

Toolbox/Staff Meeting Agenda and Record



<input type="checkbox"/>	Housekeeping, Safety, Quality and Environment	<input type="checkbox"/>	Are <u>ALL</u> electrical leads (whether in use or not) tagged & current?
<input type="checkbox"/>	Discuss hazards particular to this workshop and or site	<input type="checkbox"/>	Access and egress
<input type="checkbox"/>	Personal protective equipment (PPE)	<input type="checkbox"/>	Training, completed and or required
<input type="checkbox"/>	Collect accident, or incident information	<input type="checkbox"/>	Confirm locations of First Aid facilities & personnel
<input type="checkbox"/>	General discussion	<input type="checkbox"/>	Other

Club/Site Location:	
Date:	
Responsible Manager/Supervisor:	
Toolbox Talk delivered by:	

Items Discussed	Actions Required	By Whom

RISK MANAGEMENT
ESSENTIALS 
1300 388 881