

Tool Box Talk Form

Date:	Person Conducting Meeting:	
Project Name:	Project Number:	Meeting Location:

Items Discussed:*

Job Related Problem Areas/Concerns:

Attendees: (sign and print name)

Employee Improvement Suggestions:

-
- * 1. Determine if all corrective measures have been implemented.
 2. Report results of latest site safety inspection.
 3. Review recent injury or accident reports.
 4. Discuss current issues.
 5. Plan future operations with safety in mind.

cc: Project File
 Safety Director

