
















TOOL BOX TALKS










Abu Dhabi/ Dubai

Project Name: SangNew
 Location: dlh
 Client:
 Supervisor Date: 17-10-2023
 No.of manpower: 5
 Time: 10:11
 Job type: g
 Job Description: h
 Tools and Equipment used: h
 Job Start: 10:10:00
 End Time: 10:10:00
 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 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 checked="" 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 checked="" type="checkbox"/>	
Verify isolation before work begins and use the specified life protection	<input checked="" type="checkbox"/>	
Wear your seat belt	<input checked="" 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 checked="" type="checkbox"/>	

Tick on the boxes which required your plan for the job	
Does everyone have correct PPE?	<input checked="" type="checkbox"/>
Do you have all required tools, are they correct & they are in good condition?	<input checked="" type="checkbox"/>
Is every one aware of themselves and others activities happening on-site?	<input type="checkbox"/>
Have you discussed Life Saving Rules?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Good housekeeping?	<input checked="" type="checkbox"/>
Proper barricading?	<input checked="" 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 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	Entanglement hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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HAZARD CONTROL SHEET

Task	Hazards	Controls	Responsibilities
123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890
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12345678901234	12345678901234	123456789012345678901234567890	123456789012345678901234567890
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		123456789012345678901234567890	
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		12345678901234	

ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
1	2,603	sijina-test	Company1		