














































## TOOL BOX TALKS

Abu Dhabi/ Dubai

|   |   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
|---|---|---|-------------------------------------|---|--|-------------------------------------|---|--------------------------------|--------------------------|---|---|-------------------------------------|---|--|--------------------------|---|---|-------------------------------------|---|---|-------------------------------------|---|---|--------------------------|---|---------------------|-------------------------------------|---|--|-------------------------------------|---|---------------------------|-------------------------------------|---|--|--------------------------|---|---|---------------------------------|-------------------------------------|--|--------------------------|---|-------------------------------------|---------------------------------------|--------------------------|---|-------------------------------------|--|--------------------------|---|-------------------------------------|--|-------------------------------------|---------------------------------------|--------------------------|--------------------|-------------------------------------|---------------------|--------------------------|--|-------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--------------------------|---|--------------------------|
| <b>Project Name:</b> ActiveJProj<br><b>Location:</b> DI<br><b>Client:</b><br><b>Supervisor Date:</b> 05-10-2023<br><b>No.of manpower:</b> 5<br><b>Time:</b> 09:55<br><b>Job type:</b> h<br><b>Job Description:</b> g<br><br><b>Tools and Equipment used:</b><br>g<br><br><b>Job Start:</b> 09:53:00<br><b>End Time:</b> 09:53:00<br><b>Conducted By:</b> sijina<br><br><b>Ray No. :</b> RU/527<br><b>Signature:</b>  | <b>Life Saving Rules: Tick on the boxes which you being discuss during</b> <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 checked="" 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> <tr> <td>Obtain permit for working in confined Space</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Verify isolation before work begins and use the specified life protection</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Wear your seat belt</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Obtain authorization before overriding</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Follow prescribed journey</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Protect yourself against a fall when working at height</td> <td><input type="checkbox"/></td> <td></td> </tr> </table> | Don't walk under a suspended load   | <input checked="" type="checkbox"/> |  | Don't smoke outside designed smoking areas | <input checked="" type="checkbox"/> |  | Conduct gas test when required | <input type="checkbox"/> |  | Work with a valid work permit when required | <input checked="" type="checkbox"/> |  | No drugs or alcohol while working or driving | <input type="checkbox"/> |  | While driving don't use the mobile phone and exceed speed limit | <input checked="" type="checkbox"/> |  | Obtain permit for working in confined Space | <input checked="" type="checkbox"/> |  | Verify isolation before work begins and use the specified life protection | <input type="checkbox"/> |  | Wear your seat belt | <input checked="" type="checkbox"/> |  | Obtain authorization before overriding | <input checked="" type="checkbox"/> |  | Follow prescribed journey | <input checked="" type="checkbox"/> |  | Protect yourself against a fall when working at height | <input type="checkbox"/> |  | <b>Tick on the boxes which required your plan for the job</b> <table border="1"> <tr> <td>Does everyone have correct PPE?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Do you have all required tools, are they correct &amp; they are in good condition?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is every one aware of themselves and others activities happening on-site?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Have you discussed Life Saving Rules?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have you agreed how to communicate with each other?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Does everyone know that if there is a shift change then another TBT is required?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Does appropriate posters and sign boards kept at site</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Are using tools being inspected &amp; calibration updated?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Emergency switches properly function?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Good housekeeping?</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Proper barricading?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Check if isolation required and implement.</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Check job requirements &amp; timings</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Team aware of the emergency response.</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Check if permit to work is required</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Job hazards identified &amp;controls inplace.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Does the sufficient number of supervisors present for the crews</td> <td><input type="checkbox"/></td> </tr> </table> | Does everyone have correct PPE? 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| Don't walk under a suspended load   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Don't smoke outside designed smoking areas  | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Conduct gas test when required  | <input type="checkbox"/>  |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Work with a valid work permit when required   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| No drugs or alcohol while working or driving  | <input type="checkbox"/>  |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| While driving don't use the mobile phone and exceed speed limit   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Obtain permit for working in confined Space   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Verify isolation before work begins and use the specified life protection   | <input type="checkbox"/>  |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Wear your seat belt   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Obtain authorization before overriding  | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Follow prescribed journey   | <input checked="" type="checkbox"/>   |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Protect yourself against a fall when working at height  | <input type="checkbox"/>  |  |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Does everyone have correct PPE?   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Do you have all required tools, are they correct & they are in good condition?  | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Is every one aware of themselves and others activities happening on-site?   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Have you discussed Life Saving Rules?   | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Have you agreed how to communicate with each other?   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Does everyone know that if there is a shift change then another TBT is required?  | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Does appropriate posters and sign boards kept at site   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Are using tools being inspected & calibration updated?  | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Emergency switches properly function?   | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Good housekeeping?  | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Proper barricading?   | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Check if isolation required and implement.  | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Check job requirements & timings  | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Team aware of the emergency response.   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Check if permit to work is required   | <input checked="" type="checkbox"/>   |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Job hazards identified &controls inplace.   | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |
| Does the sufficient number of supervisors present for the crews   | <input type="checkbox"/>  |   |                                     |   |  |                                     |   |                                |                          |   |   |                                     |   |  |                          |   |   |                                     |   |   |                                     |   |   |                          |   |                     |                                     |   |  |                                     |   |                           |                                     |   |  |                          |   |   |                                 |                                     |  |                          |   |                                     |                                       |                          |   |                                     |  |                          |   |                                     |  |                                     |                                       |                          |                    |                                     |                     |                          |  |                                     |                                  |                                     |                                       |                                     |                                     |                                     |   |                          |   |                          |

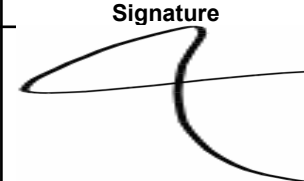
Use hazards warning signs as remainders and tick the signs being discussed during TBT

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|--|---|---|---|---|---|--|---|---|
|  |  |  |  |  |  |  |  |  |
| Flammable  | Lifting in progress   | Moving Equipment/vehicles   | Falling objects   | Slippery  | Toxic   | Electruction hazard  | High pressure cylinders   | Entanglement hazard   |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  |

## HAZARD CONTROL SHEET

| Task | Hazards | Controls | Responsibilities |
|------|---------|----------|------------------|
| fg   | gg      | ggg      | ggg              |

## ATTENDANCE SHEET

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