



TOOL BOX TALKS

Abu Dhabi/ Dubai

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| 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 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 checked="" 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 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 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 type="checkbox"/> |
| | Wear your seat belt <input checked="" type="checkbox"/> | Emergency switches properly function? <input checked="" 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 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 checked="" type="checkbox"/> | |
| | Does the sufficient number of supervisors present for the crews <input checked="" type="checkbox"/> | |

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

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|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Flammable | Lifting in progress | Moving Equipment/vehicles | 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 |
|------|---------|----------|------------------|
| fg | gg | ggg | ggg |

ATTENDANCE SHEET

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