
















## TOOL BOX TALKS

Abu Dhabi/ Dubai

<b>Project Name:</b> 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> kochi	Don't walk under a suspended load <input checked="" type="checkbox"/> 	Does everyone have correct PPE? <input checked="" type="checkbox"/>
<b>Client:</b> 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> 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"/> 	Does everyone know that if there is a shift change then another TBT is required? <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 appropriate posters and sign boards kept at site? <input checked="" type="checkbox"/>
<b>Job type:</b> 1234	Obtain permit for working in confined Space <input checked="" type="checkbox"/> 	Are using tools being inspected & calibration updated? <input checked="" type="checkbox"/>
<b>Job Description:</b> 11	Verify isolation before work begins and use the specified life protection <input checked="" type="checkbox"/> 	Emergency switches properly function? <input checked="" type="checkbox"/>
<b>Tools and Equipment used:</b> 124	Wear your seat belt <input checked="" type="checkbox"/> 	Good housekeeping? <input checked="" type="checkbox"/>
<b>Job Start:</b> 13:21	Obtain authorization before overriding <input checked="" type="checkbox"/> 	Proper barricading? <input checked="" type="checkbox"/>
<b>End Time:</b> 13:21	Follow prescribed journey <input checked="" type="checkbox"/> 	Check if isolation required and implement. <input checked="" type="checkbox"/>
<b>Conducted By:</b> Employee-9	Protect yourself against a fall when working at height <input checked="" type="checkbox"/> 	Check job requirements & timings <input checked="" type="checkbox"/>
<b>Ray No. :</b> Emp-9		Team aware of the emergency response. <input checked="" type="checkbox"/>
<b>Signature:</b> 		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		