Document No.:	TDBL-HS-B-S-007
Addendum.:	J
Type:	Form
Page:	Page 1 of 1

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.

Date: 2025-03-27

Time: 14:26

What task is being performed today?

I hereby declare that Safety Document No. 400 tuttutttttttttttt100tt.... has been shown to all workers registered below for this work.

RISK AS SESSMENT: Use this Hazard Checklist, and PTW, Method Statements and/or Safe Work Procedures to supplement the

nazards and risk identif	•		
	Hazards		New Control measures to address hazards/risk
14	Electrical Condition of Apparatus changed.		100ttttttttttttttttttttttttttttttttttt
	Proximity(near System touch/step potential) controlled.		
	Barricade /Barriers effective and in place.		
	Isolate,LOTO, Test & Earthas per PTW.		
	Mechanical		
4	Draining/ Bleeding/ Venting confirmed.		
	Isolation /LOTO / Try & Test effective as per PTW.		
	 Working from heights Scaffold and Structure stability verified.		
<u>/ *_ \</u>	Aerial device / Ladders condition verified.		
	Slip,trips &falls Trench covers in place.		
	Walkways, excavation identified.		
	Slippery / Uneven surfaces observed.		
	Weather conditions		
	Rain / Wind / Hot / Cold concerns.		
	Sandstorm High humidity observed.		
	Animals Insects	_	
/***	Insects (bees / snakes / spiders) observed.		
	Dogs, Wild animals in vicinity.		
	Fire Hazards		
	Combustible material removed.		
	Flammable substances present.		
	Gases, fumes, smoke present.		

Document No.:	TDBL-HS-B-S-007
Addendum.:	J
Type:	Form
Page:	Page 1 of 1

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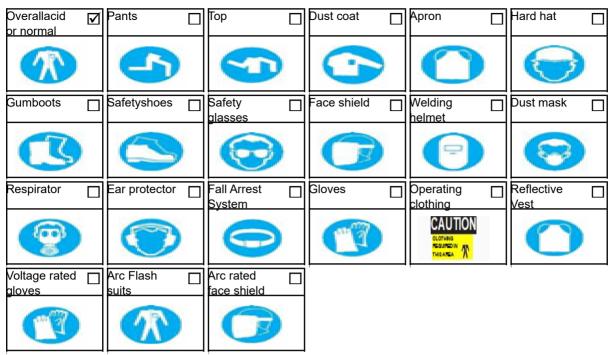
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Document No.:	TDBL-HS-B-S-007
Addendum.:	J
Type:	Form
Page:	Page 1 of 1

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PPE required as per PPE Matrix



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:VINI11	Company No.: RayInternational	Signed:	9	-
	company man may management	J.g., J.		

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
100ttttttttttttttttttttt	tNA		100111111111111111111111111111111111111	NA	
Employee-26	Emp-26	9	Employee-26	Emp-26	A.
Employee-9	Emp-9	9	Employee-9	Emp-9	7
Employee-16	Emp-16	9	Employee-16	Emp-16	*
Employee-19	Emp-19	9	Employee-19	Emp-19	S/
Employee-8	Emp-8	S	Employee-8	Emp-8	>
Employee-23	Emp-23	8	Employee-23	Emp-23	7
Employee-20	Emp-20	y	Employee-20	Emp-20	7

Document No.:	TDBL-HS-B-S-007
Addendum.:	J
Type:	Form
Page:	Page 1 of 1

Last Minute Risk Assessment and Workers Register (TOOLBOX TALK)



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 VINI11 Signature Date 2025-03-27 Time 14:30