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University of Fujairah
Department of Facilities Management

Health and Safety Manual

H&S Manual 2023-2024

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INTRODUCTION:

University of Fujairah (UOF) is committed to providing and maintaining a safe and healthy environment throughout the campus and establishing standard operating practices designed to assure the safety of all its stakeholders including employees, faculty, students, subcontractors, and visitors. Safety is the business and responsibility of every stakeholder, and it is planned to be achieved through proper education, training, use of protective equipment, and enforcement of safety rules. This commitment begins at the working level and extends upward through Supervisors, Managers, Directors, and Deans to the highest level of AU administration.

This Safety Manual specifies the requirements for occupational health and safety that enable Ajman University to control its Health and Safety risks and to improve Health and Safety performance. The scope of this manual shall apply to the following areas:

- Administrative Offices
- Colleges
- Clinics and labs
- Classrooms and students' common areas

The UOF interested parties in environmental health and safety shall include all permanent/ temporary full-time/part-time administrative and academic staff, students, guests, visitors, people of determination, contractors, and service providers.

This manual also describes the arrangements for occupational health and safety hazard identification and risk assessment, setting appropriate controls, establishing objectives and management program, communication, participation, consultation, legal requirements, emergency preparedness, incident investigation, and the arrangements for preventing nonconformance together with systematic auditing and review of the entire system.

1. COMMITMENT TO ENVIRONMENTAL HEALTH AND SAFETY

1.1 Environmental Health and Safety Policy

UOF is committed to providing and maintaining a safe and healthy working environment for employees, students, subcontractors, and visitors.

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To ensure a safe and healthy work environment, UOF shall:

- Strive for continual improvement by setting Environmental Health and Safety (EHS) objectives, targets, and regular performance monitoring of the EHS System.
- Actively encourage the accurate and timely reporting and recording of all incidents and injuries.
- Investigate all reported incidents and injuries to ensure all contributing factors are identified and, where appropriate, plans are developed to take corrective control measures.
- Identify all existing and new hazards and take all practicable steps to eliminate, isolate, or minimize the exposure to significant hazards.
- Ensure all employees are aware of the hazards in their work area and are adequately trained to enable them to perform their duties safely.
- Ensure all students are aware of the hazards in their campus areas and are adequately informed to enable them to perform their studies safely.
- Encourage employee consultation and participation in all matters relating to environmental health and safety.
- Communicate the Safety Manual and Environmental Health and Safety Policy to all internal and external related parties.
- Ensure that the Safety Manual is available to all interested parties.
- Review the Safety Manual on an annual basis to ensure that it is relevant and appropriate to UOF operations.

1.2 Environmental Health and Safety Roles

The following employees have specific roles and responsibilities relating to environmental health and safety. Together, they form the Environmental Health and Safety Committee, which includes a representative from each college and stakeholder at UOF:

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Title	Duties
EHS Manager/ Officer	<ul style="list-style-type: none"> • Ensure that the Environmental Health and Safety Management System (EHSMS) processes are implemented and maintained in compliance with the framework of the Ministry of Higher Education and other regulatory requirements. • Report to Management on the performance of the EHSMS. • Monitor, measure, and analyze the performance of the implemented management system and identify the need for further improvements. • Liaison with external parties on matters relating to the EHSMS. • Plan and manage Environmental Health and Safety internal audits. • Maintain and update the EHSMS Manual in coordination with the Environmental Health and Safety Committee. • Identify EHSMS training needs of employees and laboratory supervisors. • Conduct toolbox talks and training for health and safety best practices. • Coordinate evacuation exercises to ensure that all stakeholders become familiar with these procedures. • Assist with the formulation of emergency/contingency plans. • Post appropriate warning signs and notices
EHS Coordinator	<ul style="list-style-type: none"> • Supervise employees to ensure hazards are managed. • Carry out quarterly inspections. • Supervise visitors and contractors. • Train employees in induction on safe work procedures • Ensure that any hazardous conditions, deficiencies, interruptions, or risks are reported immediately and well controlled. • Complete Incident Register • Assist with accident investigations if required.
First Aider	<ul style="list-style-type: none"> • Ensure the availability of first aid facilities. • Monitor the first aid items and ensure that the expiry is valid. • Provide first aid to employees whenever required. • Maintain the first aid register for all first aid cases. • Inform the EHS Manager/ Officer if any hospitalization is required. • Maintain the first aid box replenishment list. • Coordinate with the Office of Medical Services for medical emergencies

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Fire Marshall	<ul style="list-style-type: none"> • Ensure the availability of first fighting equipment as per the legal requirements. • Ensure all flammable items have been stored as per manufacturer recommendations • Determine the nature of fire and act accordingly. • Use appropriate firefighting equipment to stop the fire in case of small fires. • In case of major fires contact emergency responders for external assistance • Inform the EHS Manager/ Officer if any hospitalization is required. • Record all fire incidents. • Ensure all firefighting equipment has been inspected at least once every six months. • Conduct a fire emergency mock drill to evaluate the effectiveness of the fire emergency plan in coordination with the EHS Manager/ Officer
Emergency Coordinator	<ul style="list-style-type: none"> • Identify the potential emergencies that can happen at UOF in coordination with the Environmental Health and Safety Committee • Establish an emergency response plan for all the emergencies at UOF. • Ensure that the emergency response plan has been communicated to all stakeholders at UOF. • Ensure that emergency contact numbers have been displayed at all relevant areas within UOF premises. • Ensure that appropriate notifications are made during emergencies. • Contact external agencies for assistance during an emergency. • Ensure that the whole campus has been evacuated and all personnel have been assembled at the assembly point during emergencies. • Assist external agencies during emergencies. • Prepare a report for all emergencies and report to EHS Manager/ Officer
Medical Officer	<ul style="list-style-type: none"> • Provide medical services to employees and students as far as is reasonably practicable, during accidents and emergencies. • Arrange for medical surveillance of employees and students who are working under hazardous conditions, where this is deemed necessary.

