TOOLBOX MEETING RECORD

Work Site:		Date:	
Supervisor/Facilitator:		Signature:	
Previous Minutes:	☐ Accepted		☐ Not Accepted

Introductions / New Personnel

Safety Point Prompts and Checks

☐ Safety performance	☐ Permits completed and revised

Toolbox Training Presented

General Business

SAMPLE

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Name	Company	Date	Signature