



Doc. No.: SRPL/SOP/005

TOOL BOX TRAINING ATTENDANCE

PROJECT NAME:
LOCATION:
POTENTIAL HAZARD:
SAFETY PRECAUTION:

SL NO	NAME OF THE MEMBER	SIGNATURE
1		
2		
3		
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TOOL BOX TRAINING DISCUSSION AND TODAY'S WORK PLAN:

VERIFIED BY SUPERVISOR/SITE INCHARGE: