



TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name: SangProject2(name) Location: knr Client: No Client Supervisor Date: 24-08-2023 No.of manpower: 2 Time: 16:46 Job type: test Job Description: test Tools and Equipment used: test Job Start: 16:41:00 End Time: 12:50:00 Conducted By: Hind Yaich Achour Ray No. : RU/140 Signature:	Life Saving Rules: Tick on the boxes which you being discuss during TBT		Tick on the boxes which required your plan for the
	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 checked="" type="checkbox"/>
	Conduct gas test when required <input type="checkbox"/>		Is every one aware of themself <input type="checkbox"/>
	Work with a valid work permit when required <input type="checkbox"/>		Have you discussed Life Saving <input checked="" type="checkbox"/>
	No drugs or alcohol while working or driving <input checked="" 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 type="checkbox"/>
	Verify isolation before work begins and use the specified life protection <input type="checkbox"/>		Are using tools being inspected <input type="checkbox"/>
	Wear your seat belt <input type="checkbox"/>		Emergency switches properly fu <input type="checkbox"/>
Obtain authorization before overriding <input type="checkbox"/>		Good housekeeping? <input type="checkbox"/>	
Follow prescribed journey <input type="checkbox"/>		Proper barricading? <input type="checkbox"/>	
Protect yourself against a fall when working at height <input 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"/>
<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"/>

HAZARD CONTROL SHEET

Task	Hazards	Controls	Responsibilities
check	check	test	test

ATTENDANCE SHEET

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