















TOOL BOX TALKS

Abu Dhabi/ Dubai

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|--|--|--|---|--|
| Project Name: Project-295 Location: abc Client: client-295 Supervisor : Employee-8 Date: 29-10-2024 No.of manpower: 1 Time: 09:17 Job type: 1 Job Description: 1 Tools and Equipment used: 1 Job Start: 01:00 End Time: 05:00 Conducted By: Employee-8 Ray No. : Emp-8 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 checked="" type="checkbox"/> |  | Does everyone have correct PPE? <input checked="" 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 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"/> |  | 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"/> |  | no <input type="checkbox"/> | |
| | Obtain permit for working in confined Space <input checked="" type="checkbox"/> |  | Does everyone know that if there is a shift change then another TBT is required? <input type="checkbox"/> | |
| | Verify isolation before work begins and use the specified life protection <input type="checkbox"/> |  | Does appropriate posters and sign boards kept at site <input type="checkbox"/> | |
| | Wear your seat belt <input type="checkbox"/> |  | Are using tools being inspected & calibration updated? <input type="checkbox"/> | |
| | Obtain authorization before overriding <input type="checkbox"/> |  | Emergency switches properly function? <input type="checkbox"/> | |
| | Follow prescribed journey <input type="checkbox"/> |  | Good housekeeping? <input type="checkbox"/> | |
| | Protect yourself against a fall when working at height <input type="checkbox"/> |  | Proper barricading? <input 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 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












RAY International Electrical Contracting & Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

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| Flammable <input checked="" type="checkbox"/> | Lifting in progress <input type="checkbox"/> | Moving Equipment/vehicles <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"/> | Entanglement hazard <input type="checkbox"/> |

HAZARD CONTROL SHEET

| Task | Hazards | Controls | Responsibilities |
|------|---------|----------|------------------|
| aa | aa | aa | aa |

ATTENDANCE SHEET

| S.No | Emp.No. | Name | Company | Designation | Signature |
|------|---------|------------|-------------|-------------|-----------|
| 1 | Emp-8 | Employee-8 | Test Al Ain | | |