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Emergency Response Team

- EHS Manager/Officer
- Medical Officer
- EHS Coordinators
- First Aiders
- Fire Marshalls
- Emergency Coordinators
- Designated Security Guards

1.3 UOF Environmental Health and Safety Committee

The OHSRMT must be available to respond and react as a team in emergency or risk situations. The team will be required to meet at least every six months to review the plan and update information. A written report will be provided to the Chancellor after each review to identify and document unsafe conditions or situations.

Directive. It's hereby directed that:

OHSRMT shall comprise of the following members:

1. Head, Department of Facilities Management (safety coordinator)
2. Head, Department of Human Capital Management
3. Coordinator, Socio-Cultural, Sports Development and Healthcare Services Unit
4. Deans and Program Chair

Terms of Reference (TOR):

1. The team will meet at least thrice a year, other meetings may be conducted as the need arises, upon the invitation of the safety coordinator who will preside over the meeting.
2. Decisions of the team will be made by the absolute majority.
3. The team will select in its first meeting a secretary among members to take the minutes of meetings and maintain them in records, which he/she and the safety coordinator will sign.

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Responsibilities:

1. Advance Warning (If applicable)

- a. Meets and plans based on anticipated situations; prepare a plan for a worst-case scenario.
- b. Notify City services of police, fire, and ambulance, if necessary, with the approval of the Chancellor.
- c. Make and implement communication decisions.
- d. Notify key university personnel who need to be involved.
- e. Make precautionary evacuations if needed.
- f. Call essential service personnel if required.
- g. Enforce precautionary quarantine initiated by the Health Authority.
- h. Complete incident report if required.
- i. Debriefing.

2. Emergency in Progress or Immediate Aftermath

- a. Notify the Chancellor and follow his directions.
- b. Call City emergency services if required and not already on the scene.
- c. Make and implement Communication decisions.
- d. Initiate university communication plans, and contact key personnel.
- e. React and coordinate activities for campus security, evacuations, shelter, counseling, etc.
- f. Coordinate restoration of lost or damaged utility services.
- g. Initiate damage control.
- h. Complete incident report(s).
- i. Complete a log of activity.

3. Post Emergency

- a. Debrief and continue communications as required to the university community, general community, and the media as directed by the Chancellor.
- b. Ensure that arrangements are made for counseling to those who need it.
- c. Record events and prepare permanent records to be maintained.
- d. Assess any required changes or additions to the risk management plan.
- e. Complete incident report(s).

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4. Addressing Safety Issues

The Safety and Risk Management Team will request the assistance of all UOF personnel and students to report unsafe conditions.

- a. Members of the Safety and Risk Management Team will conduct safety surveys, document their findings, and report safety problems to the appropriate department that has the ability and/or responsibility to correct the problem.
- b. The Safety and Risk Management Team will develop and conduct a campus safety program for the protection of students, employees, and the public.
- c. The students and employees are required to file accident reports with the Chancellor.
- d. The Safety and Risk Management Team will review all on-campus accidents/injuries to determine the cause, and the action that was taken, and determine what can be done to prevent other such accidents from occurring in the future.
- e. The Safety and Risk Management Team will help promote safety to employees and students through various means of communication, including literature, posters, message boards, and promotional materials.
- f. The Safety and Risk Management Plan shall be prepared to help address emergency and risk events and to help prevent accidents, injuries, deaths, and property damage on the campus.

1.4 Environmental Health and Safety Expectations

UOF is committed to providing a safe environment for all its faculty, staff, students, visitors, and contractors. Conducting different business-related activities over several locations and the diversity of these activities pose different types of hazards to faculty, staff, students, visitors, and contractors. What is required for safety in one location could be quite different from the needs of another. In such a case, specific safety measures and emergency procedures must be followed.

However, there are a large number of issues that are common to all locations and activities, which have a direct impact on safety. The EHS Manager/ Officer, the management, and all faculty, staff, and students need to recognize the importance of these issues and ensure their application. UOF expects employees and students to adhere to health and safety regulations in the following manner:

Faculty and Staff Members

A faculty or staff member has the following responsibilities:

- To take reasonable care while at work for his/her health and safety and for that of persons who may be affected by his/her acts or omissions at work.
- To cooperate with UOF management on safety matters
- Not to misuse or damage safety equipment provided by UOF.

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Students

UOF expects from students a general duty of care and practice. It is important therefore to ensure that:

- Students abide by the general safety rules and instructions provided by UOF.
- Students are given full instructions on safety matters relating to normal functioning in laboratories and workshops and asked to follow these instructions.
- Students are required to report on any accidents, or any potentially hazardous condition observed which could pose danger to personnel and property.
- Students should refrain from all acts that could be the cause of danger to personnel and property.

2. HEALTH AND SAFETY COMPETENCE, TRAINING AND AWARENESS

UOF ensures that personnel performing clinical, laboratory, and medical works are competent based on appropriate education, training, skills, and experience. The Management ensures this through proper recruitment of the most appropriate personnel for the required jobs.

