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.**

Site: ddddddddddddddddddddddddddc Date: 2025-04-01 Time: 00:00

What task is being performed today?	dddddddddddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddddddddddd

I hereby declare that Safety Document No. ddddddddddddddddddk 25-04-00001 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.	☑	ddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddkhhj
	Proximity(near System touch/step potential) controlled.	☑	
	Barricade /Barriers effective and in place.	☑	
	Isolate,LOTO, Test & Earthas per PTW.	☑	
	Mechanical Isolation /LOTO / Try & Test effective as per PTW.	☑	ddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddkhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhj
	Draining/ Bleeding/ Venting confirmed.	☑	
	Working from heights Scaffold and Structure stability verified.	☑	ddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddkhhj
	Aerial device / Ladders condition verified.	☑	
	Slip,trips &falls Slippery / Uneven surfaces observed.	☑	ddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddddkhhj
	Trench covers in place.	☑	
	Walkways, excavation identified.	☑	

Document No.:	TDBL-HS-B-S-007	**Last Minute Risk Assessment and Workers Register (TOOLBOX TALK)**
Addendum.:	J	
Type:	Form	
Page:	Page 1 of 1	

	**Weather conditions** Rain / Wind / Hot / Cold concerns. ☑ Sandstorm High humidity observed. ☑	ddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj
	**Animals Insects** Dogs, Wild animals in vicinity. ☑ Insects (bees / snakes / spiders) observed. ☑	ddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj
	**Fire Hazards** Combustible material removed. ☑ Flammable substances present. ☑ Gases, fumes, smoke present. ☑	ddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj
	**Pollution** ...Ground observed. ☑ …Water observed. ☑ …Air observed. ☑	ddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj
	**Vegetation** Tree felling / cutting controlled. ☑ Trees or vegetation posing risk to operations. ☑	ddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj

	**Occupational Hygiene** Noise impact on safe operation. ☑ Lighting impact on safe operation. ☑ Ventilation impact on safe operation. ☑ Hazardous chemical dust impact. ☑	ddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddkhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhj
	**Lifting machines** Lifting of material controls available. ☑ Lifting Equipment condition checked. ☑ Rigging, Slinging planned. ☑	ddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddkhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhj
	**Vehicle & Driver safety** Abnormalities with vehicles / machines observed. ☑ Physical / mental state of drivers checked. ☑ Terrain abnormalities observed. ☑	ddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddkhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhj
	**Roadside work** Excavations demarcated. ☑ Barricading in place. ☑ Notices & Signs in place. ☑ Traffic control implemented. ☑	ddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddkhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhj
	**Behavior Safety** Mental / physical state of members. ☑ Members of public intervention or exposed to work site hazards. ☑	ddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddkhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh hhhhhhhhhhhhhhhhj

	Supervision Level of supervision required for safe execution. ☑	dddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddkhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhl hhhhhhhhhhhhhhhhj

PPE required as per PPE Matrix

Overallacid or normal ☑	Pants ☑	Top ☑	Dust coat ☑	Apron ☑	Hard hat ☑
Gumboots ☑	Safetyshoes ☑	Safety glasses ☑	Face shield ☑	Welding helmet ☑	Dust mask ☑
Respirator ☑	Ear protector ☑	Fall Arrest System ☑	Gloves ☑	Operating clothing ☑ CAUTION CLOTHING REQUIRED IN THIS AREA	Reflective Vest ☑
Voltage rated gloves ☑	Arc Flash suits ☑	Arc rated face shield ☑			

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: ....

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-8	Emp-8		Employee-8	Emp-8	
Employee-8	Emp-8		Employee-8	Emp-8	
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 VINI11 Signature Date Time