

# TOOLBOX TALK SIGN-IN SHEET

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Project / Client	Location / Site	Date & Time
Supervisor / Foreman	Toolbox Talk Topic	Duration (min)
PPE Focus (check): Hard Hat <input type="checkbox"/> Eye <input type="checkbox"/> Hand <input type="checkbox"/> Hearing <input type="checkbox"/> Face Shield <input type="checkbox"/> Other <input type="checkbox"/> Flame-Resistant (FR) <input type="checkbox"/> Fall Protection <input type="checkbox"/>	Weather	Permits/Authorizations (e.g., Hot Work, Confined Space)
Key Points / Hazards / Controls:		

**Attendees:**

#	Printed Name	Company / Trade	Signature	Time In	Time Out
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**Trainer / Supervisor Sign-Off:**

\_\_\_\_\_

\_\_\_\_\_

Name & Signature

Date