safe manner.

1.4.1.2 QU shall ensure that all employees, contractors and service providers shall undertake the necessary training to ensure they have enough information and knowledge to perform the tasks expected of them and shall not be expected to participate in activities for which they have not been trained to undertake.

1.4.1.3 QU shall also ensure that visitors receive appropriate HSE information as deemed necessary for the type of visit being undertaken at QU.

1.4.2 Identifying HSE Training Requirements and Competencies

1.4.2.1 The Departmental/Team Managers, in consultation with the QU employee and the HSSE, will identify all the HSE training and competencies for the workplace and the activities being undertaken. The HSE/HR department shall also assist in this process, as required.

1.4.2.2 Areas that need to be accounted for to ensure HSE training needs are captured include:

- Training requirements identified in legislation (Legal requirements);
- Training requirements identified in risk assessments;
- Risk management program should be reviewed to identify those areas where training has been identified as a control measure to reduce risk;
- HSE Incident history to identify where additional training could have prevented incidents;
- HSE performance;
- Specific task and/or role requirements;
- Specific licensing required by legislation e.g. high risk work; and
- Role specific occupational training/accreditation/registration that may be required to carry out particular tasks.

1.4.3 Conducting Training Needs Analysis

1.4.3.1 Once the existing HSE competencies have been established, a Training Needs Analysis (TNA) shall be undertaken to identify the gap between the existing competencies and required training.

1.4.3.2 A TNA shall be undertaken by the HSSE (in consultation with relevant personal such as Directors, Managers and Head Sections/Units and HSE/HR) to identify QUs training requirements and any gap between the existing competencies and required training.

1.4.3.3 The HSE training needs shall be identified and evaluated based on:

- Legal requirements;
- Risk assessment and management (e.g. training may be identified as risk control measures);
- HSE incident history (e.g. an incident may have occurred as a result of lack of training);
- Specific task and / or roles (e.g. laboratory employees);
- Role specific occupational training / accreditation / registration; and
- Employee consultation.

1.4.3.4 Following the TNA, a Training Matrix (Appendix A) shall be developed and updated by the HSSE in coordination with the HSE/HR on a regular basis (annually at a minimum), and this shall be used when developing training programs.

1.4.3.5 The Training Matrix in Appendix A shall be used in identifying training needs.

1.4.3.6 Generic training and awareness that all employees require must also be identified through a TNA (e.g. Emergency management Procedures or Incident reporting procedures).

1.4.4 Developing and Implementing HSE Training Programs

1.4.4.1 Following the completion of the TNA and Training Matrix, each entity should undertake a review of the needs and prioritise the training according to:

- Legal requirements;
- High risk activities;
- Training for new employees or those in a new role;
- Training methods and providers; and
- Consultation with QU employees.

1.4.4.2 The training history of each QU employee / student is to be recorded on the HSE Training Plan (Appendix B). This includes both training completed and training required that has not been completed (i.e. planned training).

1.4.4.3 The HSE/HR in consultation with the direct line manager / supervisor of each employee shall schedule appropriate training for employees to close competency gaps. This is to be recorded in the HSE Training Plan.

1.4.4.4 Provision of the required training shall take the following into considering:

- Level of responsibility and competence;
- Frequency of training;
- Types of training;
- Literacy, numeracy, language and other learning requirements;
- Course selection/material development;
- Trainer competency;
- Assessment activities;
- Training records; and
- Refresher training requirements.

1.4.4.5 Appropriate training methods shall be tailored to suit the targeted audience. Issues to be considered when reviewing the capabilities of each individual within the entity include:

- Literacy levels and capability;
- Numeracy capability; and
- Spoken languages.

1.4.4.6 When possible, the employees / students shall be consulted on their preferred learning method.

1.4.5 Competence of Trainers

1.4.5.1 QU shall ensure that the training is delivered by a competent person(s).

1.4.6 Training Evaluation

1.4.6.1 Within one week following the completion of a training course/session, QU employees / students will provide feedback on the training by completing an evaluation form.

1.4.6.2 This information should also be collated by the Directors, Managers and Head Sections/Units, and when undertaking performance reviews for employees, should be examined to understand the benefits.

1.4.7 Maintaining Records

1.4.7.1 All training records of employees / students are to be kept with HSE/HR, and copies will be made available to the HSSE.

1.4.7.2 Training Records include:

- HSE Training Plan;
- Training Certificates;
- Training Attendance Records (Appendix C1,C2-1, C2-2); and
- Training Evaluation Records (Appendix D).

1.4.8 Monitoring and Measuring of Training Results

1.4.8.1 Three months following the training session:

- The HSSE, in coordination with the employees / student's Department and/or Team Managers will evaluate the employee's / students overall HSE performance in line with the training received.
- The employee / student who received the training will also fill out an evaluation form (Appendix D) in order to indicate how the training related to their own roles and working environment.

1.4.9 Mandatory Training

1.4.9.1 The key HSE mandatory training program shall include

- HSE inductions (generic and site specific where required);
- HSE emergency response and management;
- Relevant subject-specific training (based on Risk Assessment);
- Specialized task-specific training (based on Risk Assessment), including:
 - HSE training courses (e.g. IOSH managing or equivalent) for the HSSE and HSE Committee members;
 - Fire Warden Training for all Fire Wardens; and
 - First Aid Training for all First Aiders.

1.4.9.2 Frequency of training may be dependent on the use of skills by the employees and contractors and changes in the workplace and duties.

1.4.10 Induction Training

1.4.10.1 The QU shall develop induction training tailored to the QU premises and include information on the QU HSEMS.

1.4.10.2 The Induction for QU employees / students will cover the following:

- A general induction will be given by the HSE/HR Department during the first three days covering essentials such as security, emergency procedures, housekeeping, key contact lists or personal support, and will show them how to access the HSEMS and give them overview of the QU HSE Policy.
- More comprehensive induction training will be provided by the HSSE covering key policy and procedures, regulatory health and safety and personnel matter, and major generic HSE hazards and control measures in place.

1.4.10.3 QU visitors who are likely to be exposed to significant HSE risks shall be required to undergo induction training, otherwise the QU employee being met shall be responsible for the visitor's safety and well-being while at the QU premises.

1.4.10.4 For QU employees / students going on site visits, site specific inductions shall be developed, based on the findings of the risk assessment undertaken prior to going to site. The induction shall be developed by the HSSE who shall ensure it is provided prior to employees going to site.

1.4.11 Refresher Training

1.4.11.1 Refresher training is required to update employees on changes to the systems being operated.

1.4.11.2 The training matrix/plan should hold information on what training requires refreshing and at what timescale (Appendix A).

1.4.12 Methods of Assessing Competencies

1.4.12.1 All QU employees, students and contractors shall be deemed competent to safely undertake their tasks/activities prior to commencement of those tasks/activities.

1.4.12.2 Methods for determining competency shall be chosen based on the type of training being delivered. These methods may include, but not be limited to:

- Observation;
- Oral/written assessments;
- Demonstration/presentation; and
- Undertaking and completing an assignment(s).

1.4.12.3 The assessor shall choose an appropriate method(s) according to the nature of the competency.

1.4.12.4 Reassessment of the QU employees' competencies shall be undertaken:

- During the annual performance review undertaken at QU; and/or
- Following an incident in which the QU employee has been involved.

1.4.12.5 Reassessment of the QU Contractors may be undertaken through any of the following methods:

- Observations by supervisor;
- Investigating incidents; or
- Observations of repeated mistakes.

1.4.13 Recording Competencies

1.4.13.1 A Competency Assessment Form has been developed and provided in Appendix E.

1.4.13.2 Competency Records shall be maintained by HSE/HR, and copies will be made available to the HSSE.

1.4.14 Reviewing Training and Competency Requirement

1.4.14.1 The QU training and competency requirements shall be reviewed and evaluated by the HSSE and HSE Committee on an annual basis.

1.4.14.2 Any amendments to the training and competency requirements shall be undertaken by the HSSE in coordination with HSE/HR.

1.4.14.3 The review process shall take the following into consideration:

- QU's progress towards achieving its Targets and Objectives / Key Performance Indicator;
- Hazard, Near-Miss, Incident Reporting and Investigation (e.g. near-miss or incident may be a result of lack of training on the part of staff);
- Findings of HSE inspection and audits at QU facilities;
- Training evaluation results (Section 1.4.6);
- Results from the monitoring and measurement of training (Section 1.4.8); and
- Results of QU's HSE performance monitoring.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 References

- ISO 14001:2004 – Environmental Management Systems; and
- OHSAS 18001:2007 – Occupational Health and Safety Management Systems.

1.7 Appendices

Appendix A: HSE Training Matrix

Appendix B: Training Plan Template

Appendix C1: Training Attendance Sheet

Appendix C2-1: Training Records Register

Appendix C2-2: Training Records - Participants

Appendix D: Training Evaluation Form

Appendix E: Competency Assessment Form

Training Matrix	Ref:	PL-ES-011-01-1.1
-----------------	------	------------------

Participants Groups	Training Type/Title											
	Health and Safety Induction	Emergency Management	Fire Warden	First Aid and CPR	Road Safety	QU HSEMS Orientation	Ergonomics	Sustainability Awareness	Laboratory Safety Management	Handling of Hazardous Waste	PPE Usage	Electrical Safety
All QU Employees												
All QU Students												
Visitors												
HSE Committees Members												
HSSE / QU Site Inspection Personnel												
Nominated First Aiders												
Nominated Fire Wardens/Emergency Team												
QU Senior Management												
Contractors/Drivers												
QU Personnel working in Laboratories												
QU Personnel working Warehouses												
QU/Contractors Operations And Maintenance Staff												

*At least one member of the team to have the indicated training.

Training Plan Template	Ref:	PL-ES-011-02-1.1
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Plan Duration:	Plan Start date:	Plan End Date	Ref: PL-ES-02-1.1-	Date:	
Created By:	Title:	ID:	Reviewed By:	Title:	ID:
Approved by:	Title:	ID:	Signature:	Date:	

SN	Participants Group	Proposed Months											
1	All QU Employees												
2	All QU Students												
3	Visitors												
4	HSE Committees Members												
5	HSSE / QU Site Inspection Personnel												
6	Nominated First Aiders												
7	Nominated Fire Wardens												
8	QU Senior Management												
9	Contractors/Drivers												
10	QU Personnel working in Laboratories												
11	QU Personnel working Warehouses												
12	QU/Contractors Operations And Maintenance Staff												
Type/Title of Training		Health and Safety Induction	Emergency Management	Fire Warden	First Aid and CPR	Road Safety	Sustainability Awareness	QU HSEMS Orientation	Laboratory Safety Management	Handling of Hazardous Waste	PPE Usage	Ergonomics	Electrical Safety

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Training Attendance Sheet/Record	Ref:	PL-ES-011-03-1.1
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Date:	Title of the Training:	Ref: PL-ES-011-03-
Training Duration (Days):	Start Date:	End Date:
Venue:		
Training Provider:		Trainer Name:

#	Participant Name	Dept./College/Center	ID	Days					Signature
				1	2	3	4	5	
1									
2									
3									
4									
5									
6									
7									
8									
9									

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



#	Participant Name	Department College / Center / Contractor	ID	Days					Signature
				1	2	3	4	5	
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



#	Participant Name	Dept./College/Center	ID	Days					Signature
				1	2	3	4	5	
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									

Training Records Register	Ref: PL-ES-011
---------------------------	----------------

Period From:	Period To:	Ref: PL-ES-011-	Date:
Completed by:	Title:	Reviewed by:	Title:

Reference No.	Training Title	Date	Participants Group	Duration (Hours)	No. of Participants	Remarks
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						
PL-ES-011-03-						

Training Records Register – Participants



Ref: PL-ES-011-03-1.1

Period From:	Period To:	Ref: PL-ES-011-	Date:
Completed by:	Title:	Reviewed by:	Title:

#	Participant Name	Department College/Center	Training Title	Duration		Date	Remarks
				Days	Hours		

Training Evaluation/Feedback Form	Ref:	PL-ES-011-04-1.1
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Title of Training:	Date of Training:	Ref: PL-ES-011-04-
Participant Name:	College/Dept./Center:	Tel:

<i>Delegates to complete feedback sheet within 1 week from completion of training after the training. (1 is low and 5 is high)</i>							
Was the course:		1	2	3	4	5	
1. Interesting and Informative?							TOTAL SCORE out of 45
2. Appropriate to your position and related to work?							
3. Contents delivered in an interesting way to keep your attention?							
4. Designed to allow enough discussion and contribution?							
5. Well supported by visual aids and handouts?							
6. Designated the appropriate amount of time?							
7. Venue, setup, lighting, ventilation, comfortable and adequate?							
8. Trainer/Tutor is professional and able to explain the contents of the course clearly?							
9. As Overall is satisfied							

Comments:

Participant Name:	QUID:	Signature:
--------------------------	--------------	-------------------

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Competency Assessment Form	Ref:	PL-ES-011-05-1.1
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Date:	Competency:	Ref: PL-ES-011-05-
--------------	--------------------	---

Element of Competency	Performance Criteria	Assessor Review (Competent)		Action/Evidence
		Yes	No	

Possibilities for Action items	Possibilities for evidence
<i>Attend training</i>	<i>Direct observation of performance during work</i>
<i>Review procedures</i>	<i>Direct observation of performance during simulation</i>
<i>On job training</i>	<i>Verbal assessment</i>
<i>Observe other staff</i>	<i>Written assessment</i>
<i>Other</i>	<i>Other</i>

Employee Name:	Title:	QUID:	Signature:
Assessor Name:	Title:	QUID:	Signature:



Part-12

Hazard, Near Miss, Incident Reporting and Investigation

Produced by

HSSE – Facilities & GS Department

PL-ES-012: Hazard, Near Miss, Incident Reporting and Investigation

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to set out the procedures and associated responsibilities in the reporting, investigation, improvement recommendation, and closing out of Environment, Health and Safety (**HSE**) hazards, near misses and incidents that occur at Qatar University (**QU**) premises, during QU work, program related travel, and/or at QU project sites.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of legal counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty Members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A: Incident Investigation Form

Appendix B: Hazard Report Form

Appendix C: Incident Report Form

Appendix D: Witness Statement Form

Appendix E: Fume Hoods & Biosafety Cabinet Inventory

Appendix F: Chemicals Inventory

Appendix G: Biological Materials Inventory

Appendix H: Compressed Gas Cylinders Inventory

1.1 Purpose

- 1.1.1** The purpose of this document is to set out the procedures and associated responsibilities in the reporting, investigation, improvement recommendation, and closing out of, Health, Safety & Environment (**HSE**) hazards, near misses and incidents that occur at Qatar University (**QU**) premises, during QU work, work related travel, and/or at QU project sites.
- 1.1.2** In addition, this document ensures compliance with the requirements of the ISO 14001 and OHSAS 18001.

1.2 Scope

- 1.2.1** The requirements of this Procedure shall apply to all QU premises including offices, laboratories, classrooms, other QU facilities and site works.
- 1.2.2** QU employees, students, contractors and visitors shall comply with the requirements of this Procedure.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to HSE.

1.3.2 VPs, Deans, Directors, Managers, Head Sections/Units and Project Managers

- 1.3.2.1** VPs, Deans, Directors, Managers, Head Sections/Units and Project Managers shall be responsible for:
- Ensuring that all HSE hazards, near misses, and incidents are promptly reported, investigated and managed with appropriate corrective actions;
 - Reviewing, and providing approval or non-approval for any Corrective Action Request (CAR);
 - Ensuring that the resources required for the corrective actions are appropriately allocated; and
 - Designating an HSE Representative for events that are undertaken outside QU premises and / or outside working hours.

1.3.3 Health, Safety, Security & Environment (HSSE)

1.3.3.1 The HSSE shall be responsible for:

- Ensuring hazard, near miss and incident reporting requirements are communicated to QU staff
- Notifying and reporting HSE incidents to the QU Top Management and the HSE Committee;
- Coordinating the formation of the investigation team and coordinating the performance of the incident investigation;
- Ensuring hazards, near misses, and incidents are adequately reported to regulatory authorities where required (e.g. Civil Defence, Ministry of Environment [MOE]);
- Designating responsibilities and timelines for the implementation of corrective actions in consultation with the relevant Departmental / Team/ Project managers.
- Ensuring hazards, near misses, and incidents are adequately investigated; and identified CARs are closed out.

1.3.4 HSE Committee

1.3.4.1 The HSE Committee shall be responsible for:

- Providing advice or support as may be required by the HSSE and the HSE investigation team;
- Reviewing HSE investigation reports, and validating the investigation findings and recommendations for corrective actions; and
- Keeping track and maintaining record of the HSE investigation and corrective action requests.

1.3.5 Other Accountabilities

1.3.5.1 All employees and students of QU are encouraged to:

- Report to the HSSE any HSE hazard, near-miss and incident encountered during the course of work or work-related travel and activities; and
- Provide information or any assistance as may be required during HSE investigations.

1.3.5.2 QU service providers / contractors shall be responsible for notifying the relevant QU Project Manager and/or QU HSSE of any hazard, near miss, or HSE incident that occurred during the course of their services or work for QU. The service providers / contractors shall also be responsible for performing HSE investigations and implementing corrective actions relevant to their scope of service or work.

1.4 Procedure

1.4.1 Overview

1.4.1.1 QU shall ensure that a reporting and investigation system for HSE hazards, near-misses and incidents shall be in place and consistently implemented at QU facilities and for all activities undertaken for or on behalf of QU.

1.4.1.2 Results, findings and recommendations of the hazard, near-miss and incident investigations shall be communicated to all relevant employees, and to all relevant stakeholders including contractors, as may be required (QU HSEMS – *Section 13.0 – Communication and Consultation Procedure*).

1.4.2 Hazard / Near-miss Management

1.4.2.1 This Hazard, Near miss, Incident Reporting and Investigation Procedure gives employees and contractors a convenient method whereby having identified a potential hazard or suffered a near miss, they can communicate this information to the HSSE for review, investigation and action to eliminate or control the hazard.

1.4.2.2 The procedures for reporting and addressing hazards/near misses are outlined as follows:

- **Stage 1:** The Hazard/Near-miss/Incident Reporting Form (Appendix A) is to be completed by any QU employee who has identified a hazard or has experienced a near miss. The completed form shall be submitted to the HSSE.
- **Stage 2:** The Hazard/Near miss Reporting Form is then to be reviewed by the HSSE in order to:
 - Validate the hazard or near miss;
 - Investigate the root cause and other underlying factors that contributed to the hazard or near miss;
 - Identify any actions that need to be taken to eliminate or control the hazard/near miss; and
 - Submit the reviewed document to the HSE Committee.

In order to determine the root cause and identify preventive / corrective actions, the HSSE shall use the CAR Form (QU HSEMS *Section 14.0- Audit and Inspection Procedure, Appendix C – PL-ES-014-03*).

- **Stage 3:** The hazard/near miss CAR is to be reviewed by the relevant Head of Section / Project, who will approve or disapprove the recommended action/s, and return the CAR to the HSSE. The decision of the Head of Section / Project shall be supported with justifications.
- **Stage 4:** The corrective actions approved by the Head of Section / Department / Project Manager shall be implemented according to the designated responsibilities and timelines specified on the CAR.

- **Stage 5:** The HSSE shall then validate the implementation and subsequently recommend closing out of the CAR.

1.4.2.3 Identifying corrective and preventative actions of hazards and near misses shall be achieved by:

- The HSSE shall endeavour to identify corrective as well as preventive actions of the reported hazards and near misses. In doing so, the HSSE shall follow the process outlined in the QU HSEMS *Section 14.0-Audit and Inspection Procedure*.
- Where required, the HSSE may seek the assistance of the HSE Committee to provide appropriate corrective and preventive actions.
- The HSSE shall ensure approval of all corrective and preventative actions from the relevant QU Section / Department / Project.
- The HSSE shall be responsible for updating the relevant QU HSEMS procedures once the appropriate corrective and preventative actions have been identified and approved. The HSSE shall then develop a monitoring program in line with the requirements of the QU HSEMS-*Section 15.0 -HSE Performance Monitoring Procedure*.

1.4.2.4 Communication of Outcomes shall be achieved by the HSSE communicating:

- The outcome of the hazard;
- Any corrective/preventive measures that have been or will be taken; and
- Any updates to the QU HSEMS Procedures.

The HSSE shall refer to the QU HSEMS-*Section 13.0- HSE Communication & Consultation Procedure* for guidance on internal communication.

1.4.3 HSE Incident Management

1.4.3.1 All HSE incidents must be notified and reported to relevant authorities where required using the approved reporting process detailed within this procedure.

1.4.3.2 If the incident occurs outside normal working hours, the incident shall be notified as soon as practicable, but not later than the next working day.

1.4.3.3 Where an HSE incident occurs during the normal working hours, the HSSE shall be informed immediately, who will follow the procedure detailed below for incident notification and reporting.

1.4.3.4 During QU activities occurring outside their premises (example site visits, workshops etc.), the Department / Team / Project Manager shall designate an HSE representative at that event. The HSE representative shall be informed immediately of any HSE incident. The HSE representative shall notify the HSSE as soon as reasonably practicable.

1.4.3.5 The Hazard/Near-miss/Incident Reporting Form (Appendix A) is to be completed by an appropriate QU employee (generally a team leader or above) in consultation with the HSSE. The completed form shall be submitted to the HSSE.

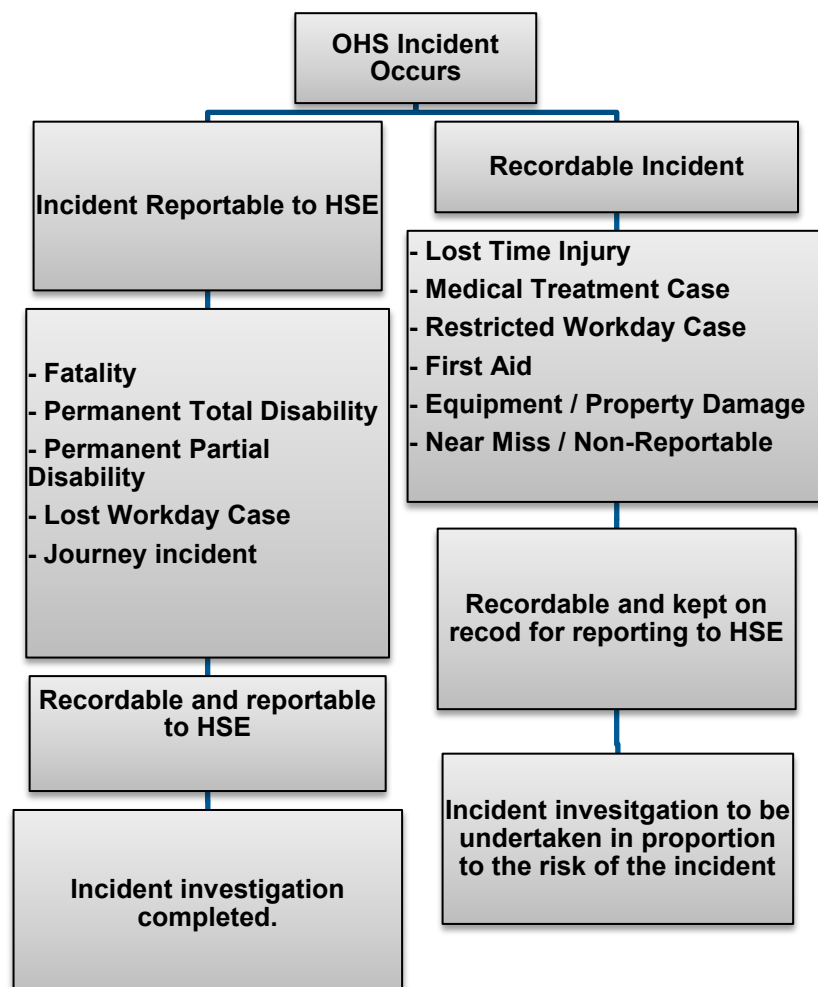
1.4.3.6 The HSSE shall manage the incident in accordance with the process defined in this section.

1.4.3.7 Incident Classification: HSE incidents are classified according to the following:

- Environment:
 - Spill/release/discharge to land;
 - Spill/release/discharge to water, including groundwater;
 - Release/discharge to atmosphere;
 - Environmental noise and/or vibration;
 - Unauthorized/accidental vegetation removal or harm;
 - Harm to animal species; and
 - Unauthorized/accidental damage to heritage site/item.
- Health and Safety:
 - Lost time injury:
 - Fatality;
 - Permanent total disability;
 - Permanent partial disability;
 - Lost workday case;
 - Journey incident;
 - Restricted workday case;
 - Medical treatment case;
 - First aid injury;
 - Equipment/property damage; and
 - Near miss/hazards.

