

KARSON BUILDERS LTD.

Tool Box Meeting

Date: _____

TOOL BOX MEETING: DATE: _____ TIME: _____

PROJECT NUMBER _____

PROJECT/FACILITY _____

AGENDA

- (1) REVIEW OF PREVIOUS MEETING _____
- (2) REVIEW OF INSPECTIONS/INCIDENTS _____
- (3) CURRENT TOPIC DISCUSSION _____
- (4) EMPLOYEE INPUT _____
- (5) DATE/TIME/TOPIC NEXT MEETING _____

ATTENDANCE: (Have each attendee print & sign in ink)

- | | |
|-----------|------------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |
| (5) _____ | (6) _____ |
| (7) _____ | (8) _____ |
| (9) _____ | (10) _____ |

TOPIC OF REVIEW:

EMPLOYEE INPUT:

ACTION(S) TO BE TAKEN:

NEXT MEETING: DATE: _____ TIME: _____

TOPIC NEXT MEETING _____

FOREMAN/SUPERVISOR SIGNATURE

REVIEWED BY:

***The Safety information in this policy does not take precedence over applicable government legislation with which all employees should be familiar**

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