

TOOL BOX / HEALTH & SAFETY MEETINGS

Forman/Supervisor: _____ Date: _____

Project and Address: _____

Agenda:

- 1. Review of previous meetings
- 2. Review of Inspection/Incidents/Accidents
- 3. Current topic discussion
- 4. Worker input

Topic of Review:

Additional items discussed (hazards, upcoming work and concerns):

Worker Input:

Action(s) To Be Taken:

Incidents/Accident/Injuries Reviewed:

Forman/Supervisor Signature: _____

Reviewed by: _____ Date Reviewed: _____

**** Please make this record available to all at the job site and fax a copy to Safety Department ****