1.4.3.8 Serious HSE incident notification requirements: All incidents are to be notified and reported using the approved reporting process within this procedure and documented on Form PL-ES-012-01 (refer to Appendix A).

1.4.3.9 Recordable versus reportable incidents



1.4.4 Contractor HSE Incident Reporting Process

1.4.4.1 QU shall require its service providers / contractors to report any HSE incidents that occurred in the course of providing services or works for the QU.

1.4.4.2 Principal Contractor HSE incident notification and reporting process: Where construction work is undertaken by a Principal contractor, the HSE incident reporting shall be conducted in the following manner:

- All HSE incidents at the workplace shall be reported to the Principal contractor;
- Sub-contractor / project manager / client representative / consultant with an approved HSEMS shall be responsible for notifying and reporting to HSSE of any HSE incidents involving their work; and
- HSE incidents involving sub-contractor / project manager / client representative / consultant without an approved HSEMS shall be reported by the Principal contractor. The principal contractor shall be responsible for notifying and reporting to HSSE of any HSE incidents involving their work.

1.4.4.3 Medium and Low Risk Entities notification and reporting process: A QU service provider that is considered a medium / low risk entity shall report HSE incidents in the following manner:

- Notify HSSE of all Serious HSE Incidents as soon as practicable;
- Report all Serious HSE Incidents by completing and submitting a Serious OHS Incident Investigation Form; and
- Submit a Quarterly HSE Performance Report by completing and submitting a Quarterly HSE Performance Report.

1.4.5 Incident Investigation

1.4.5.1 QU shall ensure that all work related incidents, including near misses and dangerous occurrences, shall be investigated. The focus of the investigation shall be to identify root causes, prevent future incidents and injuries and not to assign blame for the incident.

1.4.5.2 Investigation Team: The HSSE in coordination with the HSE Committee shall be responsible for designating suitable personnel to the investigation team. Investigations shall be undertaken by competent persons in consultation with relevant stakeholders. The investigation team shall consist of a team leader and team members.

1.4.5.3 Investigation Process: The investigation will comply with the following process:

- The investigation must commence as soon as reasonably practicable, after the incident. An immediate inspection of the site should be conducted. This inspection shall provide an objective assessment taking into account the severity of the incident in both human and financial terms.
- QU shall ensure that a site where a reportable incident has occurred shall be preserved and not be disturbed as far as reasonably practicable until the relevant authorities (e.g. Police, Civil Defence, MoE Inspector) arrives onsite and/or directs

QU to take other actions. All evidence associated with the incident shall be preserved until such time that the relevant authorities deems necessary to ensure that all relevant evidence is collected.

- Where practical, the management, employees and students shall be fully involved in the investigation. This joint approach shall ensure that a wide range of practical knowledge and experience is brought together and thereby facilitates holistic approach to resolving issues. This will also empower and encourage commitment from the management and employees to support the QU HSEMS implementation.
- Depending on the significance of the HSE incident, QU may deem it necessary to engage professional investigators and/or relevant stakeholders to conduct or assist in the investigation.

1.4.5.4 Determining root causes and identifying corrective and preventative actions:

- The investigation team shall endeavour to determine the root cause of the incident and identify corrective as well as preventive actions. In doing so, the investigation team shall follow the process outlined in the QU HSEMS *Section 14.0 -Audit and Inspection Procedure*.
- The HSSE and the HSE Committee shall review data from the investigation, monitor trends and make recommendations to the relevant QU Sections on appropriate preventative strategies and priorities in reducing the risk of similar hazard or incident.
- All investigation findings and report are to be forwarded to HSE Committee and recorded in register. Recommendations and actions are to be reviewed and followed up by HSE Committee to ensure relevance and completion. The HSE Committee shall review incident statistics, identify trends and determine the appropriate use of resources on a priority basis.

1.4.5.5 Communication of Investigation Outcomes:

- Debriefing:
 - Where a serious or significant hazard, near miss or incident has impacted on other people or has caused concern within the vicinity, a debriefing shall be offered by the HSSE and/or the HSE Committee to explain:
 - The outcome of the hazard or incident;
 - The outcome of the investigation; and
 - Any corrective/preventive measures that have been or will be taken.
 - Where required, counselling shall be offered to persons affected by the hazard, near miss or incident.
- Recording of and reporting incidents:
 - Appropriate investigation and reporting of incidents shall be undertaken as outlined in Section 1.4.5 of this procedure.
 - QU shall record all incidents that involve QU employees, students, contractors, and visitors using Form PL-ES-012-01. Incidents and incident reports shall be an item for discussion in the HSE Committee meetings.

- An incident investigation report shall include, but not be limited to, the following:
 - Type of incident;
 - Details of the injured person (e.g. gender, occupation, experience, training, etc.);
 - Location;
 - Evidence collected (e.g. photographs, documented interviews);
 - Actual and potential consequences of the incident (e.g. people, environment, QU reputation, assets);
 - Details of the investigation outcome (e.g. equipment maintenance records; risk assessment/registers; implementation of emergency plan/procedures);
 - Root cause(s);
 - Recommendations to prevent recurrences of the incident. These should include target completion dates, responsible persons, etc.; and
 - The name, signature and competency qualifications of the investigator(s).
- Distribution of the Incident Investigation Report:
 - The incident investigation team leader shall provide a copy of the completed Incident Investigation Report, once completed, to:
 - QU Top Management;
 - Head of Department / Team / Project / Contractor;
 - FACILITIES & GS and HSSE;
 - HSE Committee; and
 - Other relevant stakeholders.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Incident Investigation Form

Appendix B: Hazard Report Form

Appendix C: Incident Report Form

Appendix D: Witness Statement Form

Appendix E: Fumehoods, Biosafety Cabinets Inventory

Appendix F: Chemicals Inventory

Appendix G: Biological materials Inventory

Appendix H: Compressed Gas Cylinders Inventory



Incident Investigation Form

Ref:

PL-ES-012-04-1.1

Title Page (including approver signature)

Executive Summary

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Details of Injured Person / Damage to Asset / Harm to Environment

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Immediate Causes
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Root Causes
Recommendations and Corrective Actions

Findings	Causes	Recommendations	Actions	Priority	Action By	Date

Appendices



Witness Statement Form	Ref:	PL-ES-012-03-1.1
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Name :	Job / Position :
Date of Birth :	Employer / Company :
Qualifications :	Years of experience in the role :
General operations/activities information: (information which may be relevant to incident, overview of activities ongoing, etc.)	
Incident details:	
Date :	Time :
Location :	Hours on shift at time of incident :
Description:	
Signed and dated:	

Incident Report Form	Ref:	PL-ES-012-02-1.1
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Section 1: To be filled by Department In charge (His/her representative)

Date:	Time:	am	pm	Reference: PL-ES-012-02-
Location:	Building Code:	Room No:		
Reported by:			Position:	
Email Address:			Phone No.:	

Incident Type:		
Health & Safety	<input type="radio"/> Fatality	<input type="radio"/> Lost Workday Case
	<input type="radio"/> Permanent Total Disability	<input type="radio"/> Permanent Partial Disability
	<input type="radio"/> Medical Treatment Case	<input type="radio"/> Restricted Workday Case
	<input type="radio"/> First Aid Case	<input type="radio"/> Equipment/property damage case
	<input type="radio"/> Fire	<input type="radio"/> Other (Explain in description)
Environment	<input type="radio"/> Spill/release/discharge to land	<input type="radio"/> Environmental noise and/or vibration
	<input type="radio"/> Spill/release/discharge to water, including groundwater	<input type="radio"/> Unauthorized/accidental vegetation removal or harm
	<input type="radio"/> Release/discharge to atmosphere	<input type="radio"/> Harm to animal species
	<input type="radio"/> Unauthorized/accidental damage to heritage site/item	
Description/Observation:		

Details of the Injured (if applicable):			
<input type="radio"/> Staff	<input type="radio"/> Student	<input type="radio"/> Contractor	<input type="radio"/> Visitor
Name:		Position:	
Age:		Nationality:	
Details of Injury:			
Details of the Property Damaged (if applicable):			
Property Damaged:		Property Type:	
Nature of Damage:		Estimated Cost of Damage (in QAR):	
Witness Details (if available):			
Name:		Position:	Phone No.:
Name:		Position:	Phone No.:

Section 2: To be filled by HSE

Incident Classification:	<input type="checkbox"/> Insignificant	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major	<input type="checkbox"/> Catastrophic
Investigation Requirements	<input type="radio"/> Complete Section 3 (only for <u>minor</u> or <u>insignificant</u> incidents) <input type="radio"/> Completed Incident Investigation Form (PL-ES-012-04)				

Section 3: To be filled by Lead Investigator (only for minor or insignificant incidents)

Immediate Causes:
Root Causes:

Corrective Actions:

[illegible]

Section 4: *To be filled by Approver (refer to QU EHSMS Section 12.0 – Hazard, Near Miss and Incident Reporting & Investigation)*

Name:
Position:
Signature:

Hazard / Near Miss Report Form	Ref:	PL-ES-012-01-1.1
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Section 1: To be filled by originator / observer (person who encountered or witnessed the event)

Date:	Time:	am	pm	Ref: PL-ES-012-01-
Location:		Building Code:		Room No:
Reported by:			Title:	
Department			Tel:	
College/Center:			Email:	

Type:	Hazard	Near Miss
Description/Observation:		
Witness Details (if available):		
Name:	Title:	Tel:
Name:	Title:	Tel:

Section 2: To be filled by HSE

Incident Potential:	Insignificant	Major	Catastrophic
	Minor	Moderate	
Immediate Causes:			
Root Causes:			

Corrective Actions:			
SN.	Required Action	Action Owner	Date

Section 3: To be filled by Approver (refer to QU EHSMS Section 12.0 – Hazard, Near Miss and Incident Reporting & Investigation)

Name:
Title:
Signature:



Part-13

Communication And Consultation Procedure

Produced by

HSSE - Facilities & GS Department

PL-ES-013: Communication and Consultation Procedure

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to ensure a systematic approach to the management of Environmental, Health and Safety (**HSE**) Consultation activities and Communication of HSE information to all Qatar University (**QU**) employees, students, contractors and visitors, as well as relevant regulatory agencies.

Who Should Know This Policy

- ☒ President
- ☒ Vice President
- ☒ Office of the legal Counsel
- ☒ Dean
- ☒ Director/ Departmental Head
- ☒ Faculty
- ☒ Accounting/ Finance Personnel
- ☒ Student
- ☒ All Employees

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Appendices

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Appendix F – Meeting Minutes

1.1 Purpose

1.1.1 The purpose of this document is:

- to ensure a systematic approach to the management of Environmental, Health and Safety (**HSE**) Consultation activities and Communication of HSE information to all Qatar University (**QU**) employees, students, contractors and visitors, as well as relevant regulatory agencies.
- To ensure compliance with relevant Qatar HSE legislations and also develop partnerships between all relevant stakeholders, including staff, students, contractors, and the community;
- To ensure protection of the environment, and health, and safety of employees, students, contractors and visitors; and
- To achieve better HSE outcomes through consultations on the risk management process.

1.2 Scope

1.2.1 The requirements of this document cover internal and external communication and consultation activities relating to QU's HSE performance.

1.2.2 All QU employees and contractors shall comply with the requirements of this document.

1.3 Responsibilities

1.3.1 Top Management

1.3.1.1 QU Top Management (refer to *QU HSEMS Section 3.0 – Roles and Responsibilities Procedure*) shall be ultimately responsible for allocating appropriate resources to enable communication and consultation in line with the requirements of the QU HSE Management System (**HSEMS**).

1.3.2 Vice Presidents (VP), Deans, Directors, Managers and Head Sections/Units

1.3.2.1 Shall ensure that the communication and consultation arrangements and mechanisms are appropriately in place to enable effective implementation of the HSEMS within the QU organization.

1.3.2.2 Shall ensure communication of relevant HSE information to their respective teams.

1.3.3 Health, Safety, Security & Environment (HSSE)

1.3.3.1 The HSEO is the focal point for any issues relating to QU's HSEMS, and as such shall be responsible for:

- The preparation of HSE awareness materials;
- Organizing, managing, and controlling the distribution of HSE information internally, and externally in coordination with the External Relations Department;
- The preparation of HSE reports and submission to QU Top Management;
- Preparation of the Annual HSE Performance Report; and
- Managing and organizing consultation activities internally and externally in coordination with the External Relations Department.

1.3.4 HSE Committee

1.3.4.1 The HSE Committee shall provide support to the HSEO throughout the development and implementation of the QU HSEMS. The responsibilities of the HSE Committee include:

- Review of issues and circumstances which may affect the health and safety of staff, students, contractors and visitors, as well as the environment, at the university;
- To promote the co-operation between management and employees in achieving and maintaining healthy, safe and environmentally-friendly working conditions;
- Provide advice on the implementation of the HSEMS (including HSE policies and procedures) of the university;
- Attend quarterly HSE meetings arranged by the HSSE or any other meetings as required;
- Assist the HSSE in collecting the HSE performance data; and
- To exercise other functions and duties as may be prescribed or conferred on the Committee by Top Management or as per the law and as outlined in the QU HSEMS in assuring the health and safety of employees.

1.3.5 Laboratory Safety Subcommittee

1.3.5.1 The Laboratory Safety Subcommittee shall provide technical support to the HSE Committee on Laboratory Safety matters. The responsibilities of the Laboratory Safety Subcommittee include:

- To exercise functions and duties as may be prescribed or conferred on the Subcommittee by the HSE Committee, and as outlined in the QU HSEMS and Qatar regulations, in promoting and maintaining Laboratory Safety at QU;
- To monitor and promote compliance with the established policies and procedures as set out in the most current version of the University Laboratory Safety Procedure and the QU HSEMS;
- To have specific responsibility to develop and recommend policies, standards and general direction for the safe storage, use, handling and disposal of hazardous materials in laboratories in line with the QU HSEMS and legal requirements;

- To assess the impact of new and existing safety policies and procedures;
- To review, recommend and act as an expert resource for laboratory safety education and training programmes at QU;
- To promote the co-operation between management, employees and students in promoting Laboratory Safety at QU;
- Attend quarterly Laboratory Safety meetings arranged by the HSEO or any other meetings as required;
- Assist the HSEO in collecting the Laboratory Safety performance data; and
- Report findings, recommendations and proposed actions related to Laboratory Safety matters to the HSE Committee.

1.3.6 Road Safety Subcommittee

1.3.6.1 The Road Safety Subcommittee shall provide technical support to the HSE Committee on Road Safety matters. The responsibilities of the Road Safety Subcommittee include:

- Review of traffic, pedestrian and other Road Safety related issues and circumstances in the university premises which may affect and / or pose risk to staff, students, contractors and visitors;
- To promote the co-operation between management, employees and students in promoting Road Safety across campus;
- Provide advice on the implementation of the Road Safety policies and procedures of the university;
- Attend Road Safety meetings or any other meetings as required;
- Assist the HSEO in collecting the Road Safety performance data;
- To exercise other functions and duties as may be prescribed or conferred on the Subcommittee by the HSE Committee, and as outlined in the QU HSEMS and Qatar regulations, in promoting and maintaining Road Safety at QU; and
- Report findings, recommendations and proposed actions related to Road Safety matters to the HSE Committee.

1.3.7 External Affairs Department

1.3.7.1 The External Affairs Department shall coordinate with the HSEO regarding all external HSE communications at QU.

1.3.8 Employees

1.3.8.1 All QU employees shall ensure that they:

- Are aware of, and comply with the commitments of the QU HSEMS. They are expected to take the time to read and understand the HSE information materials, particularly those directly relating to their activities;
- Undertake the HSE Induction as well as any other trainings as may be required according to the nature of their activities; and
- Provide inputs (whether in the form of suggestions, information, data, participation in workshops, etc.) as may be required or requested for the development, implementation, and continual improvement of the QU HSEMS.

1.3.9 Contractors

1.3.9.1 All Contractors engaging with QU shall ensure that their activities are in accordance with the requirements of *QU HSEMS Section 7.0 – Contractor Management Procedure*.

1.4 Procedure

1.4.1 Internal Communication

1.4.1.1 Internal HSE Communication Requirements of the QU HSEMS include, but are not limited to, the following:

- HSE legal and regulatory requirements applicable to QU activities and operations;
- HSE roles and responsibilities;
- HSE targets, objectives, and Key Performance Indicators (**KPIs**);
- HSE risks and control measures as identified in Risk Assessments;
- HSE management system and standard operating procedures (**SOPs**);
- HSE management plans;
- HSE inspection and audit findings;
- HSE performance monitoring;
- HSE near-miss/incidents including the findings of investigation (if any);
- Proposed and approved changes with known potential impact on the HSE performance of QU; and
- Minutes of the HSE Committee and subcommittees' meetings.

1.4.1.2 Internal means of communication of HSE information to staff include, but are not limited, the following:

- Internal Meetings (HSE Committee and subcommittees meetings, Departmental meetings, one-on-one meetings);
- Email;

- Internal Memos; and
- Annual HSE Performance Report.

1.4.1.3 Under QU's HSEMS, the VPs, s, Deans, Directors, Managers and Head Sections/Units shall be responsible for communicating the following to their respective employees:

- Legal and other regulatory requirements;
- HSEMS Policy and Department/Unit objectives;
- Importance of conformance to policy and HSEMS, and consequences of deviations;
- HSE aspects, impacts and risks associated with their work activities;
- Roles and Responsibilities; and
- HSE Near-miss/incidents.

1.4.1.4 The HSE responsibilities and training requirements associated with a specific work position shall be discussed with the employee as part of the HSE induction program. This will facilitate an early understanding and commitment on the part of the employees with regards to the QU HSEMS goals and commitments.

1.4.1.5 HSE induction training will be mandatory for all QU staff. HSE induction training will portray Qatar HSE regulatory requirements, the QU HSEMS, targets and objectives, roles and responsibilities, management plans and monitoring programs, as outlined in *QU HSEMS Section 11.0 - Training and Competency Procedure*.

1.4.2 Annual HSE Performance Report

1.4.2.1 The HSEO shall prepare an Annual HSE Performance Report, which shall be available primarily for internal dissemination to QU Top Management.

1.4.2.2 The Report shall present, at the minimum, the following information:

- Status or progress of HSE management plans;
- HSE monitoring results as compared to the targets, objectives, and KPIs set for the reporting year;
- Any HSE incidents as well as the key findings of any investigations conducted;
- Any non-compliances received from regulatory agencies or through audits; and
- Any changes implemented, including updates of documentation.

1.4.2.3 External distribution of the Annual Report¹ is optional and shall require approval of the QU Top Management following a review by the QU External Affairs Department.

1.4.3 External Communication

1.4.3.1 All QU employees shall direct any HSE inquiries raised by external parties (e.g. government agencies, media, etc.) to the QU External Affairs Department.

1.4.3.2 The External Affairs Department shall then:

- Record in the Correspondence Log Sheet (CLS) (*refer to Appendix A*);
- Discuss with and report to the HSEO/HSE Committee on how to address the enquiry (e.g. responsible person, action required, timeframe, etc.);

¹ Should QU decide to distribute the annual report externally, it is recommended that official third party verification of the information is obtained. QU shall be responsible for the accuracy of the information in the annual report.

- Liaise with the external party on the progress of dealing with the enquiry; and
- Keep track of the status and progress of the enquiry.

1.4.3.3 HSE inductions (as per *QU HSEMS Section 11.0 – Training and Competency Procedure*) for contractors shall be required prior to initiation of the job. The induction shall be tailored such that the HSE requirements are relevant to the contractor's work.

- Subsequent communication means shall include, but are not limited to, progress meetings, e-mails, tool-box talks, inspections, and audits (if required).
- All communications with contractors shall be carried out in line with *QU HSEMS Section 7.0– Contractor Management Procedure*.

1.4.3.4 Prior to the commencement of an event, program, or project, QU shall ensure that all relevant HSE information is communicated to visitors. This shall include, but not be limited to, the following:

- Hazards and risks associated with the event, program, or project;
- Control measures to be undertaken, and designated responsibilities;
- Emergency arrangements in place;
- Procedures in an event of emergency, aggression, or social disturbance; and
- Procedures for hazard, near miss and incident reporting to the HSEO.

1.4.3.5 Visitors at QU for a short duration will however not be required to undergo HSE induction training. At this instance, the QU employee hosting the visitor shall be responsible for the visitor's safety and well-being while at the QU premises.

1.4.4 HSE Consultation Requirements

1.4.4.1 The implementation of the QU HSEMS shall involve on-going and appropriate consultation with employees, and where appropriate, contractors and other stakeholders as well as regulatory agencies (e.g. Ministry of Environment), particularly with regards to:

- Identification of the HSE hazards and assessment of risks (*QU HSEMS - Section 6.0- Risk Management Procedure*);
- HSE policy (*QU HSEMS Section 2.0 - HSE Policy Procedure*)
- Establishment and review of the HSE targets, objectives and KPIs (*QU HSEMS Section 4.0 - Targets and Objectives Procedure*);
- Development of management plans and monitoring programmes;
- Contractor management procedures (*QU HSEMS Section 7.0 -Contractor Management Procedure*);
- Emergency management procedures (*QU HSEMS Section 8.0 -Emergency Management Procedures*);
- Management of any proposed change (*QU HSEMS Section 10.0 - Management of Change Procedure*);
- Identification of task-specific training requirements (*QU HSEMS Section 11.0 - Training and Competency Procedure*);
- Near-miss or incident investigation (*QU HSEMS Section 12.0 - Hazard, Near Miss, and Incident Reporting and Investigation Procedure*) ;

- Development of preventive measures following a near-miss or incident; and
- HSE inspections and audits (*QU HSEMS Section 14.0 - Inspection and Audit Procedure*).

1.4.4.2 In general, the HSE consultation shall be performed via, but not limited to, one or a combination of the following:

- Arranged workshops for a pre-selected group of individuals (e.g. Risk Assessment);
- One-on-one interview such as in the case of a near-miss or incident investigation;
- Invite for employees to attend an HSE Committee meeting;
- HSE induction and other HSE trainings;
- Memos, QU monthly newsletters, e-mail;
- Tool-box talks; and
- Suggestion boxes.

1.4.5 HSE Committee and its Subcommittees

1.4.5.1 HSE Committee and Subcommittees members shall be QU Department representatives who have been nominated and approved by QU Top Management.

1.4.5.2 The Employees appointed as HSE Committee or Subcommittees members shall be formally recognised by QU and trained accordingly by competent personnel. Training of HSE Committee and Subcommittees members shall be in line with the *QU HSEMS Section 11.0 – Training and Competency Procedure*.

1.4.5.3 Training topics presented to the HSE Committee and Subcommittees should include:

- Overview of QU HSEMS requirements;
- Overview of the HSE Committee roles and responsibilities;
- General HSE Awareness;
- Principles of Hazard Identification and Risk Management; and
- Incident and emergency response management.

1.4.5.4 The HSEO shall take lead in coordinating and assisting the HSE Committee and Subcommittees in undertaking their functions.

1.4.5.5 Duties of the HSE Committee shall include:

- Reviewing and resolving of issues and risks in the workplace which may affect the health or safety of persons in the workplace, including HSE aspects and impacts;
- Promoting co-operation between management and employees in achieving and maintaining healthy and safe working conditions; and
- Make recommendations to QU Top Management based on evaluated HSE performance information. These recommendations may include HSE preventive strategies and behaviour change initiatives that will facilitate the continual improvement of QU HSE performance.

- 1.4.5.6** Terms of Reference (**TOR**) have been developed for the role of the HSE Committee (refer to Appendix B) and its subcommittees (refer to Appendix C for the Laboratory Safety Subcommittee and Appendix D for the Road Safety Subcommittee).
- 1.4.5.7** The proposed agenda (refer to Appendix E) shall be circulated to the HSE Committee or Subcommittees two (2) weeks prior to the meeting to enable the members to contribute items. A final agenda and all relevant background material shall be distributed to HSE Committee or Subcommittees members at least five (5) day prior to the meeting.
- 1.4.5.8** The meeting minutes (refer to Appendix F) shall be reviewed and distributed to the HSE Committee or Subcommittees members preferably no later than one (1) week after each meeting. A copy of the minutes shall be made available on the QU intranet. Minutes shall also be discussed at the corresponding Departmental meetings.
- 1.4.5.9** The decision-making process for the HSE Committee or Subcommittees is based on open collaboration and meaningful discussion. In the absence of a decision being able to be made, a vote may be required. When a decision is being made on an HSE issue, a quorum of half of the total HSE Committee or Subcommittees members is required to vote.
- 1.4.5.10** The HSE Committee and Subcommittees members shall be provided with access to information relating to:
- Changes to the workplace, work environment and work processes/activities, prior to their implementation;
 - Injury and incident statistics;
 - HSE inspection / audit reports; and
 - Any substances, materials or equipment used in the workplace in order to assess their HSE implications.
- 1.4.5.11** The HSE Committee and Subcommittees members should be able to participate in a consultative process with management about any proposed changes to the workplace that may affect the HSE at the workplace.
- 1.4.5.12** The HSE Committee and Subcommittees shall be provided with the facilities and any assistance necessary to enable them to perform all duties and functions. It is expected that where ever possible, existing QU facilities should be used.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to *QU HSEMS Section 16.0 – Document Control and Record Retention Procedure*.

