



TOOL BOX TALKS

Abu Dhabi/ Dubai

Project Name: SangProject2(name) Location: dlh Client: No Client Supervisor Date: 22-08-2023 No.of manpower: 4 Time: 18:08 Job type: g Job Description: g Tools and Equipment used: g Job Start: 18:06:00 End Time: 20:06:00 Conducted By: sijina-test Ray No. : RU/603 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 type="checkbox"/>
	Conduct gas test when required <input checked="" type="checkbox"/>		Is every one aware of themself <input type="checkbox"/>
	Work with a valid work permit when required <input checked="" type="checkbox"/>		Have you discussed Life Saving <input checked="" type="checkbox"/>
	No drugs or alcohol while working or driving <input type="checkbox"/>		Have you agreed how to commu <input 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 checked="" type="checkbox"/>
	Obtain permit for working in confined Space <input checked="" type="checkbox"/>		Does appropriate posters and si <input type="checkbox"/>
	Verify isolation before work begins and use the specified life protection <input checked="" type="checkbox"/>		Are using tools being inspected <input checked="" type="checkbox"/>
	Wear your seat belt <input checked="" type="checkbox"/>		Emergency switches properly fu <input type="checkbox"/>
Obtain authorization before overriding <input checked="" type="checkbox"/>		Good housekeeping? <input checked="" type="checkbox"/>	
Follow prescribed journey <input checked="" 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 type="checkbox"/>	
		Team aware of the emergency r <input type="checkbox"/>	
		Check if permit to work is require <input checked="" type="checkbox"/>	
		Job hazards identified &controls <input type="checkbox"/>	
		Does the sufficient number of su <input 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
g	h	j	h

ATTENDANCE SHEET

S.No	Emp.No.	Name	Company	Designation	Signature
	2,603	sijina-test	Company1		