



**TOOL BOX TALKS**

Abu Dhabi/ Dubai

<b>Project Name:</b> @newtest  <b>Location:</b> dlh  <b>Client:</b>  <b>Supervisor</b> <b>Date:</b> 12-10-2023  <b>No.of manpower:</b> 5  <b>Time:</b> 10:49  <b>Job type:</b> f  <b>Job Description:</b> g  <b>Tools and Equipment used:</b> g  <b>Job Start:</b> 10:47:00  <b>End Time:</b> 10:47:00  <b>Conducted By:</b> sijina  <b>Ray No. :</b> RU/603  <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 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 type="checkbox"/>	Have you discussed Life Saving Rules? <input type="checkbox"/>
	No drugs or alcohol while working or driving <input checked="" type="checkbox"/>	Have you agreed how to communicate with each other? <input type="checkbox"/>
	While driving don't use the mobile phone and exceed speed limit <input 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 checked="" type="checkbox"/>	Are using tools being inspected & calibration updated? <input 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 type="checkbox"/>
Follow prescribed journey <input checked="" type="checkbox"/>	Proper barricading? <input checked="" type="checkbox"/>	
Protect yourself against a fall when working at height <input checked="" 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 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/ve hicles <input type="checkbox"/>	Falling objects <input type="checkbox"/>	Slippery <input type="checkbox"/>	Toxic <input type="checkbox"/>	Electruction hazard <input type="checkbox"/>	High pressure cylinders <input type="checkbox"/>	Entaglement hazard <input type="checkbox"/>
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**HAZARD CONTROL SHEET**

Task	Hazards	Controls	Responsibilities
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**ATTENDANCE SHEET**

S.No	Emp.No.	Name	Company	Designation	Signature