1.6 Appendices

Appendix A: Correspondence Log Sheet

Appendix B: HSE Committee TOR

Appendix C: Laboratory Safety Subcommittee TOR

Appendix D: Road Safety Subcommittee TOR

Appendix E: Proposed Agenda

Appendix F: Meeting Minutes

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Part-13

Communication and Consultation Procedure

Appendix B: Terms of Reference – HSE Committee

Produced by

HSSE – Facilities & GS Department

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1.3	Meetings.....	5
1.4	Deliverables.....	7
1.5	Amendments	7

PL-ES-013: Communication and Consultation Procedure

Appendix B: Terms of Reference – HSSE Committee

Contents: <ul style="list-style-type: none">▪ Policy Description▪ Who Should Know This Policy▪ Policy Sections	Version Number: 1.1
	Effective Date: 18-01-2017
	Approved by Director Facilities & GS Dept. On: 18-01-2017
	Approved by VP for Administration & Financial Affairs On: 18-01-2017
	Approved by QU President On: 18-01-2017

1.1 Purpose of the Committee

1.1.1 Organisation:

- This Terms of Reference (TOR) shall govern the duties of the Environment, Health and Safety (HSE) Committee, in relation to the implementation of the requirements of the Qatar University (QU) Environment, Health and Safety Management System (HSEMS) and applicable Qatar HSE regulations.
- The Committee will also form two (2) advisory Subcommittees, as follows:
 - Laboratory Safety Committee; and
 - Road Safety Committee.
- The Committee reporting structure is shown in Figure 1.

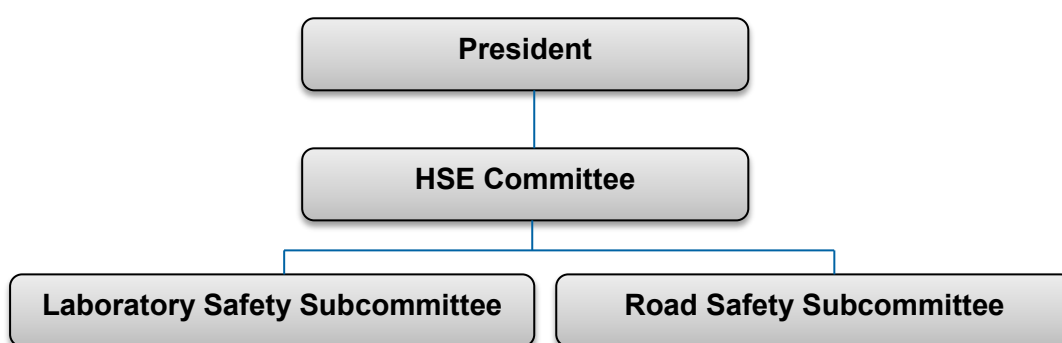


Figure 1 Reporting Structure

1.1.2 Scope

- The Committee shall perform the following functions:
 - Review of issues and circumstances which may affect the health and safety of staff, students, contractors and visitors, as well as the environment, at the university;
 - To promote the co-operation between management and employees in achieving and maintaining healthy, safe and environmentally-friendly working conditions;
 - Provide advice on the implementation of the HSEMS (including HSE policies and procedures) of the university;
 - Attend quarterly HSE meetings and annual HSEMS management review meetings arranged by the Health, Safety, Security & Environment Office (HSSE), or any other meetings as required;
 - Facilitate the collection of HSE performance data by the HSSE; and
 - To exercise other functions and duties as may be prescribed or conferred on the Committee by Top Management or as per the law and as outlined in the QU HSEMS in assuring the health and safety of employees and protection of the environment.

1.1.3 Objective

- To promote the awareness and implementation of HSE requirements within the university and to ensure that there is effective consultation and communication methods in place to encourage the development of a safe and healthy working environment for staff, students, contractors and visitors; and
- To conduct an annual management review of the QU HSEMS to ensure that any gaps or deficiencies are addressed and the HSEMS is kept up to date with any new legislations/standards.

1.1.4 Authority

- This Committee is being established under the authority of the Top Management. In this case Top Management refers to the President and Vice Presidents.

1.1.5 Additional Information

- **Term:** The term of membership for this Committee shall be for a period of three (3) years. However, the term of Chairman and Deputy Chairman shall be for a term of one (1) year and as endorsed by the Committee on an annual basis.
- **Vacancy:** Should a member of the Committee resign from the university, the Committee shall ensure that a suitable individual is nominated to undertake the vacant position. The vacant position must be filled prior to the annual Committee meeting and the individual must meet the competency requirements as set out in Section 2.4 below.
- **Disclosure of interests:** Each member of the Committee shall disclose:
 - Any personal interest in any matter to be decided by the Committee; and
 - Any potential conflict of interest.
 If such interest has been declared, the member shall abstain from voting on the issue and from participating in the discussion regarding such issue.

1.2 Committee Membership**1.2.1 Committee Members**

- Committee member information is listed in Table 1.

Table 1 List of Members – see attached**1.2.2 Roles and Responsibilities**

- Roles and responsibilities of Committee Members listed in Table 2.

Table 2 Roles & Responsibilities

Title	Responsibilities
Chairman	Chairs the Committee and its meetings and ensures the effectiveness and efficiency of the Committee. The Chairman must be a senior management representative.

	Furthermore the Chairman shall specifically ensure that members receive in good faith all information which is necessary for the proper performance of their duties in the Committee.
Deputy Chairman	The Deputy Chairman will assume the authority of the Chairman in their absence. The Deputy Chairman shall be a manager-level employee.
Committee Secretary	Shall minute the proceedings and any decisions taken in the meetings, including recording the names of those present and in attendance. Prepare the agenda for the meetings with input from the members. Support the Committee in fulfilling their duties under this TOR.
Members	Provide input for the Committee meeting agenda as and when requested, and act as representatives for the employees in assessing any proposed agenda items for discussion.

1.2.1 Competence

- The members shall be competent in their area of expertise regarding the subject matters to be discussed. If a competency assessment deems that training is necessary, the Committee members may be asked to undergo HSE training.

1.3 Meetings

1.3.1 Meetings Schedules & Process

- Frequency:** The Committee shall meet every three months for quarterly HSE meetings, and once every year for management review meetings. Ad hoc meetings may be called by the Committee Secretary if any urgent matters arise which requires urgent consideration by the Committee (such as urgent changes to be made to certain HSE policies and/or procedures as a result of any operational and/or organizational needs or changes and/or changes to HSE regulatory requirements/standards). Such ad hoc meeting requests are to be approved by the Chairman.
- Quorum:** The quorum for meetings of the Committee shall be 50% of the members plus one member, including the Chairman or Deputy Chairman. The quorum will not be met if any of the members are not physically present in the meetings; however, participation by way of video or telephone conferencing will be accepted. If the quorum is not met, the meeting shall be rescheduled to an alternative date, when the members are available. In the event that a member is unable to attend the meeting, such member is permitted to send a deputy in their place as long as such appointment is notified to the Committee Secretary prior to the meeting (via email).

- **Notices:** The notice of the meeting to confirm the date, time and venue shall be circulated by the Committee Secretary to all members and to other attendees who have been officially invited within a minimum of ten (10) working days prior to the meeting date.
- **Attendance:** Only members (or their deputies) shall be allowed to attend the Committee meetings. Attendees who are not part of the Committee shall only be invited to attend with the consent of the Chairman.
- **Decision Making Process:** All decisions shall be reached by a majority of the members (or their deputies) present at the meeting. In the event that no majority can be reached, then the Chairman shall have a casting vote.
- **Meeting Agenda:** An agenda for the meeting shall be determined in advance of the meeting occurring. The members are invited to put forward any issues that may be of concern within such time period to the Committee Secretary so that the issue can be added to the meeting agenda.

The agenda shall include, at a minimum, the following items for discussion at the quarterly HSE meetings:

- Statistics on accident records, ill health and sickness absence;
- Accident investigations and subsequent action;
- HSE management system updates / changes;
- Inspections and audits of the workplace;
- HSE risk management program;
- HSE training(s);
- Emergency procedures;
- Changes in the workplace affecting HSE and the welfare of employees;
- Adequacy of HSE communications and publicity in the workplace; and
- Any other issues to be addressed at the meeting

The agenda shall include, at a minimum, the following items for discussion at the management review meetings:

- Review of the HSE policy, targets and objectives;
- Findings of internal and external audits;
- Review of HSE incidents, investigations, non-conformances and the status of corrective/preventive actions;
- Review of Health & Safety Risk Register and Environmental Impacts Register;
- Communication from internal and external interested parties, including complaints;
- Adequacy of emergency preparedness and response;
- Changing circumstances, including changes in legal and other requirements;
- Identification of the need for modification of the existing HSEMS in light of the above items;
- Areas for improvement with respect to HSE performance;

- Recommendations for improvement; and
 - Follow-up actions from previous management reviews.
- The final agenda shall be circulated to all members of the Committee and to other invited attendees five (5) working days prior to the meeting date. The requirement for an agenda will not apply if an urgent meeting is required.

1.3.2 Reporting and Follow-Up

- **Minutes of Meetings:** The Committee Secretary shall minute the proceedings and decisions made by the Committee, including those members who have abstained from voting on a matter. The minutes shall indicate the members, including recording the names of those present. The minutes of meeting are to be circulated to all members. The minutes should indicate the ownership and timescales for any actions that have been agreed upon in the meeting.
- **Follow Up:** The responsible Department shall make sure that the actions under their ownership are implemented within the timescales as set out in the minutes of meeting. The Committee Secretary shall follow up with the relevant Department in the week leading up to the next Committee meeting to obtain an update on the status of the action.

1.4 Deliverables

- Meeting Minutes;
- Annual HSE Performance Report; and
- Updated HSE documentation, if any.

1.5 Amendments

- Amendments to the QU HSEMS may be expected as a result of the committee meetings and proposed actions.



Part-13

Communication and Consultation Procedure

Appendix C: Terms of Reference – Laboratory Safety Subcommittee

Produced by

HSSE – Facilities & GS Department

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PL-ES-013: Communication and Consultation Procedure

Appendix C:

Terms of Reference – TOR: Laboratory Safety Subcommittee

Contents: <ul style="list-style-type: none">▪ Policy Description▪ Who Should Know This Policy▪ Policy Sections	Version Number: 1.1
	Effective Date: 18-1-2017
	Approved by Director Facilities & GS Dept. On: 18/1 / 2017
	Approved by VP for Administration & Financial Affairs On: 18/1 / 2017
	Approved by QU President On: 18/1/ 2017

1.1 Purpose of the Subcommittee

1.1.1 Organisation:

- This Terms of Reference (TOR) shall govern the duties of the Laboratory Safety Subcommittee, which acts as an advisory Subcommittee to the Qatar University (QU) Health, Safety and Environment (HSE) Committee on Laboratory Safety issues within QU, specifically:
 - Chemical Safety;
 - Biological Safety (Biosafety);
 - Radiation Safety; and
 - Machine and Power Tool Safety.
- The Subcommittee Chairman is also a member of the QU HSE Committee.
- The Subcommittee reporting structure is shown in Figure 1.

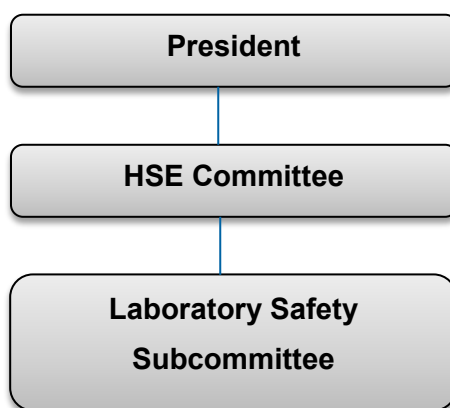


Figure 1 Reporting Structure

1.1.2 Scope

- The Subcommittee shall perform the following functions:
 - To exercise functions and duties as may be prescribed or conferred on the Subcommittee by the HSE Committee, and as outlined in the QU Health, Safety and Environment Management System (HSEMS) and Qatar regulations, in promoting and maintaining Laboratory Safety at QU;
 - To monitor and promote compliance with the established policies and procedures as set out in the most current version of the University Laboratory Safety Procedure and the QU HSEMS;
 - To have specific responsibility to develop and recommend policies, standards and general direction for the safe storage, use, handling and disposal of hazardous materials in laboratories in line with the QU HSEMS and legal requirements;
 - To assess the impact of new and existing safety policies and procedures;

- To review, recommend and act as an expert resource for laboratory safety education and training programmes at QU;
- To promote the co-operation between management, employees and students in promoting Laboratory Safety at QU;
- Attend quarterly Laboratory Safety meetings arranged by the Environment, Health & Safety Office (HSEO) or any other meetings as required;
- Assist the HSEO in collecting the Laboratory Safety performance data; and
- Report findings, recommendations and proposed actions related to Laboratory Safety matters to the HSE Committee.

1.1.3 Objective

- To promote the awareness and implementation of Laboratory Safety requirements within the university and to ensure that there is effective consultation and communication methods in place to enhance the safety of QU Laboratories for the use of staff, students, contractors and visitors.

1.1.4 Authority

- This Subcommittee is being established under the authority of the HSE Committee, on behalf of Top Management. In this case Top Management refers to the President and Vice Presidents.

1.1.5 Additional Information

- **Term:** The term of membership for this Subcommittee shall be for a period of three (3) years. However, the term of Chairman and Deputy Chairman shall be for a term of one (1) year and as endorsed by the Committee on an annual basis.
- **Vacancy:** Should a member of the Subcommittee resign from the university, the Subcommittee shall ensure that a suitable individual is nominated to undertake the vacant position. The vacant position must be filled prior to the annual Subcommittee meeting and the individual must meet the competency requirements as set out in Section 2.4 below.
- **Disclosure of interests:** Each member of the Subcommittee shall disclose:
 - Any personal interest in any matter to be decided by the Committee; and
 - Any potential conflict of interest.If such interest has been declared, the member shall abstain from voting on the issue and from participating in the discussion regarding such issue.

1.2 Subcommittee Membership

1.2.1 Subcommittee Members

- Subcommittee member information is listed in Table 1.

Table 1 List of Members

Sr.	Position
1	Chairman
2	Deputy Chairman
3	Representative, College of Pharmacy
4	Representative, College of Medicine (Member)
5	Representative, Chemistry & Earth Sciences Department (Member)
6	Representative, Biological & Environmental Sciences Department (Member)
7	Representative, Health Sciences Department (Member)
8	Representative, Mathematics, Statistics & Physics Department (Member)
9	Representative, Chemical Engineering Department (Member)
10	Representative, Mechanical Engineering Department (Member)
11	Representative, Civil and Architectural Engineering Department (Member)
12	Representative, Electrical Engineering Department (Member)
13	Representative, Computer Science & Engineering Department (Member)
14	Representative, VP Research Office (Member)
15	Representative, Facilities Management Office (Member)
16	Representative, HSE Office (Committee Secretary)

1.2.2 Roles and Responsibilities

- Roles and responsibilities of Committee Members listed in Table 2.

Table 2 Roles & Responsibilities

Title	Responsibilities
Chairman	Chairs the Subcommittee and its meetings and ensures the effectiveness and efficiency of the Subcommittee. The Chairman must be a senior management representative. Furthermore the Chairman shall specifically ensure that members receive in good faith all information which is necessary for the proper performance of their duties in the Subcommittee.
Deputy Chairman	The Deputy Chairman will assume the authority of the Chairman in their absence. The Deputy Chairman shall be a manager-level employee.
Subcommittee Secretary	Shall minute the proceedings and any decisions taken in the meetings, including recording the names of those present and in attendance. Prepare the agenda for the meetings with input from the members. Support the Subcommittee in fulfilling their duties under this TOR.
Members	Provide input for the Subcommittee meeting agenda as and when requested, and act as representatives for the employees in assessing any proposed agenda items for discussion.

1.2.3 Competence

- The members shall be competent in their area of expertise regarding the subject matters to be discussed. If a competency assessment deems that training is necessary, the Subcommittee members may be asked to undergo laboratory safety related training.

1.3 Meetings

1.3.1 Meetings Schedules & Process

- **Frequency:** The Subcommittee shall meet every three months. Ad hoc meetings may be called by the Committee Secretary if any urgent matters arise which requires urgent consideration by the Subcommittee. Such ad hoc meeting requests are to be approved by the Chairman.
- **Quorum:** The quorum for meetings of the Subcommittee shall be 50% of the members plus one member, including the Chairman or Deputy Chairman. The quorum will not be met if any of the members are not physically present in the meetings; however, participation by way of video or telephone conferencing will be accepted. If the quorum is not met, the meeting shall be rescheduled to an alternative date, when the members are available. In the event that a member is unable to attend the meeting, such member is permitted to send a deputy in their place as long as such appointment is notified to the Subcommittee Secretary prior to the meeting (via email).
- **Notices:** The notice of the meeting to confirm the date, time and venue shall be circulated by the Subcommittee Secretary to all members and to other attendees who have been officially invited within a minimum of ten (10) working days prior to the meeting date.
- **Attendance:** Only members (or their deputies) shall be allowed to attend the Subcommittee meetings. Attendees who are not part of the Subcommittee shall only be invited to attend with the consent of the Chairman.
- **Decision Making Process:** All decisions shall be reached by a majority of the members (or their deputies) present at the meeting. In the event that no majority can be reached, then the Chairman shall have a casting vote.
- **Meeting Agenda:** An agenda for the meeting shall be determined in advance of the meeting occurring. The members are invited to put forward any issues that may be of concern within such time period to the Subcommittee Secretary so that the issue can be added to the meeting agenda. The agenda shall include, at a minimum, the following items for discussion at the meetings:
 - Statistics on Laboratory accident records;
 - Laboratory accident investigations and subsequent action;
 - Laboratory legal requirement updates / changes;

- Laboratory Safety policies and procedures updates / changes;
 - Laboratory Safety inspections and audits;
 - Laboratory Safety risk management program;
 - Laboratory Safety training(s);
 - Changes in the workplace affecting Laboratories;
 - Adequacy of communications and publicity of Laboratory Safety issues; and
 - Any other issues to be addressed at the meeting.
- The final agenda shall be circulated to all members of the Subcommittee and to other invited attendees five (5) working days prior to the meeting date. The requirement for an agenda will not apply if an urgent meeting is required.

1.3.2 Reporting and Follow-Up

- **Minutes of Meetings:** The Committee Secretary shall minute the proceedings and decisions made by the Subcommittee, including those members who have abstained from voting on a matter. The minutes shall indicate the members, including recording the names of those present. The minutes of meeting are to be circulated to all members. The minutes should indicate the ownership and timescales for any actions that have been agreed upon in the meeting.
- **Follow Up:** The responsible Department shall make sure that the actions under their ownership are implemented within the timescales as set out in the minutes of meeting. The Subcommittee Secretary shall follow up with the relevant Department in the week leading up to the next Subcommittee meeting to obtain an update on the status of the action.

1.4 Deliverables

- Meeting Minutes; and
- Updated HSE documentation, if any.

1.5 Amendments

- Amendments to the QU HSEMS may be expected as a result of the Subcommittee meetings and proposed actions.

الرقم :
التاريخ : 2015/3/29م

قرار نائب رئيس الجامعة لشؤون الإدارة

رقم (2) لسنة 2015م

نائب رئيس الجامعة لشؤون الإدارة:

- بعد الاطلاع على المرسوم بقانون رقم (34) لسنة 2004م بتنظيم جامعة قطر.
- ومراعاة لمقتضيات المصلحة العامة.

قرر

مادة (1)

تنشأ لجنة تسمى " لجنة السلامة المرورية" برئاسة الدكتور خليفة ناصر مبارك آل خليفة، مدير مركز قطر لدراسات السلامة المرورية، وعضوية كل من:

الدكتور	محمد شريف محمد غانم	كلية الهندسة
الدكتور	شيبو بالا غاربا	كلية الهندسة
المهندس	وليد خليل شالا	مدير المنشآت الجامعية
السيد	احمد جبر عمر سالم المناعي	مدير مكتب الأمن
السيد	جاسم يوسف السليطي	مكتب البيئة والسلامة
المهندس	نبيل خالد الراوي	وزارة المواصلات
الملازم	عزان عبد الله الكثيري	وزارة الداخلية
الدكتور	حسن يونس سليمان	وزارة الداخلية

مادة (2)

تتولى اللجنة دراسة وسائل وإجراءات الأمن والسلامة المرورية داخل حرم الجامعة ومدى توافر الشروط والإجراءات المتعلقة بهذا الشأن، وتختص بما يلي:

1. تقديم التوصيات والمقترحات التي تتعلق بإجراءات السلامة المرورية، وخاصة ما يتعلق بسلامة المشاة داخل حرم الجامعة.
2. تحديد احتياجات الجامعة الحالية والمستقبلية من مواقف السيارات، وتقديم المقترحات بشأنها.
3. التنسيق مع الجهات المعنية بالدولة بشأن توفير متطلبات الأمن والسلامة المرورية - على الطرق - داخل الحرم الجامعي.
4. متابعة الحوادث داخل حرم الجامعة وتقديم المقترحات والدراسات والتوصيات اللازمة، والتي من شأنها رفع إجراءات السلامة المرورية.
5. تنظيم الدورات التدريبية وورش العمل ونشر المعلومات والإرشادات المرورية التي تحول دون مخالفة أحكام القانون، وذلك بالتنسيق مع الجهات المعنية.

مادة (3)

تُرشح اللجنة طالب وطالبة للمشاركة في أعمالها، وتستعين بمن تراه من المتخصصين والخبراء من داخل الجامعة أو من خارجها، متى دعت الحاجة لذلك.

مادة (4)

تجتمع بدعوة من رئيسها، على أن تقدم تقرير دوري عن أعمالها (مرة كل فصل دراسي) متضمناً المقترحات والتوصيات إلى الدكتور نائب رئيس الجامعة لشؤون الإدارة.

مادة (5)

على جميع جهات الاختصاص، كل فيما يخصه، تنفيذ هذا القرار، ويعمل به اعتباراً من تاريخ صدوره.


د. حميد عبد الله المدفع

نائب رئيس الجامعة لشؤون الإدارة

HSE Committee Agenda	Ref:	PL-ES-013-05-1.1
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Meeting No.	
Date & Time	

Agenda

- Follow up the open issues / action items stipulated in the minutes of last meeting
- HSE information provided by / required by the Government Regulatory Authorities
- New / updated legal requirements on HSE
- Program and budget for implementing HSEMS at various departments / colleges /centers
- Tracking HSE objectives and targets
- Findings of routine inspections and internal audit / implementation of action plan
- HSE incidents / near miss investigation and corrective actions
- HSE complaints and non-compliance (internal & external) and corrective actions
- HSE issues raised by staff, students, contractors and visitors
- HSE issues raised by external parties
- Any other business

Committee Meeting Minutes	Ref:	PL-ES-013-06-1.1
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Meeting Minutes محضر اجتماع

Duration	مدة الاجتماع	Meeting No.	رقم الاجتماع
Date	التاريخ	Venue	مكان الاجتماع
Ref No.	رقم المرجع	Copies to	نسخة الى
		1	Attendees الحضور
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
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QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

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اعتماد رئيس اللجنة:

التوقيع: _____ التاريخ: _____



Part-14

Inspection and Audit

PL-ES-014: Inspection and Audit

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this procedure is to ensure compliance in the planning, implementation and reporting of the Health, Safety and Environmental (**HSE**) Inspections and Audits with the requirements of ISO 14001 and OHSAS 18001.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the legal counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty Members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendix B – Internal HSEMS Compliance Audit Checklist

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Appendix D – Specific Inspection Checklists

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Appendix F – Workstation Inspection Checklist

Appendix G – Annual Laboratory Safety Inspection Report Template

1.1 Purpose

- 1.1.1** The purpose of this procedure is to ensure compliance in the planning, implementation and reporting of the Health, Safety and Environmental (**HSE**) Inspections and Audits with the requirements of ISO 14001 and OHSAS 18001.
-

1.2 Scope

- 1.2.1** The requirements of this document are applicable to all internal and external inspections and audits of Qatar University (**QU**) operations, facilities, and contractors' works activities.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU Top management team shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to HSE.
-

1.3.2 Health, Safety and Environment (HSE)

- 1.3.2.1** The HSE is primarily responsible for the coordination, management and monitoring of the HSE inspections and audits at QU. This also includes:
- Establishing the auditing program and procedure, and the roles and responsibilities for the program;
 - Ensuring that QU has sufficient competent resources to undertake the auditing program;
 - Coordinating the development of the inspection and annual audit program;
 - Conducting inspections and internal audits, or where deemed necessary, designating competent staff or external support to conduct inspections or internal audits;
 - Appointing and coordinating with third party/external Auditors;
 - Evaluating the inspection and audit reports, with particular focus on any Non Conformance (**NC**);
 - Evaluating and validating the proposed actions in the Corrective Action Requests (**CAR**);
 - Designating responsibilities and timelines for the management of NCs and CARs resulting from an inspection or audit;
 - Validating the satisfactory completion and closing out of corrective actions;
 - Ensuring that top management and other relevant stakeholders are updated on the results of auditing and subsequent non-conformances and corrective actions;
 - Monitoring, reviewing and improving the inspections and audits programs; and
 - Ensuring adequate records are kept.

