**استمارة حصر المسؤولين المحليين عن اليقظة**

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