**TOOLBOX MEETING FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company** |  | **Work Location** | |  | | |
| **Team Leader** |  | **Worker Rep** | |  | | |
| **Date** |  | **Time** | |  | | |
| **Present** | | **Absent** | | | | |
| **General** | | | | | | |
| *Wellbeing check-in / General business.* | | | | | | |
| **Health & Safety** | | | | | | |
| *H&S concerns/ hazards or risks (identify anything new, existing, or potential with work coming up) / Machinery/ Equipment review (incl. new training or safety equipment requirements) / Review near misses or safety incidents that have occurred.* | | | | | | |
| **Staff/ Worker/ Employees** | | | | | | |
| *Employment updates / issues.*  **Is this meeting a union visit? Yes/No** | | | | | | |
| *Improvements/ complaints/ suggestions raised by staff.* | | | | | | |
| **Actions Required** | | | **By Whom** | | **By When** | **Signed Off** |
| **Date of next meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Examples of actions: Ensure meeting frequency: Peak period of highest workers; Next Inspection notification provided at least 2 days before.* | | |  | |  |  |
| **Supervisor / MSO / Worker Representation / Management Grasp Liaison - Comments** | | | | | | |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |