

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: string

Date: 2025-02-20

Time: 7:00

What task is being performed today?

Test

I hereby declare that Safety Document No. testhas 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.

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

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| | | | | | |
|------------|-------|---|------------|-------|---|
| Employee-8 | Emp-8 |  | Employee-8 | Emp-8 |  |
|------------|-------|---|------------|-------|---|

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 | sa | Signature |  | Date | 2025-02-20 | Time | 12:00 |
|------|----|-----------|---|------|------------|------|-------|