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<b>Project Name:</b> @newtest <b>Location:</b> dlh <b>Client:</b> <b>Supervisor Date:</b> 12-10-2023 <b>No.of manpower:</b> 6 <b>Time:</b> 17:07 <b>Job type:</b> j <b>Job Description:</b> g <b>Tools and Equipment used:</b> g <b>Job Start:</b> 17:06:00 <b>End Time:</b> 17:06:00 <b>Conducted By:</b> sijina-test <b>Ray No. :</b> RU/012 <b>Signature:</b> 	<b>Life Saving Rules: Tick on the boxes which you being discuss during</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Don't walk under a suspended load</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Don't smoke outside designed smoking areas</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Conduct gas test when required</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Work with a valid work permit when required</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>No drugs or alcohol while working or driving</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>While driving don't use the mobile phone and exceed speed limit</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Obtain permit for working in confined Space</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Verify isolation before work begins and use the specified life protection</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Wear your seat belt</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Obtain authorization before overriding</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Follow prescribed journey</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"></td></tr> <tr><td>Protect yourself against a fall when working at height</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"></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 checked="" type="checkbox"/>		Work with a valid work permit when required	<input 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 checked="" type="checkbox"/>		Protect yourself against a fall when working at height	<input type="checkbox"/>		<b>Tick on the boxes which required your plan for the job</b> <table border="1" style="width: 100%; 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**Use hazards warning signs as remainders and tick the signs being discussed during TBT**

								
Flammable	Lifting in progress	Moving Equipment/v ehicles	Falling objects	Slippery	Toxic	Electruction hazard	High pressure cylinders	Entaglement 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"/>

HAZARD CONTROL SHEET			
Task	Hazards	Controls	Responsibilities
hhh	hhh	hhh	ggg

ATTENDANCE SHEET					
S.No	Emp.No.	Name	Company	Designation	Signature
1	8	Sudheer Thirumalmel Kalarickal	Company2	Accounts Manager	