

Dal-Tek Interiors Ltd

TOOL BOX SAFETY MEETING

CONTRACTOR _____

DATE _____

PROJECT NUMBER _____

NUMBER ATTENDING _____

SAFETY ITEMS DISCUSSED:

SAFETY CONCERNS:

1. _____
2. _____
3. _____
4. _____

SAFETY SUGGESTIONS:

WORKERS NAME & SIGNATURE

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

SIGNATURE OF SUPERVISOR
