



**TOOL BOX TALKS**

Abu Dhabi/ Dubai

|   |   |  |
|---|---|--|
| <b>Project Name:</b><br>@newtest<br><br><b>Location:</b><br>Dlh<br><br><b>Client:</b><br><br><b>Supervisor</b><br><b>Date:</b> 04-10-2023<br><br><b>No.of manpower:</b> 55<br><br><b>Time:</b> 10:33<br><br><b>Job type:</b> g<br><br><b>Job Description:</b><br>hg<br><br><b>Tools and Equipment used:</b><br>gg<br><br><b>Job Start:</b> 10:31:00<br><br><b>End Time:</b> 10:31:00<br><br><b>Conducted By:</b><br>sijina-test<br><br><b>Ray No. :</b> RU/603<br><br><b>Signature:</b> | <b>Life Saving Rules: Tick on the boxes which you being discuss during TBT</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 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 checked="" type="checkbox"/> |
|   | Conduct gas test when required <input type="checkbox"/>   | Is every one aware of themselves and others activities happening on-site? <input 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 type="checkbox"/>                               | Have you agreed how to communicate with each other? <input checked="" type="checkbox"/>                            |
|   | While driving don't use the mobile phone and exceed speed limit <input checked="" type="checkbox"/> | Does everyone know that if there is a shift change then another TBT is required? <input type="checkbox"/>          |
|   | Obtain permit for working in confined Space <input checked="" type="checkbox"/>                     | Does appropriate posters and sign boards kept at site <input type="checkbox"/>                                     |
|   | Verify isolation before work begins and use the specified life protection <input type="checkbox"/>  | Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/>                         |
|   | Wear your seat belt <input checked="" type="checkbox"/>   | Emergency switches properly function? <input type="checkbox"/>   |
|   | Obtain authorization before overriding <input checked="" type="checkbox"/>                          | Good housekeeping? <input checked="" type="checkbox"/>   |
|   | Follow prescribed journey <input type="checkbox"/>  | Proper barricading? <input type="checkbox"/>   |
| Protect yourself against a fall when working at height <input type="checkbox"/>   | Check if isolation required and implement. <input checked="" 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 checked="" type="checkbox"/>                             |  |
|   | Job hazards identified &controls inplace. <input 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/vehicles | 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 |
|------|---------|----------|------------------|
| t    | t       | y        | y                |

**ATTENDANCE SHEET**

| S.No | Emp.No. | Name        | Company  | Designation | Signature |
|------|---------|-------------|----------|-------------|-----------|
|      | 2,603   | sijina-test | Company1 |             |           |