TOOL BOX MEETING NOTES

DATE: _____
START TIME: _____
FINISH TIME: _____
MINUTES BY: _____

PROJECT SITE: _____
CONTRACTOR: _____
PRINCIPAL: _____
FORMAN/SUPERVISOR: _____

CHECKLIST			ACTION/NOTES	RESPONSIBILITY	DATE	COMPLETED BY
MEMBERS IN ATTENDANCE						(DATE/INITIALS)
NAME	**COMPANY**	**SIGNATURE**				
PREVIOUS H & S MEETING ACTION ITEMS						
HAZARDS:						
ANY NEW HAZARDS?						
SIGNFICANT HAZARD CONTROLS - STILL WORKING?						
INCIDENTS/INJURIES						
ANY NEW INCIDENTS OR INJURIES?						
ANY INVESTIGATIONS COMPLETED?						
HEALTH & SAFETY TRAINING						
ANY NEW OR ON-GOING TRAINING REQUIRED?						
REVIEW OF SPECIFIC OBJECTIVES						
ANY OTHER HEALTH & SAFETY ISSUES?						

DATE FOR NEXT MEETING: _____
START TIME: _____
FINISH TIME: _____
MINUTES APPROVED BY: _____