



Prejob Safety / Hazard Assessment / Toolbox Meeting

Job # _____ Location _____ Conducted by _____

Client _____ Date _____ Time _____ am/pm

Type of meeting: ___ Daily ___ Weekly ___ Pre-Job

Safety Equipment Required (check all that apply)

- ___ Hard Hat ___ Safety Boots ___ High Visibility Vests ___ Fire Retardant Coveralls
- ___ Hearing protection ___ Eye Protection ___ Hand Protection ___ Signs/Barricades
- ___ Seat Belts ___ First Aid Kit ___ Fire Extinguisher ___ Radios/phones ___ Fall Restraint

Site Specific Safety Equipment _____

PPE Checked By Employees

Hazard Priority Status:

L=Low, M =Medium, H=High

L	M	H		L	M	H		L	M	H	
			Powerlines				Lighting Levels				Road Conditions
			Public				Water/Ice				Equipment
			Working Alone				Dead Falls/Timber				Lifting (manual)
			Utilities				Vehicle/Machine condition				Other Operations
			Facilities				Hazardous chemicals				Weather
			Environmental				Power tools & Hand tools				H2S
			Traffic				Ventilation (dust/visibility)				

Describe medium or high hazards and safety actions taken

Safe Work Practice/Procedure Reviewed: _____

(List practice/procedure reviewed with employees)

Discussed Job and Hazards

Recommended Action

Previous Concerns (near misses, accidents, hazards, etc.) Action Taken

Attendees

Number in Crew: _____

Print Name

Signature

Employer