

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: string

Date: 2025-02-20

Time: 7:00

What task is being performed today?

Test

I hereby declare that Safety Document No.test.....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.

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	Electrical		
	Condition of Apparatus changed.	<input checked="" type="checkbox"/>	chk
	Isolate, LOTO, Test & Earth as per PTW.	<input type="checkbox"/>	
	Proximity (near System touch/step potential) controlled.	<input type="checkbox"/>	
	Barricade / Barriers effective and in place.	<input type="checkbox"/>	
	Mechanical		
	Isolation / LOTO / Try & Test effective as per PTW.	<input type="checkbox"/>	1
	Draining/ Bleeding/ Venting confirmed.	<input type="checkbox"/>	
	Working from heights		
	Scaffold and Structure stability verified.	<input checked="" type="checkbox"/>	3
	Aerial device / Ladders condition verified.	<input checked="" type="checkbox"/>	
	Slip, trips & falls		
	Slippery / Uneven surfaces observed.	<input checked="" type="checkbox"/>	4
	Trench covers in place.	<input checked="" type="checkbox"/>	
	Walkways, excavation identified.	<input checked="" type="checkbox"/>	
	Weather conditions		
	Rain / Wind / Hot / Cold concerns.	<input checked="" type="checkbox"/>	5
	Sandstorm High humidity observed.	<input checked="" type="checkbox"/>	
	Animals Insects		
	Dogs, Wild animals in vicinity.	<input checked="" type="checkbox"/>	6
	Insects (bees / snakes / spiders) observed.	<input checked="" type="checkbox"/>	
	Fire Hazards		
	Combustible material removed.	<input checked="" type="checkbox"/>	7
	Flammable substances present.	<input checked="" type="checkbox"/>	
	Gases, fumes, smoke present.	<input checked="" type="checkbox"/>	
	Pollution		
	...Ground observed.	<input checked="" type="checkbox"/>	8
	...Water observed.	<input checked="" type="checkbox"/>	
	...Air observed.	<input checked="" type="checkbox"/>	
	Vegetation		
	Tree felling / cutting controlled.	<input checked="" type="checkbox"/>	9
	Trees or vegetation posing risk to operations.	<input checked="" type="checkbox"/>	

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	Occupational Hygiene		
	Noise impact on safe operation.	<input checked="" type="checkbox"/>	10
	Lighting impact on safe operation.	<input checked="" type="checkbox"/>	
	Ventilation impact on safe operation.	<input checked="" type="checkbox"/>	
	Hazardous chemical dust impact.	<input checked="" type="checkbox"/>	
	Lifting machines		
	Lifting Equipment condition checked.	<input checked="" type="checkbox"/>	11
	Rigging, Slings planned.	<input checked="" type="checkbox"/>	
	Lifting of material controls available.	<input checked="" type="checkbox"/>	
	Vehicle & Drivers safety		
	Abnormalities with vehicles / machines observed.	<input checked="" type="checkbox"/>	12
	Terrain abnormalities observed.	<input checked="" type="checkbox"/>	
	Physical / mental state of drivers checked.	<input checked="" type="checkbox"/>	
	Roadside work		
	Excavations demarcated.	<input checked="" type="checkbox"/>	13
	Barricading in place.	<input checked="" type="checkbox"/>	
	Traffic control implemented.	<input checked="" type="checkbox"/>	
	Notices & Signs in place.	<input checked="" type="checkbox"/>	
	Behavior Safety		
	Members of public intervention or exposed to work site hazards.	<input checked="" type="checkbox"/>	14
	Mental / physical state of members.	<input checked="" type="checkbox"/>	
	Supervision		
	Level of supervision required for safe execution.	<input checked="" type="checkbox"/>	15

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

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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 sa

Signature



Date

2025-02-20

Time 12:00