

TOOLBOX SAFETY TALKS

COMPANY NAME: _____ JOB NO. _____ DATE: _____

CONDUCTED BY: _____

SAFETY REMINDERS: _____

SPECIAL TOPICS FOR PROJECT: _____

EMPLOYEE SAFETY RECOMMENDATIONS: _____

NAME OF EMPLOYEES ATTENDING:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____

SAFETY RECOMMENDATIONS
(Check each point every meeting)

- 1. Have you noticed any hazards on our job which we can eliminate or reduce?
- 2. Have you noticed any unsafe conditions which can be corrected (defective ladders, ropes, slings, planks, scaffolds, hoses, unguarded excavations)?
- 3. Is your safety equipment adequate (hard cap, goggles, respirator, etc.)?
- 4. Do you have any suggestions on how your job could be done in a safer manner?