

# Science Toolbox Form

<b>Date:</b>	<b>Location:</b>	<b>Group Affiliation:</b>
<b>Shift Passdown:</b>		
<b>Planned tasks/SOPs/JHAs:</b>		
<b>Tools/Resources needed:</b>		
<b>Hazards:</b>		
<b>Mitigations/PPE:</b>	<input type="checkbox"/> <b>Hard Hat</b> <input type="checkbox"/> <b>Steel/Hard Toe Boots</b> <input type="checkbox"/> <b>Self-Rescuer</b> <input type="checkbox"/> <b>Safety Glass w/Side Shields</b> <input type="checkbox"/> <b>Reflective Clothing</b> <input type="checkbox"/> <b>Face Shield</b> <input type="checkbox"/> <b>Hearing Protection (type):</b> _____ <input type="checkbox"/> <b>Fall Protection (type):</b> _____ <input type="checkbox"/> <b>Gloves (type):</b> _____ <input type="checkbox"/> <b>Goggles (type):</b> _____ <input type="checkbox"/> <b>Other:</b> _____	

**By signing below, I confirm that I have received training, had a chance to discuss concerns, and fully understand my task and responsibilities for today's work.**

Name (print)	Signature	Name (print)	Signature

<b>Supervisor/Work Lead (name)</b>	<b>I authorize this work. (signature)</b>	<b>Date</b>
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**\*Room for additional names/signatures and comments on back of page.**