



RECORD OF TOOL BOX TALK / SITE INDUCTION

Workplace :	Date :
Supervisor / presenter :	Job No :
Subject :	Duration :

This is to verify that I The Sub Contractor / Foreman of the crew have done a final risk assessment on the above job. I have discussed all aspects of safety and work methods with all workers and have asked them to contribute any suggestions.

CROSS OUT IF NOT USED AS A SITE INDUCTION RECORD

Print Name	Signature	Print Name	Signature

Comments & points raised :

Corrective Action	Action by	Action Complete	
		Sign off	Date



EMPLOYEE HAZARD REPORTING FORM

Any situation with the potential to cause injury or illness is a hazard and must be reported in writing on this form.

Name: Date:.....

Section / area / site / workplace

Where is the hazard? Describe the hazard? (ie. what and where).

What is the hazard?

What action do you think could be taken to reduce the hazard / the risk of injury or illness?

Signed: Date:.....





OFFICE USE

Please use the space below to draw a diagram that identifies the area where the hazard

ACTION TAKEN

.....
.....
.....
.....
.....

Attach quotes and copy of invoices where applicable

Name (of person taking action):

Signature: Date action completed:

Action Communicated to:
(ie. person who raised hazard initially).

Outcome: _____

Follow up action: Hazard / changes reviewed / checked by.....

Date:.....





VEHICLE REPAIR REQUEST

Driver:	Date:
Vehicle Type:	Vehicle No.:

Check mark ✓ indicates that trouble was experienced and repairs are necessary

<input type="checkbox"/>	Steering Gear	<input type="checkbox"/>	Tyres	<input type="checkbox"/>	Starter
<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	Generator
<input type="checkbox"/>	Brakes	<input type="checkbox"/>	Carburettor	<input type="checkbox"/>	Lights
<input type="checkbox"/>	Windshield Wiper	<input type="checkbox"/>	Battery	<input type="checkbox"/>	Turn Signals
<input type="checkbox"/>	Horn	<input type="checkbox"/>	P.M. Service	<input type="checkbox"/>	Other: Specify

BREAK LIGHTS NOT WORKING

Any noticeable defect, explain briefly:

EXAMPLE ONLY

Other repairs or adjustments needed:

Signed: SAM COOK Print Name: SAM COOK Date: 23/8/03

For Fleet Maintenance Only

Repair / Action Taken by: BILL SMITH Print Name: BILL SMITH
Date: 24/8/03.....

VEHICLE REPAIR REQUEST

Driver:	Date:
Vehicle Type:	Vehicle No.:

Check mark ✓ indicates that trouble was experienced and repairs are necessary

<input type="checkbox"/>	Steering Gear	<input type="checkbox"/>	Tyres	<input type="checkbox"/>	Starter
<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	Generator
<input type="checkbox"/>	Brakes	<input type="checkbox"/>	Carburettor	<input type="checkbox"/>	Lights
<input type="checkbox"/>	Windshield Wiper	<input type="checkbox"/>	Battery	<input type="checkbox"/>	Turn Signals
<input type="checkbox"/>	Horn	<input type="checkbox"/>	P.M. Service	<input type="checkbox"/>	Other: Specify

Any noticeable defect, explain briefly:

Other repairs or adjustments needed:

Signed: Print Name: Date:

For Fleet Maintenance Only

Repair / Action Taken by: Print Name:
Date: