

Toolbox Talk

SITE NAME

TECHNICANS DETAILS

Full name	Date
Phone Number	Position
Principal Contractor/Company	

AGENDA ITEMS

HEALTH AND SAFETY ISSUES

Site activities /safe work practices/incident reports and investigations discussed

Issues raised	Action	By who and when
Issues outstanding from previous briefings	Action	By who and when
Job plans reviewed	Action	By who and when
Positive safe-action observations	Action	By who and when
Incidents or injuries	Action	By who and when

ATTENDEES

Name	Signature	Name	Signature

Signature of Management	Date
	Time