1.3.3 HSE Committee

1.3.3.1 The HSE Committee shall provide support and assistance to the HSE. In particular, the HSE Committee shall:

- Approve the annual audit program; and
- Assist and provide input as may be required for Inspections and Audits, preparation, review or evaluation of corresponding reports, as well as the development of corrective actions for any NC.

1.3.4 HSE Inspectors / Auditors

1.3.4.1 The HSE Inspectors / Auditors shall generally be officers/specialists from the HSE, and shall be responsible for:

- Performing the HSE Audits and Inspections in accordance with QU audit and inspection procedures, and consistently with international good practices;
- Providing true and accurate information in the inspection or audit checklist or report, including NCR and CAR;
- Notifying the Director/Manager, HSSE and the relevant Department Head or Project Manager of any imminent HSE hazard or NC, as soon as practicably possible during the course of conducting an Inspection or Audit; and
- Ensuring confidentiality.

1.3.5 Employees, Students and Contractors

1.3.5.1 Auditees, including QU employees, students and contractors shall:

- Provide honest feedback during an audit or inspection;
- Provide documentation as required by inspectors / auditors; and
- Implement Corrective Actions when requested.

1.4 Procedure

1.4.1 Overview

1.4.1.1 In line with the requirements of this procedure, QU shall develop an Audit / Inspection program covering:

- Internal HSE audits for all QU Departments to ensure the overall compliance with QU HSEMS requirements;
- Supply chain and contractors audit;
- External independent HSE audits, at least annually;
- Periodic workplace inspections; and
- Follow-up procedures to ensure effective implementation of corrective and preventative actions developed.

- 1.4.1.2 The scheduling of the HSE Audit and Inspection Program (Appendix A) shall be proposed and reviewed by the HSE in consultation with the HSE Committee. The HSE shall monitor and review the progress of the program at quarterly intervals.
-

1.4.2 Internal HSE Audit

- 1.4.2.1 The internal HSE audit(s) is a tool which QU can verify and validate its compliance with the requirements of the QU HSEMS.
- 1.4.2.2 The Internal HSE Audit Scope includes:
- Qatar HSE Legislation;
 - ISO 14001 and OHSAS 18001 requirements; and
 - Other relevant requirements to which QU subscribes to.
- 1.4.2.3 The internal HSE audit checklist (Appendix B) shall be developed and maintained by the HSE.
- 1.4.2.4 Internal HSE auditors shall be suitably knowledgeable, experienced and competent to undertake HSE audits and shall have a good understanding of ISO 14001 and OHSAS 18001 requirements.
- 1.4.2.5 The nominated internal HSE auditors shall have independence from the actual area of the QU activities being audited (i.e. the nominated internal auditors are not allowed to audit their own department or function, or specific area of HSEMS responsibility).
- 1.4.2.6 Internal HSE audits shall be undertaken annually for all QU Facilities. The internal HSE audit program is set out in the HSE Audit and Inspection Program in Appendix A.
- 1.4.2.7 There should be a clear communication of the internal audit program requirements and audit frequencies to all relevant stakeholders who are engaged in QU activities prior to implementation of the program.
- 1.4.2.8 Non-conformance raised from internal audits will be managed in accordance with Section 1.4.8 of this procedure.
- 1.4.2.9 The HSE will compile summary audit program reports and present these to the HSE Committee.
- 1.4.2.10 The audit program will be continuously updated to reflect the outputs of the audits, risk assessments, and incidents reports to determine the frequency of the audits. The areas of the business that are deemed higher risk or have seen poor performance during audits should be audited on a more regular basis.
- 1.4.2.11 The Audit Program will be reviewed annually in accordance to the requirements of the QU HSEMS-*Section 17- Management Review* to ensure it is meeting requirements.
- 1.4.2.12 The implementation of the audit program will be monitored in order to ensure it is meeting the objectives and also identifying areas for improvement. Areas to consider during the review shall include:
- Feedback from auditees, auditors, and other relevant stakeholders;

- Adherence to the audit schedule program; and
- Outputs from the audits.

1.4.2.13 Audit checklists, interview forms and non-conformance report forms will be developed to assist the auditors. They will be utilised to ensure audits are performed in a consistent manner and cover all areas of the QU HSEMS and the activities that are being undertaken within QU.

1.4.3 External Audit

1.4.3.1 QU shall undergo a third party external compliance audit on QU's HSEMS.

1.4.3.2 The Independent External HSE Audit of QU's HSEMS shall be conducted at annual intervals/as agreed.

1.4.3.3 The objective of the External Audit is to evaluate QU's compliance with ISO 14001 and OHSAS 18001.

1.4.3.4 Furthermore, the external audit shall ensure proper implementation QU HSEMS.

1.4.3.5 The External Auditor shall report the audit findings to QU HSE

1.4.4 Audit Team Selection and Appointment

1.4.4.1 HSE auditors appointed to undertake internal or external HSE audits shall be knowledgeable, experienced and qualified and shall be approved by the HSE.

1.4.4.2 Where appropriate an HSE audit team shall comprise a Lead Auditor and a team of experienced competent persons with experience in the relevant field (e.g. EMS, OHS, fire safety, risk management, etc.).

1.4.4.3 External HSE audits shall be conducted by a third party (not a QU employee); who shall:

- Be knowledgeable, experienced and competent to undertake HSE audits;
- Notify the QU of any imminent hazards to employees, visitors, the community or the environment, or fraudulent activity, as soon as practicably possible during the course of conducting an HSEMS audit; and
- Ensure confidentiality.

1.4.4.4 Internal audits shall be conducted by a QU employees or second party who has knowledge and skill in HSEMS auditing. Prior to conducting internal HSE audits, the following shall be considered:

- Ideally, the HSE Auditor is not a staff member of the Department/Section being audited;
- Where possible, the audit shall be conducted by a team of at least two people;
- The HSE auditor shall have attended an accredited HSE auditor training course; and
- The HSE auditor shall have a good understanding of the QU HSEMS requirements.

1.4.5 Auditor Competencies

1.4.5.1 QU shall ensure that the Lead Auditors (internal and external) demonstrate the competencies presented in Table 1:

Table 1: Auditor competencies

Level of Auditor	Competencies
Lead Auditor	<ul style="list-style-type: none"> Understand the application of the principles, procedures and techniques of auditing. Understand the conduct of an effective audit in the context of the auditee's organization. Understand the application of the regulations, and other considerations that are relevant to the management system, and the conduct of the audit. Practice personal attributes necessary for the effective and efficient conduct of a management system audit. Understand local and federal regulations. Identify HSE hazards that are reasonably expected to occur for the activities undertaken at QU. Assess the risk of identified hazards in the context of the organization's HSEMS. Assess the effectiveness of methodologies to control HSE hazards. Assess the HSE roles and responsibilities within the context of the organizational environment. Determine the adequacy and effectiveness of the org. HSEMS. Establish, plan and task the activities of an audit team. Communicate effectively with the auditee. Organize and direct audit team members. Prevent and resolve conflict with the auditee and/or within the audit team. Prepare and complete the audit report. Understand the application of the principles, procedures and techniques of auditing. Understand the conduct of an effective audit in the context of the auditee's organization. Understand the application of the regulations, and other considerations that are relevant to the management system, and the conduct of the audit. Practice personal attributes necessary for the effective and efficient conduct of a management system audit. Understand local and federal regulations. Identify HSE hazards that are reasonably expected to Assess the risk of identified hazards in the context of the organization's HSEMS. Assess the effectiveness of methodologies to control HSE hazards. Assess the HSE roles and responsibilities within the context of the organizational environment. Determine the adequacy and effectiveness of the org. HSEMS.

1.4.5.2 Prior to engaging an external auditor or appointing an internal auditor, the HSE shall ensure that the above competences are met.

1.4.5.3 Demonstration of knowledge of the above competencies shall be through the attainment of appropriate HSE audit training.

1.4.6 Management of Audit Program

1.4.6.1 The HSE shall be responsible for managing the internal and external audit programmes (Appendix A) and ensuring the following:

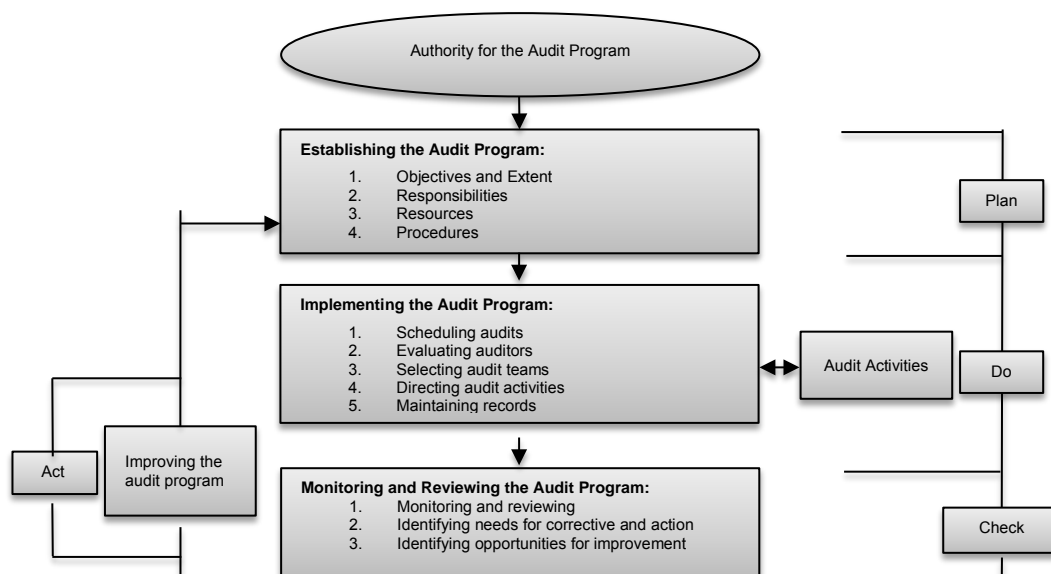
- The authority for performing audits has been granted by the HSE Committee;
- The audit program is designed, developed and implemented in accordance with ISO 14001 and OHSAS 18001;
- The audit team has the appropriate range of knowledge and experience to conduct the audit;
- Audit objectives, criteria and scope have been established;
- Responsibilities of the audit team have been defined;
- Implementation of the audit plan/program and review the audit plan/program at various stages to determine whether the objectives have been met and to identify areas requiring improvement is being monitored.
- HSE auditors (both internal and external) maintain the quality of the audit program by upholding the following principles of auditing:
 - Ethical conduct;
 - Fairness when presenting audit findings;
 - Exercising due care and professionalism when conducting the audit;
 - Freedom from bias and partiality; and
 - Utilising logical, scientific, evidence based approach for drawing audit conclusions.

1.4.7 Audit Process Flowchart

1.4.7.1 The management of the HSE audit process shall include authorisation for the audit program, implementation of the audit program, monitoring and reviewing the audit program, and improving the audit program (Figure 1).

Figure 1: Process Flow Chart for the Management of the Audit Program

1.4.7.2 The HSE shall ensure that the personnel responsible for conducting the HSEMS audits follow the ISO 19011 Guidelines for quality and/or environmental management systems



auditing. The audit process shall include pre-audit, on-site audit and post-audit activities, detailed in Figure 2

Source: Figure 2, ISO 19011:2011

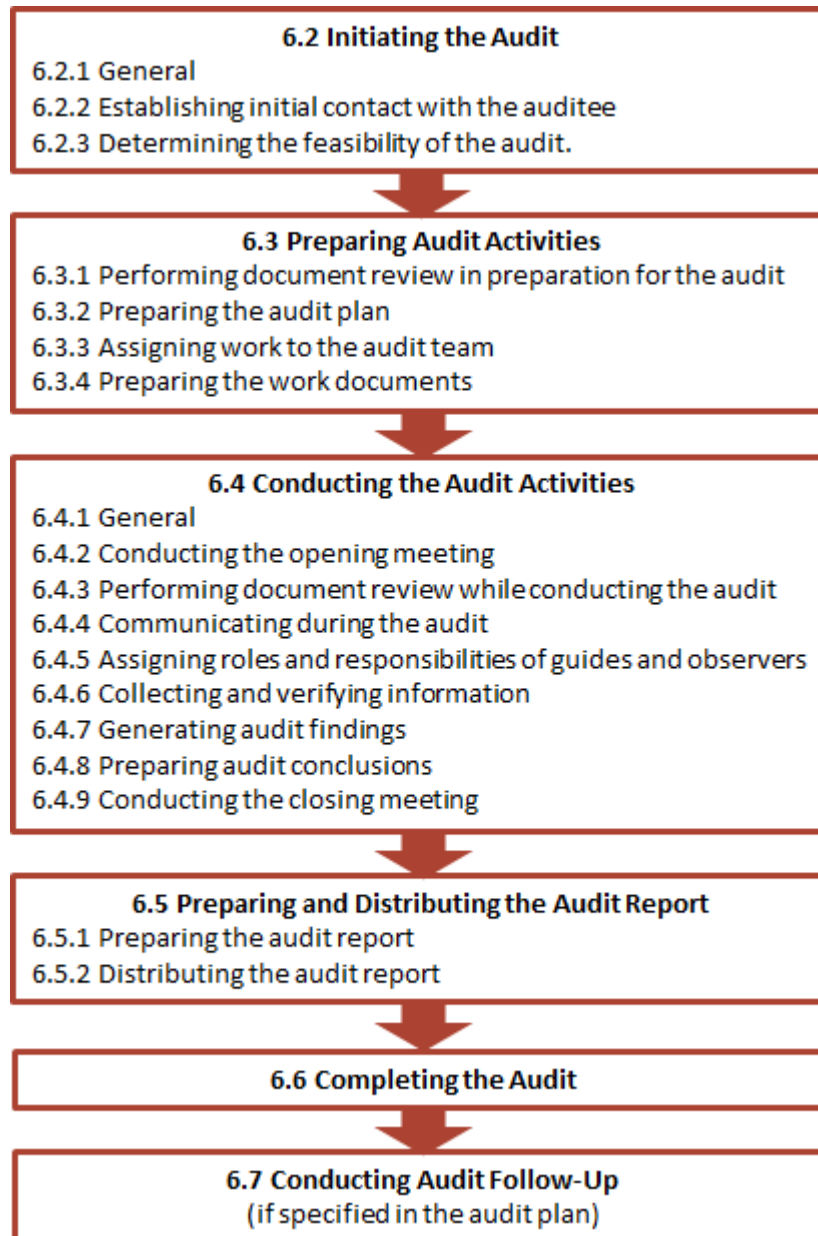


Figure 2: Audit Process

1.4.7.3 The Lead HSE Auditor shall:

- Ensure the audit team has the appropriate range of knowledge and experience to conduct the audit;
- Ensure the audit objectives, scope, criteria and extent have been established;
- Develop an audit plan and audit checklist;
- Define responsibilities of the audit team;
- Establish and allocate resources, and development of suitable procedures;
- Implement the audit plan or program;
- Maintain records to demonstrate implementation of the audit program;
- Review the audit report and establish the CAR (the action plan shall be proposed by the auditee), if required; and

- Monitor and review the implementation of the audit plan or program at various stages to determine whether the objectives have been met and to identify areas for improvement.

1.4.8 Management of Non-Conformance and Corrective Actions

1.4.8.1 Should a NC be identified from internal or external audits, a CAR (Appendix C) shall be prepared by the auditor and communicated to concerned department within maximum **5** working days from audit meeting. The CAR is also applicable to serious NCs identified from inspections. Actions to rectify the NC shall be taken by the concerned Department/Team/Project:

- The Auditor shall specify the NC clearly on the CAR and identify the root causes;
- The Head of Department/Team/Project or Manager and the HSE shall work together to propose an action plan (with timeframe, responsibilities and actions) to rectify the NC. This action plan shall be specified in the CAR;
- The Auditor shall complete the CAR (Appendix C) and send a copy of to the HSE for record purposes;
- The HSE shall coordinate the implementation of the action plan; and
- When the corrective actions are completed, the Head of Department/Team/Project or Manager shall verify the completion and close out the CAR and return to the HSE.

1.4.8.2 The Head of Department/Team/Project or Manager or their nominated representative is responsible for ensuring any corrective actions are implemented. They shall:

- Ensure that a suitable person responsible for the corrective action is identified; and
- Ensure that a suitable timeframe of the corrective actions is identified.

1.4.9 Monitoring Implementation and Reviewing Effectiveness of Corrective Actions

1.4.9.1 The HSE shall monitor the progress of the corrective actions implementation.

1.4.9.2 The HSE shall also be responsible for reviewing the effectiveness of any corrective actions as part of the corrective action close-out procedure. Should a new hazard be identified while reviewing the effectiveness of the corrective action, the HSE shall undertake a risk assessment prior to implementation of new control measures.

1.4.9.3 Monitoring shall be undertaken in accordance with the requirements of the QU HSEMS- *Section 15.0 – HSE Performance Monitoring Procedure*.

1.4.9.4 The HSE shall ensure that an appropriate monitoring programme for the monitoring of HSE corrective actions is developed and implemented in accordance with the requirements of the QU HSEMS- *Section 15.0 – HSE Performance Monitoring Procedure*.

1.4.10 Audit Report Requirements

1.4.10.1 HSE audit reports shall be prepared for all HSE internal audits at QU. Where applicable, the report may consist or be in the form of a completed checklist, non-conformance report, or a full technical report.

1.4.11 The HSE Audit report should refer to the following:

- Audit Scope, particularly identifying the organizational and functional units or activities being audited and the time period covered;
- HSE Audit methodology;
- HSE Audit client;
- Qualifications and specific roles of the HSE Audit team members;
- Dates and places where the onsite HSE audit activities were conducted;
- HSE Audit criteria;
- HSE Audit findings;
- Recommendations for improvement;
- Agreed follow up actions; and
- HSE Audit conclusions.

1.4.11.1 The report will be issued to the auditee and also any other recipient that were agreed within the audit plan.

1.4.11.2 For other general documentation and recordkeeping requirements see QU HSEMS- *Section 16.0– Document Control and Record Retention*.

1.4.12 Workplace Inspections

1.4.12.1 A workplace inspection shall be conducted via a walk-through of the various Departments working areas to identify if there are any HSE concerns. The HSE shall ensure that the procedures identified below are followed:

- Personnel shall be appointed for each workplace inspection; and
- If a Contractor(s) has been appointed to carry out tasks for / manage the activities of the department, then a representative of the Contractor shall be involved in the workplace inspection.

1.4.12.2 The HSE shall ensure that inspections are conducted at regular intervals identified in the Audit and Inspection Program (refer to Appendix A) or in accordance with other specific requirements, where appropriate.

1.4.12.3 Unless the HSE determines a variation in frequency via a risk assessment, the period between workplace inspections should not exceed twelve (12) months in any space within QU.

1.4.12.4 The HSE shall coordinate the timing of the inspections taking into account:

- Level of risk and controls within an area;
- Timing of the events; and
- Nature of the area.

1.4.12.5 Figure 3 summarizes the process for co-coordinating workplace HSE inspections schedules:

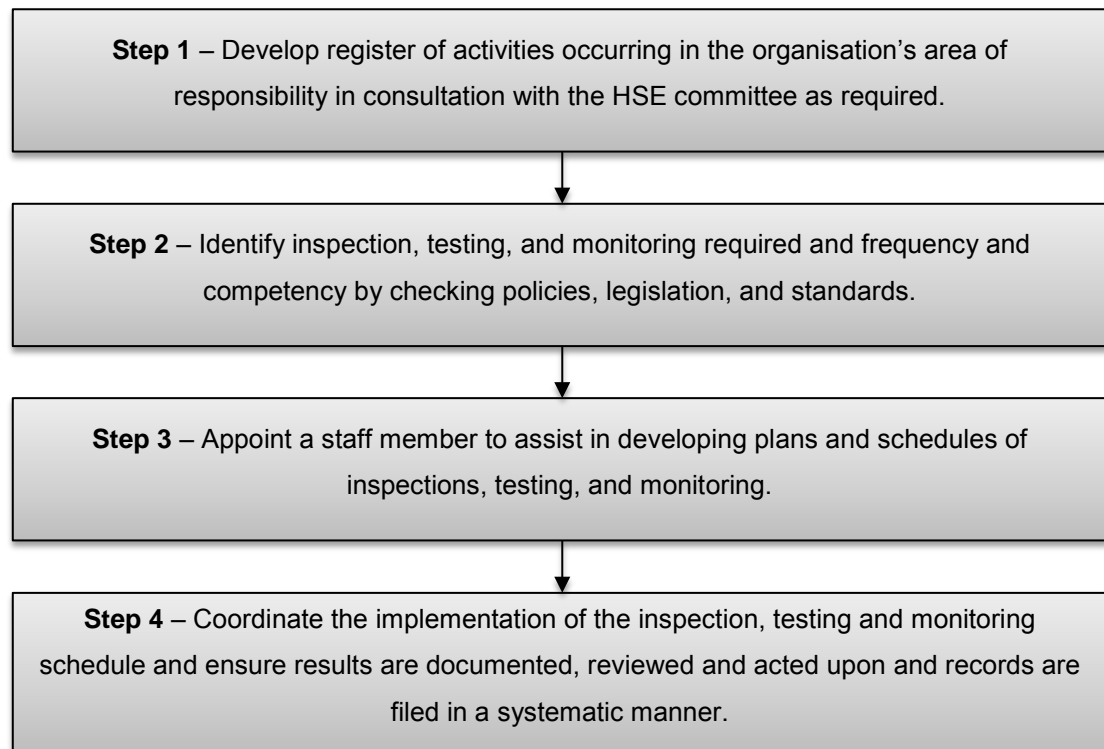


Figure 3: Coordinating Workplace Inspection Schedules

1.4.12.6 The HSE shall maintain inspection checklists that are relevant to the activities of the QU workplaces to be inspected, and consistent with the QU risk assessment methodology. The inspection checklists can be hardcopy checklists or electronic/tablet-based checklists. The HSE has developed the number of topic-specific checklists to be used for QU HSE inspections (refer to Appendix D). A list of these checklists can be found in Table 2.

- 1.4.12.8** The Inspection personnel shall:
- Conduct and document workplace inspections at regular scheduled times using the appropriate workplace inspection checklist;
 - Take a copy of the previous workplace inspection checklist record on the inspection to ensure that previously identified items have been closed out or are not re-emerging as potential hazards;
 - Ensure that personnel performing tasks or who work in the area being inspected are involved in the inspection process (the level of involvement may vary in different work areas);
 - Ensure that a record of all personnel involved in the inspection process is maintained; and
 - Retain the Inspection Report results within the HSE filing system.
- 1.4.12.9** Where the Inspection Team identifies a potential hazard, risk, or non-compliance with QU HSEMS then a record of the hazard or risk shall be made on the workplace inspection checklists and a CAR shall be raised as per Section 1.4.8 of this procedure.
- 1.4.12.10** The Inspection Program will be reviewed annually in accordance to the requirements of the QU HSEMS-*Section 17- Management Review* to ensure it is meeting the requirements of ISO 14001 and OHSAS 18001.
- 1.4.12.11** The implementation of the inspection program will be monitored in order to ensure it is meeting the objectives and identifying areas for improvement. Areas to consider during the review shall include:
- Feedback from auditees, auditors, and other relevant stakeholders;
 - Adherence to the audit schedule program; and
 - Outputs from the audits.
- 1.4.12.12** The HSE shall ensure Workstation Inspection Checklists are retained in line with QU HSEMS-*Section 16.0 – Document Control and Record Retention Procedure* and corrective actions are closed out. This will include:
- Ensuring that corrective actions are followed through and closed out; and
 - Maintaining an auditable system that demonstrates corrective actions have been closed
- 1.4.12.13** For the annual laboratory inspections, once the inspection is carried out using the checklist in PL-ES-014-04.15, the final report shall be issued using the Annual Laboratory Safety Inspection Report Template, which is found in Appendix G.

