



## TOOL BOX TALKS

Abu Dhabi/ Dubai

|                                      |                                                                                                                                                                                                    |                                                                                                                      |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Project Name:</b><br>LACHU        | <b>Life Saving Rules: Tick on the boxes which you being discuss during</b>                                                                                                                         | <b>Tick on the boxes which required your plan for the job</b>                                                        |
| <b>Location:</b><br>kochi            | Don't walk under a suspended load <input checked="" type="checkbox"/>                                             | Does everyone have correct PPE? <input checked="" type="checkbox"/>                                                  |
| <b>Client:</b><br>THEJU              | Don't smoke outside designed smoking areas <input checked="" type="checkbox"/>                                   | Do you have all required tools, are they correct & they are in good condition? <input checked="" type="checkbox"/>   |
| <b>Supervisor :</b><br>Employee-2    | Conduct gas test when required <input checked="" type="checkbox"/>                                               | Is every one aware of themselves and others activities happening on-site? <input checked="" type="checkbox"/>        |
| <b>Date:</b> 20-12-2024              | Work with a valid work permit when required <input checked="" type="checkbox"/>                                  | Have you discussed Life Saving Rules? <input checked="" type="checkbox"/>                                            |
| <b>No.of manpower:</b> 123           | No drugs or alcohol while working or driving <input checked="" type="checkbox"/>                                 | Have you agreed how to communicate with each other? <input checked="" type="checkbox"/>                              |
| <b>Time:</b> 13:22                   | While driving don't use the mobile phone and exceed speed limit <input checked="" type="checkbox"/>              | Does everyone know that if there is a shift change then another TBT is required? <input checked="" type="checkbox"/> |
| <b>Job type:</b> 1234                | Obtain permit for working in confined Space <input checked="" type="checkbox"/>                                | Does appropriate posters and sign boards kept at site? <input checked="" type="checkbox"/>                           |
| <b>Job Description:</b> 11           | Verify isolation before work begins and use the specified life protection <input checked="" type="checkbox"/>  | Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/>                           |
| <b>Tools and Equipment used:</b> 124 | Wear your seat belt <input checked="" type="checkbox"/>                                                        | Emergency switches properly function? <input checked="" type="checkbox"/>                                            |
| <b>Job Start:</b> 13:21              | Obtain authorization before overriding <input checked="" type="checkbox"/>                                     | Good housekeeping? <input checked="" type="checkbox"/>                                                               |
| <b>End Time:</b> 13:21               | Follow prescribed journey <input checked="" type="checkbox"/>                                                  | Proper barricading? <input checked="" type="checkbox"/>                                                              |
| <b>Conducted By:</b> Employee-9      | Protect yourself against a fall when working at height <input checked="" type="checkbox"/>                     | Check if isolation required and implement. <input checked="" type="checkbox"/>                                       |
| <b>Ray No. :</b> Emp-9               |                                                                                                                                                                                                    | Check job requirements & timings <input checked="" type="checkbox"/>                                                 |
| <b>Signature:</b>                    |                                                                                                                                                                                                    | 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 checked="" type="checkbox"/>                                                | <input checked="" type="checkbox"/>                                                 | <input checked="" type="checkbox"/>                                                 | <input checked="" type="checkbox"/>                                                 | <input checked="" type="checkbox"/>                                                 | <input checked="" type="checkbox"/>                                                  | <input checked="" type="checkbox"/>                                                   | <input checked="" type="checkbox"/>                                                   | <input checked="" type="checkbox"/>                                                   |



RAY International Electrical Contracting & Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

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**HAZARD CONTROL SHEET**

| Task | Hazards | Controls | Responsibilities |
|------|---------|----------|------------------|
| cc   | fg      | vv       | th               |

**ATTENDANCE SHEET**

| S.No | Emp.No. | Name       | Company     | Designation | Signature                                                                           |
|------|---------|------------|-------------|-------------|-------------------------------------------------------------------------------------|
| 1    | Emp-8   | Employee-8 | Test Al Ain |             |  |