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Project Name: SangNew Location: dlh Client: Supervisor Date: 17-10-2023 No.of manpower: 5 Time: 09:00 Job type: f Job Description: h Tools and Equipment used: h Job Start: 08:59:00 End Time: 08:59:00 Conducted By: sijina Ray No. : RU/603 Signature: 	Life Saving Rules: Tick on the boxes which you being discuss during <table border="1"> <tr><td>Don't walk under a suspended load</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Don't smoke outside designed smoking areas</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Conduct gas test when required</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Work with a valid work permit when required</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>No drugs or alcohol while working or driving</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>While driving don't use the mobile phone and exceed speed limit</td><td><input checked="" type="checkbox"/></td><td></td></tr> 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Use hazards warning signs as remainders and tick the signs being discussed during TBT

								
Flammable	Lifting in progress	Moving Equipment/v ehicles	Falling objects	Slippery	Toxic	Electruction hazard	High pressure cylinders	Entaglement hazard
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CONTROL SHEET			
Task	Hazards	Controls	Responsibilities
gghbb	hhhh	hhbb	h

ATTENDANCE SHEET					
S.No	Emp.No.	Name	Company	Designation	Signature
	2,602	sijina	Company1		