



## TOOL BOX TALKS

Abu Dhabi/ Dubai

<b>Project Name:</b> SangProject2(name)  <b>Location:</b> test  <b>Client:</b> No Client  <b>Supervisor</b> <b>Date:</b> 24-08-2023  <b>No.of manpower:</b> 2  <b>Time:</b> 16:57  <b>Job type:</b> ee  <b>Job Description:</b> test  <b>Tools and Equipment used:</b> 123  <b>Job Start:</b> 16:53:00  <b>End Time:</b> 17:53:00  <b>Conducted By:</b> Tommy Gene Hager  <b>Ray No. :</b> RU/023  <b>Signature:</b>	<b>Life Saving Rules: Tick on the boxes which you being discuss during TBT</b>		<b>Tick on the boxes which required your plan for the</b>
	Don't walk under a suspended load <input checked="" type="checkbox"/>		Does everyone have correct PPI <input type="checkbox"/>
	Don't smoke outside designed smoking areas <input type="checkbox"/>		Do you have all required tools, a <input type="checkbox"/>
	Conduct gas test when required <input type="checkbox"/>		Is every one aware of themself <input checked="" type="checkbox"/>
	Work with a valid work permit when required <input checked="" type="checkbox"/>		Have you discussed Life Saving <input type="checkbox"/>
	No drugs or alcohol while working or driving <input type="checkbox"/>		Have you agreed how to commu <input checked="" type="checkbox"/>
	While driving don't use the mobile phone and exceed speed limit <input checked="" type="checkbox"/>		Does everyone know that if there <input type="checkbox"/>
	Obtain permit for working in confined Space <input type="checkbox"/>		Does appropriate posters and si <input checked="" type="checkbox"/>
	Verify isolation before work begins and use the specified life protection <input checked="" type="checkbox"/>		Are using tools being inspected <input type="checkbox"/>
	Wear your seat belt <input type="checkbox"/>		Emergency switches properly fu <input checked="" type="checkbox"/>
Obtain authorization before overriding <input checked="" type="checkbox"/>		Good housekeeping? <input checked="" type="checkbox"/>	
Follow prescribed journey <input type="checkbox"/>		Proper barricading? <input checked="" type="checkbox"/>	
Protect yourself against a fall when working at height <input checked="" type="checkbox"/>		Check if isolation required and ir <input checked="" type="checkbox"/>	
		Check job requirements & timing <input checked="" type="checkbox"/>	
		Team aware of the emergency re <input checked="" type="checkbox"/>	
		Check if permit to work is require <input checked="" type="checkbox"/>	
		Job hazards identified &controls <input checked="" type="checkbox"/>	
		Does the sufficient number of su <input checked="" type="checkbox"/>	

Use hazards warning signs as remainders and tick the signs being discussed during TBT

<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
ddd	tt	rra	tthd

## ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
	2,552	NA	Company1	test	