The EHS Manager/ Officer along with Deans, Directors, and Managers are responsible for identifying the training needs of their employees, and for planning and implementing suitable training programs.

The training needs analysis will be carried out before the starting of any new process and all identified/highlighted training related to the following:

- EHS Management System
- EHS roles and responsibilities
- Legal Requirements
- Risk/ Impact Management
- EHS Incident History
- EHS performance
- EHS Inductions
- Emergency response and management
- High Risk or Impact tasks/areas
- Specific role, task, or subject requirement (First aiders, working at heights, manual handling, pharmaceutical lab supervisors, radiation technicians, TAs, Lab Instructors, etc....)
- UOF shall ensure that individual training needs shall be reviewed regularly and

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recorded on the training plan. While developing the training plan for identified training needs, UOF will ensure the capabilities of everyone, literacy level, and spoken languages. The training will be prioritized by keeping given factors like legal requirements, high-risk activity, new employees, etc.

- UOF will conduct the in-house training and ensure that the trainer is qualified and competitive to deliver the training in such a way that is effective. The external training will be arranged by UOF where trainer competency is not available in-house.
- EHS induction training shall be provided for all new employees or for employees who are put into new jobs, by the Environmental Health and Safety Committee. During the induction period, the trainer is responsible for ensuring that the level of supervision of the employee is increased to ensure the level of work conformance and service quality is maintained. At the end of the induction training, the trainer communicates his/her notes about the new employee's performance to his/her functional manager.
- All training carried out shall be evaluated for effectiveness. The methods used to verify the effectiveness of training by tracking the development of employee knowledge, learning being applied to work or not, and identifying further gaps for future training needs. The effectiveness of training can also be monitored by verifying the efficiency of the process/ employee. As part of training effectiveness, training feedback shall also be taken from the employees to improve the training plan.
- Refresher training shall be arranged as and when required for employees, as per the legal requirements.
- All records of education, training, skills, and experience shall be maintained in the personnel files of the employees and training record files maintained by the Office of Human Resources.
- UOF also ensures that all individuals who work in a laboratory are adequately informed about the physical and health hazards present in the laboratory, the known risks, and what to do if an accident occurs. The laboratory supervisor must be trained for safe handling, storage, and disposal of hazardous chemicals found in the laboratory. He/she must also be aware of emergency procedures and personal protective equipment to be used by the students while working in the laboratory.
- UOF stated a scheduled time plan for training courses online for the staff related to the policies, procedures, and precautionary measures (Appendix E).

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Appendix A: Orientation and Training Courses

No.	Orientation and training subject	When?	For whom?	By whom?
1	COVID-19 procedures and precautionary measures.	<ul style="list-style-type: none"> Semi-annual. emergency cases. 	Faculty and Staff	<ul style="list-style-type: none"> Health & Safety Department. Nursing Team.
2	Health and safety procedures	<ul style="list-style-type: none"> Annual. Or as needed. 	Faculty and Staff	Health and Safety Department.
3	Evacuation plan	<ul style="list-style-type: none"> Annual 	Faculty and Staff	Civil Defence
4	Risk assessment	<ul style="list-style-type: none"> Annual 	Faculty and Staff	Department of Facilities Management.

3. ENVIRONMENTAL HEALTH AND SAFETY RISK MANAGEMENT

3.1. Committee on Risk Management (CRM)

I. Scope

The scope of this policy includes the composition of CRM and the responsibilities of its members.

II. Objective

This policy intends to delegate the responsibilities for risk management and to ensure that risks are properly addressed to safeguard UOF's resources.

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III. Policy Statement

1. The CRM shall be established, under the umbrella of the Administrative Council (AdC), to implement, monitor, and evaluate the risk management program of the university. In addition, the CRM shall:

- a. Institute methods and processes for all risk management activities.
- b. Always respond to any emergency or risk situations.
- c. Meet at least every six (6) months to review the plan and update information.
- d. Periodically assess the severity of specific risks and establish the potential financial, human, and physical risks by determining the approaches toward mitigating the risks.
- e. Establish and maintain a related risk management database. And,
- f. Identify, and resolve issues, and a report regarding any resolutions made by the CRM shall be forwarded to the BOT and ECM through the Chancellor.

The CRM shall be composed of the following:

- a. **Chairperson:** VC for Administrative Affairs or his representative assigned by the Chancellor.
- b. **Members:**
 1. Deans and Program Chairpersons
 2. Head, Department of Financial Management (DFM)
 3. Head, Department of Human Resource Management (DHRM)
 4. Head, Department of Information Technology Services (DITS)
 5. Head, Department of Student Affairs and Shared Services (DSASS)
 6. Head, Department of Facilities and Purchasing Management (DFPM)
 7. Head, Public Relations

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3.2. Risk Assessment Process

The risk assessment process is divided into 5 systematic steps as follows:

1. **Identify Hazards**, based on experience, recorded data, and other information.
2. **Identify who can be harmed or what can be damaged and how** – understand who can be harmed or what can be damaged from the risk and to what extent.
3. **Evaluate the Risk and Control Measures** by using a recognized method, evaluate the level of risk/impact, and decide if this needs to be implemented control measures.
4. **Implement the Selected Control Measure(s)** in the workplace; and
5. **Monitor the Control Measures** to ensure that they are working correctly to control the risks/impacts and that no other risks/impacts have been introduced.

