

NOAO/KPNO DAILY TOOLBOX TALK FORM

Date/Meeting Time:	Department/Group:	Location/Facility:

Title of Job or Task:	Job Hazard Analysis (JHA) #:

Comments/Notes from Today's Toolbox Talk:
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Supervisor's Signature/Date:

Name: _____	Date: _____
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*All employees, contractors, and visitors who will be onsite for any jobs or tasks discussed at today's Toolbox Talk must read and review the applicable procedure(s), work order(s), and JHA(s). Upon comprehension, employees, contractors, and visitors must sign and date the applicable JHA(s). **This completed Toolbox Talk Form, along with the corresponding JHA(s) signature page(s), must be returned to the Safety Department for document control and record keeping purposes.***