

## 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: knr

Date: 2025-08-16









Time: 12:24

What task is being performed today?

attachment

I hereby declare that Safety Document No. ٥٥.....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
	<b>Electrical</b> Condition of Apparatus changed. <input type="checkbox"/> 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"/>	
	<b>Mechanical</b> Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/> Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/>	
	<b>Working from heights</b> Scaffold and Structure stability verified. <input type="checkbox"/> Aerial device / Ladders condition verified. <input type="checkbox"/>	
	<b>Slip, trips &amp; falls</b> Slippery / Uneven surfaces observed. <input type="checkbox"/> Trench covers in place. <input type="checkbox"/> Walkways, excavation identified. <input type="checkbox"/>	
	<b>Weather conditions</b> Rain / Wind / Hot / Cold concerns. <input type="checkbox"/> Sandstorm High humidity observed. <input type="checkbox"/>	
	<b>Animals Insects</b> Dogs, Wild animals in vicinity. <input type="checkbox"/> Insects (bees / snakes / spiders) observed. <input type="checkbox"/>	
	<b>Fire Hazards</b> Combustible material removed. <input type="checkbox"/> Flammable substances present. <input type="checkbox"/> Gases, fumes, smoke present. <input type="checkbox"/>	
	<b>Pollution</b> ...Ground observed. <input type="checkbox"/> ...Water observed. <input type="checkbox"/> ...Air observed. <input type="checkbox"/>	

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

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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: 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-16	Emp-16		Employee-16	Emp-16	

**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 2025-08-16 Time 12:25