3.3. Health & Safety Hazards

The EHS Manager/ Officer in coordination with the Environmental Health and Safety Committee shall conduct an initial review considering the following factors within activities to identify the hazards. Identification shall include:

- actual and potential risks,
- routine and non-routine activities such as on-duty work activities, special assignments, and student accommodations.
- Facilities, machinery, equipment, and material.
- activities of all personnel having access to the campus including students, employees, parents, subcontractors, suppliers, and visitors.
- human behavior.
- relevant legal and other requirements.
- facilities at the workplace, whether provided by the company or others.
- known hazards (hazardous material).
- Normal, abnormal, and emergency operating conditions.
- design of work areas.
- incident reports; and
- known near misses.

3.4. Environmental Health and Safety Risk Identification

The comprehensive list of identified EHS hazards will identify the list of who can be harmed, what can be damaged, and how such as:

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- employees.
- students.
- contractors.
- visitors.
- entities.
- facilities/equipment/property damage.
- members of the public.
- People of determination

A standard list of all risk sources associated with Environmental Health and Safety must be developed using the Standard Risk Register (Refer to Appendix A), be reviewed, and amended regularly; at least 2 times during the academic year.

3.5. Environmental Health and Safety Risk Assessment

Once all types of risks are identified/ amended in the risk register, the HSE Manager/ Officer shall conduct a proper assessment of each risk element arising from UOF processes and activities to enable deciding relevant control measures. Using a quantifiable risk assessment model, the final assessment of the risk is conducted based on the consequences of related incidents and the likelihood that those consequences may occur.

While analyzing the consequences and likelihood of each risk source, the Health and Safety Committee refers to sources such as past incident records, practices, experience, published literature, internal or external audit reports, specialist/ expert judgments, multi-disciplinary groups of experts, individual evaluation, or any other relevant techniques.

The population at risk should be identified, which might include owners, staff/ academic members, students, clients, visitors, contractors, or suppliers.

To quantify the risk assessment process, the following formula is used:

$$\text{Risk} = \text{Consequence Rating} \times \text{Probability Rating}$$

Probability of Occurrence

The probability of incident occurrence shall be estimated on a scale from 1 to 5, with 1 being very unlikely to occur, and 5 being very likely to occur, as explained in the Risk Occurrence Guidelines (*Refer to Appendix B: Risk Occurrence Rating Guidelines*). This provides a quantitative assessment methodology that involves the likelihood ratings with descriptions for estimating the likelihood of each occurrence.

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Risk Consequence Rating

A quantitative assessment of the impact of each risk source shall be determined on a scale from 1 to 5 as well, with 1 being insignificant, and 5 being catastrophic, using the Risk Consequence Rating Guidelines (Refer to *Appendix C: Risk Consequence Rating Guidelines*). This will help assign a relevant score to best reflect the magnificence, and thus importance, of the impact of related incidents.

3.6. Environmental Health and Safety Risk Rating Stage

Once the probability of occurrence and the consequences of risks are identified, an exact rating should be assigned to each risk source. This rating helps to better classify the risk in a manner that enables deciding the relevant control measures and necessary activities to mitigate the risk; thereby reflecting a transparent and consistent methodology of assessment. The Risk Assessment Matrix is used to calculate and assign a relative total risk rating using the results of individual assessments of the probability of occurrence and the consequence rating. (Refer to *Appendix D: Risk Assessment Matrix*).

After assigning the relative the total relative risk rating for each risk source, this value is used to classify each risk source into any of the following categories: extreme risk, high risk, moderate risk, and low risk. A standard table is used to help classify each risk source into any of these categories (Refer to *Appendix E: Risk Classification Guide*).

3.7. Control Measures

The selected control measures and activities should meet all legal and regulatory requirements, be effective in reducing the risk, cost-beneficial, applicable, and reasonably practicable.

The Environmental Health and Safety Committee shall specifically describe the precautions needed and what aids must be used, in consideration of those already in place.

For each risk, one of the following approaches/ techniques should be selected to address it:

- Avoid – eliminate the threat by eliminating the root cause of the risk (if possible).
- Mitigate – Identify controls to reduce the probability or the impact of the risk.
- Transfer – Make another party responsible for the risk (buy insurance, outsourcing, etc.).
- Accept – Nothing will be done.

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3.8. Environmental Health and Safety Risk Monitoring

1.7.1 The EHS Committee shall undertake the role of conducting regular reviews and evaluation of risk incidents as applicable to EHS.

1.7.2 The EHS Committee holds planned meetings at least 2 times during the academic year; to conduct the following tasks:

- a) Update the pre-defined risk register; by adding new risk sources, removing existing risk sources that are deemed discontinued/ irrelevant, or modifying the details of existing risk sources.
- b) Reassess the different risk sources as pre-defined in the Risk Register, in terms of probability of occurrence or consequence scoring.
- c) Review the risk incidents during the past period.
- a) Ensure that the control measures in place are still relevant to control the risk.
- b) Discuss further controls as deemed necessary.

1.7.2 In addition to the planned/ regular meetings, unplanned meetings can be also held after certain situations giving rise to the need to review the risk assessments, which might include any of the following:

- a) Whenever key operational circumstances affecting the work environment change.
- b) After an incident where investigation identifies a major/ key risk source.
- c) After an inspection or audit report additional key risks are identified.
- d) After an emergency.
- e) When new key processes or business activities are adopted.

3.9. Manager/ Officer of Health and Safety Risk Reporting

A comprehensive report on EHS risk management shall be submitted by the EHS Committee following each planned or unplanned meeting. The report shall be submitted by the EHS Manager/ Officer to the Chief Operating Officer (COO).

