

**RAY International Electrical Contracting & Maintenance LLC****RAY International Electrical Contracting LLC****RAY International Power LLC****TOOL BOX TALKS**

Abu Dhabi/ Dubai

<b>Project Name:</b> @newtest <b>Location:</b> dlh <b>Client:</b> <b>Supervisor Date:</b> 12-10-2023 <b>No.of manpower:</b> 5 <b>Time:</b> 10:49 <b>Job type:</b> f <b>Job Description:</b> g <b>Tools and Equipment used:</b> g <b>Job Start:</b> 10:47:00 <b>End Time:</b> 10:47:00 <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></tr> <tr><td>Don't smoke outside designed smoking areas</td><td><input type="checkbox"/></td></tr> <tr><td>Conduct gas test when required</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Work with a valid work permit when required</td><td><input type="checkbox"/></td></tr> <tr><td>No drugs or alcohol while working or driving</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>While driving don't use the mobile phone and exceed speed limit</td><td><input type="checkbox"/></td></tr> <tr><td>Obtain permit for working in confined Space</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Verify isolation before work begins and use the specified life protection</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Wear your seat belt</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Obtain authorization before overriding</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Follow prescribed journey</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Protect yourself against a fall when working at height</td><td><input checked="" type="checkbox"/></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 checked="" type="checkbox"/>	Wear your seat belt	<input checked="" type="checkbox"/>	Obtain authorization before overriding	<input checked="" type="checkbox"/>	Follow prescribed journey	<input checked="" 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 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/v ehicles	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
1234567890123456789012345678901 1234567890123456789012345678901 1234567890123456789012345678901 1234567890123456789012345678901 123456789012345678901	hhb	hh	ggg
1234567890123456789012345678901 1234567890123456789012345678901 1234567890123456789012345678901 1234567890123456789012345678901 123456789012345678901	hh	hh	hh

**ATTENDANCE SHEET**

S.No	Emp.No.	Name	Company	Designation	Signature