














































TOOL BOX TALKS			Abu Dhabi/ Dubai																																								
Project Name: dddddd Location: Knr Client: Supervisor : Mirza Habeeb Baig Date: 31-07-2024 No.of manpower: 1 Time: 11:59 Job type: ty1 Job Description: des1 Tools and Equipment used: tool1 Job Start: 01:00 End Time: 02:00 Conducted By: Rajkumar Krishnan Kutty Ray No. : RU/034 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 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 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 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 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 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 type="checkbox"/>		Obtain permit for working in confined Space <input 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 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? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Do you have all required tools, are they correct & they are in good condition? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Is every one aware of themselves and others activities happening on-site? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Have you discussed Life Saving Rules? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Have you agreed how to communicate with each other? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Does everyone know that if there is a shift change then another TBT is required? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Does appropriate posters and sign boards kept at site <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Emergency switches properly function? <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Good housekeeping? <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Does the sufficient number of supervisors present for the crews <input checked="" 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? <input checked="" type="checkbox"/>	Is every one aware of themselves and others activities happening on-site? <input checked="" type="checkbox"/>	Have you discussed Life Saving Rules? <input checked="" type="checkbox"/>	Have you agreed how to communicate with each other? <input checked="" type="checkbox"/>	Does everyone know that if there is a shift change then another TBT is required? <input checked="" type="checkbox"/>	Does appropriate posters and sign boards kept at site <input checked="" type="checkbox"/>	Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/>	Emergency switches properly function? <input checked="" type="checkbox"/>	Good housekeeping? <input checked="" type="checkbox"/>	Proper barricading? <input checked="" type="checkbox"/>	Check if isolation required and implement. <input checked="" type="checkbox"/>	Check job requirements & timings <input checked="" type="checkbox"/>	Team aware of the emergency response. <input checked="" type="checkbox"/>	Check if permit to work is required <input checked="" type="checkbox"/>	Job hazards identified &controls inplace. <input checked="" type="checkbox"/>	Does the sufficient number of supervisors present for the crews <input checked="" type="checkbox"/>
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 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 type="checkbox"/>																																											
Obtain permit for working in confined Space <input 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 type="checkbox"/>																																											
Follow prescribed journey <input type="checkbox"/>																																											
Protect yourself against a fall when working at height <input type="checkbox"/>																																											
Does everyone have correct PPE? <input checked="" type="checkbox"/>																																											
Do you have all required tools, are they correct & they are in good condition? <input checked="" type="checkbox"/>																																											
Is every one aware of themselves and others activities happening on-site? <input checked="" type="checkbox"/>																																											
Have you discussed Life Saving Rules? <input checked="" type="checkbox"/>																																											
Have you agreed how to communicate with each other? <input checked="" type="checkbox"/>																																											
Does everyone know that if there is a shift change then another TBT is required? <input checked="" type="checkbox"/>																																											
Does appropriate posters and sign boards kept at site <input checked="" type="checkbox"/>																																											
Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/>																																											
Emergency switches properly function? <input checked="" type="checkbox"/>																																											
Good housekeeping? <input checked="" type="checkbox"/>																																											
Proper barricading? <input checked="" type="checkbox"/>																																											
Check if isolation required and implement. <input checked="" type="checkbox"/>																																											
Check job requirements & timings <input checked="" type="checkbox"/>																																											
Team aware of the emergency response. <input checked="" type="checkbox"/>																																											
Check if permit to work is required <input checked="" type="checkbox"/>																																											
Job hazards identified &controls inplace. <input checked="" type="checkbox"/>																																											
Does the sufficient number of supervisors present for the crews <input checked="" type="checkbox"/>																																											

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 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"/>

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

Abu Dhabi/ Dubai

HAZARD CONTROL SHEET

Task	Hazards	Controls	Responsibilities
t1	h1	c1	r1
task2	qwertyui	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibus. Vivamus elementum semper nisi. Aenean vulputate eleifend tellus. Aenean leo ligula, porttitor eu, consequat vitae, eleifend ac, enim. Aliquam lorem ante, dapibus in, viverra quis, feugiat a, tellus. Phasellus viverra nulla ut metus varius laoreet. Quisque rutrum. Aenean imperdiet. Etiam ultricies	zxcvbnm

ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
1	RU/022	Sudheer Thirumalmel Kalarickal	Ray Dubai		
2	RU/022	Sudheer Thirumalmel Kalarickal	Ray Dubai		