

TOOL BOX SAFETY MEETING RECORD

Company Name: _____

Foreman's Name: _____

Meeting Date: _____

Safety Topic: _____

ATTENDEE'S	
(Use back of sheet if more space is required)	
Worker's Name (print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Workers' Concerns or Comments:

(Turn Over)

Injury/Accident Review & Action Taken:

Supervisor Name: _____

Date Reviewed: _____

Supervisor's Remarks/Comments:

Supervisor's Signature: _____