test1234



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: 2025-08-18 Time: 10:08

What task is being performed today?

I hereby declare that Safety Document No. TEST1234 has been shown to all workers registered below for this work.

RISK AS SESSMENT: 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		
\wedge	Condition of Apparatus changed.		
4	Proximity(near System touch/step potential) controlled.	☑	
	Barricade /Barriers effective and in place.	☑	
	Isolate,LOTO, Test & Earthas per PTW.	<u> </u>	
	Mechanical		
\wedge	Draining/ Bleeding/ Venting confirmed.	\checkmark	
<u> </u>	Isolation /LOTO / Try & Test effective as per PTW.	Ø	
	Working from heights		
\wedge	Scaffold and Structure stability verified.		
	Aerial device / Ladders condition verified.	V	
	Slip,trips &falls		
\wedge	Trench covers in place.		
/ <i>*</i> /	Walkways, excavation identified.		
	Slippery / Uneven surfaces observed.	$\overline{\checkmark}$	
	Weather conditions		
\wedge	Rain / Wind / Hot / Cold concerns.		
*	Sandstorm High humidity observed.	Ø	
	Animals Insects		
\wedge	Insects (bees / snakes / spiders) observed.	V	
	Dogs, Wild animals in vicinity.	V	
	Fire Hazards		
\wedge	Combustible material removed.	$\overline{\checkmark}$	
	Flammable substances present.		
	Gases, fumes, smoke present.		
	Pollution		
\wedge	Air observed.	$\overline{\checkmark}$	
	Water observed.	\checkmark	
	Ground observed.	Ø	
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		\square	
Supervision			
Level of supervisi execution.	site hazards.		



PPE required as per PPE Matrix

Overallacid or normal	A	Pants	<u> </u>	Тор	4	Dust coat	Ø	Apron	V
		4		9		6			
Hard hat	1	Gumboots	V	Safetyshoes	V	Safety glasses	V	Face shield	V
		(3)						(3)	
Welding helmet	$\overline{\square}$	Dust mask	V	Respirator	$\overline{\checkmark}$	Ear protector	V	Fall Arrest System	V
		(2)		(B)				(
Gloves	Ø	Operating clothing	V	Reflective Vest	$\overline{\mathbf{A}}$	Voltage rated gloves	V	Arc Flash suits	V
		CAUTION OLOTHNO REGUNED IN AN		0					
Arc rated face shield									
G									

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-29	Emp-29	Mr.	Employee-29	Emp-29	X
Employee-16	Emp-16		Employee-16	Emp-16	X
Employee-20	Emp-20	70	Employee-20	Emp-20	
Employee-41	Emp-41	1	Employee-41	Emp-41	1



AUTHORISED PERSON / COMPETENT PERSON

	it is no longer safe to						
Name	VINI11	Signature	A STATE OF THE STA	Date	2025-08-18	Time 10:11	
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