



TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name:
Project-187

Location:
test

Client:
client-187

Supervisor :
Employee-2

Date: 19-12-2024

No.of manpower: 4

Time: 17:11

Job type:
e

Job Description:
e

Tools and Equipment used:
e

Job Start:
17:10

End Time:
17:10

Conducted By:
Employee-9

Ray No. : Emp-9

Signature:

| Life Saving Rules: Tick on the boxes which you being discuss during | |
|--|--|
| Don't walk under a suspended load <input type="checkbox"/> | |
| Don't smoke outside designed smoking areas <input type="checkbox"/> | |
| Conduct gas test when required <input type="checkbox"/> | |
| Work with a valid work permit when required <input 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 type="checkbox"/> | |
| Obtain permit for working in confined Space <input type="checkbox"/> | |
| Verify isolation before work begins and use the specified life protection <input type="checkbox"/> | |
| Wear your seat belt <input type="checkbox"/> | |
| Obtain authorization before overriding <input type="checkbox"/> | |
| Follow prescribed journey <input 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 type="checkbox"/> | |
| Have you discussed Life Saving Rules? <input type="checkbox"/> | |
| Have you agreed how to communicate with each other? <input type="checkbox"/> | |
| Does everyone know that if there is a shift change then another TBT is required? <input type="checkbox"/> | |
| Does appropriate posters and sign boards kept at site? <input type="checkbox"/> | |
| Are using tools being inspected & calibration updated? <input type="checkbox"/> | |
| Emergency switches properly function? <input type="checkbox"/> | |
| Good housekeeping? <input type="checkbox"/> | |
| Proper barricading? <input type="checkbox"/> | |
| Check if isolation required and implement. <input 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 type="checkbox"/> | |
| Job hazards identified & controls inplace. <input 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 type="checkbox"/> | Lifting in progress <input type="checkbox"/> | Moving Equipment/vehicles <input type="checkbox"/> | Falling objects <input type="checkbox"/> | Slippery <input type="checkbox"/> | Toxic <input type="checkbox"/> | Electraction hazard <input type="checkbox"/> | High pressure cylinders <input type="checkbox"/> | Entanglemen t hazard <input 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 |
|------|---------|----------|------------------|
| hh | gg | tt | yy |

ATTENDANCE SHEET

| S.No | Emp.No. | Name | Company | Designation | Signature |
|------|---------|------|----------------|-------------|---|
| 1 | NA | test | Test Abu Dhabi | test |  |