My Safety Solution

DAILY TOOLBOX TALK RECORD

5-15 MINUTE PRE-SHIFT SAFETY BRIEFING

Date: _____ **Shift/Time:** _____

Supervisor: _____ **Jobsite/ Location:** _____

1. SHIFT FOCUS & WORK SCOPE

- ☐ PPE Check
- ☐ Slips, Trips & Falls
- ☐ Equipment/Tools
- ☐ Lifting/Ergonomics
- ☐ Housekeeping
- ☐ Chemicals/HazCom
- ☐ Lockout/Tagout
- ☐ Weather/Environment

2. TODAY'S SAFETY TOPIC

Topic Title: _____

Key Hazards & Risks Associated:

3. KEY MESSAGE & SAFE WORK PRACTICES

1. _____
2. _____
3. _____
4. _____

4. SITE-SPECIFIC HAZARDS & OPEN ACTIONS

HAZARD IDENTIFIED / OPERATIONAL CHANGE	ACTION REQUIRED / OWNER	STATUS / DONE

5. CREW ATTENDANCE & SIGN-OFF

EMPLOYEE NAME (PRINT)	SIGNATURE / INITIALS

EMPLOYEE NAME (PRINT)	SIGNATURE / INITIALS

I certify that this brief safety talk was delivered to the crew listed above prior to commencing work, and operational hazards for today's shift were reviewed.

Supervisor/Presenter: _____ **Date:** _____