



TOOL BOX BRIEFING FORM

Date		Time	
Job Title		Company	
Topic		Venue	

Type of Work

1) Forklift, 2) Lifting goods, 3) Loading & unloading, 4) Handling tool and equipment, 5) Use of Ladder 6) Working at height, 7) Electrical work, 8) Hot work, 9) Construct work, 10) Machine & equipment service, 11) Walking at event site, 12) Chemical handling, 13) Scaffolding work, 14) Others work

Potential Hazards

Fall from height, Falling objects, Slip and fall, Hit by objects, Caught in between, Collapse of machinery, Electrocution, Fire, Chemical spillage, Hit by forklift, Electrocution, Chemical inhalation, Ergonomic hazard

Preventive Measures

Wear proper PPE, Use proper ear plugs, Comply to OSHA & FMA, Permit to work, Use proper signage's, Report unsafe acts and condition, Job safety analysis, Proper housekeeping, Safety Inspection

Attendance List

No	Name	I.C No / Passport No	Company	Signature
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CONDUCTED BY:

Name :

Signature :