

Construction Site Toolbox Talk Audit Checklist

Date

Site Location

Auditor Name

Supervisor / Foreman

Project Name / Ref

Checklist

Item	Yes	No	N/A	Comments
Was the toolbox talk held at the start of the shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Was the topic relevant to current site activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Were all workers present for the talk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Were workers attentive and engaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Was the presenter knowledgeable in the subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Were key site hazards discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Observations / Additional Comments

Auditor Signature

Date