**استمارة حصر المسؤولين المحليين عن اليقظة**

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| **Local Safety responsible Person (LSRP)** Please attach the Nomination letter |
| Name |  |
| Contact no. |  |
| Email |  |
| Qualification |  |
| MAH |  |
| **Department comment** | **[ ] Approved****[ ] Not approved****[ ] Others ……………..** |