















**TOOL BOX TALKS**










Abu Dhabi/ Dubai

**Project Name:** ActiveJProj  
**Location:** DI  
**Client:**  
**Supervisor Date:** 05-10-2023  
**No.of manpower:** 5  
**Time:** 09:55  
**Job type:** h  
**Job Description:** g  
**Tools and Equipment used:** g  
**Job Start:** 09:53:00  
**End Time:** 09:53:00  
**Conducted By:** sijina  
**Ray No. :** RU/527  
**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 checked="" type="checkbox"/>	
Conduct gas test when required	<input type="checkbox"/>	
Work with a valid work permit when required	<input checked="" 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 checked="" 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 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 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 type="checkbox"/>
Is every one aware of themselves and others activities happening on-site?	<input checked="" type="checkbox"/>
Have you discussed Life Saving Rules?	<input type="checkbox"/>
Have you agreed how to communicate with each other?	<input checked="" 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 checked="" type="checkbox"/>
Are using tools being inspected & calibration updated?	<input checked="" type="checkbox"/>
Emergency switches properly function?	<input type="checkbox"/>
Good housekeeping?	<input checked="" type="checkbox"/>
Proper barricading?	<input type="checkbox"/>
Check if isolation required and implement.	<input checked="" type="checkbox"/>
Check job requirements & timings	<input checked="" type="checkbox"/>
Team aware of the emergency response.	<input checked="" type="checkbox"/>
Check if permit to work is required	<input checked="" 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	Entanglement hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**HAZARD CONTROL SHEET**

Task	Hazards	Controls	Responsibilities
fg	gg	ggg	ggg

**ATTENDANCE SHEET**

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