

Toolbox Meeting Minutes

Date:		Team		Venue	
Team Leader			Signature		

Safety Share/Moment

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Review outstanding safety actions from previous meeting (if any)

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Toolbox Topics

1	Title of Topic 1 -
2	Title of Topic 2 -

Do all team members fully understand the topics and requirements going forward?

(Tick)

Yes		No	
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Safety Notices, Safety Alerts, HAZCOM's Tok Save's – Read them out and record

1	2
3	4

Follow Up Actions

No.	Action Item	Responsible person	Due Date
1			
2			
3			
4			
5			
6			

Attendance

Employee Name	ID Number	Signature	Employee Name	ID Number	Signature
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		
13.			14.		
15.			16.		
17.			18.		
19.			20.		
21.			22.		
23.			24.		
25.			26.		
27.			28.		
29.			30.		
31.			32.		