

Project:	Project#:
Contractor:	Supervisor:

Subject(s) Discussed:

Attendance: (Print Name)	Initial	(Print Name)	Initial
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Supervisor Comments (regarding tool box talk)

Worker Comments (regarding tool box talk)

Accidents/Incidents/First Aids/Near Misses From The Past Week

Site Concerns From The Past Week

Supervisor Signature:	Date:
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NOTE: Tool box talks are to be submitted to MJ Dixon weekly unless otherwise required. Topics should relate to safety concerns on the site or as identified by the Joint Health & Safety Committee or Site Superintendent.