

TOOL BOX TALK (TBT) – SITE WORK EXECUTION

Project Name: _____

Client: _____

Contractor: _____

Location / Work Area: _____

Date: _____ Time: _____

Conducted By (Supervisor/Engineer): _____

1. Description of Work

- _____
- _____
- _____

2. Tools & Equipment to be Used

- _____
- _____
- _____

3. Hazards Identified

- _____
- _____
- _____

4. Safety Precautions

- _____
- _____
- _____

5. Required PPE

- Safety Helmet
- Safety Shoes
- Hand Gloves

- Safety Goggles / Face Shield
- Reflective Jacket
- Full Body Harness (if applicable)

6. Special Instructions

- _____
- _____

7. Emergency Information

First Aid Location: _____

Emergency Contact No.: _____

Nearest Hospital: _____

8. Attendance Record

S.No	Name of Worker	Designation	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Supervisor Signature: _____