



Tool Box Talk / Shift Passdown Attendance Form

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|-------------------------------|--------------------------------|--------------|
| Department / Location: | Foreman/Lead/Supervisor | Date: |
| | | |

Shift Change / Passdown: Fill out top portion at the end of your shift so it is ready for the next shifts turnover. Check this box if you don't have a shift change.

Where did we leave off at/specific location or area?

What specifically does the next shift need to do or take with them to continue work?

Are there any remaining HAZARDS in the work area?

Any broken equipment or supplies that need to be replaced?

Other:

Tool Box Talk Topic(s):

What are we doing today? What SOPs/JHAs apply?

What are the hazards?

What are the mitigations?

What tools/supplies do we need?

What PPE is needed?

- Hard Hat Reflective Clothing Safety Glasses w/Side Shields Goggles (type): _____ Respirator (filter type): _____
- Self-Rescuer Steel/Hard Toe Boots Face Shield /Welding Hood Hearing Protection (type) _____ Kevlar Sleeves
- Fall Protection (type): _____ Chemical Splash Goggles Gloves (type): _____ Other PPE (specify) _____



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Job Related Concerns or Employee Suggestions:

By signing below, I have received training, had a chance to discuss concerns and fully understand my task and responsibilities for today's work.

| | Print Name | Signature | Job Role / Affiliation |
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| Work Authorization* | Print Name | Signature | Date |
|---------------------|------------|-----------|------|
| Work Lead | | | |
| Supervisor | | | |

*Only one signature required prior to work commencement