1.5 Document Control

- 1.5.1** This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2** Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3** Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: HSE Audit and Inspection Program

Appendix B: Internal HSEMS Compliance Audit Checklist

Appendix C: Corrective Action Request Form

Appendix D: Specific Inspection Checklists

Appendix F: Workstation Inspection Checklist

QU Health, Safety and Environment Management System (HSEMS)

HSE Audit and Inspection Programs Schedule										Ref:		PL-ES-014-01-1.1			
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Completed by:				Title:				Reviewed by:				Title:			
Reviewed by:				Title:				Pre-Approved by:				Title:			
Approved by: Title: Director Facilities and General Services Department															

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QU Health, Safety and Environment Management System (HSEMS)

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Legend:

W – Weekly
Y – Yearly (Annually)
M – Monthly
Q – Quarterly (Every 3 months)
RND – Random (At Least 2 Times/Year)

HS – Health and Safety Section
ES – Environment and Sustainability Section

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Internal HSEMS Compliance Audit Checklist

Ref: PL-ES-014-02-1.1

Date of Audit:	Building Code:	Building Name:	Ref: PL-ES-014-02-1.1
Department/College/Center:		Section/Unit:	
Lead Auditor:	Title:	ID No:	
Other Auditor 1:	Title:	ID No:	
Other Auditor 2:	Title:	ID No:	
Auditee:	Title:	ID No:	
Other Auditees:	Title:	ID No:	

Item	Details	YES	NO	N/A	Comments & Actions
1.0	HSEMS Manual				
1.1	Are the QU HSEMS manual and associated procedures (in its up to date revisions) accessible to concerned staff and stakeholders identified in the HSEMS procedures? <i>Through QU Intranet, internal memos, contract appendices, etc.?</i>				
2.0	HSE Policy				
2.1	Is the QU HSE Policy displayed somewhere visible for all to see? <i>In reception, floors, website? Signed by top management?</i>				
2.2	Is there evidence that the Policy has been communicated to QU employees? <i>Through QU Intranet, internal memos, emails, HSE reports, HSE inductions?</i>				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
3.	HSE Roles and Responsibilities				
3.1	Are HSE roles and responsibilities effectively communicated to employees? <i>Check training records and/or appointment letters</i>				
3.2	Are employees aware of their HSE roles and responsibilities? <i>Interview/evidence through emails, inductions</i>				
3.3	Does QU evaluate employee conformance to their HSE roles and responsibilities? <i>Check with HSE and appropriate HR representatives.</i>				
4.0	HSE Targets and Objectives				
4.1	Has there been a program(s) for achieving the HSE Targets and Objectives that includes the methods, timeframes, monitoring activities and responsibilities for achieving these Targets and Objectives? <i>e.g. No. of wellness events per year; No. of HSE Awareness training sessions</i>				
4.2	Is QU adhering to the HSE Targets and Objectives program(s)? <i>How often is compliance monitored and reviewed? Is the HSE maintaining monthly reports?</i>				
4.3	Have the HSE Targets and Objectives been effectively communicated? <i>Internally? Externally?</i>				
5.0	Legal Compliance				
5.1	Is the legal register communicated and readily available to employees and contractors? <i>Provide evidence.</i>				
5.2	Is the legal register considered when developing HSEMS procedures, processes and programs? <i>How often reviewed? Any changes in activities</i>				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
6.0	Risk Management Note: covers all QU areas and all external activities (e.g. site visits, meetings, etc.).				
6.1	Has a risk assessment been undertaken for all programs / projects undertaken at QU?				
6.2	Have employees been consulted when undertaking risk assessments? <i>Evidence? E.g. Meetings with employees, HSE Workshops</i>				
6.3	Are the findings of the risk assessment (identified hazards and risks and control measures developed) communicated to the employees? <i>Evidence? E.g. HSE Workshops, HSE training, etc.</i>				
6.4	Has the risk assessment been reviewed during the reporting period? <i>Have any changes been made? If any change, has the new risk assessment been reviewed and approved by HSE Committee?</i>				
6.5	Have control measures specified in the risk assessment, been implemented? <i>Any risk assessment training carried out? E.g. Workplace inspections and workstation assessments</i>				
6.6 a	Have risk assessments been undertaken on a regular basis for employees going off site?				
6.6 b	Are appropriate risk control measures identified and implemented?				
7.0	Contractor Management				
7.1	Prior to tendering a project, are the project's HSE requirements established in the requisition form and included in the tender documents? <i>Evidence? E.g. HSE requirements included in scope.</i>				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
7.2	Prior to selecting are contractor evaluated on their HSE management system for the defined scope of works? <i>Contractor HSE Questionnaire used?</i>				
7.3	Have existing contracts between QU and contractors been updated to include project specific HSE requirements? <i>Evidence?</i>				
7.4	Is coordination and communication maintained with contractors during the execution of the tasks? <i>HSE Site Inspections (using site inspection checklist)? Review Meetings?</i>				
7.5	Does QU conduct contractor performance monitoring for existing contracts?				
8.0	Emergency Management				
8.1	Have the emergency procedures been communicated to QU employees <i>and visitors</i> ? <i>Check induction records and/or employee emergency training records.</i>				
8.2	Are emergency team members trained and competent for the tasks assigned? <i>Is emergency team members appointed? First aiders? Fire warden? Training given? Appointment letters signed?</i>				
8.3	Have emergency exercises/ drills been conducted?				
8.4	Are emergency equipment prominently displayed at QU and are employees aware of their locations? <i>Ask employees about location of first aid kits and/or fire extinguishers in their work area.</i>				
8.5	Are emergency equipment inspected on routine basis? <i>HSEMS states visual inspections of extinguishers – monthly. Maintenance inspection and service – annual.</i>				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
8.6	Do employees know who the designated emergency team members are?				
8.7	Are meetings held with the Emergency Response team and EMPs reviewed? <i>Evidence: e.g. minutes of meeting</i>				
9.0	Standard Operating Procedures (SOPs)				
9.1	Have any SOPs been developed following the implementation of HSEMS and/or review of the risk assessment?				
9.2	Have SOP's been communicated to and training carried out for employees?				
10.0	Management of Change				
10.1	Is staff aware of the management of change procedure?				
10.2	If there has been a change identified and evaluated through the management of change procedure, have staff been made aware of the change and required training provided, where necessary? <i>Management of change procedure implemented? i.e. Request for Change (RFC) form filled out by individual and logged on Change Control Log? Did HSE review/reject RFC?</i>				
11.0	Training and Competency				
11.1	Has training been undertaken in accordance with the HSEMS training program? <i>Is the training matrix implemented?</i>				
11.2	Does QU undertake monitoring and measuring of training results? <i>Check training evaluation forms</i>				
11.3	Does QU provide HSE induction to employees, visitors and contractors as per <i>Check induction records</i>				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
11.4	Has QU developed an HSE Competency Program that is in line with the QU HSEMS?				
11.5	Does QU ensure that the employees under its control are competent to perform tasks required? <i>How? Observations, oral/written assessments, presentation/demonstrations?</i>				
12.0 Hazard, Near Miss and Incident Reporting and Investigation					
12.1	Are QU employees aware of how to report hazards, near misses and or incidents? <i>Check records with HSE.</i>				
12.2	Has QU reported any hazards, near misses and or incidents in the last year?				
12.3	Are hazards, near misses and/or incidents reported investigated and corrective actions identified?				
12.4	Are corrective actions followed up to ensure completion?				
12.5	Are the results of investigations reported back to the employees?				
13.0 Communication and Consultation					
13.1	Is there an HSE committee formed at the QU and do they meet on a quarterly basis, at a minimum?				
13.2	Are meeting minutes made available to employees?				
13.3	Is there communication of HSE information across the levels within QU as well as with contractors and visitors?				
13.4	Does QU consult with staff in HSE matters such as risk assessments and incident investigations?				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
14.0 Audit and Inspection					
14.1	Are HSE inspections and audits conducted in accordance with the QU HSEMS inspections and audits program? <i>Check office inspections and workstation assessment records.</i>				
14.2	Are HSE inspections and audit programs communicated to staff? <i>E.g. e-mail notification, internal memo</i>				
14.3	Are non-conformance and corrective actions identified and closed out in line with identified timelines?				
13.4	Are corrective and preventative actions taken communicated to relevant staff?				
15.0 HSE Performance Monitoring and Reporting					
15.1	Does QU undertake monitoring of their EHS targets and objectives?				
15.2	Does QU monitor the effectiveness of their EHS programs and controls?				
15.3	Does QU's monitoring program include monitoring of the following, at a minimum: <ul style="list-style-type: none"> •occupational noise, air and lighting ergonomic and workplace design factors environmental (air, noise, resources consumption, waste management) •wellness programs •occupational illnesses •contractor EHS performance EHS hazards, near-misses and incidents?				
16.0 Document Control and Record Retention					
16.1	Does QU implement appropriate document control, in line with HSEMS to avoid obsolete documents?				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item	Details	YES	NO	N/A	Comments & Actions
16.2	Does QU implement appropriate review and approval processes, in line with their HSEMS?				
16.3	Does QU ensure appropriate distribution of their EHS documents, in line with their HSEMS?				
17.0 Management Review					
17.1	Have management reviews been conducted? If so, is this in line with the QU HSEMS? <i>Required annually. Is a date scheduled?</i>				
17.2 a	Has QU identified key review team members for undertaking management review? <i>Evidence?</i>				
17.2 b	Has QU specified and communicated clear roles and responsibilities to the assigned team members? <i>Evidence?</i>				

Approved By:	Date:
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Indoor Air Quality Inspection Checklist - General (Monthly)	Ref:	PL-ES-014-04.30
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-31-
Location/Room No:			
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities to Observe	Yes	No	N/A	Comments
General					
1	Are ceiling, walls and floor free of water leaks, visible damp or moist parts?				
2	Are seals around doors and windows free of water leaks, visible damp or moist parts?				
3	Is ventilation system operating without excess noise and/or vibration?				
4	Are there any signs of mould or mildew?				
5	Are all windows operational (if any)?				
Air Movement and Ventilation					
6	Is ventilation system on and operating?				
7	Is ventilation system operating without excess noise and/or vibration?				
8	Is there any sense of disturbing draught inside inspected area?				
9	Is there any complaints of disturbing draught inside inspected area?				
10	Is the air supply pathway obstructed?				
11	Are storage areas separated from main Classroom/Office area and ventilated separately?				

SN	Activities to Observe	Yes	No	N/A	Comments
Temperature and Humidity					
1	Is temperature of inspected area between 20C- 25C degrees? (1)20 °C +/- 2. (2)				
2	Is relative humidity of inspected area between 30-60%? (3) 40 – 60 % (4)				
3	Are there any complaints of disturbing changes in temperature or humidity during workday?				
Air Contaminants					
1	Are outdoor air intake locations clear of pollutant sources? <i>(i.e. renovation/construction area, maintenance activities, dumpster, loading dock, exhaust pipe, idling vehicles) (5)</i>				
2	Are indoor renovation/construction areas isolated in appropriate manner?				
3	Is monitored carbon dioxide in acceptable level? (6) <i>(max. 5000ppm for 8-hr TWA, 1000-1200ppm in situ)</i>				
4	Are there any health complaints from regular staff? <i>(headache, drowsiness, flu-like symptoms, eye irritation)</i>				
Housekeeping and Hygiene					
1	Are inspected areas tidy, hygienic and odours free? (7)				
2	Are inspected areas free of pests? (Insects, bugs, rodents)(8)				

Health and Welfare Inspection Checklist (Quarterly)	Ref:	PL-ES-014-04.29
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-29-
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities/Items to Observe	Yes	No	N/A	Observations & Recommendations
1	Are periodic rest breaks provided for employees working in hot conditions?				
2	Is there adequate shades provided in waiting areas?				
3	Is prohibition of smoking in enclosed places obeyed?				
4	Is there designated, clearly marked outdoor smoking area?				
5	Are suitable toilet facilities provided for females and males?				
6	Are toilet facilities clean and maintained?				
7	Are hands washing facilities available near toilets?				
8	Are hands washing facilities adequately equipped, clean and maintained? (<i>water, soap, means of drying</i>)				
9	Is there an adequate supply of cool and safe drinking water at convenient and accessible places? (<i>Away from toilets & from pollutants e.g. chemicals and dust</i>)				
10	Is there designated, air conditioned places for eating and rest for females and males available?				
11	Are the designated places for eating and resting tidy and hygienic?				
12	Are there designated, air-conditioned changing rooms for females and males?				
13	Are the designated changing rooms tidy and hygienic?				

First Aid Kits Inspection Checklist (Monthly)	Ref: PL-ES-014-04.28-1.1
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04.28-
Room No:	Lab Name:	First Aid Box Code/No:	
Lab In charge Name:	Title:	ID:	Tel:
Inspected by:	Title:	ID:	Tel:
Reviewed by:	Title:	ID:	Tel:

Item/Activity to Observe	Yes	No	N/A	Observations & Recommendations
1. Is the First Aid Guide available?				
2. Is the contact number of First Aider displayed?				
3. Is the First Aid Treatment Record available?				
4. Is the First Aid cabinet locked?				
5. Is the Triangular Bandage (1pc) available?				
6. Is the Scissors (1pc) available?				
7. Is the Antiseptic Spray Bandage (1pc) available?				
8. Is the Burn Relief Spray (1pc) available?				
9. Is the Betadine Antiseptic Solution (1pc) available?				
10. Is the Pain Relief Spray (1pc) available?				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item/Activity to Observe	Yes	No	N/A	Observations & Recommendations
11. Is the Plaster (100 pcs) available?				
12. Is the Alcohol Pads (100 pcs) available?				
13. Is the Gloves Nitrile or Vinyl Powderless (20 pcs) available?				
14. Is the Forceps (1 pc) available?				
15. Is the Face Mask (10 pcs) available?				
16. Is the Cold Pack (1 pc) available?				
17. Is the Burn shield (1 pc) available?				
18. Is the Gauze Bandage (2 pcs) available?				
19. Is the Gauze Swab (2 pcs) available?				
20. Is the Sting Relief Pad (100 pcs) available?				
21. Is the Emergency Blanket (1 pc) available?				
22. Is the Gauze Roll (3 pcs) available?				
23. Is the Gauze Roll (3 pcs) available?				
24. Is the Sam Splint (1 pc) available?				
25. Is the Pocket Resuscitator Mask (3 pcs) available?				
26. Is the Plaster Roll 5 X 5 (1pc) available?				
27. Is the Dressing Pad 7.5 X7.5 (1 pc) available?				

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

Item/Activity to Observe	Yes	No	N/A	Observations & Recommendations
28. Is the Wound Dressing (5 pcs) available?				
29. Is the Cotton Balls (2 pcs) available?				
30. Is the Eye Wash 450 ml (1pc) available?				
31. Disposables razor				
32. Non adherent dressings e.g. Prim pore				
33. Sterile eye pads				
34. Rapid nasal packing e.g. Rhino cell Nasal packs				
35. Kinetic torch				
36. Are all the items valid (not expired)?				

Additional Notes

Noise Inspection Checklist (Quarterly)	Ref:	PL-ES-014-04.27
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-27-
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities to Observe	Yes	No	N/A	Comments
1	Did the noise threshold limit below 55dB?				
2	Have workers been informed of the hazardous effects noise has on hearing?				
3	Is operating noisy equipment restricted outside of normal working hours where possible?				
4	Are employees who are exposed to continuous noise above 85 dB given periodic audiometric testing to ensure that they have an effective hearing protection system?				
5	Are employees who are exposed to continuous noise above 85 dB use ear protectors and it is properly fitted and instructed in their use?				
6	Have the noisy machinery been isolated from the rest of the operation?				
7	Are employees who exposed to continuous noise above 85 dB under shift work timing?				
8	Are there warning signs of high noise?				

Cafeteria and Kitchen Safety Inspection Checklist (Monthly)

Ref: PL-ES-014-04.25

Date:	Time:	am	pm	Building Code:	Ref: PL-ES-007-03-
Building Code:	Location/Room No:	Facility Type/Brand:			
Contractor/Service Provider Name:					Tel No:
					Email:

Inspected by:	Title:	ID No:
Reviewed by:	Title:	ID No:

#	Activity/Items to Observe	Yes	No	N/A	Comments
1	Is the Company HSE policy available to all catering employees?				
2	Are internal HSE inspections undertaken by company?				
3	Has a risk assessment been performed to determine the risks associated with the dining facility?				
4	Has the catering company implemented appropriate HSE systems / control measures?				
5	All relevant employees have the required : - certificate of medical fitness, and - Training prescribed by Qatar Legislation.				
6	Have the catering company staff received appropriate training on and are aware of: - How to recognize and report hazards? - How to identify, care for and use any personal protective equipment (such as gloves, safety footwear and eye protection)? - HSE policies and procedures that apply in the workplace. - key personnel including First Aiders, Fire Marshals and HSE Manager/Officers				(Documentation Proof: Training Material, Training Records, etc.)

#	Activity/Items to Observe	Yes	No	N/A	Comments
7	Does training cover: <ul style="list-style-type: none"> - Procedures for food preparation to prevent cross contamination; - procedures on how to appropriately store and prepare food to prevent food borne illnesses; - dining hall procedures and best practices when presenting food to a consumer to prevent food borne illnesses; and - Process for identifying and disposing of food that exceeded its shelf-life. 				
8	Does the catering company have an effective food waste management program?				
9	Are the food waste containers constructed of appropriate leak-proof, impervious material that is easy to clean or disposable?				
10	Are the contractor's food transport vehicles, including reusable containers, kept clean and maintained in good repair and conditions to protect food from contamination? <i>(The interior of food transport vehicles should be appropriately insulated with a lined interior that provides a smooth, continuous, easily cleanable waterproof surface).</i>				
11	Are the ready-to-eat and raw foods transported in the same vehicle appropriately separated to avoid cross contamination?				
12	Food items are physically separated from non-food items during transport?				
13	Are the canteen surfaces well-kept?(i.e. Surface are grease free, and there are no residuals of standing water and foodstuffs)				
14	Is drying of floors completed following wet mopping immediately? Is appropriate warning signage utilized?				
15	Are cleaning staff aware of spill response procedure?				
16	Is staff provided with appropriate safety footwear that has a non-slip sole?				
17	Are electrical fixtures and fittings protected to ensure further hazards are created?				

#	Activity/Items to Observe	Yes	No	N/A	Comments
18	Does staff demonstrate appropriate Manual Handling technique?				
19	Food Handling employees wear suitable, clean and protective clothing while handling food? E.g. hair nets, gloves, masks, beard covers?				
20	Food handlers have washed their hands prior to service?				
21	Food wrapping materials and packaging to transport food provides adequate protection for food to minimize contamination and accommodate proper labelling?				
22	Ready to eat/unpackaged food is displayed behind protective barriers, at appropriate temperature, to prevent likelihood of food contamination				
23	Separate serving utensils are provided for each food?				
24	All serving utensils used at the food display counters are food grade, inert, easily cleaned?				
25	Serving utensils are easily cleaned and disinfected prior to use?				
26	Food that has passed its marked 'expiry', 'use by', or 'best before' date shall be disposed of as quickly as reasonably practicable?				
27	Are the eating tables clean? (Grease free and there is no residuals of standing water and foodstuffs, trash, etc.)				
28	Are the service tables clean? (Grease free and there are no residuals of standing water and foodstuffs, trash, etc.)				
29	Is the sink area clean? (Grease free and there are no residuals of standing water and foodstuffs, trash, etc.)				
30	Are storage cabinet/racks clean?				
31	Is the floor clean? (No food spills, no beverage spills, no dust/sand, trash, etc.)				
32	Are cups and glasses stored dry and inverted				

#	Activity/Items to Observe	Yes	No	N/A	Comments
33	Is cooking equipment clean? (Microwave, stove, toaster, blender, etc.)				
34	Are kitchen utensils clean? (Spoon, fork, knife, serving spoon, etc.)				
35	Are cleaning chemicals kept separately away from the food?				
36	Do employees wear suitable, clean and protective clothing while handling food? (Hair nets, gloves, masks, non-slip shoes, beard covers, etc.)				
37	Do staffs demonstrate appropriate and hygienic handling technique?				
38	Are cooked and uncooked foods stored separately?				
39	Is the kitchen fume hood operational and clean?				
40	Are ready to eat/unpackaged food is displayed behind protective barriers?				
41	Are there separate serving utensils provided for each food?				
42	Are the food waste containers leak-proof?				
43	Is liquid food waste segregated appropriately from dry waste?				

References:

1. *Executive By-law for the Protection of the Environment, issued vide Law No. 30 of 2002*
 - *Storage of hazardous materials away from public access and food products*
2. *Law no. 17 of 1990 on Protection from Infectious Diseases*
 - *Infectious diseases: mandatory isolation for infected employees involved in food and beverage manufacture, preparation or transport*
3. *HSEMS manual TG07 – Construction, Operations and Maintenance Safety*
 - *Provide appropriate containers (watertight) according to the type of waste (i.e. food waste containers should be provided with lids to prevent infestation).*
4. *HSEMS manual SOP04 – Hazardous Waste Disposal*
 - *Eating, drinking, smoking, chewing gum, applying cosmetics and storing utensils, food and food containers are prohibited in areas where hazardous waste is stored or handled.*

Drinking Water Quality Inspection Checklist (Quarterly)	Ref:	PL-ES-014-04.24
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Date:	Building Code:	Building Name:	Location/Room No.	Ref: PL-ES-014-04-24
Inspected by:	Title:			ID No:
Reviewed by:	Title:			ID No:

SN	Activities to Observe	Yes	No	NA	Comments
1	Is on-site water treatment equipment in good working condition?				
2	Water has no unusual odours				
3	Water has no unusual tastes.				
4	Water has no unusual appearance.				
5	Is the access for drinking fountain easy and safe?				
7	Is water pressure satisfactory for drinking?				
8	Are the push buttons and/or sensors in drinking fountain operating normally?				
9	Is the fountain area clean and maintained?				
10	Is there any damage on any area of the fountain?				
11	Is the water cooler on and operating?				

Lighting Inspection Checklist (Monthly)

Ref:

PL-ES-014-04.23

Date:	Building Code:	Location/Room No:	Ref: PL-ES-014-04-23-
Inspected by:	Title:		ID No:
Reviewed by:	Title:		ID No:

SN	Activities to Observe	Yes	No	N/A	Comments
1	Is the light switch in a proper place and working properly?				
2	Is the light properly installed?				
3	Is the light cover available and properly fixed?				
4	Is the light not flickering?				
5	Is the light working?				
6	Is the office lightening between the standard ranges of 320 – 500 lux?				
7	Is glare and reflection controlled (e.g. suitable light levels window blinds, computers positioned at right angles to windows, computer monitors tilted slightly downwards)?				

Ambient Air Quality Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.22
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Date:	Location (Zone/Building Code):	Room No:	Ref: PL-ES-014-04-22-
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is the general (physical) appearance of the atmosphere good?				
2	Is the quantity of Particulate Matter (PM10) within the required limit (20µg/m ³ annual mean or 50µg/m ³ 24-hour mean)?				
3	If exceeded, can you identify any possible cause(s) or source(s) of the pollutant?				
4	Is the quantity Particulate Matter (PM2.5) within the range set in the guidelines (10µg/m ³ annual mean or 25µg/m ³ 24-hour mean)?				
5	If exceeded, can you identify any possible cause(s) or source(s) of the pollutant?				
6	Is the presence of Ozone (O ₃) within the required limits (100 µg/m ³ 8-hour mean)?				
7	Can you identify possible cause(s) or source(s) of increase, if any?				
8	Is the amount of Carbon monoxide (CO) measured in accordance with required limits (9ppm 8-hour per day or 35pp 1-hour per day)?				
9	If above limits, can you identify possible sources of the pollutant?				
10	Is the level of Nitrogen dioxide (NO ₂) present in accordance with guidelines (40µg/m annual mean or 200µg/m 1-hour mean)?				
11	Is the amount of Sulphur dioxide (SO ₂) according to				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
	guidelines (20µg/m 24-hour mean or 500 µg/m3 10-minute mean)?				
12	If exceeded, can you identify possible source(s) of release?				
13	Is the quantity of Lead (Pb) present in air according to guidelines (0.15µg/m3 rolling 3 month average)?				
14	If any, is there any identifiable source(s) of the excess release?				
15	Are there any records of hospital attendance in the University clinic indicating increase of any of the pollutants?				

