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Project Name: abc Location: lo Client: abc Supervisor : sijina Date: 05-03-2024 No.of manpower: 1 Time: 14:08 Job type: i Job Description: h Tools and Equipment used: h Job Start: 09:00 End Time: 10:00 Conducted By: Rijwan Khan Ray No. : RU/025 Signature:	Life Saving Rules: Tick on the boxes which you being discuss during <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Don't walk under a suspended load <input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Don't smoke outside designed smoking areas <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Conduct gas test when required <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Work with a valid work permit when required <input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">No drugs or alcohol while working or driving <input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">While driving don't use the mobile phone and exceed speed limit <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Obtain permit for working in confined Space <input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Verify isolation before work begins and use the specified life protection <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Wear your seat belt <input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Obtain authorization before overriding <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Follow prescribed journey <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Protect yourself against a fall when working at height <input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></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 checked="" type="checkbox"/>		While driving don't use the mobile phone and exceed speed limit <input 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 type="checkbox"/>		Follow prescribed journey <input 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Does everyone have correct PPE? 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<input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Good housekeeping? <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Proper barricading? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Check if isolation required and implement. <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Check job requirements & timings <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Team aware of the emergency response. <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Check if permit to work is required <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Job hazards identified &controls inplace. <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Does the sufficient number of supervisors present for the crews <input type="checkbox"/></td> </tr> </table>	Does everyone have correct PPE? <input checked="" type="checkbox"/>	Do you have all required tools, are they correct & they are in good condition? 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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	Entaglemen t hazard
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>



TOOL BOX TALKS	Abu Dhabi/ Dubai
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HAZARD CONTROL SHEET			
Task	Hazards	Controls	Responsibilities
a	b	c	d

ATTENDANCE SHEET					
S.No	Emp.No.	Name	Company	Designation	Signature
1	RU/023	Vijil Israel Johnson	Company2	Project Engineer	