|  |  |
| --- | --- |
| **EHS Tool Box Meeting** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project:** | | **Name of the Instructor:** | |
| **TBM Topic:** | | | |
| **Timing From …………… hrs. To …………… hrs.** | | | |
| **Contractor:** | | **Venue:** | **Date:** |
| **Sr. No.** | **Name** | **Trade** | **Signature/ Thumb Impression** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| **Name & Signature**  **(Contractor Site Engineer)** | | **Name & Signature**  **(Contractor EHS Coordinator)** | |