

RECORD OF TOOLBOX TALK / PRE-START BRIEFING

Date:		Site:	
Supervisor/Presenter:		<input type="checkbox"/> WHS <input type="checkbox"/> QA <input type="checkbox"/> ENVIRONMENTAL (Tick type of Toolbox Talk)	
Discussion Points	Yes	N/A	Details of Work Activity(reviewed) / SWMS/ Permits/ Hazards Raised
Child / Vulnerable Person Protection	<input type="checkbox"/>	N/A	
Today's Work Activities	<input type="checkbox"/>		
Free from drugs and alcohol & fatigue	<input type="checkbox"/>		
SWMS Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	
Permit to Dig	<input type="checkbox"/>	<input type="checkbox"/>	
Training conducted	<input type="checkbox"/>	<input type="checkbox"/>	
PPE Provide	<input type="checkbox"/>	<input type="checkbox"/>	
Plant & equipment discussed, including machine pre starts / maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting Chains/Slings Inspected	<input type="checkbox"/>	<input type="checkbox"/>	
Incidents discussed	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Injury Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Materials Movement	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Hazards:</u>			
<input type="checkbox"/> Overhead Services <input type="checkbox"/> Underground Services <input type="checkbox"/> Hazardous Substances <input type="checkbox"/> Work at Heights <input type="checkbox"/> Manual Handling <input type="checkbox"/> Plant <input type="checkbox"/> Public Protection <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other: (please list below)			
TASK BEING PERFORMED ON SITE:			
1.	Location:		
2.	Location:		
3.	Location:		
4.	Location:		
5.	Location:		
PERMITS REQUIRED (Out of Hrs / Hot Works Permits etc):			
MATERIAL MOVEMENTS PLANNED FOR SHIFT:			
1. From where:	To where:		
2. From where:	To where:		
3. From where:	To where:		
Route to Take (List):			

