



TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name: SangProject2(name) Location: Dlh Client: No Client Supervisor Date: 04-10-2023 No.of manpower: 4 Time: 10:43 Job type: a Job Description: a Tools and Equipment used: a Job Start: 10:42:00 End Time: 10:42:00 Conducted By: sijina-test Ray No. : RU/603 Signature:	Life Saving Rules: Tick on the boxes which you being discuss during TBT	Tick on the boxes which required your plan for the job
	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 checked="" type="checkbox"/>	Do you have all required tools, are they correct & they are in good condition? <input type="checkbox"/>
	Conduct gas test when required <input 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 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 checked="" 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 type="checkbox"/>	Emergency switches properly function? <input checked="" 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 checked="" 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 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 type="checkbox"/>	

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

Flammable	Lifting in progress	Moving Equipment/ve hicles	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
ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh
ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh	ghhhjjghhhjjghhhjjghhhjjghhhjjghhhjjgh

ATTENDANCE SHEET

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