



| <b>OHS PROGRAM – TOOLBOX MEETING AND ATTENDANCE</b> |                    |           |          |        |
|---|--------------------|-----------|----------|--------|
| <b>Form #: 03-10</b>                                | Created: June 2025 | Last rev: | Rev. 1.2 | 1 of 2 |

|               |  |             |  |
|---------------|--|-------------|--|
| Project Name: |  | Presenter:  |  |
| Address:      |  | Supervisor: |  |
| Date:         |  | Time:       |  |

| <b>Topics – choose a WSBC section</b>                      | <b>Only <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">circle</span> the ones discussed or write your own in empty box</b> |                                       |                            |                                 |                           |             |
|--|--|---------------------------------------|----------------------------|---------------------------------|---------------------------|-------------|
| <b>Rights and Responsibilities</b>                         | Young workers/<br>Supervisors/<br>Workers  | Inspections/<br>corrective<br>actions | Housekeeping/<br>clean-up  | Refusal of<br>work              |                           |             |
| <b>General Conditions</b>                                  | Circumvention of<br>safeguards   | Impairment                            | Work alone                 | Bully and<br>Harassment         | Guardrails<br>/ handrails | Lighting    |
|  | Dropped/ falling<br>objects  | Smoking/<br>vaping                    | Pers. hygiene              |                                 |                           |             |
| <b>Chemical Agents and<br/>Biological Agents</b>           | WHMIS  | Storage/ spills                       | Flammable/<br>pressure     | Indoor use<br>of engines        |                           |             |
| <b>Substance Specific<br/>Requirements</b>                 | Asbestos   | Biological                            | Lead                       | Silica                          |                           |             |
| <b>Noise, Vibration, Radiation<br/>and Temperature</b>     | Exposure   | Vibration/<br>Impact                  | Hearing test               | High/ low<br>temp work          |                           |             |
| <b>Personal Protective Clothing<br/>and Equipment</b>      | Head/ eye/ face  | Respiratory                           | Footwear                   | High Vis./<br>flame resist.     |                           |             |
| <b>Confined Spaces</b>                                     | Identification   | Assessment                            | Procedure                  | Trained/<br>approved            |                           |             |
| <b>De-energization and Lockout</b>                         | When required  | Locations on<br>this site             | Who is<br>responsible      |                                 |                           |             |
| <b>Fall Protection</b>                                     | When needed  | Hierarchy                             | Anchors                    | Pre-use<br>inspection           |                           |             |
| <b>Tools, Machinery and<br/>Equipment</b>                  | Safeguards   | Removal from<br>service               | instructions               |                                 |                           |             |
| <b>Ladders, Scaffolds and<br/>Temporary Work Platforms</b> | Short duration<br>work   | Pre-use<br>inspection                 | Right ladder               | 3 x base<br>height/ pre-<br>use |                           |             |
| <b>Cranes and Hoists</b>                                   | Certified operator   | Look up and<br>listen                 | High voltage               | No fly                          |                           |             |
| <b>Rigging</b>   | Qualified rigger   | Certified lifting<br>device           | Pre-use<br>inspections     | Bulk bags                       |                           |             |
| <b>Mobile Equipment</b>                                    | Pre-use inspection   | Competent<br>operator                 | Unobstructed<br>Unattended | Secure<br>loads                 |                           |             |
| <b>Traffic Control</b>                                     | Plan   | Order of<br>controls                  | TCP                        |                                 |                           |             |
| <b>Electrical Safety</b>                                   | Low voltage - LOA  | High voltage –<br>LOA                 | 30M33                      | Call before<br>dig              |                           |             |
| <b>Construction, Excavation<br/>and Demolition</b>         | Prime Contractor   | After hours<br>work                   | Report all<br>injuries     | Report all<br>incidents         | Safe<br>Access            | Excavations |
|  | Fly forms  | Deck turnover                         | Thrust out<br>platforms    | Stacking<br>material            |                           |             |
| <b>Evacuation and Rescue</b>                               | Muster station   | Fire plan                             | Notify if leave<br>site    | DEP                             |                           |             |



|  |                                |   |   |                                |                                    |
|--|--------------------------------|---|---|--------------------------------|------------------------------------|
| <b>Psychological health and safety</b> | Ask for help and offer to help | Have a tolerant, non-judgemental attitude toward others | Report Bullying and Harassment situations | Encourage respectful behaviors | Talk to a professional when needed |
|--|--------------------------------|---|---|--------------------------------|------------------------------------|

**Additional topics/ Procedures reviewed** *(Note down name of procedure and its revision #/date and/ or details of additional topics)*

|                                    |  |                           |  |   |  |
|------------------------------------|--|---------------------------|--|---|--|
| <b># Of FA since last meeting:</b> |  | <b># Of Medical Aids:</b> |  | <b>Near Miss / Accidents to review?</b> | <input type="checkbox"/> Y – describe below <input type="checkbox"/> N |
|------------------------------------|--|---------------------------|--|---|--|

**Discuss and list comments on lessons can be learnt from the above numbers:**

**Safety Concerns Brought up by Workers:**

| Concern | Action to take | Date taken |
|---------|----------------|------------|
|         |                |            |
|         |                |            |
|         |                |            |

**Attendance Record – add additional on back of this page if needed**

| Name <i>(please print)</i> | Signature | Name <i>(please print)</i> | Signature |
|----------------------------|-----------|----------------------------|-----------|
|                            |           |                            |           |
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|                            |           |                            |           |
|                            |           |                            |           |

**Additional Comments *(completed by presenter)*:**

**Presenter/Supervisor Signature – by signing below you confirm that these workers participated in this toolbox talk.**

|       |           |       |
|-------|-----------|-------|
| Name: | Signature | Date: |
|-------|-----------|-------|