

























TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name: Project-187 Location: eeee Client: client-187 Supervisor : Employee-2 Date: 17-12-2024 No.of manpower: 1 Time: 15:38 Job type: eeee Job Description: ee Tools and Equipment used: eee Job Start: 03:36 End Time: 15:36 Conducted By: Employee-2 Ray No. : Emp-2 Signature: 	Life Saving Rules: Tick on the boxes which you being discuss during		Tick on the boxes which required your plan for the job
	Don't walk under a suspended load <input 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 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 type="checkbox"/>		Have you discussed Life Saving Rules? <input type="checkbox"/>
	No drugs or alcohol while working or driving <input type="checkbox"/>		Does everyone know that if there is a shift change then another TBT is required? <input type="checkbox"/>
	While driving don't use the mobile phone and exceed speed limit <input type="checkbox"/>		Does appropriate posters and sign boards kept at site <input type="checkbox"/>
	Obtain permit for working in confined Space <input type="checkbox"/>		Are using tools being inspected & calibration updated? <input type="checkbox"/>
	Verify isolation before work begins and use the specified life protection <input type="checkbox"/>		Emergency switches properly function? <input type="checkbox"/>
	Wear your seat belt <input type="checkbox"/>		Good housekeeping? <input type="checkbox"/>
	Obtain authorization before overriding <input type="checkbox"/>		Proper barricading? <input type="checkbox"/>
	Follow prescribed journey <input type="checkbox"/>		Check if isolation required and implement. <input type="checkbox"/>
Protect yourself against a fall when working at height <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	Lifting in progress	Moving Equipment/vehicles	Falling objects	Slippery	Toxic	Electruction hazard	High pressure cylinders	Entanglemen t 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"/>



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
eeee	eeee	eeee	eeee

ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
1	Emp-9	Employee-9	Test Abu Dhabi		