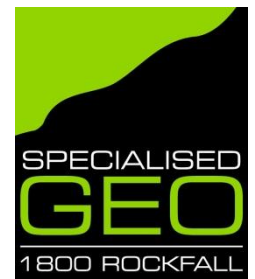


ITB (Integrated Tool Box Talk Record)

Project No.:

Date:

Supervisor:



	NAME	SIGNATURE	Start Time	Finish Time
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

PRESENT

HR NOTES

PLANNING

Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

INSTALLED MATERIAL & COMPLETED WORKS

MATERIAL	AREA	QTY	DATE

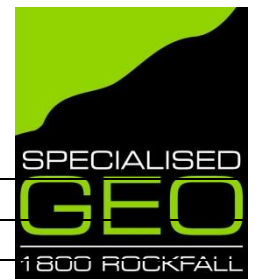
TASKS	DONE BY	COMPLETED

RISK MANAGEMENT

NAME	HAZARD	CONTROL

HIRER MACHINERY USED

	HIRER PLANT/EQUIPMENT TYPE	WORKING/STANDBY	RETURNED DATE
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	



<input type="checkbox"/>	Hard hat
<input type="checkbox"/>	Gloves
<input type="checkbox"/>	Glasses
<input type="checkbox"/>	High Visible clothing
<input type="checkbox"/>	Ear protection
<input type="checkbox"/>	Dust mask
<input type="checkbox"/>	Disposable overalls
<input type="checkbox"/>	Others.....

DELIVERIES/ORDERED MATERIALS

	DELIVERED		ORDERERED MATERIALS	COMPLETE D QUOTE FORM
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		

COMMUNICATION

BETWEEN PARTIES	DISCUSSED	TASKS



**SPECIALISED
GEO**
1800 ROCKFALL

IMPROVEMENT	REASON

DELAY – STAND DOWN

TIME: FROM-TO	REASON

WEATHER

<input type="checkbox"/>	Sunny/cloudy/drizzle/rain/thunder storms
<input type="checkbox"/>	Hot/warm/humid/cold/very cold
<input type="checkbox"/>	Temperature:
<input type="checkbox"/>	Influence on work: Yes/No
<input type="checkbox"/>	Rainfall in last 24 hours :

INCIDENT/ACCIDENT REPORT

Incident/accident:	
Reported:	
Corrective action:	