



Tool Box Talk Form

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

Items Discussed:*

Job Related Problem Areas/Concerns:

Attendees: (sign and print name)

_____	_____
_____	_____
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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
Drive Folder: B.C. Safety Docs