

Last Minute Risk Assessment and Workers Register (TOOLBOX TALK)



Notes: Form must be completed at the worksite by Authorised Person and/or Competent Person responsible for activity and Work team. **This will also serve as revalidation of PTW conditions maintained for extension of PTW.**

Site: KOCHI

Date: 2025-10-31

Time: 00:00

What task is being performed today?

Test

I hereby declare that Safety Document No. 25-10-00014.....has been shown to all workers registered below for this work.

RISK ASSESSMENT: Use this Hazard Checklist, and PTW, Method Statements and/or Safe Work Procedures to supplement the hazards and risk identification process.

Hazards		New Control measures to address hazards/risk
	Electrical	
	Condition of Apparatus changed. <input type="checkbox"/>	test
	Proximity(near System touch/step potential) controlled. <input type="checkbox"/>	
	Barricade /Barriers effective and in place. <input type="checkbox"/>	
	Isolate,LOTO, Test & Earthas per PTW. <input type="checkbox"/>	
	Mechanical	
	Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/>	
	Working from heights	
	Scaffold and Structure stability verified. <input type="checkbox"/>	
	Aerial device / Ladders condition verified. <input type="checkbox"/>	
	Slip, trips & falls	
	Slippery / Uneven surfaces observed. <input type="checkbox"/>	
	Trench covers in place. <input type="checkbox"/>	
	Walkways, excavation identified. <input type="checkbox"/>	
	Weather conditions	
	Rain / Wind / Hot / Cold concerns. <input type="checkbox"/>	
	Sandstorm High humidity observed. <input type="checkbox"/>	
	Animals Insects	
	Dogs, Wild animals in vicinity. <input type="checkbox"/>	
	Insects (bees / snakes / spiders) observed. <input type="checkbox"/>	
	Fire Hazards	
	Combustible material removed. <input type="checkbox"/>	
	Flammable substances present. <input type="checkbox"/>	
	Gases, fumes, smoke present. <input type="checkbox"/>	
	Pollution	
	...Ground observed. <input type="checkbox"/>	
	...Water observed. <input type="checkbox"/>	
	...Air observed. <input type="checkbox"/>	

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	<p>Vegetation</p> <p>Tree felling / cutting controlled. <input type="checkbox"/></p> <p>Trees or vegetation posing risk to operations. <input type="checkbox"/></p>	
	<p>Occupational Hygiene</p> <p>Noise impact on safe operation. <input type="checkbox"/></p> <p>Lighting impact on safe operation. <input type="checkbox"/></p> <p>Ventilation impact on safe operation. <input type="checkbox"/></p> <p>Hazardous chemical dust impact. <input type="checkbox"/></p>	
	<p>Lifting machines</p> <p>Lifting of material controls available. <input type="checkbox"/></p> <p>Lifting Equipment condition checked. <input type="checkbox"/></p> <p>Rigging, Slings planned. <input type="checkbox"/></p>	
	<p>Vehicle & Driver safety</p> <p>Abnormalities with vehicles / machines observed. <input type="checkbox"/></p> <p>Physical / mental state of drivers checked. <input type="checkbox"/></p> <p>Terrain abnormalities observed. <input type="checkbox"/></p>	
	<p>Roadside work</p> <p>Excavations demarcated. <input type="checkbox"/></p> <p>Barricading in place. <input type="checkbox"/></p> <p>Notices & Signs in place. <input type="checkbox"/></p> <p>Traffic control implemented. <input type="checkbox"/></p>	
	<p>Behavior Safety</p> <p>Mental / physical state of members. <input type="checkbox"/></p> <p>Members of public intervention or exposed to work site hazards. <input type="checkbox"/></p>	
	<p>Supervision</p> <p>Level of supervision required for safe execution. <input type="checkbox"/></p>	

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PPE required as per PPE Matrix

Overallacid or normal <input checked="" type="checkbox"/>	Pants <input type="checkbox"/>	Top <input type="checkbox"/>	Dust coat <input type="checkbox"/>	Apron <input type="checkbox"/>
Hard hat <input type="checkbox"/>	Gumboots <input type="checkbox"/>	Safetyshoes <input type="checkbox"/>	Safety glasses <input type="checkbox"/>	Face shield <input type="checkbox"/>
Welding helmet <input type="checkbox"/>	Dust mask <input type="checkbox"/>	Respirator <input type="checkbox"/>	Ear protector <input type="checkbox"/>	Fall Arrest System <input type="checkbox"/>
Gloves <input type="checkbox"/>	Operating clothing <input type="checkbox"/>	Reflective Vest <input type="checkbox"/>	Voltage rated gloves <input type="checkbox"/>	Arc Flash suits <input type="checkbox"/>
Arc rated face shield <input type="checkbox"/>				

AUTHORISED PERSON / COMPETENT PERSON

I declare that the nature and location of this work/activity, as well as the precautions, special conditions, the hazards involved and the right to refuse have been explained to the workers.

Name: userin Company No.: RayInternational Signed: _____

WORK TEAM MEMBERS ACKNOWLEDGEMENT

I understand the scope of work and the hazards associated with the task that I am going to perform. I further undertake to work according to the Task Manuals and/or Safe Work Procedures and as per control measures mentioned within this risk assessment that were discussed with me. I will report any unsafe acts and conditions that I discover while I am working and understand the Right to Refuse principle.

Sign On / Working			Sign Off / Working		
Name	U/No./ID No.	Signature	Name	U/No./ID No.	Signature
Employee-16	Emp-16		Employee-16	Emp-16	
Employee-16	Emp-16		Employee-16	Emp-16	

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AUTHORISED PERSON / COMPETENT PERSON

WITHDRAWAL: I hereby declare that all workers involved in the above-mentioned work have been withdrawn, informed that it is no longer safe to work and that a debriefing session held. Site normalized and safe.

Name userin

Signature

Date

Time