

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: kann	ur 1	Date: 2025-08-13 Time: 11:27
What tas⊦	edit c is being performed today?	
hereby de	clare that Safety Document No. today 1	has been shown to all workers registered below for this work.
	drisk identification process.	, Method Statements and/or Safe Work Procedures to supplement the
	Hazards	New Control measures to address hazards/risk
•	Electrical	
	Condition of Apparatus changed.	
7	Proximity(near System touch/step potential) controlled. Barricade /Barriers effective and in place.	
	Isolate,LOTO, Test & Earthas per PTW.	
	Mechanical	
٨	Draining/ Bleeding/ Venting confirmed.	
Ø	Isolation /LOTO / Try & Test effective as per PTW.	
	Working from heights	
\wedge	Scaffold and Structure stability verified.	
	Aerial device / Ladders condition verified.	
	Slip,trips &falls	
\wedge	Trench covers in place.	
/K	Walkways, excavation identified.	
-	Slippery / Uneven surfaces observed.	
	Weather conditions	
\wedge	Rain / Wind / Hot / Cold concerns.	
*	Sandstorm High humidity observed.	
•	Animals Insects	
	Insects (bees / snakes / spiders) observed.	
M	Dogs, Wild animals in vicinity.	
_	Fire Hazards	
\wedge	Combustible material removed.	
	Flammable substances present.	
	Gases, fumes, smoke present.	
	Pollution	
\wedge	Air observed.	
∕ ﷺ\	Water observed.	
	Ground observed.	



	Vegetation		
\wedge	Tree felling / cutting controlled.		
(本)	Trees or vegetation posing risk to operations.		
	Occupational Hygiene		
\wedge	Lighting impact on safe operation.		
	Noise impact on safe operation.		
	Ventilation impact on safe operation.		
	Hazardous chemical dust impact.		
	Lifting machines		
\wedge	Rigging, Slinging planned.		
<mark>/⊡</mark>	Lifting of material controls available.		
	Lifting Equipment condition checked.		
	Vehicle & Driver safety		
\wedge	Physical / mental state of drivers checked.		
	Abnormalities with vehicles / machines		
	observed. Terrain abnormalities observed.		
	Roadside work		
\wedge	Notices & Signs in place.		
	Traffic control implemented.		
	Excavations demarcated.		
	Barricading in place.		
	Behavior Safety		
\wedge	Members of public intervention or		
奉	exposed to work site hazards. Mental / physical state of members.		
	Supervision		
R.W	Level of supervision required for safe execution.	V	



PPE required as per PPE Matrix

Overallacid or normal	V	Pants	Тор	Dust coat	Apron	
				(3)	0	
Hard hat		Gumboots	Safetyshoes	Safety glasses	Face shield	
					6	
Welding helmet		Dust mask	Respirator	Ear protector	Fall Arrest System	
		(2)	(B)		(
Gloves		Operating clothing	Reflective Vest	Voltage rated gloves	Arc Flash suits	
		CAUTION OLOTHING PEGUNEDIN THIBAREA				
Arc rated face shield	$\overline{\mathbf{A}}$					
0						

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	
Employee-20	Emp-20		Employee-20	Emp-20	M



AUTHORISED PERSON / COMPETENT PERSON

Name	VINI11	Signature	Ma	Date	2025-08-13	Time 11:28