



WEEKLY TOOLBOX SAFETY TALK & INSPECTION

Job Name & No. _____ Date _____

Foreman Name (Please Print) _____

Weekly Safety Checklist (Circle One):

Y N N/A	All safety/OSHA information posted	Y N N/A	Power tools in good repair
Y N N/A	All MSDS information on site	Y N N/A	PPE being properly used
Y N N/A	Check housekeeping	Y N N/A	Proper excavation procedures being followed
Y N N/A	Check for unsafe ladders/scaffolds	Y N N/A	Temporary power & lighting OSHA compliant
Y N N/A	Check lifts for safety & maintenance	Y N N/A	FA/CPR responders on site
Y N N/A	Check fall protection equipment for defects and expiration of usage	Y N N/A	Fire extinguishers charged, pin in place w/retaining clip, inspected monthly
Y N N/A	Floor openings properly protected	Y N N/A	First aid kit properly stocked
Y N N/A	Lift operators certified	Y N N/A	GFCI devices tested weekly
Y N N/A	Forklift operators certified		
Y N N/A	Safety rules being followed		
Y N N/A	Guard rails properly installed		

Safety Topic Discussed: _____

Employee Suggestions to Improve Productivity _____

Y N N/A Review any loss incidents and/or near miss incidents from previous week.

Employee Safety Suggestions or Comments: _____

Meeting Attended By: (Please Print)

_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Foreman's Signature _____

Project Manager's Signature _____