The report should include, but not limited to, the following key components:

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- a) An updated version of the Risk Register that shows different risk sources with a clear description, assessment, and recommended control measures.
- b) A detailed clarification of any newly identified risk sources/ factors, as well as any irrelevant/ discontinued risk factors as deemed to be removed from the risk register, along with a full explanation and reasoning of each.
- c) Explanation of any newly recommended control measures that aim to mitigate any of the identified risk sources, including concrete action plans to address such measures with a clear timeframe.
- d) Any additional resources needed to conduct such actions and control measures.
- e) Parties and/or individuals responsible for achieving the plans.

4. EMERGENCY PREPAREDNESS AND RESPONSE

4.1. Emergency Preparedness

An emergency can be reported from any source – a faculty or staff member on the job, a student, an outside agency, or the public. All emergencies must

be reported. Any emergency that takes place on the campus shall be handled by the EHS Manager/ Officer and Emergency Response Team.

EHS Manager/ Officer in coordination with the respective EHS Coordinators shall identify areas for preparedness in case of emergencies. Emergency Response programs shall be prepared by the EHS Manager/ Officer and shall be approved by the Chief Operating Officer. The Emergency Response Programs shall identify the following areas:

- Method of notification
- Method of reporting
- Relevant equipment, materials, and transportation will be used.
- Review and revision of emergency response plans (ERP) after the occurrence of accidents or emergency
- Communication with Emergency Services
- Emergency preparedness training and awareness
- Scheduled Mock Drills and mock drill reports.

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4.2. Emergency Response Plan

The EHS Manager/ Officer along with the nominated Fire Marshalls/ First Aiders oversee the emergency response plan. It is their task to ensure that:

- Everyone clearly understands their roles and responsibilities within the emergency response plan.
- Emergency resources, whether people or equipment, are kept at adequate levels across the university campus.
- The emergency plan is reviewed regularly (annually) especially after an emergency has occurred.

The emergency response plan covers the following list of potential events:

- Fire.
- Chemical contamination
- Radiological contamination
- Natural disasters such as earthquakes, cyclones, sandstorms.
- Medical emergency and.
- Electric Shock.

Emergency Resources

- It is important to identify which resources are available and have contingency plans in place to make up for any deficiencies.

Emergency Response Team

- EHS Manager/ Officer
- Medical Officer
- EHS Coordinators
- First Aiders
- Fire Marshalls
- Emergency Coordinators
- Designated Security Guards

Evacuation Route Maps

- Emergency exits
- Primary and secondary evacuation routes

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- Locations of fire extinguishers
- Fire alarm pull stations' location.
- Assembly points
- First Aid Boxes

Fire Fighting Equipment

- Carbon dioxide fire extinguishers
- Dry chemical powder fire extinguishers
- Fire alarm systems
- Fire alarm control panel zone No
- Smoke detector
- Heat detector
- Break glass
- Bell
- Horn
- Flasher
- Fire cable, Tracking, and PVC pipes (All fire resistance)
- Fire Water Hoses.

First Aid Equipment

- First Aid Kit

Emergency Evacuation Procedures for People of Determination

- During an emergency, all members of the university community have a moral responsibility to assist in the evacuation of people of determination (disabled).
- Examples of disabilities are:
 - visual impairments (reduced vision or blindness)
 - hearing impairments (some degree of hearing loss or deafness)
 - mobility impairments (those who use walkers, crutches, motorized scooters, wheelchairs, and canes – may be short or long-term)
 - other medical conditions that pose a functional limitation
- People of determination, who can use the stairs with or without assistance, shall evacuate according to the emergency evacuation plan.
- People of determination, who are unable to use the stairs should:
 - If located on the ground floor, use the nearest safe and appropriate exit (ground level, wheelchair ramp, etc.).

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- If the alarm bells are ringing in the building, you are on the upper floors, proceed to the nearest collection point or safe exit.
- Use the emergency phone, if available, to report your location.
- Wait at that location or inside the stairwell for assistance from the fire emergency personnel.

5. SAFETY MEASURES

5.1. Laboratories and clinics

The following measures need to be always followed by laboratory or clinic users:

- Do not prepare, store, or consume food or beverages in the laboratory/ clinic.
- Wear personal protective equipment (PPE) as required for each activity.
- Refrain from smoking in the laboratory/ clinic.
- Always know the physical and chemical hazards associated with the materials that are being utilized in the lab.
- Be familiar with the Material Safety Datasheet (MSDS) of chemicals and substances in use.
- Always wear appropriate protective clothing. Cover dress with a suitable lab coat or apron when handling liquids.
- Always wash hands with soap and water after using chemicals. This applies even if you have been wearing gloves.
- Never perform any hazardous work without supervision.
- Never perform unauthorized work, preparations, or experiments.
- Be familiar with the location of emergency equipment - fire alarm, emergency eye wash, emergency power off, emergency telephones, emergency exits, and emergency response team contacts.
- Use equipment and hazardous chemicals only for their intended purposes.
- Use a fume cupboard whenever there is a possibility of poisonous or irritating fumes being emitted from the chemicals being utilized.
- Never leave an experiment unattended with the power supply switched **ON**.
- Keep equipment back from the edge of the lab bench.
- Read all labels on chemicals carefully before using them in the lab.
- Report any accident, however minor, immediately.
- Laboratory water sources should not be used for drinking.
- If you notice a problem that may cause a hazard, immediately notify the laboratory supervisor.

