








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




	Electrical	Condition of Apparatus changed. Isolate, LOTO, Test & Earth as per PTW. Proximity (near System touch/step potential) controlled. Barricade / Barriers effective and in place.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	chk
	Mechanical	Isolation / LOTO / Try & Test effective as per PTW. Draining / Bleeding / Venting confirmed.	<input type="checkbox"/> <input type="checkbox"/>	1
	Working from heights	Scaffold and Structure stability verified. Aerial device / Ladders condition verified.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3
	Slip, trips & falls	Slippery / Uneven surfaces observed. Trench covers in place. Walkways, excavation identified.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	4
	Weather conditions	Rain / Wind / Hot / Cold concerns. Sandstorm High humidity observed.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	5
	Animals Insects	Dogs, Wild animals in vicinity. Insects (bees / snakes / spiders) observed.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	6
	Fire Hazards	Combustible material removed. Flammable substances present. Gases, fumes, smoke present.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	7
	Pollution	...Ground observed. ...Water observed. ...Air observed.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	8
	Vegetation	Tree felling / cutting controlled. Trees or vegetation posing risk to operations.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	9
	Occupational Hygiene	Noise impact on safe operation. Lighting impact on safe operation. Ventilation impact on safe operation. Hazardous chemical dust impact.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	10

	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&Driversafety 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"/>
	BehaviorSafety 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

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"/>	Overallacid or normal <input checked="" type="checkbox"/>
					
Pants <input type="checkbox"/>	Top <input checked="" type="checkbox"/>	Dust coat <input checked="" type="checkbox"/>			
					

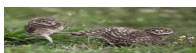
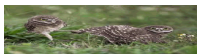
AUTHORISED PERSON / COMPETENT PERSON

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	

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