



Subject: Welfare Facilities

Tool Box Talk No.: 035

Welfare facilities are provided on site in line with the Requirements of The Construction (Health Safety and Welfare) Regulations 1996.

Toilets

The toilets are adequately ventilated and with suitable lighting.

Separate facilities for male and female operatives / worksite staff are provided as necessary

Washing facilities will be provided in toilets with a supply of hot / cold running water where this is possible, soap and a suitable means of drying hands.

The toilets should be kept in a clean and tidy condition and anyone found to be abusing toilet facilities will be subject to disciplinary action.

Anyone found urinating in any parts of the worksite out with the toilet facilities provided will be removed from site.

Changing facilities

Changing facilities are provided on site for use by operatives / worksite staff and should be used to change into / from workwear as necessary. The facilities have hot and cold or warm water, which will be running water where this is possible.

Changing facilities are supplied with soap or other means of cleaning and towels or other suitable means for drying. They are suitable ventilated and lit and should be kept in a clean and orderly condition

Facilities are also provided for drying clothing / workwear as necessary

The changing facilities should be kept in a clean and tidy condition and anyone found to be abusing the facilities will be subject to disciplinary action.

Drinking water

Drinking points are throughout the worksite and are provided with suitable number of cups or other drinking vessels where water is not supplied in a 'jet'.

Rest / eating facilities

Rest rooms are provided for operatives / worksite staff with will be provided with suitable areas to sit and take food / drink and facilities for heating food and boiling water will also be included

Anyone found to be abusing any welfare facilities provided will be subject to disciplinary action.



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:

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: _____