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- Store chemicals and clinic equipment in their intended storage areas.
- Store flammable chemicals separately.
- Avoid storing dangerous materials in containers resembling those of foodstuff.
- Store very poisonous materials in closed places.
- All containers must be labeled indicating the name and properties of the chemicals inside.
- Ensure medical, chemical, biological, and regular waste segregation and disposal.
- Warrant proper ventilation in laboratories to ensure that air is continuously replaced and that concentrations of toxic substances do not increase during the workday. Additionally, the ventilation system should ensure that the toxic substances are not re-circulated from laboratory to laboratory or within the building.

5.2. Electrical Safety

Most electrically related fires are caused by misuse and poor maintenance of electrical apparatus, and overloaded circuits and extension cords. The following measures must be followed by the maintenance team to minimize the risk due to electrical hazards:

- Routinely check electrical apparatus and wiring.
- Replace all worn, old, or damaged apparatus wires immediately.
- Do not plug multiple extension cords into another.
- Know the capacity of the electrical sockets. Make sure that the amperage of the apparatus being plugged in does not exceed the rating.
- Extension cords are to be used only when a flexible, temporary connection is necessary - never for fixed wiring. Where there is a permanent need for an electrical outlet, one should be installed.
- Always use the proper personal protective equipment (PPE).

5.3. Maintenance and Housekeeping

A major cause of accidents is undoubtedly poor maintenance and, in general, a safe working area is a tidy area.

- Apparatus and other materials, that are not immediately required, should always be returned to a safe storage place, and unwanted materials, particularly combustible and flammable items, should be disposed of safely and promptly.

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- Any spillages must be cleaned up immediately by a person who fully appreciates the special hazards that the material may possess.
- Flammable and combustible materials must never be stored or left on emergency exit routes or blocking immediate access to fire alarms, fire equipment, or electrical switchgear.
- Gas, water electricity, and any piped gas or liquid, supplies should always be turned off when not required, especially at the end of the working day.
- Dispose of all trash as soon as possible. Do not allow trash to accumulate anywhere.
- All staircases, exits, and corridors shall always be kept free of all obstructions. No furnishings, decorations, or other combustible or flammable objects shall obstruct exits.
- Do not physically obstruct or block from view fire extinguishers, fire alarm pull stations, standpipe hose outlets, or electrical shut-off locations. Do not block or hang anything from sprinkler heads.

5.4. Revision and continual improvement

EHS Officer/ Manager in coordination with UOF Safety Committee shall review and update safety procedures and measures at UOF twice a year. This revision shall be part of the Occupational Health and Safety Internal Audit process. The introduced changes shall be communicated to the interested parties through internal communication channels, informational leaflets, awareness sessions, and external communication channels.

6. INCIDENT REPORTING AND INVESTIGATION

EHS Coordinators are responsible for ensuring that work-related incidents are recorded, investigated, and analyzed in line with the organization's incident investigation methodology and that necessary corrective and preventive actions are taken and effectively implemented.

EHS Manager/ Officer shall conduct incident investigations and interviews with witnesses or any other affected person and, if possible, with the victim(s), review the incident report and analyze it to properly advise the Chief Operating Officer in identifying corrective and preventive actions

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and the necessary resources to effectively implement.

The assigned emergency coordinator will report all reportable incidents to the civil defense, police & ambulance services.

6.1. Incident Scene Preservation

The scene of the incident must not be disturbed until a full investigation has been concluded, except when the scene must be disturbed or made safe for protecting the health and safety of a person, aiding an injured person involved in an incident, taking action to make the site safe or to prevent a further occurrence of an incident.

6.2. Incident Investigation and Documentation

When an incident has occurred, an investigation must be carried out within 24 hours of the event by the Emergency response team and the respective Dean, Director, or Manager.

All events leading up to the incident shall be reviewed. The investigation shall:

- Identify causes or contributing factors including design, environmental, behavior, or management factors.
- Identify problem areas or hazards.
- Recommended corrective actions.
- Provide information that can be used to formulate preventive actions.
- Provide information that can be used to analyze the need for training programs.

All investigations shall be documented and maintained. Identified corrective actions and opportunities for preventive actions shall be documented and assessed before implementation.

6.3. Investigation Process

An immediate inspection of the scene should be conducted. Inspection should provide an objective assessment of the severity of the incident.

Establishment of the events leading up to the incident. This may include:

- What was the system of work being carried out?
- What were the instructions given for the work?
- Were there any variations in the instructions of the safe work system?
- What were the workplace conditions such as lighting, outside face, stair treads, warning

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- signs, and weather conditions if the incident occurred outside?
- What was the exact location of the incident?
 - What type of transport or equipment was used?

Facts of the incident itself:

- The state of the systems and the actions that occurred at the moment of the incident.
- Who were the people directly involved and those involved at a distance, if any?
- What tools, equipment, materials, and fixtures were directly concerned?
- Time of the incident.

Relevant facts of what occurred immediately after the incident.

- The injury or damage directly resulting from the incident.
- The events leading to consequential injury or damage.
- The people involved, including those rendering first aid.
- Any problems in dealing with the injuries or damage.

6.4. Reporting Process

The EHS Manager/ Officer will ensure that the Incident Reporting Form (Refer to Appendix F) is completed by EHS Coordinators for each incident within 24 hours. After completion, the form shall be forwarded to the COO for review.

7. WASTE MANAGEMENT PROCEDURE

This procedure covers the generation, handling, preservation, transport, collection, and disposal of all wastages on UOF’s facilities.

