Tool Box Meeting

Company Name: _____

Meeting Date/Time: _____ **Location:** _____

Project/Crew: _____**Presented by:** _____

Number in Crew: _____ **Number Attending:** _____

Topic(s) Discussed:	**Have Each Attendee <u>Clearly</u> Sign Their Name**
SWP's and SJP's Reviewed:	
Worker Comments and/or Concerns:	
Action(s) to be Taken – state date/time to complete and by whom:	
Incidents Reviewed (including Near Misses):	

Reviewed by: _____ **Date:** _____

Supervisor Signature

Comments: