

Tool Box Meeting Audit Sheet

Department _____ Date/Shift _____

Team Leader / Supervisor _____

Auditor _____

0- No
 1-2 below standard
 3 – Fair or Improving
 4 –Good
 5 - Excellent

#	Activity Behaviour	#	Comments
1	Was the Scoreboard fully updated before the Tool Box Meeting?		
2	Was the meeting held in an area conducive to people being engaged? Noise, space, distractions		
3	Did the meeting start at the scheduled time?		
4	Was the entire team present at the start of the meeting?		
5	Did the meeting finish on or before the time set for it? <i>8 minutes is usually sufficient time</i>		
6	Did everyone promptly go to their workplaces and start work when the meeting was over?		
7	Was everybody paying attention at the meeting?		
8	Did the agenda of the meeting follow the layout of the Scoreboard?		
9	Was the meeting a monologue by the Team Leader or did a number of people present information?		
10	Did a number of people take responsibility for different sections of the Scoreboard?		
11	Were any issues raised by team members?		
12	Should any issues have been raised because of poor performance, quality, safety, etc?		
13	Were the issues dealt with correctly? Options are - Local Instant, Local later or Forwarded		
14	Was there any discussion about due dates on the One Page Plans?		
15	Were the One Page Plans up to date?		
16	Are the Staged Targets being achieved?		
17	Are the issues Forwarded being responded to in a timely manner?		
18	Were the Rules of Business for the Department referred to if appropriate?		
	Overall Rating - Percentage		

How can the meeting be improved?