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| **Toolbox Talk Register** | | | | | |
| Person conducting briefing: | |  | | | |
| Signature / Initial |  | | Date | |  |
| The following toolbox talk has been conducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Revision \_\_\_\_\_\_  The following additional information was supplied during the briefing procedure: | | | | | |
| I certify that I have received a toolbox talk and I fully understand all that was said, I was given a chance to question any points on which I was unsure and felt were important in the interests of the health & safety of others and myself working on this site. | | | | | |
| **Date** | | **Name** | | **Signature / Initial** | |
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