YOUR BUSINESS NAME OR LOGO

TOOLBOX TALK

Everyone who attends signs page 2

JOB / SITE	COMPANY	WHERE ON SITE	REF
DATE	START TIME	LENGTH (MINUTES)	TALK GIVEN BY

TOPIC

WHY THIS TOPIC, TODAY

KEY POINTS what everyone must remember

1

2

3

4

5

6

7

8

HAZARDS AND CONTROLS for the work happening now

HAZARD	WHO COULD BE HURT	HOW WE CONTROL IT

QUESTIONS, CONCERNS AND ACTIONS

QUESTION, CONCERN OR ACTION	WHO	BY WHEN	DONE
			☐
			☐
			☐

SIGN-OFF

TALK GIVEN BY (SIGNATURE)

NAME DATE

CHECKED BY (SUPERVISOR OR MANAGER)

NAME DATE

ATTENDANCE SIGN-IN SHEET

everyone signs for themselves

By signing, I confirm I attended this toolbox talk and understood it.

NO.	NAME (PRINT)	COMPANY / TRADE	SIGNATURE
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NUMBER ATTENDING _____ SHEET _____ OF _____ CHECKED BY _____

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