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<b>Project Name:</b> SangNew <b>Location:</b> dlh <b>Client:</b> <b>Supervisor Date:</b> 17-10-2023 <b>No.of manpower:</b> 6 <b>Time:</b> 10:27 <b>Job type:</b> g <b>Job Description:</b> g <b>Tools and Equipment used:</b> <div>h</div> <b>Job Start:</b> 10:26:00 <b>End Time:</b> 10:26:00 <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</b> <table border="1"> <tr> <td>Don't walk under a suspended load</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Don't smoke outside designed smoking areas</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Conduct gas test when required</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Work with a valid work permit when required</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>No drugs or alcohol while working or driving</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>While driving don't use the mobile phone and exceed speed limit</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Obtain permit for working in confined Space</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Verify isolation before work begins and use the specified life protection</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Wear your seat belt</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Obtain authorization before overriding</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Follow prescribed journey</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Protect yourself against a fall when working at height</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Don't walk under a suspended load	<input checked="" type="checkbox"/>		Don't smoke outside designed smoking areas	<input 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 type="checkbox"/>		Obtain authorization before overriding	<input checked="" type="checkbox"/>		Follow prescribed journey	<input type="checkbox"/>		Protect yourself against a fall when working at height	<input checked="" type="checkbox"/>		<b>Tick on the boxes which required your plan for the job</b> <table border="1"> <tr> <td>Does everyone have correct PPE?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Do you have all required tools, are they correct &amp; 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Use hazards warning signs as remainders 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
123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890
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123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890	123456789012345678901234567890
12345678901234	12345678901234	12345678901234	12345678901234

ATTENDANCE SHEET					
S.No	Emp.No.	Name	Company	Designation	Signature
1	2,541	Nimisha	Company2	Lineman	
2	2,602	sijina	Company1		