Construction and Demolition (C&D) Waste Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.21
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Date:	Location (Zone/Building Code):	Ref: PL-ES-014-04-21-
Project Title:		Contractor/Service Provider:
Inspected by:	Title:	ID No:
Reviewed by:	Title:	ID No:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Are there C&D containers available on site?				
2	Are there any Hazardous Waste generated on site?				
3	Are C&D containers regularly evacuated?				
4	Is C&D waste fractions segregated as they are collected into metals, oils, concrete and stones, tyre and rubber, glass, and general?				
5	Is there any C&D waste not properly collected (e.g., heaped around the worksite)?				
6	Are the people who handle and/or transport the waste trained?				
7					

General Waste and Recycling Inspection Checklist (Weekly)	Ref:	PL-ES-014-04.20
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Date:	Zone/Building Code:	Location/Room no:	Ref: PL-ES-014-04-20-
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Are waste bins located properly throughout the campus?				
2	Are the waste bins in a proper condition?				
3	Are waste areas free of obstacles?				
4	Are there sufficient numbers of recycling and general waste bins (i.e. bins are not overflowing)?				
5	Is the area beside the waste and recycling bins clean (no scattered or collections of rubbish beside the waste or recycling bins)?				
6	Are there sufficient number of recycling and general waste bins (i.e. bins are not overflowing and there is no collection of rubbish outside of bins)?				
7	Are waste or recycling bins available for use in high traffic areas (e.g. kitchens, print rooms, etc.) and work areas?				
8	Are all recycling containers clearly labelled? (The labels/stickers should clearly identify the recyclables that should be placed inside the containers).				
9	Are general waste bins free of recyclable items?				
10	Are the recycling containers being properly used? For example, are the proper recyclables in the designated bins?				
11	Are the recycling bins contaminated with trash?				
12	Are all recycling bins and garbage containers been co-located throughout entire campus where both solid waste/garbage				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
	and recyclables generated?				
13	Is paper recycling bins available near printers?				
14	Are waste bins emptied regularly?				
15	Is the monthly weight of garbage monitored to calculate the weight of garbage generated per student/staff every month/year?				
16	Is the monthly weight of recyclable papers monitored to calculate the weight of papers used/generated per student/staff every month/year?				
17	Is the monthly weight of recyclable cans monitored to calculate the weight of cans generated per student/staff every month/year?				
18	Is the monthly weight of recyclable plastic monitored to calculate the weight of plastic generated per student/staff every month/year?				
19	Are overall monthly garbage, compost (if any), and recycling weight been monitored monthly to calculate the volume of waste generated per student/staff every month/year?				
20	Do garbage and recycling weight change over the school year?				

Chemical and Biohazard Spill Kits Inspection Checklist (Quarterly)	Ref:	PL-ES-014-04.19
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Date:	Building Code:	Lab Name:	Room No:	Ref: PL-ES-014-04-19-
Inspected by:	Title:	ID No:		
Reviewed by:	Title:	ID No:		

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
Chemical Spill kit					
1	Is the emergency procedure displayed?				
2	Is the chemical spill kit accessible and inspected?				
3	Are absorbent pads available?				
4	Are absorbent socks available?				
5	Is disposable bag available?				
6	Are nitrile gloves present?				
7	Are safety goggles available?				
8	Is disposable coverall available?				
9	Is the sign posted of location of the kit?				
10	Is the kit monthly inspected?				
Biohazard Spill Kit					
1	Is the emergency procedure displayed?				
2	Is the biological spill kit accessible and inspected?				
3	Is the apron available?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
4	Are the gloves available?				
5	Is dilution bottle available?				
6	Is disinfectant tablet available and updated?				
7	Are absorber spillages available and updated?				
8	Is the scoop available?				
9	Is the scraper available?				
10	Is the paper towel available?				
11	Is the plastic bag available?				
12	Is the sign posted of location of the kit?				
13	Is the kit monthly inspected?				

Hazardous Waste Management Inspection Checklist (Weekly)	Ref:	PL-ES-014-04.18
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Date:	Zone/Building Code:	Location/Room No:	Ref: PL-ES-014-04-18-
Inspected by:	Title:	ID No:	
Reviewed by:	Title:	ID No:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Are hazardous waste collectors provided appropriate PPE (overall, gloves, goggles, mask, safety shoes)?				
2	Is self-contained breathing apparatus available (if applicable according to task) and inspected?				
3	Are transportation vehicle tidy, hygienic, odours free and free of pests?				
4	Is there a signage within 20 meters of the waste packaging site?				
5	Is the HW properly segregated in the carrier vehicle?				
6	Is transportation vehicle temperature control and ventilation operating normally?				
7	Are there any signs of damage inside the transportation vehicle and back doors (corrosion, cracks, dents, bulges or other)?				
8	Are spill kits (biological/chemical), first aid kit, portable eye wash available in transportation vehicle and are inspected				
9	Are fire extinguisher available in transportation vehicle and are inspected				
10	Do collectors have hand sanitizer with them or in transportation vehicle?				
11	Is liquid chemical waste collected to appropriate container with secure lid?				
12	Is bio hazardous waste collected to appropriate colour coded bags?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
13	Is each type of HW collected and transferred separately in appropriate containers / bags?				
14	Is pickup executed in hygienic manner (collectors avoiding contamination of themselves and surrounding areas/people)?				
15	Is there any excess of HW not properly accommodated in the containers?				
16	Is the loose or unpacked hazardous waste stored in a secondary container provided?				
17	Are all hazardous waste items classified by HW tags provided?				
18	Are the hazardous waste places in a safe and secure area in each department?				
19	Are all the hazardous waste well segregated?				
20	Are all the hazardous stored in the right container and in good condition?				
21	Are the flammable liquids stored at a minimum distance (200 m) required?				
22	Is the hazardous temporary collecting area sign posted				
23	Is hazardous waste kept segregated as per standard?				
24	Are hazardous waste bags/bins available and adequate?				
25	Is lab in charge persons trained on how to prepare hazardous waste for collection?				

Classroom Inspection Checklist (Yearly)	Ref:	PL-ES-014-04.17
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Date:	Building Code:	Building Name:	Room No:	Ref: PL-ES-014-04-17-
Inspected by:	Title:			ID:
Reviewed by:	Title:			ID:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is the internal flooring in a good condition?				
2	Are there any changes in floor level or type of flooring that need to be highlighted?				
3	Are trailing electrical leads/cables prevented wherever possible?				
4	Is lighting bright enough to allow safe access and exit?				
5	Are access steps or ramps properly maintained?				
6	Are access stairs or ramps provided with handrails?				
7	Are permanent fixtures in good condition and securely fastened, e.g. cupboards, display boards, shelving?				
8	Are fixed electrical switches and plug sockets in good repair?				
9	Are fire exit doors in the classroom, are unobstructed, and kept unlocked and easy to open?				
10	Is fire-fighting equipment in place in the classroom?				
11	Is the room in good housekeeping and organized?				
12	Is lighting cover/ceiling fittings secure?				
13	Is the emergency phone number displayed?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
14	Is the fire extinguisher accessible and monthly inspected?				
15	Is the smoke detector good working condition (LED working, not damaged)?				
16	Is the electrical outlet not overloaded?				
17	Is the furniture in good condition?				
18	Is the room free from food and drink?				
19	Are visual aids, projectors and boards working properly?				
20	Are the general interior walls/curtains in good condition?				
22	Does the room have natural ventilation?				
21	Is reasonable room temperature be maintained during use of the classroom?				

Office Inspection Checklist (Yearly)	Ref:	PL-ES-014-04.16
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Date:	Building Code:	Building Name:	Room No/Location:	Ref: PL-ES-014-04-16
Inspected by:		Title:	QU ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is the room in good housekeeping and organized?				
2	Is lighting cover/ceiling fittings secure?				
3	Is the emergency phone number displayed?				
4	Is the fire extinguisher accessible and monthly inspected?				
5	Is the smoke detector in good working condition (LED working, not damaged)?				
6	Is the electrical outlet not overloaded?				
7	Is the furniture and fixtures in good condition?				
8	Is power lighting switch in good condition?				
9	Are items of mechanical cutting equipment (such as paper shredders) adequately guarded?				
10	Are items of office equipment e.g. filing cabinets, photocopiers positioned with enough room to allow safe use?				
11	Is the floor not damaged?				
12	Is the room free from food and drink?				

Laboratory Inspection Checklist (Yearly)	Ref:	PL-ES-014-04.15
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Date:	Building Code:	College/Center:	Ref: PL-ES-014-04-15
Laboratory Name:		Room No:	Lab In charge Name:
Inspected by:		Title:	QU ID:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is Lab furniture clean and kept tidy?				
2	Is lab glassware clean?				
3	Are bench tables clean and in good order?				
4	Are the ceiling/walls clean?				
5	Is the floor clean?				
6	Is the drain and sink clean and free of any materials?				
7	Are lab tools/materials properly stored?				
8	Are lab equipment's properly arranged?				
9	Are chemicals properly stored?				
10	Are laboratory glassware's properly stored/arranged?				
11	Is the exit pathway free from obstruction?				
12	Is the exit pathway free from tripping hazard?				
13	Is lighting cover/ceiling fittings secure?				
14	Is the written emergency procedure for fire displayed?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
15	Is the written emergency procedure for chemical spill displayed?				
16	Is the written emergency procedure for biological spill displayed?				
17	Is the written emergency procedure for injured person displayed?				
18	Is the emergency exit door operational and not obstructed?				
19	Is the fire extinguisher accessible and monthly inspected?				
20	Is the smoke detector working?				
21	Is the fire suppression gas cylinder inspected?				
22	Is the electrical circuits not overloaded?				
23	Is the equipment operating instructions displayed?				
24	Is power lighting switch in good condition?				
25	Is the electrical outlet extension approved?				
26	Is the safety signage in good condition?				
27	Is the Lab free from food and drink?				
28	Is the chemical inventory available?				
29	Is the chemical SDS available?				
30	Is the chemical spill kits accessible and quarterly inspected?				
31	Is the gas cylinder secured?				
32	Is the cylinder stored away from electrical connections?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
33	Is the cylinder stored away from flammable solvents and combustible material?				
34	Is the flammable gas cylinder separated from oxidizing gas cylinder in storage areas?				
35	Is the gas cylinders stored away from corrosive chemicals?				
36	Is the storage area labelled with name of cylinder gas?				
37	Is the gas cylinder valve covers in place when cylinders are not in use?				
38	Is the gas cylinders stored in clear pathway?				
39	Is the gas cylinder safety pressure relief valves installed?				
40	Is the charged or full cylinder stored away from empty cylinder?				
41	Is the cylinder valves closed at all times, except when the valve is in use?				
42	Is the gas cylinders free from leak?				
43	Is the required personal protective equipment available?				
44	Is the personal protective equipment maintained in good condition?				
45	Is the portable eyewash accessible and monthly inspected?				
46	Is the emergency shower accessible and monthly inspected?				

Staff Housing and Student Hostels Inspection (Yearly)	Ref:	PL-ES-014-04.14
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Date:	Building Code:	Building Name:	Room No:	Ref: PL-ES-014-04-14
Inspected by:		Title:	QU ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is the room in good housekeeping and organized?				
2	Is lighting cover/ceiling fittings secure?				
3	Is the emergency phone number displayed?				
4	Is the fire alarm system in good working condition?				
5	Is the fire fighting system in good working condition?				
6	Is the electrical outlet not overloaded?				
7	Is the furniture and fixtures in good condition?				
8	Is power lighting switch in good condition?				
9	Is lighting cover/ceiling fittings secure?				
10	Is the emergency phone number displayed?				
11	Is the smoke detector working?				
12	Is all safety signs are available and visible?				
13	Is the floor not damaged?				
14	Is emergency lighting installed and operational?				
15	Is Swimming pools/GYM area secure as per standard?				

Emergency Exit Door Inspection Checklist (Monthly)	Ref:	PL-ES-014-04-10
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Date:	Building Code:	Location/Room No:	Ref: PL-ES-014-04-10
Inspected by:	Title:		QU ID:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Does the door full closed & shut by use of its own Self Closing (SC) Device?				
2	Does the door close fully?				
3	Is the door self-closer fixed to door and frame securely?				
4	Is there door self-closer device not leaking or damaged?				
5	Is the door handle functioning correctly?				
6	Are door handles loose or missing?				
7	Can the door open without key, if on escape route in direction of travel to fire exit?				
8	Are the Door Hold open devices working properly?				
9	Emergency exit door's signage available?				
10	Emergency door's signage illuminated?				
11	Is emergency exit door free of obstacle or obstruction?				
12	Is push bar available and working properly?				

Warehouse Safety Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.9
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Date:	Building Code:	Location/Room No:	Ref: PL-ES-014-04-9
Inspected by:	Title:	QU ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is area clean?				
2	Are lighting covers and fittings secure?				
3	Is the emergency procedures displayed?				
4	Is the fire extinguishers monthly inspected?				
5	Is the smoke detector working?				
6	Is the fire suppression gas cylinder inspected?				
7	Is the electrical circuits not overloaded?				
8	Is the equipment operating instructions displayed?				
9	Is power lighting switch in good condition?				
10	Is the electrical outlet extension approved?				
11	Is the safety signage in good condition?				
12	Is the emergency procedure for chemical spill displayed?				
13	Is the chemical spill kit accessible and inspected?				
14	Is the emergency shower monthly inspected?				
15	Is the emergency eyewash monthly inspected?				
16	Are heavy items not stored at waist height?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
17	Are platform ladders available?				
18	Are trolleys available for heavy items and loads?				
19	Are stored items adequately secured and stable?				
20	Are procedure and equipment manuals available?				
21	Is the warehouse free of food and drink?				
22	Are shelving load weights known and followed?				
23	Is the safe working load signage provided on racks?				
24	Is shelving secured correctly and in safe condition?				
25	Are the loading dock edges clearly marked and guarded?				
26	Are the loading dock gates closed when not in use?				
27	Is chemical Inventory and SDS available?				
28	Are containers labelled with chemical name?				
29	Is the forklift operator trained and accredited?				
30	Are forklift permits/licenses valid?				
31	Is forklift battery charging only in designated area?				
32	Is the forklift seat belt, audible/ visual alarms working?				
33	Is the forklift truck certification available and updated?				
34	Is the overhead crane certification available & updated?				

Recreation and Sports Facility Inspection Checklist (Monthly)			Ref:	PL-ES-014-04.7
Date:	Building Code:	Location/Room No:	Ref: PL-ES-014-04-7	
Inspected by:		Title:	QU ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Are playing equipment maintained and checked regularly?				
2	Are playing equipment not in use properly and safely stored?				
3	Are all required safety signage in place?				
4	Is the ceiling clean?				
5	Is the floor clean?				
6	Is the exit pathway free from obstruction?				
7	Is the exit pathway free from tripping hazard?				
8	Is lighting cover/ceiling fittings secure?				
9	Is the emergency phone numbers displayed?				
10	Is the fire extinguisher accessible and inspected monthly?				
11	Is the smoke detector working?				
12	Is the electrical circuits overloaded?				
13	Is the furniture in good condition?				
14	Is power lighting switch in good condition?				
15	Is the floor in good condition?				
16	Are change rooms clean?				
17	Is the swimming pool surround clean & water is clear?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
18	Is the fencing secure and free of sharp edges?				
19	The depth of the pool is clearly indicated, in accordance with the standard, in writing which is at least 100 mm in size.				
20	Safety rules, emergency information and evacuation routes are prominently displayed.				
21	Fire control equipment is easily accessible, signed, regularly tested and of the appropriate type.				
22	An approved first aid kit is readily available and stocked appropriately.				
23	Safe operating procedures are displayed with all potentially hazardous equipment.				
24	Personal protective equipment is available for the pool operator.				
25	Floor surfaces are non-slip, unbroken and maintained in a safe condition.				
26	Doors, gates, fences, locks and latches are in good condition and working order?				
27	Where a pool is enclosed the building, lights, fixtures, fittings, windows etc., are safe and in good condition.				
28	Flammable material is stored and handled in a safe manner.				
29	Storage areas are labelled appropriately.				
30	Chlorine and acids, including empty containers are stored in separate locations.				
31	There is an up to date register/stock control sheet to detail storage, handling requirements.				
32	Hazardous substances are stored and labelled appropriately.				
33	Appropriate washing/dousing facilities are available in the event of an accident with chemicals.				
34	Toilet facilities are clean and in good condition.				
35	Private and secure change rooms are available for change of clothing.				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
36	The rooms are clean and in good condition.				
37	Hooks and other items are not hazardous.				
38	The floors are non-slip.				
39	The floors are dry and well-drained after use.				
40	All sinks, drains and toilets are operating in a satisfactory manner.				
41	Manuals are available for operating equipment and machinery.				
42	Swimming pool plant is identified on the site maintenance register.				
43	The moving parts of all machinery and equipment are guarded in accordance with the regulations.				
44	All machines are fitted with the appropriate safety signs and SOPs.				
45	All pool plant is safe and maintained in a state of good repair.				

Plant Room Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.6
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Date:	Building Code:	Location/Room No:	Ref: PL-ES-014-04-6-
Inspected by:	Title:	QU ID:	
Reviewed by:	Title:	QU ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is good housekeeping implemented?				
2	Is lighting cover/ceiling fittings secure?				
3	Is the emergency phone number displayed?				
4	Is the fire extinguisher accessible and monthly inspected?				
5	Is the fire alarm system in good condition?				
6	Is the fire fighting system in good condition?				
7	Is operation Log Book available and updated?				
8	Are power lighting switches in good condition?				
9	Is the floor not damaged?				
10	Is the room free from food and drink?				
11	Are warning and safety signs provided according to standard?				
12	Are warning and safety signage in good condition?				
13	Are standard ladders provided to reach high elevated works?				
14	Are pipes properly marked?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
15	Are pipes, brackets, trunking properly fixed?				
16	Are chemicals used, stored, handled and disposed according to standard?				
17	Are emergency exit doors clearly marked & kept closed?				
18	Do emergency exit door closing mechanisms operate properly?				
19	Is emergency lighting installed and monthly inspected?				
20	Are mechanical moving parts guarded?				
21	Are operations/instructions manuals available?				
22	Are electrical cabinets and panels are physically in good condition?				
23	Are emergency controls buttons identified and conveniently located?				
24	Floor opening are guarded or covered?				
25	Are tools properly organized and safe keep?				
26	Is appropriate PPE's for workers provided according to standard?				
27	Is lock out/tag out on de-energized equipment implemented?				
28	Maintenance log available and updated?				
29	Authorization access log available and updated?				
30					

Passenger Lift Inspection Checklist (Monthly)	Ref:	PL-ES-014-04.5-1.1
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Date:	Time:	am	pm	Doc. Ref: PL-ES-014-04.5-
Building Code:	Building Name:	Location:		
Lift No:	Manufacturer/Brand:	Model:	S/N:	
Inspector Name:	Title:	ID:	Tel:	

Question	Y	N	N/A	Corrective Actions
1. Is the current copy of elevator certificate posted?				
2. Is the elevator properly lighted?				
3. Is the elevator door working properly?				
4. Is the elevator free of noises and vibrations while operating?				
5. Is there a visible sign indicating not to use the elevator in case of fire?				
6. Are the call buttons for all floors working properly?				
7. Is the audible signal operating properly?				
8. Is the intercom working properly?				
9. Is the emergency phone number displayed inside the lift?				
10. Are the up and down direction indicator lights working properly?				
11. Is the leveling of landing floor properly adjusted?				
12. Is the lift maintenance conducted according to standard?				
13. Is the camera provided and working properly?				
14. Is the intercom instruction displayed?				
15. Is the lift clean?				
16. Is the fireman's key available?				
17. Is the allowable weight sign displayed?				

General Building Inspection Checklist	Ref:	PL-ES-014-04.4
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-4
Inspected by:	Title:	ID:	
Reviewed by:	Title:	ID:	

SN	Activities to Observe	Yes	No	N/A	Observations/Recommendations
Fire Detection Systems					
1	Building fire alarm system tested/approved.				
2	FACP showing any troubles.				
3	Fire alarm pull station obstructed.				
4	Heat detector not operational.				
5	Smoke detector not operational.				
6	Lack of heat detector.				
7	Lack of smoke detector.				
8	Lack of signage for pull station.				
9	Improper signage for pull station.				
Portable Fire Extinguishers					
10	Fire extinguisher obstructed.				
11	Improper location of extinguisher.				
12	Fire extinguisher discharged.				

SN	Activities to Observe	Yes	No	N/A	Observations/Recommendations
13	Fire extinguisher seal broken.				
14	Lack of updated service tag.				
15	Lack of signage for extinguishers.				
16	Fire extinguisher not hung.				
17	Excessive extinguishers present.				
Fixed Fire Fight Equipment					
18	Firefighting system tested/approved				
19	Fire hose requires testing.				
20	Fire hose requires repacking.				
21	Fire hose obstructed.				
22	Fire hose parts missing.				
23	Lack of signage for fire hose cabinet.				
24	Fire hose missing				
25	Sprinkler head obstructed.				
26	Sprinkler head cover missing.				
27	Clean agent suppression system tested/approved				
28	Fire hydrant parts missing				
29	Fire hydrant obstructed				
30	Fire pump main water supply valve not secured in the open position.				

SN	Activities to Observe	Yes	No	N/A	Observations/Recommendations
31	Lack of coupling guard on fire pump.				
32	Relief valve on fire pump not in operating condition				
Electrical – General					
33	Emergency lighting not operational.				
34	Emergency lighting unit missing.				
35	Improper use of extension cord.				
36	Improper use of electrical adapter.				
37	Poor condition of electrical outlet.				
38	Electrical junction floor box covers plate missing.				
39	Poor condition of lighting fixture.				
40	Electrical panel door or cover missing.				
41	Electrical panel door not secured.				
42	Lack of High Voltage signage.				
43	Poor lighting.				
44	Light cover missing.				
Electrical – Signage					
45	Exit sign not operational.				
46	Exit sign not visible.				
47	Exit sign glass broken or missing.				

SN	Activities to Observe	Yes	No	N/A	Observations/Recommendations
48	Exit sign missing.				
49	Stairway sign not operational.				
50	Stairway sign not visible.				
51	Directional exit sign not operational.				
52	Directional exit sign not visible.				
53	Directional sign glass broken/missing.				
54	Directional exit sign missing.				
55	Unapproved exit, directional, stairway or fire escape sign.				
56	Exit sign pointing in wrong direction.				
57	Stairway sign pointing in wrong direction.				
58	Fire escape sign pointing in wrong direction.				
Means of Egress					
59	Fire door secured in open position.				
60	Fire door does not close and latch.				
61	Hardware missing from fire door.				
62	Self-closing device missing from fire door.				
63	Fire door does not swing in the direction of travel.				
64	Fire exit door locked.				
65	Storage of materials/items in stairwell.				

SN	Activities to Observe	Yes	No	N/A	Observations/Recommendations
66	Obstruction in corridor.				
67	Fire exit obstructed.				
68	Lack/damaged hand rails.				
Housekeeping					
69	Storage in mechanical room.				
70	Improper storage (18" below ceiling).				
71	Improper storage (unapproved enclosure for storage areas >100 sf).				
72	Poor housekeeping.				
73	Ceiling tile misaligned.				
74	Ceiling tile missing.				
75	Accumulation of rubbish and refuse.				
76	Loose floorboards.				
77	Loose carpeting.				
78	Tripping hazard.				
79	Storage under stairways.				
80	Storage in elevator.				
81	Ceiling tile penetration.				
82	Mechanical room door not secured.				

Emergency Eyewash and Shower Inspection Checklist	Ref:	PL-ES-014-04.3
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Date:	Building Code:	Building Name:	Ref: PL-ES-014-04-3-
Lab Name:	Location/Room No:	Lab In Charge Name:	
Inspected by:	Title:	Reviewed by:	Title:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
Access					
1	Is there an unobstructed passage and easy access to the eyewash/shower station?				
2	Is the area well-lit and Eyewash/Shower easily visible?				
3	Is there enough space for the use of the eyewash/shower station				
4	Is the eyewash/shower located within 10 sec (55 feet) from expected potential hazardous materials?				
5	Is the eyewash/shower location identified with a highly visible sign?				
Emergency Unit					
6	Are eyewash nozzles equipped with protective covers?				
7	Are the covers automatically removed upon activation of the eyewash?				
8	Is the eyewash/shower unit easily activated?				
10	Once activated, does the unit remain operational without the use of the hands?				
11	Does the unit allow for a continuous flow of flushing fluid for more than 15 minutes?				
12	Are there any signs of corrosion to the unit?				
13	Are the Eyewash & Emergency inspected – Tag signed, Monthly				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
Water Flow					
13	Does the eyewash spray pattern deliver a simultaneous flow of water to both eyes?				
14	Does the shower spray pattern deliver a continuous flow of water with a diameter of at least 50 cm at 152 cm from the floor?				
15	Does the eyewash water flow at a volume not less than, 1.5 litre/minute for 15 minutes?				
16	Does the shower water flow at a volume not less than 75 litre/minute for 15 minutes?				
17	Is the flow rate at a low velocity to be non-injurious to the user?				
18	Is the water temperature constant and tepid? Temperature range: 16-38oC				
19	Is the flushing liquid clear?				
20	Does the flow remain until the unit is returned to its resting position?				
21	Does the water drain properly from the basin/sink?				

