



**Subject: Eye Protection Tool Box Talk No.: 013**

**KEY MESSAGE**

**YOU ARE CURRENTLY USING YOUR LAST PAIR OF EYES!!!!**

Eye protection must be worn by you where there is a risk of injury to the eyes. Work activity risk assessments and method statements will identify when eye protection is required.

Examples of work activities requiring eye protection are as follows:-

- Cutting bricks or block with anything i.e. when using bolster hammer and cold chisel or cutting-off wheel.
- The use of a cartridge fixing tool.
- The use of an abrasive wheel.
- Striking of masonry nails.
- The use of compressed air to blow swarf, dust or dirt from an area (formwork would come into this category).
- Drilling, cutting or breaking metal or concrete.
- Welding or cutting steelwork.
- Handling, spraying or brushing any substance which, if splashed into the eyes, will cause injuries.

In your own interest, make sure you wear protective goggles or glasses when instructed to do so.

The eye protection that is provided must be suitable for you and must be replaced immediately if lost or damaged. You must take care of the eye protectors given to you.

**Discussion points:** Whose responsibility is it to ensure everyone wears the proper PPE?



## TOOL BOX TALK RECORD SHEET

COMPANY: \_\_\_\_\_

SUBJECT OF TOOLBOX TALK: \_\_\_\_\_

NAME OF PERSON DELIVERING TOOLBOX TALK: \_\_\_\_\_

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NOTE ANY QUESTIONS ASKED BY STAFF DURING TOOL BOX TALK:

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**YOU SHOULD ONLY SIGN THIS SHEET IF YOU HAVE UNDERSTOOD THE INFORMATION PROVIDED.  
IF YOU ARE IN ANY DOUBT OR UNSURE ABOUT ANYTHING COVERED BY THIS TOOL BOX TALK  
PLEASE ASKED THE PERSON DELIVERING THE TALK TO EXPLAIN MORE FULLY.**

PLEASE PRINT YOUR NAME	JOB DESCRIPTION	SIGNATURE

SIGNATURE OF PERSON DELIVERING TOOL BOX TALK: \_\_\_\_\_