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Project Name: @newtest Location: dlh Client: Supervisor Date: 12-10-2023 No.of manpower: 5 Time: 10:49 Job type: f Job Description: g Tools and Equipment used: g Job Start: 10:47:00 End Time: 10:47:00 Conducted By: sijina Ray No. : RU/603 Signature: 	Life Saving Rules: Tick on the boxes which you being discuss during <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 checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Work with a valid work permit when required</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>No drugs or alcohol while working or driving</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>While driving don't use the mobile phone and exceed speed limit</td> <td><input type="checkbox"/></td> 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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 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
1234567890123456789012345678901	hhb	hh	ggg
1234567890123456789012345678901			
1234567890123456789012345678901			
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123456789012345678901			
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ATTENDANCE SHEET					
S.No	Emp.No.	Name	Company	Designation	Signature