

## DAILY TOOLBOX MEETING

Date:

<b>Permits Required</b> Yes    No		<b>Signed</b> Yes    No		<b>Shift Start Time</b> AM    PM	
<b>Job Number</b>		<b>Site Emergency Num-ber</b>		<b>Contact No.</b>	
<b>Site Location</b>		<b>Emergency Assembly Points</b>		<b>Contact No. 2</b>	
<b>Supervisor</b>		<b>Certified First Aider/s</b>		<b>Environmental Conditions</b>	
<b>Client Rep</b>		<b>First Aid Station</b>		<b>Extra plant / Equipment Required</b>	

**PPE to be used** (identify by ticking the appropriate box / picture)



**Other PPE Required?**

PRINTED NAME	SIGNATURE	PRINTED NAME	SIGNATURE

**Remember Toolbox Talks are Not Safety Meetings**

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<p><b>(Sec A) Issues Arising from previous day (Safety &amp; Operational)</b>            Only complete this section if there were risks / issues from the work conducted the day before and they could affect today's task.</p> <p>Note: (Sec A) is NOT required for NEW tasks</p> <p>Note: If there is nothing to add to (Sec A) move to and complete (Sec B)</p>	<p><b>Action Required? Yes / No</b></p> <p>If Yes Action to be listed below</p>	<p><b>By Who</b></p>	<p><b>Date</b></p>	<p><b>Time</b></p>

<p><b>(Sec B) Discussion Points / Issues Associated with Work to be Performed this Shift / Task Section B</b></p> <p>Must be completed before each new task has commenced with consideration of, change of shift, change in job scope, new people are added or removed from the working group, following an incident or serious near miss, PPE / PPC required, Hazards Issued raised in Sec A</p>	<p><b>Follow Up Action Required? Yes / No</b></p> <p>If Yes Action to be listed below</p>	<p><b>Discussed</b></p>