Practical Safety Advisory

Practical WHS Solutions Without the Complexity

TOOLBOX TALK & DAILY TEAM PRE-START RECORD

Business / PCBU:	**Site / Project:**
Date: ____ / ____ / _____	**Start time:**
Person conducting talk:	**Supervisor / person in charge:**

1. DAILY SITE & EMERGENCY REMINDERS

Start here every day - make the important information familiar.

Emergency meeting / assembly point:	**First aid officer(s):**
First aid kit location(s):	**Fire extinguisher / emergency equipment location(s):**
Emergency contact / site emergency number:	**Site supervisor / person in charge today:**
How to raise a safety concern / stop work:	

2. TODAY'S WORK

Work we doing today?
Where are we working?
Plant / equipment being used.
Other crews / contractors affecting our work.

3. WHAT'S DIFFERENT TODAY?

Changes since work was planned
New / changed hazards or conditions
Controls / actions agreed

4. TODAY'S TOOLBOX TALK

FATIGUE MANAGEMENT Version 1.0

Why are we talking about this?
Fatigue affects concentration, reaction times and decision-making. A fatigued worker may be slower to recognise hazards or respond when something changes.

What can go wrong?
- Long work hours can reduce alertness and concentration.
- Poor sleep can affect judgement and reaction time.
- Shift work can disrupt normal sleep patterns.
- Long commutes can add to fatigue before or after a work shift.

Control measures
Get adequate sleep. Take regular breaks. Stay hydrated. Report fatigue concerns and speak up if you do not feel able to perform your work safely.

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4. TODAY'S TOOLBOX TALK - DISCUSSION

What causes fatigue?

How can fatigue affect safety?

What should you do if you are too tired to work safely?

KEY MESSAGE

If you're too tired to work safely, you're too tired to work.

Questions, issues or concerns raised by workers:

5. BEFORE WE START

- ■ **Does everyone understand today's work and how it will be done safely?**
- ■ **Does anyone have a safety concern, question or something we have not considered?**

6. WORKER ACKNOWLEDGEMENT & ATTENDANCE

By signing below, I confirm that I participated in today's toolbox / pre-start discussion, understand the work planned for today and the safety matters discussed, and have had the opportunity to raise questions or concerns. I confirm that I am fit for work today and will tell my supervisor if anything changes that could affect my ability to work safely.

Worker name	Fit for work	Signature	Time
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		
	■ Yes		

7. ACTIONS & SUPERVISOR SIGN-OFF

Actions / follow-up required:

Person responsible:	**Due date:**	**Completed / closed:**
Talk conducted by:	**Signature:**	**Time completed:**