Construction Safety Inspection Checklist	Ref:	PL-ES-014-04-1
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Date:	Zone/Building Code:	Location/Room No:	Ref: PL-ES-014-04-1-
Project/Work Order Ref:		Description:	
Contractor/Service Provider Name:		Contractor PM/Supervisor:	QU PM Name:
Inspected by:	Title:	ID:	
Reviewed by:	Title:	ID:	

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is the project details posted clearly at site?				
2	Is the safety officer/supervisor available on site?				
3	Is the emergency phone numbers displayed?				
4	Is the PTW & emergency plan available and communicated to workers?				
5	Is the assembly point information available?				
6	Is the fire extinguisher provided, accessible and monthly inspected?				
7	Are workers wearing appropriate personal protective equipment?				
8	Are chemicals used, handled, stored and disposed according to standard?				
9	Are compressed gases used, handled, stored and disposed according to standard?				
10	Is the Safety Data Sheet for chemicals and compressed gas available and updated?				
11	Are mechanical and manual tools provided and safe conditions?				

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
12	Is the guard railings provided for every open-sided floor?				
13	Is the guard and barricade provided for equipment/generator?				
14	Is the construction site properly barricaded?				
15	Are all flammable and combustible liquids stored and handled in approved containers and portable tanks?				
16	Is good housekeeping implemented?				
17	Is the site traffic management and control properly implemented?				
18	Are aisles and passageway not obstructed?				
19	Are electric power operations tools equipped with proper ground or double insulated?				
20	Workers using power actuated tools are trained?				
21	Are frames of arc welding and cutting machine grounded?				
22	Are heavy equipment is good condition?				
23	Are drivers /operators having appropriate and valid driver license?				
24	Are certificate of crane available and updated?				
25	Are certificate of crane chain sling, flat webbing sling and wire rope sling available and updated?				
26	Are certificate of operator and rigger available and updated?				
27	Is tag for scaffolding erected is provided and signed by an accredited scaffold?				

Compressed Gas Cylinders Inspection Checklist

Ref:

PL-ES-014-04.1.1

Date:	Building Code:	Building Name:	Location/ Room No:	Ref: PL-ES-014-04-1.1
Inspected by:	Title:			ID:
Reviewed by:	Title:			ID:

SN	Activities to Observe	Yes	No	N/A	Observations & Recommendations
1	Is Safety Data Sheets available for compressed gases used?				
2	Is the gas Cylinders secured with chains/properly tied?				
3	Is the gas Cylinder stored away from electrical connections and any sources of flames?				
4	Is the cylinder stored away from flammable solvents and combustible waste material?				
5	Is the Flammable gas cylinder segregated properly from oxidizing gas cylinder in storage areas?				
6	Are the cylinders stored away from other corrosive chemicals?				
7	Stored/used gas cylinders are labelled with name/type of gas?				
8	Is the gas cylinder valve cap in place when cylinders are not in use?				
9	Is the gas cylinders located without blocking pathway?				
10	Is the gas cylinder having safety pressure relief valves?				
11	Is the charged or full cylinder labelled and stored away from empty cylinder? Empty should be covered with cap?				
12	Are gas cylinders protected from the ground by proper anti rusting stand?				
13	Are gas cylinders free from any signs of gas leak?				
14	Area where compressed gases used/stored well ventilated?				
15	Is all mandatory safety signs related to compressed gases is posted properly? Include emergency response steps?				

Workstation Assessment Checklist	Ref:	PL-ES-014-06-1.1
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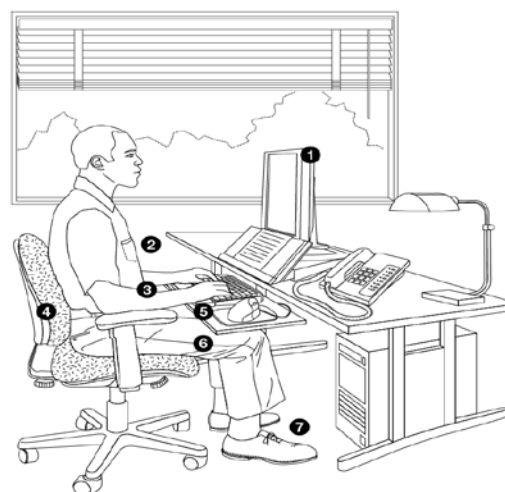
Date:	Building Code:	Building Name:	Room No:	Ref: PL-ES-014-06-
Inspected by:	Title:	ID No:		
Reviewed by:	Title:	ID No:		

SN	Activities to Observe	Yes	No	N/A	Comments	Actions
Chair and Desk						
1	Is the desk compatible with tasks being undertaken?					
2	Is the user sitting at the correct height for the desk? (NB :Consider use of footrest if desk is too high for user)					
3	Is there adequate clearance under the desk? (Check drawers, rubbish bins, storage boxes etc.)					
4	Is the chair easily adjusted from a seated position?					
5	Is the user sitting right back in the seat?					
6	Is the seat height adjusted so the user's thighs are parallel to the floor (or footrest, if necessary)?					
7	Is the backrest adjusted to fit the curve of the user's lower back and support the spine?					
8	Are the seat height and angles adjusted so the user's forearms are parallel with the desktop? (If no, consider raising the chair)					
9	If the chair has armrests, access to the desk is not to be obstructed by them and the user is able to get close to the desk? (Armrests should be height adjustable)					
10	Are all components of the chair firmly attached and in working order?					
Key Board and Mouse						
11	Is the keyboard placed directly in front of user with space between the keyboard and desk edge?					

QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)

SN	Activities to Observe	Yes	No	N/A	Comments	Actions
12	Is the mouse positioned close to the keyboard to minimise reaching?					
13	If using a laptop, does the user have a separate keyboard, mouse and stand (if required)?					
Monitor						
14	Is the screen directly in front of user and at a comfortable reading distance (as a guide, approximately arm's length away)?					
15	Is the top of the screen at or just below the user's eye level?					
Workstation Layout / Work Environment						
16	Are often used items in easy reach (e.g. telephone, in/out trays, frequently used folders, stationery)?					
17	Is there adequate storage space for items / materials needed at workstation?					
18	Is the work area generally clean, tidy and free from trip hazards?					
19	Is light adequate for tasks performed and is there any glare or reflections?					
20	Additional Items for Consideration					

- 1. Monitor Screen Top**
Slightly below eye level
- 2. Body**
Centered in front of the monitor and keyboard
- 3. Forearms**
Level or tilted-up slightly
- 4. Lower Back**
Supported by chair
- 5. Wrists**
Should not rest while typing
- 6. Legs**
Horizontal
- 7. Feet**
Resting flat on the floor or footrest





Part-15

HSE Performance Monitoring

Produced by

HSSE – Facilities & GS Department

PL-ES-015: HSE Performance Monitoring

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to outline the procedures and responsibilities associated with the Environment Health and Safety Management System (**HSEMS**) performance monitoring at Qatar University (**QU**), including the frequency and methods to be used for HSE monitoring.

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendices

Appendix A – Monthly HSE Performance Monitoring Report

1.1 Purpose

- 1.1.1** The purpose of this document is to outline the procedures and responsibilities associated with the Environment Health and Safety Management System (**HSEMS**) performance monitoring at Qatar University (**QU**) in line with the requirements of ISO 14001 and OHSAS 18001.
- 1.1.2** This document also outlines the frequency and methods to be used for the QU HSE monitoring.

1.2 Scope

- 1.2.1** This procedure covers the internal and regulatory monitoring of the HSE performance at the QU premises, facilities, projects, and other operational aspects.
- 1.2.2** All QU employees and service providers / contractors shall comply with the requirements of this procedure.

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** QU top management shall ensure that all activities undertaken at QU are in accordance with the relevant laws and regulations through the allocation of appropriate resources to Environment, Health and Safety (**HSE**).

1.3.2 Vice President (VPs), Deans, Directors, Managers, Head Sections/Units and Project Managers

- 1.3.2.1** VPs, Deans, Directors, Managers, Head Sections/Units and Project Managers shall be responsible for the implementation and monitoring of the HSE Performance Monitoring requirements and ensuring the implementation of this procedure within their jurisdiction.

1.3.3 HSSE Office

- 1.3.3.1** The HSSE Office (**HSEO**) shall closely coordinate and supervise the HSE performance monitoring. Specifically, the responsibilities of the HSEO will include the following:
- Complete the HSEMS Monthly Performance Form (Appendix A) on a monthly basis;
 - Coordinate and supervise the development and implementation of the annual HSEMS monitoring program;

- Designate or delegate the monitoring responsibilities among the HSE Committee members and/or other competent staff as required;
- Review HSE inspection, audit, and monitoring reports to be able to capture an accurate assessment of the QU's overall HSE performance; and
- Review and validate monitoring data to be presented to QU Top Management.

1.3.4 HSE Committee

1.3.4.1 The HSE Committee shall be responsible for:

- HSE reporting to the QU Top Management.
- Ensuring that Management is provided with sufficient and accurate HSE data and information to facilitate informed decisions on matters relating to the QU HSEMS.

1.3.5 Employees, Students and Contractors

1.3.5.1 All QU employees and students shall ensure that they are aware of, and comply with the commitments of the QU HSEMS particularly those directly relating to their work.

1.3.5.2 All QU contractors and service providers shall be required to:

- Comply with the requirements specified in QU HSEMS -*Section 7.0 – Contractor Management Procedure*;
- Comply with the monitoring requirements of this procedure including the monitoring of their compliance with the conditions of any regulatory permits;
- Allocate adequate resources for the implementation and monitoring of HSE management requirements relevant to their work (i.e. HSE Plan);
- Provide QU with progress updates on the implementation of HSE Plan; and
- Notify QU of any HSE incidents, non-conformance (NC), and other HSE-related issues.

1.4 Procedure

1.4.1 Development and Implementation of an HSEMS Monitoring Program

1.4.1.1 QU shall develop an HSEMS monitoring program to facilitate the monitoring of QU's overall HSE performance, particularly with regard to the following:

- Development and achievement of HSE targets, objectives and Key Performance Indicators (KPIs) (*Refer to QU HSEMS – Section 4.0 - Objectives and Targets Procedure*);
- Implementation of HSE management plans;

- Effectiveness of HSE Programs and controls through proactive and reactive measures;
- Conditions and requirements of any HSE permits and licenses;
- HSE performance of contractors and service providers, particularly where work requires HSE management plans and studies;
- HSE incident, NC investigation, and corrective action implementation; and
- The overall working environment at QU.

1.4.1.2 The program shall be developed such that the following are clearly identified:

- HSE aspects to be monitored;
- Method of monitoring;
- Schedule (e.g. frequency); and
- Responsible staff.

1.4.1.3 On-going monitoring of the implementation of the QU HSEMS requirements will further be facilitated by the continuous review of formal inspections and audit findings along with input from HSE Committee meetings and management reviews.

1.4.1.4 Findings of the monitoring activities shall form the basis of the HSE data to be reported on the QU Annual HSE Performance Report (*refer to QU HSEMS – Section 13.0 - Communication and Consultation Procedure*).

1.4.2 Environmental Monitoring

1.4.2.1 QU shall conduct an environmental risk assessment to evaluate significance and assess impacts in line with the procedures of QU HSEMS – *Section 6.0- Risk Management Procedure*.

1.4.2.2 QU's environment aspects fall into the following categories:

- Emissions/discharge to the atmosphere/land/water;
- Noise;
- Water/Energy usage; and
- Generation and disposal of waste.

1.4.2.3 Environmental Monitoring shall be undertaken to monitor impacts, including:

- **Discharge to atmosphere/land/water:** QU shall comply with the requirements of *Environmental Protection Law No. 30 (2002)* and ensure discharges are appropriately managed if QU activities have the potential to directly discharge to, or impact on land. The potential sources of discharge or contamination to land are associated with:
 - Waste generated from contractor activities and QU projects;
 - Onsite wastewater treatment plant;
 - Potentials spills on QU sites; and

- Air emissions from QU site activities (including laboratories).
- **Noise:** QU shall comply with the requirements of *Environmental Protection Law No. 30 (2002)* and ensure noise is appropriately managed. The noise hazards identified in QU are associated with
 - Office equipment such as air conditioning and alarms;
 - Vehicles; and
 - Construction noise at QU sites.
- **Waste:** QU shall comply with the requirements of *Environmental Protection Law No. 30 (2002)* and ensure waste is appropriately managed.
 - QU shall engage only approved contractors for the collection disposal of waste generated from QU operations.
 - Waste forms one aspect of the KPI's to be reported by QU, and shall be monitored.
- **Consumption of Resources:** Water use and electricity consumption (from lighting and electrical appliances) form part of the QU's KPIs, and therefore shall be monitored and reported.
- **Hazardous Materials:** Some of QU's activities and contracted activities such as laboratory work and construction projects may involve the use of hazardous materials. QU shall ensure the following:
 - Monitoring the safe management, use and potential release of hazardous materials is essential. QU shall ensure that all staff and contractors follow *Environmental Protection Law No. 30 (2002)* and the most recent edition of the Qatar Construction Specifications (QCS) requirements through QU HSEMS *Section 7.0 - Contractor Management Procedure*.
 - All QU staff and contractors using hazardous materials shall follow the requirements stipulated in *Environmental Protection Law No. 30 (2002)* and the most recent edition of QCS.

1.4.3 Occupational Health and Safety Monitoring

1.4.3.1 QU shall develop a risk-based occupational health and safety monitoring program including:

- Ergonomic and workplace design factors;
- Wellness programs;
- Waste management;
- Health surveillance;

- Occupational illness; and
- HSE hazards, near-misses and incidents.

1.4.3.2 Ergonomics and Workplace Design: Monitoring of ergonomics and workplace conditions at the QU shall form part of the HSE inspection program (refer to QU HSEMS *Section 14.0 - Inspection and Audit Procedure*).

1.4.3.3 Occupational illnesses and health surveillance: Occupational illnesses are any work related abnormal conditions or disorders, mainly caused by exposures at work. Considering the nature of QU's activities, occupational illness is considered a significant risk.

1.4.3.4 Health and safety incidents: Work related incident shall be monitored and recorded in line with the QU HSEMS *Section 12.0 - Hazard, Near miss, Incident Reporting and Investigation Procedure*.

1.4.3.5 Wellness Program: Wellness Program is part of the QU's KPI, and therefore shall be monitored and reported internally.

1.4.4 HSE Monitoring Program

1.4.4.1 The status and ongoing progress of HSE monitoring program shall be monitored as part the quarterly HSE Committee meetings, regular QU HSEMS audits and inspections and monthly and quarterly HSE reports.

1.4.4.2 Particular focus of the monitoring shall be given to the management actions and the timelines specified in the management program.

1.4.4.3 An HSE monthly report template has been developed and is provided in Appendix A.

1.4.5 Monitoring of the HSE Performance of Service Providers / Contractors

1.4.5.1 The monitoring of the HSE performance of service providers / contractors shall be the direct responsibility of the Contract / Project Manager, with support from the HSEO.

1.4.5.2 The monitoring shall cover the following aspects of the service provider's / contractor's scope of work, at a minimum:

- Compliance with the HSE management requirements of the HSE plans and studies (if any) prepared for the work being performed;
- Compliance with the regulatory requirements applicable to the type and scale of work being performed. This includes obtaining the necessary permits from the relevant authorities; and
- Compliance with the relevant requirements of the QU HSEMS – Section 7.0- Contractor Management Procedure.

1.4.5.3 The monitoring shall be covered during regular progress meetings, inspection and audit (if required) concerning the service provider's / contractor's work.

1.4.6 HSE Incident and Non-Conformance Investigation and Corrective Action Monitoring

1.4.6.1 The monitoring of HSE incidents, NC investigation and corrective actions implementation shall form part of the agenda for the regular HSE Committee and Department meetings. Corrective actions shall be monitored in accordance with QU HSEMS –*Section 14.0- Inspection and Audit Procedure*.

1.4.6.2 The relevant Department/Team HSE Representative shall be directly responsible for monitoring HSE incidents, NCs and corrective actions, with progress updates to be provided regularly to the HSEO.

1.4.7 Overall Working Environment at QU Premises

1.4.7.1 The overall working environment at QU facilities shall be monitored through regular workplace and work station inspection programs (QU HSEMS – *Section 14.0 – Inspection and Audit Procedure*).

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

Appendix A: Monthly HSE Performance Monitoring Report

QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Qatar University HSE Monthly Performance Report	Ref:	PL-ES-015-01
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Month:	Year:	Ref: PL-ES-015-01-	Date:
Completed by:	Title:		Date:
Reviewed by:	Title:		Date:
Approved by:	Title:		Date:

Key Performance Indicator	Calculation	This Month's Statistics	Year To Date Statistics	Targets
KPI 1-01 Total Number of OHS Incidents Reported (QU staff and students)	Total Number of Incidents (Sum of KPI 1-03)			
KPI 1-02 Lost Time Incident Frequency Rate (LTIFR) (QU staff and students)	$\frac{\text{No. of LTIs} \times 1,000,000}{\text{Total Man hours Worked}}$			
KPI 1-03 Number of OHS Incidents Reported (QU staff and students)	Fatalities (QU staff and students)			
	Lost Work Day Cases (QU staff and students)			
	Restricted Workday Cases (QU staff and students)			
	Medical Treatment Cases (QU staff and students)			
	Equipment / Property Damage Cases >1000 QAR (QU staff and students)			
	Fire Cases (QU staff and students)			
	Near Miss Cases (QU staff and students)			
	First Aid Cases (QU staff and students)			

QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Key Performance Indicator	Calculation	This Month's Statistics	Year To Date Statistics	Targets
Manpower	Number of Staff and Students			
Man -hours	Number of hours worked /studied by Staff and Students			
KPI 2-01 Total Number of OHS Incidents Reported (QU Contractors)	Total Number of Incidents (Sum of KPI 2-03)			
KPI 2-02 Lost Time Incident Frequency Rate (LTIFR) (QU Contractors)	$\frac{\text{No. of LTIs} \times 1,000,000}{\text{Total Man hours Worked}}$			
KPI 2-03 Types of OHS Incidents Reported (QU Contractors)	Fatalities (QU Contractors)			
	Lost Workday Cases (QU Contractors)			
	Restricted Workday Cases (QU Contractors)			
	Medical Treatment Cases (QU Contractors)			
	Equipment/ Property Damage Cases >1000 QAR (QU Contractors)			
	Fire Cases (QU Contractors)			
	Near Miss Cases (QU Contractors)			
	First Aid Cases (QU Contractors)			
Manpower	Number of Contractor Employees			
Man -hours	Number of hours worked by Contractor Employees			
KPI 3-01 Average Number of Training Hours per Employee	$\frac{\text{No. of HSE Training Hours undertaken by Employees} \times 100}{\text{No. of Employees}}$			

QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Key Performance Indicator	Calculation	This Month's Statistics	Year To Date Statistics	Targets
KPI 3-02 Third Party HSEMS Audits	Number of 3 rd Party EHSMS Audits conducted			
KPI 3-03 Internal HSEMS Audits	Number of Internal EHSMS Audits conducted			
KPI 3-04 Emergency Drills	Number of Emergency Drills Conducted per year			
KPI 3-05 Number of Monitoring Activities Performed on Contractors	Number of Inspections Performed on Contractors			
	Percentage of Serious Contractor Incidents (refer to KPI 2-02) Investigated by QU			
KPI 3-06 Wellness Programs	Number of wellness programs conducted			
KPI 3-07 Risk Assessments	Number of HSE Risk Assessments Conducted			
KPI 4-01 Environmental Incidents (Biological & Chemical Spills) (QU staff and students)	Total Number of Biological & Chemical Spills Incidents by QU Staff and Students			
KPI 4-02 Environmental Incidents (Biological & Chemical Spills) (QU Contractors)	Total Number of Biological & Chemical Spills Incidents by QU Contractors			
KPI 4-03 Power Consumption (Kilowatt Hours (kW h) per occupant)	KW h Per Occupant			

QU HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (HSEMS)



Key Performance Indicator	Calculation	This Month's Statistics	Year To Date Statistics	Targets
KPI 4-04 Water Consumption Water use (in office or operational activities) in cubic meters (m ³) per occupant	m ³ Per Occupant			
KPI 4-05 Paper Consumption Average number of paper used per occupant per month	Number of Paper Per Occupant			
KPI 4-06 Fuel Consumption Average fuel consumption of QU owned and /or operated vehicles. (Litres (L) per 100 kilometres (Km))	L per 100 Km			
KPI 4-07 General Waste Landfill Amount of general (solid and liquid) waste (kg) collected by Service Providers for disposal per occupant.	Kg Per Occupant			
KPI 4-08 General Waste Recycling Amount of segregated general (solid and liquid) waste (kg) collected by Service Providers for recycling / reuse / further processing.	Kg Per Occupant			



Part-16

Document Control and Record Retention

Produced by

HSSE – Facilities & GS Department

PL-ES-0016: Document Control and Record Retention

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to describe the process for preparing, approving, distributing, revising and updating documents that are required under Qatar University (QU) Environment, Health and Safety Management System (HSEMS)

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☒ Faculty members
- ☒ Accounting/ Finance Personnel
- ☒ Students
- ☒ All Employees

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Appendix A – HSEMS Documents Register

Appendix B – HSEMS Document Distribution Record

Appendix C – Document Review Sheet

Appendix D – Controlled Document Transmittal Advice

Appendix E – Uncontrolled Document Transmittal Advice

1.1 Purpose

- 1.1.1** The purpose of this document is to describe the process for preparing, approving, distributing, revising and updating documents that are required under Qatar University (QU) Environment, Health and Safety Management System (**HSEMS**).
-

1.2 Scope

- 1.2.1** The requirements of this procedure are applicable to all documents established under the QU HSEMS.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** The QU Top Management has responsibility for approving procedures brought to them and granting final approval upon review.
- 1.3.1.2** Top Management may delegate this responsibility as necessary (Top Management Representative).
-

1.3.2 Vice President (VPs), Deans, Directors, Managers, Head Sections/Units and Project Managers

- 1.3.2.1** VPs, Deans, Directors, Managers, Heads of Sections/Units and Project Managers shall ensure that their relevant employees, students and contractors are familiar with the updated HSEMS documents related to them, and report any proposed changes to the HSEMS documents and forms to the HSE Committee.
-

1.3.3 Health, Safety & Environment

- 1.3.3.1** The Health, Safety & Environment (**HSE**) is responsible for:
- Drafting proposed changes to the HSEMS in line with current legislation, standards and good practices.
 - Following appropriate authorisation from the HSE Committee, the HSE is required to retain records of the changes; and
 - Coordinating with the QU internal communication function regarding the issuing of electronic circulars/memos alerting QU employees of revisions to the HSEMS procedures.
-

1.3.4 HSE Committee

1.3.4.1 The HSE Committee has responsibility for reviewing procedures brought to the committee and assisting the HSE in the implementation of this procedure.

1.3.5 Employees, Students and Contractors

1.3.5.1 All QU employees shall ensure that they are aware of, and comply with the commitments of the QU HSEMS particularly those directly relating to their work.

1.4 Procedure

1.4.1 Classification of HSEMS Documentation

1.4.1.1 The key elements depicted in Table 1 will be represented at the Title Page of each HSE document.

Table 1: Example Document Information Box

Contents: <ul style="list-style-type: none"> ▪ ▪ 	Version Number: 1.1
	Effective Date:
	VP for Administration & Financial Affairs:
	QU President: Date:

1.4.1.2 Generating the numbering and naming of the document

- HSEMS Procedure:
 - *Example of Procedure: HSEMS Legal Compliance Procedure*
 - *PL-ES- HSEMS Manual Section/subsection #: Title*
 - *e.g. PL-ES-05: Legal Compliance Procedure*
- HSEMS Register:
 - *Example of Registers: Legal Register*
 - *PL-ES-Relevant Procedure # - sequential register # - Procedure Title: Register Title*
 - *e.g. PL-ES-005-01 – Legal Compliance: Legal Register*

- HSEMS Form/Checklist:
 - *Examples of Forms/Checklist: Controlled Document Transmittal Advice*
 - *PL-ES- Relevant Procedure # - sequential form/checklist # - Procedure Title: Form/Checklist Title*
 - *e.g. PL-ES-016-04-Document Control and Record Retention: Controlled Document Transmittal Advice Form*
- HSE Standard Operating Procedure (**SOP**)
 - *Examples of SOP: Lockout / Tagout*
 - *PL-ES-SOP-Document # - Title*
 - *e.g. PL-ES-SOP-01 - Lockout / Tagout*
- HSE Technical Guideline (**TG**)
 - *Examples of TG: Chemical Safety*
 - *PL-ES-TG-Document # - Title*
 - *e.g. PL-ES-TG-01 - Chemical Safety*

1.4.2 Development, Review and Approval Procedures

1.4.2.1 The QU HSEMS procedures shall be developed and/or reviewed in accordance with the requirements of ISO 14001, OHSAS 18001 and local regulations.

