LD DOCSA
ASSOCIATES, INC.
GENERAL CONTRACTORS
SINCE 1963
Celebrating Our Past. Building Your Future.

DAILY TBT/JSA

TOOL BOX TALK/JOB-SITE SAFETY ANALYSIS

Project: _____ Date: _____ Time: _____

Reviewers Name: _____ Title: _____

Tool Box Talk/Daily Activities

Tool Box Talk Item: _____

Daily Plan:

PPE REQUIREMENTS

Are all trades equipped with the following and have agreed to wear the appropriate PPE during work hours:

	Yes	*No*	N/A		*Yes*	*No*	N/A
Ear protection	☐	☐	☐	Hard toe boots	☐	☐	☐
Eye/Face protection	☐	☐	☐	High visibility shirt/vest	☐	☐	☐
Hard hat	☐	☐	☐				

Please note any deficiencies in PPE requirements and recognize need for additional PPE (i.e., gloves, fall protection, respirator, etc.)

GENERAL SAFETY FOCUS

Description of Activity: _____

	Yes	*No*	N/A
Requirements Met?	☐	☐	☐

Deficiency(s) Noted:

Resolution(s): _____

SIGNATURES

Worker Acknowledgement of daily plan and safety requirements (SIGN-IN):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Superintendent Signature _____ **Date** _____

(A copy of this report must be sent to LDD office, along with all requesting parties)