



## Multi-Form

<input type="checkbox"/> Hazard Assessment	<input type="checkbox"/> Inspection	<input type="checkbox"/> Tool Box Talk
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Date: \_\_\_\_\_ Company / Location \_\_\_\_\_

Performed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Hazard	Critical Rating <small>(See calc. below)</small>	Recommended Action	Date Action Taken	By Whom

### Inspection Checklist

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Emergency Response List<br><input type="checkbox"/> First Aid Kits<br><input type="checkbox"/> Ladders / Walkways<br><input type="checkbox"/> Lockout / Tagout<br><input type="checkbox"/> Spill Kits | <input type="checkbox"/> Personal Protective Equipment<br><input type="checkbox"/> Fire Extinguishers<br><input type="checkbox"/> Traffic Signage<br><input type="checkbox"/> Hazardous Materials / Storage<br><input type="checkbox"/> Tools & Equipment | <input type="checkbox"/> Housekeeping<br><input type="checkbox"/> Crushing Equipment<br><input type="checkbox"/> Guards<br><input type="checkbox"/> Utilities (Locate / Marked)<br><input type="checkbox"/> Shoring & Trenching |
|--|---|---|

Other items or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Tool Box Talk

**Topic(s) Discussed**

**Workers' Concerns**

**Corrective Actions Taken**


**Attendance:**