1.4.2.2 All QU HSEMS procedures generally shall contain the following section Headings:

- Purpose;
- Scope;
- Responsibilities;
- Procedure;
- Document Control; and
- Appendices (if applicable).

1.4.2.3 QU HSEMS procedures shall be developed or reviewed, at minimum:

- During period reviews, as required for each procedure, at least annually;
- On request by the HSE Committee;
- Due to changes to HSE or other legislation and standards;
- Due to changes in the organisational structure; and/or
- Due to significant changes to QU activities and facilities.

1.4.2.4 The HSEMS documents shall be reviewed and approved by authorized personnel prior to release. This shall be carried out in accordance with Table 2.

Table 2: Document review and approval authorisations

Document Type	Prepared/ Amended By	Reviewed By	Approved By
HSEMS Manual	HSE	HSE Committee	Top Management Representative
HSEMS Procedures	HSE	HSE Committee	Top Management Representative
Standard Operating Procedures	HSE	HSE Committee	Top Management Representative
Technical Guidelines	HSE	HSE Committee	Top Management Representative
Objectives, Targets, and Programme/HSE Monitoring Program	HSE	HSE Committee	Top Management Representative
Environmental Aspects and Impacts Register	HSE	HSE Committee	Top Management Representative
Occupational Health and Safety Risks Register	HSE	HSE Committee	Top Management Representative
Legal and Other Requirements Register	HSE	HSE Committee	Top Management Representative
Forms/Checklists/Guidance Notes	HSE	HSE Committee	Top Management Representative

1.4.2.5 The HSE shall provide a draft version of new or revised procedures to the HSE Committee for the purpose of consultation, which will be open for feedback for a period of 10 working days. Upon which, the reviewed procedures shall be endorsed and approved by the HSE Committee.

1.4.2.6 Following the Review, the new or revised procedure will be delegated to a top management representative for a final approval, to which, the representative will provide their signature.

1.4.3 Minor Amendments

- 1.4.3.1** Minor Amendments to HSEMS documents are amendments that will not adversely impact on the effective operation of the system or application of the amended document/form. Examples of minor amendments include a change of position or Department title, or amendment of a cross-reference to a form. Such amendments can be made to electronic copies of the document/form as a temporary measure, and incorporated into the hardcopy versions of the document/form as part of the next scheduled re-issue of an updated hardcopy version of the document as a major revision.
- 1.4.3.2** Minor Amendments to HSEMS documents may be done solely by the HSE using tracked changes on the electronic version. The HSE shall report the details of the changes at the next scheduled HSE Committee meeting, and will incorporate the amendments into the next major revision. Furthermore, the minor changes of the electronic document/form will be communicated to the relevant Department/Team Managers or Contractors whose area of responsibility is affected by the procedures by email as soon as they are issued.
- 1.4.3.3** The following Version Control rules will apply to documents that have been amended or revised.

Table 3: Version control rules

Type of Revision	Version # Change	Revision # Change
Minor Amendment	No	Yes
Regular Review (Section 1.4.2.3)	Yes	Yes

1.4.4 Issue of Procedure

- 1.4.4.1** New or Revised HSE procedures will be published and available electronically in a manner that does not permit unauthorised changes.
- 1.4.4.2** The HSE will ensure that the new or revised HSE Procedures will be issued to Contractors whose area of responsibility is affected by the procedure.
- 1.4.4.3** Department Managers shall ensure that the relevant QU employees and students are informed of the new or revised documents that apply to them through e-mails, memos or face-to-face briefings.
- 1.4.4.4** Any printed copy of an HSEMS document will be considered an 'uncontrolled copy'.
- 1.4.4.5** It is the responsibility of the Departmental Manager to ensure that staff/students/contractors/service providers who do not have access electronic copies of applicable

HSEMS procedures receive access to a printed copy of the HSEMS procedures that is applicable to their area of responsibility.

- 1.4.4.6** Where possible, a list of the recipients of hard copies shall be kept by the HSE; for the purpose of ensuring revisions to procedures can be issued to them.

1.4.5 Distribution and Control of Controlled Documents

- 1.4.5.1** The issue of QU HSEMS documents shall be controlled by the HSE.
- 1.4.5.2** An HSEMS Document Register (Appendix A) showing the documents and forms issued with the latest revision number and date shall be maintained and updated by the HSE. The HSE shall announce the release of new versions of controlled documents to staff whose activities are affected by those documents.
- 1.4.5.3** The HSE shall maintain document distribution records that record the number of printed copies and their recipients. A template of the Document Distribution Record is shown in in Appendix B. Copies of controlled documents shall be stamped with 'CONTROLLED COPY' in red and subject to updates. When a new revision is released, the hardcopy of the previous version shall be retrieved and replaced. A copy of the "Controlled Document Page Issue Status Record" (as shown in Appendix C) is to be retained at the front of any hard copy controlled document to enable verification of its current status.
- 1.4.5.4** Upon receipt of the hard copy document the recipient shall check that the copy is complete, as per the "Controlled Document Page Issue Status Record" (as shown in Appendix C) accompanying the document, and confirm receipt by completing and returning the Controlled Document Transmittal Advice (as shown in Appendix D) to the HSE.

1.4.6 Uncontrolled Copies of Documents

- 1.4.6.1** Copies of the HSEMS documents may be issued to QU employees, contractors or other parties for reference purposes. A record of transmittals is to be kept by completing and returning the Uncontrolled Document Transmittal Advice (refer to Appendix E) to the HSE. All materials issued shall be stamped with "UNCONTROLLED COPY" in red. Uncontrolled copies of documents shall be issued subject to return when no longer required, to limit the possibility of them passing into the hands of unauthorized parties.

1.4.7 Receipt and Control of External Documents

- 1.4.7.1** Any and all HSE related documents from authorised external sources (e.g. communication from government departments, regulations, technical memorandums, professional guidelines/notes, etc.) that are received by the QU, shall be delivered to the HSE.

1.4.7.2 The HSE shall maintain and update a master list of external documents for control purposes and make it accessible to relevant staff. Controlled copies of reference documents shall be stamped with "CONTROLLED DOCUMENT" in red. The HSE shall maintain records for document distribution.

1.4.8 Security of Documents

1.4.8.1 The HSE shall ensure that QU's information technology functions conduct regular data backups of all electronic information. For the control of access rights to the HSEMS documents, it shall be ensured that only the HSE is authorised to make changes to the controlled documents on system. Records of changes must be kept on the document registry. Information shall include:

- Type of change;
- Who authorised change;
- Date of the change; and
- Date of re-issue.

1.4.8.2 All other QU employees shall be able to read and print the documents only.

1.4.9 Record Retention Procedure

1.4.9.1 Where possible, the QU shall generate and maintain HSE Records in an electronic format.

1.4.9.2 The HSE shall identify records that must be generated and maintained to demonstrate the effective operation of the HSEMS.

1.4.9.3 A List of Records shall be maintained that identifies the following for each required record:

- The record owner(s);
- Storage location;
- Storage format (e.g. electronic or hard copy); and
- Retention guidelines.

1.4.9.4 The HSE shall maintain Records in a manner that ensures that they are:

- Readily retrievable;
- Protected from alterations or damage; and
- Available when and where needed.

1.4.10 Record Retention

1.4.10.1 Documents shall be maintained for auditing purposes, to demonstrate continual improvement, or to reference a specific revision or issue of concern.

1.4.10.2 The HSE shall develop an HSEMS File Storage System to maintain archived documents.

1.4.10.3 Records must be kept as follows:

- All HSE related records - HSE documents and records for a minimum period of 5 years.

- Medical / occupational health records for a minimum period of employment plus 30 years thereafter.

1.4.10.4 Obsolete and or superseded HSE and HSEMS procedures and related documents shall be retained by the HSE and stored for a minimum of 5 years prior to disposal.

1.4.11 Disposal of Records

1.4.11.1 Potentially sensitive records, such as personal health and safety information shall be destroyed prior to their disposal.

1.4.11.2 Non-sensitive records shall be managed with other waste office papers.

1.5 Document Control

1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.

1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.

1.6 Appendices

Appendix A: HSEMS Documents Register

Appendix B: HSEMS Document Distribution Record

Appendix C: Document Review Sheet

Appendix D: Controlled Document Transmittal Advice

Appendix E: Uncontrolled Document Transmittal Advice



HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM (EHSMS)

EHSMS Document Register	Ref:	PL-ES-016-01
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[illegible]

Controlled Document Issue Status Records	Ref:	PL-ES-016-03
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Subject	Section	Page No	Date	Description of Amendment

Document Approved For Issue:	Action By Custodian:
HSE:	Custodian:
Signature:	Signature (<i>sign and retain copy</i>):
Date:	Date:

Controlled Document Transmittal Advice	Ref:	PL-ES-016-04
---	-------------	---------------------

Custodian:**Copy No:****Date:**

The documents listed below are attached for use by you and your staff. Please check the contents of these documents and ensure that all items identified below are present.

As custodian of the documents, you are responsible for their safekeeping, and for maintaining their currency through incorporation of all amendments issued to you. If the listed document is to be withdrawn from use you are responsible for destroying the document in your custody.

Please ensure that the information contained in the documents is distributed to staff that require it. You may distribute "uncontrolled" copies of the document for that purpose.

Please sign and return this transmittal to the ESO as proof of receipt and acknowledgment that any document superseded by the above has been destroyed, physically identified as having been superseded or returned to the originator.

☐

New Issue

☐

Amendments

☐

Withdrawal

Document Title:☐

Complete copy received as per Controlled Document Issue Status Record dated:

☐

The following forms are missing:

.....

.....

.....

.....

Custodian Name:

Title:

Signature:

Date:

Uncontrolled Document Transmittal Advice	Ref:	PL-ES-016-05
---	-------------	---------------------

Custodian:	Copy No:	Date:
<p>The documents listed below are attached for use by you and your staff. Please check the contents of these documents and ensure that all items identified below are present.</p> <p>As custodian of the documents, you are responsible for their safekeeping, and for maintaining their currency through incorporation of all amendments issued to you. If the listed document is to be withdrawn from use you are responsible for destroying the document in your custody.</p> <p>Please ensure that the information contained in the documents is distributed to staff that require it. You may distribute "uncontrolled" copies of the document for that purpose.</p> <p>Please sign and return this transmittal to the ESO as proof of receipt and acknowledgment that any document superseded by the above has been destroyed, physically identified as having been superseded or returned to the originator.</p>		
<input type="checkbox"/> New Issue	<input type="checkbox"/> Amendments	<input type="checkbox"/> Withdrawal
Document Title:		
<input type="checkbox"/> Complete copy received as per Controlled Document Issue Status Record dated:		
<input type="checkbox"/> The following forms are missing:		
.....		
.....		
.....		
.....		
Custodian Name:	Title:	
Signature:	Date:	



Part 17

Management Review Procedure

Produced by

HSSE – Facilities & GS Department

PL-ES-017: Management Review

Contents: <ul style="list-style-type: none"> ▪ Policy Description ▪ Who Should Know This Policy ▪ Policy Sections 	Version Number: 1.1
	Effective Date: 18 – 01 – 2017
	Approved by Director Facilities & GS Dept. On: 18 – 01 – 2017
	Approved by VP for Administration & Financial Affairs On: 18 – 01 – 2017
	Approved by QU President On: 18 – 01 – 2017

Policy Description

The purpose of this document is to identify, and ensure compliance with, the Health, Safety and Environment Management System (**HSEMS**) Management Review requirements applicable to the operations and activities undertaken by Qatar University (**QU**).

Who Should Know This Policy

- ☒ President
- ☒ VPs
- ☒ Office of the Legal Counsel
- ☒ Deans
- ☒ Directors/ Departmental Heads
- ☐ Faculty members
- ☐ Accounting/ Finance Personnel
- ☐ Students
- ☐ All Employees

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1.1 Purpose

- 1.1.1** The purpose of this document is to outline the requirements of the Management Review process for Qatar University (QU) Environment, Health and Safety Management System (HSEMS).
-

1.2 Scope

- 1.2.1** This procedure applies to the entire QU HSEMS, including the Environment, Health and Safety (HSE) Policy, procedures and appendices.
-

1.3 Responsibilities

1.3.1 Top Management

- 1.3.1.1** The QU Top Management will ensure that the appropriate resources are allocated to HSE in order to ensure that QU activities are in accordance with the relevant laws and regulations.
- 1.3.1.2** The QU Top Management will approve the Management Review Committee members.
-

1.3.2 Management Review Committee

- 1.3.2.1** The Management Review Committee is responsible for conducting reviews on the HSEMS periodically to ensure its applicability and effectiveness and to approve the system changes.
-

1.3.3 Health, Safety & Environment (HSE)

- 1.3.3.1** The Environment, Health and Safety Office (HSE) is responsible for:
- Assisting the HSE Committee with organizing and coordinating a management review;
 - Presenting a review report and draft changes to the QU HSEMS for final approval of the HSE Committee;
 - Revising the QU HSEMS as per the outcome of the review;
 - Communicating any changes to the QU HSEMS and ensuring that:
 - Relevant and affected QU employees, contractors and service providers are consulted; and
 - Any suggested amendments to the HSEMS, made by QU employees, contractors, and service providers are communicated for consideration to the HSE Committee.
-

1.4 Procedure

1.4.1 Management Review Process

- 1.4.1.1** The HSE shall schedule the Annual Management Review and inform all participants. Prior to the Management Review, the HSE will gather all relevant records / requirements/ information (such as changes to applicable legislation and regulation) and prepare a summary report (if necessary) for discussion.
- 1.4.1.2** Members of the Management Review Committee shall be in accordance with the HSE Committee Terms of Reference (**TOR**) in QU HSEMS *Section 13.0 – Communication & Consultation – Appendix B – HSE Committee TOR*.
- 1.4.1.3** The Management Review Committee shall assess the work done in the past year in HSE management and evaluate the existing HSEMS with respect to:
- Changes in Legislation;
 - Concerns of Stakeholders; and
 - Lessons learned from previous experience of the QU employees, visitors, and contractors.
- 1.4.1.4** The Members of the Management Review Committee shall review HSE performance during the meeting.
- 1.4.1.5** Topics for discussion in the management review may include (but are not limited to):
- Review of the HSE policy, targets and objectives;
 - Findings of internal and external audits;
 - Review of HSE incidents, investigations, non-conformances and the status of corrective/preventive actions;
 - Review of Health & Safety Risk Register and Environmental Impacts Register;
 - Communication from internal and external interested parties, including complaints;
 - Adequacy of emergency preparedness and response;
 - Changing circumstances, including changes in legal and other requirements;
 - Identification of the need for modification of the existing HSEMS in light of the above items;
 - Areas for improvement with respect to HSE performance;
 - Recommendations for improvement; and
 - Follow-up actions from previous management reviews.
- 1.4.1.6** The Management Review Committee Members shall review the summary report prepared by the HSE and agree to changes / updates required to be made to the QU HSEMS.
- 1.4.1.7** The management review meetings shall be recorded using meeting minutes, which shall be made available to all QU employees.

1.4.2 Updating the HSEMS

- 1.4.2.1 Following completion of the management review consultation and feedback process, the HSE shall submit a review report with proposed draft changes (if any) of the QU HSEMS to the HSE Committee for review. The proposed draft changes shall be based on the outcomes of the management review meeting.
- 1.4.2.2 The Review process will be open for a period of 10 working days.
- 1.4.2.3 Upon approval of the draft changes by the authorized personnel, the HSE shall update the QU HSEMS accordingly. All management approved changes to the HSEMS shall be conducted in accordance with the QU HSEMS *Section 16.0 - Document Control and Record Retention Procedure*.
- 1.4.2.4 The HSE shall communicate the approved revisions of the HSEMS to all relevant QU employees, visitors, contractors and any other relevant stakeholders.
- 1.4.2.5 An overall report shall also be prepared by the HSE highlighting QU's overall HSE performance including any updates to the QU HSEMS. This shall be submitted to the QU Top Management.

1.4.3 Frequency of Review

- 1.4.3.1 The HSE shall coordinate an annual management review of the HSEMS. The period between reviews shall be no longer than 12 months.
- 1.4.3.2 The HSE may in special circumstances call for an intermediate review where there are necessary or urgent changes to be made to certain policies and/or procedures, as a result of operational and/or organizational needs or changes and/or changes to the HSE legislative requirements.
- 1.4.3.3 The HSE shall ensure that the relevant and affected QU personnel are consulted and suggested amendments to the HSEMS are communicated for consideration to the HSE.

1.5 Document Control

- 1.5.1 This Procedure is a controlled document. The controlled version of this Procedure is located on the QU Electronic Documentation Management System.
- 1.5.2 Any printed copies of this controlled document are reference copies only. It is the responsibility of all of those with printed copies to ensure their copy is kept up to date.
- 1.5.3 Refer to QU HSEMS *Section 16.0 – Document Control and Record Retention*.

1.6 Appendices

None



Part-17

Management Review Procedure

Appendix A: Terms of Reference – Management Review Committee

Produced by

HSSE – Facilities & GS Department

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PL-ES-017: Management Review Procedure

Appendix A:

Terms of Reference – Management Review Committee

Contents: <ul style="list-style-type: none">▪ Policy Description▪ Who Should Know This Policy▪ Policy Sections	Version Number: 1.1
	Effective Date: 18-01-2017
	Approved by Director Facilities & GS Dept. On: 18-01-2017
	Approved by VP for Administration & Financial Affairs On: 18-01-2017
	Approved by QU President On: 18-01-2017

1.1 Purpose of the Committee

1.1.1 This Terms of Reference (**TOR**) shall govern the duties of the Management Review Committee, in relation to the implementation of the requirements of the Qatar University (**QU**) Environment, Health and Safety Management System (**HSEMS**) Management Review Procedure (QU HSEMS *Section 17.0 – Management Review Procedure*).

1.1.2 Scope: The Committee shall perform the following functions:

- Review of issues and circumstances which may affect the health and safety of staff, students, contractors and visitors, as well as the environment, at the university;
- To promote the co-operation between management and employees in achieving and maintaining healthy, safe and environmentally-friendly working conditions;
- Provide advice on the implementation of the HSEMS (including HSE policies and procedures) of the university;
- Attend annual HSEMS review meetings arranged by the Environment, Health & Safety Office (**HSE**) or any other meetings as required;
- Facilitate the collection of HSE performance data by the HSE; and
- To exercise other functions and duties as may be prescribed or conferred on the Committee by Top Management or as per the law and as outlined in the QU HSEMS in assuring the health and safety of employees and protection of the environment.

1.1.3 Objective: The objective of this committee is to conduct a management review of the QU HSEMS to ensure that any gaps or deficiencies are addressed, and the HSEMS is kept up to date with any new legislations/standards.

1.1.4 Authority: This Committee is being established under the authority of the Top Management. In this case Top Management refers to the President and Vice Presidents.

1.1.5 Additional information includes:

- **Term:** The term of membership for this Committee shall be for a period of three (3) years. However, the term of Chairman and Deputy Chairman shall be for a term of one (1) year and as endorsed by the Committee on an annual basis.
- **Vacancy:** Should a member of the Committee resign from the university, the Committee shall ensure that a suitable individual is nominated to undertake the vacant position. The vacant position must be filled prior to the annual Committee meeting and the individual must meet the competency requirements as set out in Section 2.4 below.
- **Disclosure of interests:** Each member of the Committee shall disclose:
 - Any personal interest in any matter to be decided by the Committee; and
 - Any potential conflict of interest.
 - If such interest has been declared, the member shall abstain from voting on the issue and from participating in the discussion regarding such issue.

1.2 Committee Membership

1.2.1 Committee Members

- Committee member information is listed in Table 1.

Table 1 List of Members

#	Name	Position
1.	Dr. Hassan Rashid Al-Derham	QU President (Chairman)
2	Dr. Khalid Al-Khater	VP for Administration & Financial affairs (Deputy Chairman)
3	Dr. Mariam Ali Al-Madeed	VP for Research & Dean of Graduate Studies (Member)
4	Dr. Khalid Al-Khanji	VP for students Affairs (Member)
5	Dr. Khalifa Nasser Al - Khalifa	Dean College of Engineering (Member)
6	Eng. Yousuf Fakhro	Director Capital Projects Affairs (Member)
7	Eng. Mohsin Al-Hajri	Director Facilities and General Services (Member)
8	Mr. Mohamed Al-jazar	Act. Director ITS (Member)
9	Eng. Yasier Hamza	Health and Safety Specialist (Member)

1.2.2 Roles and Responsibilities

- Roles and responsibilities of Committee Members listed in Table 2.

Table 2 Roles & Responsibilities

Title	Responsibilities
Chairman	Chairs the Committee and its meetings and ensures the effectiveness and efficiency of the Committee. The Chairman must be a senior management representative. Furthermore the Chairman shall specifically ensure that members receive in good faith all information which is necessary for the proper performance of their duties in the Committee.
Deputy Chairman	The Deputy Chairman will assume the authority of the Chairman in their absence. The Deputy Chairman shall be a manager-level employee.
Committee Secretary	Shall minute the proceedings and any decisions taken in the meetings, including recording the names of those present and in attendance. Prepare the agenda for the meetings with input from the members. Support the Committee in fulfilling their duties under this TOR.
Members	Provide input for the Committee meeting agenda as and when requested, and act as representatives for the employees in assessing any proposed agenda items for discussion.

- 1.2.3 Competence:** The members shall be competent in their area of expertise regarding the subject matters to be discussed. If a competency assessment deems that training is necessary, the Committee members may be asked to undergo HSE training.

1.3 Meetings

1.3.1 Meetings Schedules and Process:

- **Frequency:** The Committee shall meet on an annual basis per calendar year. The period between the meetings shall not be longer than 12 months. Ad hoc meetings may be called by the Committee Secretary where it has been assessed that there is a necessary or urgent changes are to be made to certain HSE policies and/or procedures as a result of any operational and/or organizational needs or changes and/or changes to HSE regulatory requirements/standards. Such ad hoc meeting requests are to be approved by the Chairman.
- **Quorum:** The quorum for meetings of the Committee shall be 50% of the members plus one member, including the Chairman or Deputy Chairman. The quorum will not be met if any of the members are not physically present in the meetings; however, participation by way of video or telephone conferencing will be accepted. If the quorum is not met, the meeting shall be rescheduled to an alternative date, when the members are available. In the event that a member is unable to attend the meeting, such member is permitted to send a deputy in their place as long as such appointment is notified to the Committee Secretary prior to the meeting (via email).
- **Notices:** The notice of the meeting to confirm the date, time and venue shall be circulated by the Committee Secretary to all members and to other attendees who have been officially invited within a minimum of ten (10) working days prior to the meeting date.
- **Attendance:** Only members (or their deputies) shall be allowed to attend the Committee meetings. Attendees who are not part of the Committee shall only be invited to attend with the consent of the Chairman.
- **Decision Making Process:** All decisions shall be reached by a majority of the members (or their deputies) present at the meeting. In the event that no majority can be reached, then the Chairman shall have a casting vote.
- **Meeting Agenda:** An agenda for the meeting shall be determined in advance of the meeting occurring. The members are to provide agenda items to the Committee Secretary upon his/her request. The final agenda shall be circulated to all members of the Committee and to other invited attendees five (5) working days prior to the meeting date. The agenda shall include, at a minimum, the following items for discussion at the meetings:
 - Review of the HSE policy, targets and objectives;
 - Findings of internal and external audits;
 - Review of HSE incidents, investigations, non-conformances and the status of corrective/preventive actions;
 - Review of Health & Safety Risk Register and Environmental Impacts Register;
 - Communication from internal and external interested parties, including complaints;
 - Adequacy of emergency preparedness and response;
 - Changing circumstances, including changes in legal and other requirements;
 - Identification of the need for modification of the existing HSEMS in light of the above items;
 - Areas for improvement with respect to HSE performance;
 - Recommendations for improvement; and
 - Follow-up actions from previous management reviews.

1.3.2 Reporting and Follow-Up:

- **Minutes of Meetings:** The Committee Secretary shall minute the proceedings and decisions made by the Committee, including those members who have abstained from voting on a matter. The minutes shall indicate the members, including recording the names of those present. The minutes of meeting are to be circulated to all members. The

minutes should indicate the ownership and timescales for any actions that have been agreed upon in the meeting.

- **Follow Up:** Following completion of the management review consultation and feedback process, the HSEO shall submit a review report with proposed draft changes (if any) of the HSEMS to the HSE Committee for review. The proposed draft changes shall be based on the outcomes of the management review meeting.

1.4 Deliverables

- Meeting Minutes;
- Annual HSE Performance Report; and
- Updated HSE documentation, if any.

1.5 Amendments

- Amendments to the QU HSEMS may be expected as a result of the committee meetings and proposed actions.