Waste types can be described as mentioned below but not limited to:

- Paper
- Waste from maintenance activities
- Solid wastes
- Toner Cartridges and Redundant IT Equipment
- Non-Hazardous Waste
- Hazardous waste
- Wastewater

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- Containers and Carry bags.
- Waste oil, paints & grease
- Oil-stained waste materials
- Biological waste from landscaping activities
- Chemicals and pharmaceutical waste
- Medical waste

UOF shall observe and comply with the required local legal compliance for the Waste Management of solid, liquid, recyclable, medical, hazardous, and non-hazardous wastes mentioned.

7.1. Procedural steps

- The waste at UOF shall be defined as a substance or object that the university intends to discard or is required to discard as part of environmental protection.
- UOF shall identify required domestic legal requirements to minimize and mitigate the production of waste that may cause harm to the environment/ society.
 - The hazardous wastes produced by UOF may include:
 - ✓ Batteries (Acid Batteries)
 - ✓ Waste Oil
 - ✓ Electronic waste
 - ✓ Chemicals and pharmaceutical products
 - ✓ Medical disposables
 - ✓ Waste oil, paints & grease
 - ✓ Waste oil / grease-stained materials
- All wastes shall be disposed of by UOF with the permit or approved waste disposal agent by the controlled waste regulations, Hazardous Waste Regulation Law 21 of 2005 and where necessary to fulfill the regulatory requirements for the carriage of dangerous goods, if applicable.
- Waste handled at UOF shall be identified as Hazardous, Non-Hazardous and appropriate segregation, storage, and disposal plans shall be made. Waste, which can be recycled, or

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- reused, shall be reviewed wherever practicable.
- Waste Disposal shall be only through an approved agency and the extent of control shall be established and monitored with appropriate records.

8. INTERNAL AUDIT

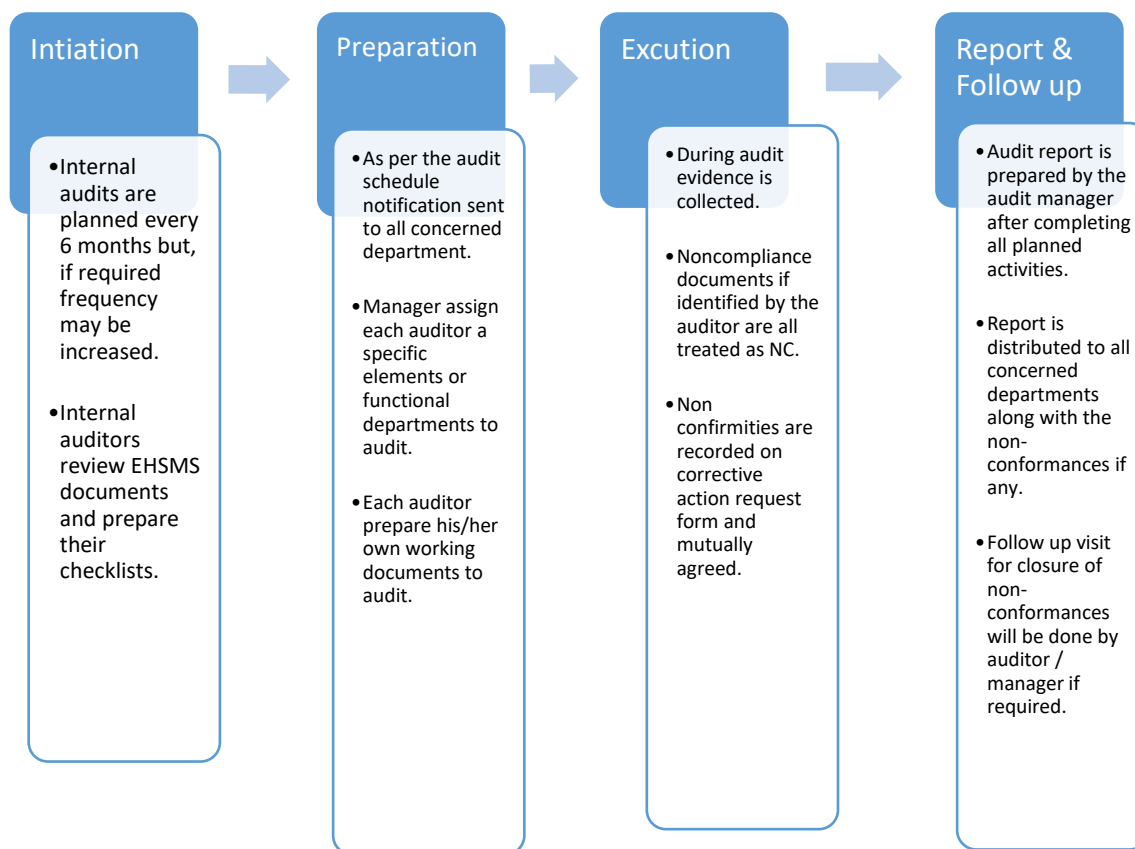
Planned internal audits shall be carried out periodically to confirm that the requirements of the University's Environmental, Health, and Safety Management System are being implemented and maintained to ensure system conformity. The University will conduct the internal audit once every six months – the frequency can be reviewed and is determined by such factors as criticality and results of previous audits.

Trained and qualified personnel shall conduct the audit. The internal auditors shall undergo training by a competent external agency or by trained internal staff. Auditors shall be independent of the area/ activity being audited.

Internal audit results shall be documented and reported to the top management, and corrective action taken if needed. Internal audit results shall be communicated to interested parties.

The below flow chart shows the circle of the internal audit.

