Please Print Double Sided

Record what was discussed during the Toolbox Meeting. Tick the topics covered and make notes. Include input from all relevant staff, hirers and contractors.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Venue:** | | **Event or Show:** | | | **Department:** | | |
|  | |  | | |  | | |
|  | | | | | | | |
| **Topics discussed:** | | | | | | | |
|  | Event/ Task Safety on Site | |  | Emergency Management | |  | Working in Hot/ Cold Conditions | |
|  | Hazard Reporting | |  | Electrical Safety | |  | Work Area Design | |
|  | Manual Handling | |  | Alcohol and Other Drugs | |  | Hazardous Chemicals | |
|  | PPE | |  | Unsafe Practices within Venue | |  | Traffic/ Pedestrian Controls | |
|  | Injury Prevention | |  | Housekeeping | |  | Working at Heights | |
|  | Waste Management | |  | Hirer / Subcontractor Responsibility | |  | Working Confined Space | |

|  |
| --- |
| **Safe Work Method Statements (SWMS) sighted and discussed:** |
|  |
|  |
|  |
|  |
|  |
| **Record of comments and discussion:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attendance Record:** | | | | | |
| Name | Signature | Date | Name | Signature | Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |