























**TOOL BOX TALKS**

Abu Dhabi/ Dubai

<b>Project Name:</b> LACHU  <b>Location:</b> bhnnj  <b>Client:</b> THEJU  <b>Supervisor :</b> rahna  <b>Date:</b> 06-02-2025  <b>No.of manpower:</b> 83  <b>Time:</b> 12:16  <b>Job type:</b> nn  <b>Job Description:</b> nn  <b>Tools and Equipment used:</b> nn  <b>Job Start:</b> 00:00  <b>End Time:</b> 00:00  <b>Conducted By:</b> Employee-8          <b>Ray No. :</b> Emp-8  <b>Signature:</b>	<b>Life Saving Rules: Tick on the boxes which you being discuss during</b>		<b>Tick on the boxes which required your plan for the job</b>	
	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 checked="" type="checkbox"/>		Do you have all required tools, are they correct & they are in good condition? <input checked="" type="checkbox"/>	
	Conduct gas test when required <input checked="" 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 checked="" type="checkbox"/>		Have you discussed Life Saving Rules? <input checked="" type="checkbox"/>	
	No drugs or alcohol while working or driving <input checked="" 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 checked="" type="checkbox"/>	
	Obtain permit for working in confined Space <input checked="" type="checkbox"/>		Are using tools being inspected & calibration updated? <input checked="" 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 checked="" type="checkbox"/>		Good housekeeping? <input checked="" type="checkbox"/>	
	Obtain authorization before overriding <input checked="" type="checkbox"/>		Proper barricading? <input checked="" type="checkbox"/>	
	Follow prescribed journey <input checked="" type="checkbox"/>		Check if isolation required and implement. <input checked="" type="checkbox"/>	
	Protect yourself against a fall when working at height <input checked="" type="checkbox"/>		Check job requirements & timings <input checked="" type="checkbox"/>	
		Team aware of the emergency response. <input checked="" 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 <input checked="" type="checkbox"/>	Lifting in progress <input checked="" type="checkbox"/>	Moving Equipment/vehicles <input checked="" type="checkbox"/>	Falling objects <input checked="" type="checkbox"/>	Slippery <input checked="" type="checkbox"/>	Toxic <input checked="" type="checkbox"/>	Electruction hazard <input checked="" type="checkbox"/>	High pressure cylinders <input checked="" type="checkbox"/>	Entanglemen t hazard <input checked="" type="checkbox"/>



**RAY International Electrical Contracting & Maintenance LLC**

**RAY International Electrical Contracting LLC**

**RAY International Power LLC**

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**HAZARD CONTROL SHEET**

Task	Hazards	Controls	Responsibilities
bnn	hjhj	nb	nn

**ATTENDANCE SHEET**

S.No	Emp.No.	Name	Company	Designation	Signature
1	Emp-8	Employee-8	Test Al Ain		