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“Internal Audit Flow Chart”

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9. HEALTH AND SAFETY COMMUNICATION WITH INTERESTED PARTIES (STAKEHOLDERS)

Interested parties or stakeholders are defined as permanent/ temporary full-time/part-time administrative and academic staff, students, guests, visitors, people of determination, contractors, and service providers.

Environmental, Health, and Safety matters shall be communicated to UOF interested parties through internal and external communications.

9.1. Internal Communications:

Matters that shall be obtained through internal communications include but are not limited to the following:

- Management's commitment to the occupational health and safety management system.
- The identification of hazards and risks.
- Occupational health and safety objectives and program to achieve them.
- Incident investigation.
- Progress in eliminating hazards and associated occupational health and safety risks.
- Operational changes that might impact the occupational health and safety management system.
- Progress with consultation and participation of workers.

9.2. External Communications:

Matters that shall be obtained through external communications include but are not limited to the following:

- Information about a contractor's occupational health and safety management system.
- Legal and other requirements that impact the method or extent of communication.
- Previous occupational health and safety performance and history of notifiable incidents.
- The use of multiple contractors at the workplace.
- Emergency response.

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- The need for additional consultation and/or contractual provisions relating to high-risk tasks.
- Reporting of occupational health and safety performance, incidents, nonconformities, and corrective actions.

9.3. Methods of communication with interested parties:

UOF has adopted the following methods to disseminate information to interested parties (stakeholders):

- Conduct induction training for new laboratory/clinic staff.
- Conduct awareness and refreshment training for students and staff who utilize labs/clinics.
- Communicate Lab standard operating procedures and safety measures with interested parties through emails, consultation with staff and students, minutes of meetings, announcements, and others.
- Make Material Safety Data Sheets (MSDS), equipment manufacturer's manual, and emergency response plan visible for all lab users by making hard copies accessible at the lab premises and distributing them in soft format as well.
- Communicate changes in the health and safety manual, objectives, policy, and legal requirements through announcements and awareness sessions.

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Appendix A: Severity and Likelihood Assessment Indicators

Rating	severity (Consequences)	Rating	Likelihood (Probability)
1	Insignificant - There are no potential environmental pollution, health, or injury risks.	1	Very Likely - There is no precedent in previous similar operations, activities, or tasks.
2	Minor - There is a minor environmental pollution, health, or injury risks that can be handled in the workplace without further external assistance.	2	Unlikely - There is no precedent recorded in UAE, but it was recorded at least once in previous similar operations, activities, or tasks abroad.
3	Moderate - There is a limited potential for environmental pollution, temporal/acute health impact, or medium-level injuries that may partially / temporarily halt work and the need for external assistance and provision of specialized medical services as well resulting in no more than 7 workdays lost to recover.	3	Probable - There is at least one precedent recorded in similar operations, activities, or tasks in the UAE over the last 3 years.
4	Major - There is a potential critical environmental pollution, long/chronic/permanent health or serious injury risks that completely stop work and necessitate external assistance and provision of specialized medical services as well resulting in more than 7 workdays lost to recover.	4	High - There is at least one precedent recorded in the same operations, activities, or tasks in the institution over the last 3 years.
5	Catastrophic - There is an incurable environmental pollution or death risk that completely halts work and necessitates external assistance.	5	Frequent - there are frequent accidents recurrence recorded in the said operations, activities, or tasks in the institution over the last year.

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Appendix B: Severity and Likelihood Assessment Matrix

Risk Matrix - Risk Evaluation					
Likelihood (probability)	Severity (Consequences)				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
1. Very Likely	Low	Low	Low	Mod	Mod
2. Unlikely	Low	Mod	Mod	High	High
3. Probable	Low	Mod	High	High	Catastrophic
4. High	Mod	High	High	Catastrophic	Catastrophic
5. Frequent	Mod	High	Catastrophic	Catastrophic	Catastrophic

Appendix C: Risks Rating and Required Actions Indicators

Risk Rating	Required Actions
<ul style="list-style-type: none"> Low (1-3) 	<ul style="list-style-type: none"> Operations, activities, or tasks can be carried out by the current procedures.
<ul style="list-style-type: none"> Moderate (4-6) 	<ul style="list-style-type: none"> Operations, activities, or tasks can be maintained along with recommending the provision and implementation of other additional measures or procedures.
<ul style="list-style-type: none"> High (8-12) 	<ul style="list-style-type: none"> Operations, activities, or tasks can be maintained; however, they necessitate providing obligatory additional measures and procedures to control and handle within a specific period, while they are continuously monitored until additional measures and procedures are met, completed, and re-evaluated. Operations, activities, or tasks shall immediately cease function if obligatory additional measures and procedures are not provided or achieved within the specified time agreed to.
<ul style="list-style-type: none"> Catastrophic (15-25) 	<ul style="list-style-type: none"> Operations, activities, and tasks shall not be initiated in the current situation. It must cease immediately until they are considered as well as taking necessary control measures and procedures and carrying on re-evaluation for impacts and risks.

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Appendix D: Incident Reporting Form

Incident Reporting Form

Date

Employee/Student

Name

Title/position

Manager

Name

Title/position

Incident

Date

Time

Location

Description of incident

Employee explanation

Witnesses

Action to be taken

Verbal warning

Probation

Dismissal

Written warning

Suspension

Other

Explain

By signing this document, you acknowledge that you have read and understood the information contained herein

Employee/Student

Manager/Supervisor

Date

Date

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Approval:

Signatures:

Prepared by:
Head of Department of Facilities Management
Engr. Mohamed Ramadan

Approved:
Chancellor
Prof. Ghassan Al Qaimari

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