
























TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name: Gas Ket Material Location: a Client: Supervisor : Rijwan Khan Date: 23-02-2024 No.of manpower: 0 Time: 19:25 Job type: a Job Description: a Tools and Equipment used: a Job Start: 00:00 End Time: 00:00 Conducted By: Subramaniam Narayanaswami Ray No. : RU/035 Signature:	Life Saving Rules: Tick on the boxes which you being discuss during		Tick on the boxes which required your plan for the job	
	Don't walk under a suspended load <input checked="" type="checkbox"/>		Does everyone have correct PPE? <input checked="" type="checkbox"/>	
	Don't smoke outside designed smoking areas <input type="checkbox"/>		Do you have all required tools, are they correct & they are in good condition? <input type="checkbox"/>	
	Conduct gas test when required <input type="checkbox"/>		Is every one aware of themselves and others activities happening on-site? <input checked="" type="checkbox"/>	
	Work with a valid work permit when required <input type="checkbox"/>		Have you discussed Life Saving Rules? <input type="checkbox"/>	
	No drugs or alcohol while working or driving <input type="checkbox"/>		Does everyone know that if there is a shift change then another TBT is required? <input checked="" type="checkbox"/>	
	While driving don't use the mobile phone and exceed speed limit <input checked="" type="checkbox"/>		Does appropriate posters and sign boards kept at site <input type="checkbox"/>	
	Obtain permit for working in confined Space <input type="checkbox"/>		Are using tools being inspected & calibration updated? <input type="checkbox"/>	
	Verify isolation before work begins and use the specified life protection <input checked="" type="checkbox"/>		Emergency switches properly function? <input checked="" type="checkbox"/>	
	Wear your seat belt <input type="checkbox"/>		Good housekeeping? <input type="checkbox"/>	
	Obtain authorization before overriding <input checked="" type="checkbox"/>		Proper barricading? <input checked="" type="checkbox"/>	
	Follow prescribed journey <input type="checkbox"/>		Check if isolation required and implement. <input type="checkbox"/>	
	Protect yourself against a fall when working at height <input type="checkbox"/>		Check job requirements & timings <input checked="" type="checkbox"/>	
		Team aware of the emergency response. <input type="checkbox"/>		
		Check if permit to work is required <input type="checkbox"/>		
		Job hazards identified &controls inplace. <input checked="" type="checkbox"/>		
		Does the sufficient number of supervisors present for the crews <input type="checkbox"/>		

Use hazards warning signs as reminders and tick the signs being discussed during TBT

								
Flammable <input checked="" type="checkbox"/>	Lifting in progress <input type="checkbox"/>	Moving Equipment/vehicles <input checked="" type="checkbox"/>	Falling objects <input type="checkbox"/>	Slippery <input checked="" type="checkbox"/>	Toxic <input type="checkbox"/>	Electruction hazard <input checked="" type="checkbox"/>	High pressure cylinders <input type="checkbox"/>	Entanglemen t hazard <input checked="" type="checkbox"/>



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HAZARD CONTROL SHEET

Task	Hazards	Controls	Responsibilities

ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
1	NA	NA		ss	
2	RU/527	Nimisha	Subcontract	Lineman	
3	RU/603	sijina-test	Company1		
4	RU/603	sijina-test	Company1		