

# TOPIC/TITLE

Instructor Guide

## Safety Talk Overview:

**What & Why?** Safety Talks are a method to refresh an employee’s knowledge and skills, maintain their interest in safety and illustrate the organization’s commitment to creating a healthy & safe work environment.

**Who & When?** Generally, these Safety Talk meetings are led by a supervisor, member of the JHSC, or Worker H&S Representative and should be mandatory for all crew members to attend. The content should be focused on a single topic. Safety Talks can be performed on a weekly basis or before the start of a new scope of work and should be about 15 minutes in duration.

go2HR developed this safety talk template for employers to customize and use for any topic in their organization. The Participant Handout should include information that you hope the worker will retain from the safety talk content and should be handed out during the safety talk for workers to reference later. Feel free to use it at your discretion.

## Topic Overview:

## 

## Safety Talk Facilitator Guidance

🞏 **Introduce** the topic and why it’s important

🞏 **Discuss** the associated hazards and likely incidents

🞏 **Tour** the work zone identifying hazardous areas

🞏 **Distribute** the Participant Handout

🞏 **Use** the info above to guide the discussion

🞏 **Document** the talk using the Safety Talk Record

🞏 **Explain** what controls are used to minimize the risks

🞏 **Remind** employees about applicable PPE usage

🞏 **Emphasize** the importance of safe work procedures

🞏 **Ask questions** to generate group discussion

🞏 **Answer any questions** or concerns they might have

🞏 **Set a good example** by working safely at all time

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Safety Talk Record

|  |  |
| --- | --- |
| **Discussion Leader:** | **Date:** |
| **Department:** | Time: |

### Attendees (Please print your name and sign beside it. If you are a contractor, also include your company name):

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### Near miss/incidents and investigations reviewed: ☐ None this month

### Any questions or concerns from workers?

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| --- | --- | --- | --- |
| **Action needed:** | **Person responsible:** | **Due date:** | **Completed date:** |
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| --- | --- |
| **Supervisor/Manager print name & sign:** | **Date:** |

### Reviewed by:

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Participant Handout

### For more information on this topic or if you have questions, contact: