



DAILY TOOL BOX MEETING

DATE : _____

<input type="checkbox"/> Community Services	<input type="checkbox"/> Electrical	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Frank Treatment
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Municipal Office	<input type="checkbox"/> Protective Services	<input type="checkbox"/> Utilities	<input type="checkbox"/> Transportation	<input type="checkbox"/> Ski Hill

Meeting Location: Coleman Blairmore Frank Hillcrest Bellevue

Tasks Involved:

Identified Hazards	Corrective Methods

General Discussions:

Name	Int	Name	Int

Supervisor _____
Print Name

Signature

HSE _____
Print Name

Signature

When completed, please **Fax to 403-563-5474** by end of day or leave in meeting room for pickup