



TOOL BOX TALKS

Abu Dhabi/ Dubai

**Project Name:** SangNew  
**Location:** dlh  
**Client:**  
**Supervisor Date:** 12-10-2023  
**No.of manpower:** 6  
**Time:** 11:35  
**Job type:** h  
**Job Description:** h  
**Tools and Equipment used:** h  
**Job Start:** 11:33:00  
**End Time:** 11:34:00  
**Conducted By:** sijina-test  
**Ray No. :** RU/603  
**Signature:**

Life Saving Rules: Tick on the boxes which you being discuss during	
Don't walk under a suspended load	<input checked="" type="checkbox"/>
Don't smoke outside designed smoking areas	<input checked="" type="checkbox"/>
Conduct gas test when required	<input type="checkbox"/>
Work with a valid work permit when required	<input checked="" type="checkbox"/>
No drugs or alcohol while working or driving	<input type="checkbox"/>
While driving don't use the mobile phone and exceed speed limit	<input checked="" type="checkbox"/>
Obtain permit for working in confined Space	<input type="checkbox"/>
Verify isolation before work begins and use the specified life protection	<input checked="" type="checkbox"/>
Wear your seat belt	<input type="checkbox"/>
Obtain authorization before overriding	<input checked="" type="checkbox"/>
Follow prescribed journey	<input checked="" type="checkbox"/>
Protect yourself against a fall when working at height	<input type="checkbox"/>

Tick on the boxes which required your plan for the job	
Does everyone have correct PPE?	<input type="checkbox"/>
Do you have all required tools, are they correct & they are in good condition?	<input type="checkbox"/>
Is every one aware of themselves and others activities happening on-site?	<input checked="" type="checkbox"/>
Have you discussed Life Saving Rules?	<input checked="" type="checkbox"/>
Have you agreed how to communicate with each other?	<input checked="" type="checkbox"/>
Does everyone know that if there is a shift change then another TBT is required?	<input checked="" type="checkbox"/>
Does appropriate posters and sign boards kept at site	<input type="checkbox"/>
Are using tools being inspected & calibration updated?	<input checked="" type="checkbox"/>
Emergency switches properly function?	<input checked="" type="checkbox"/>
Good housekeeping?	<input type="checkbox"/>
Proper barricading?	<input type="checkbox"/>
Check if isolation required and implement.	<input checked="" type="checkbox"/>
Check job requirements & timings	<input type="checkbox"/>
Team aware of the emergency response.	<input type="checkbox"/>
Check if permit to work is required	<input checked="" type="checkbox"/>
Job hazards identified &controls inplace.	<input checked="" type="checkbox"/>
Does the sufficient number of supervisors present for the crews	<input checked="" type="checkbox"/>

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

Flammable	Lifting in progress	Moving Equipment/v ehicles	Falling objects	Slippery	Toxic	Electruction hazard	High pressure cylinders	Entaglement hazard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CONTROL SHEET

Task	Hazards	Controls	Responsibilities
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ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
	2,603	sijina-test	Company2		