Document No.:	TDBL-HS-B-S-007	
Addendum.:	J	
Type:	Form	
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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: ddddddddddddddddddddddddddc Date: 2025-04-08 Time: 11:48

What task is being performed today?	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd

I hereby declare that Safety Document No..dddddddddddddddddk dddddddddddddddddd..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
	**Electrical** Condition of Apparatus changed. Proximity(near System touch/step potential) controlled. Barricade /Barriers effective and in place. Isolate,LOTO, Test & Earthas per PTW.	☑ ☑ ☑ ☐	dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd ddddddddddddkddddddddddddddddddddddddddd ddddddddddddddddd
	**Mechanical** Draining/ Bleeding/ Venting confirmed. Isolation /LOTO / Try & Test effective as per PTW.	☐ ☐	dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd ddddddddddddkddddddddddddddddddddddddddd ddddddddddddddddd
	**Working from heights** Scaffold and Structure stability verified. Aerial device / Ladders condition verified.	☐ ☐	dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd ddddddddddddkddddddddddddddddddddddddddd ddddddddddddddddd
	**Slip,trips &falls** Trench covers in place. Walkways, excavation identified. Slippery / Uneven surfaces observed.	☐ ☐ ☐	dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd ddddddddddddkddddddddddddddddddddddddddd ddddddddddddddddd

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	**Weather conditions** Rain / Wind / Hot / Cold concerns.	☐	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddkddddddddddddddddddddddddddddddddddd ddddddddddddddddddd
	Sandstorm High humidity observed.	☐	
	**Animals Insects** Insects (bees / snakes / spiders) observed.	☐	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddkddddddddddddddddddddddddddddddddddd ddddddddddddddddddd
	Dogs, Wild animals in vicinity.	☐	
	**Fire Hazards** Combustible material removed.	☐	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddkddddddddddddddddddddddddddddddddddd ddddddddddddddddddd
	Flammable substances present.	☐	
	Gases, fumes, smoke present.	☐	
	**Pollution** …Air observed.	☐	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddkddddddddddddddddddddddddddddddddddd ddddddddddddddddddd
	…Water observed.	☐	
	...Ground observed.	☐	
	**Vegetation** Tree felling / cutting controlled.	☐	ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddddkddddddddddddddddddddddddddddddddddd ddddddddddddddddddd
	Trees or vegetation posing risk to operations.	☐	

	**Occupational Hygiene** Lighting impact on safe operation. ☐ Noise impact on safe operation. ☐ Ventilation impact on safe operation. ☐ Hazardous chemical dust impact. ☐	dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddkddddddddddddddddddddddddddddd dddddddddddddddddd
	**Lifting machines** Rigging, Slinging planned. ☐ Lifting of material controls available. ☐ Lifting Equipment condition checked. ☐	dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddkddddddddddddddddddddddddddddd dddddddddddddddddd
	**Vehicle & Driver safety** Physical / mental state of drivers checked. ☐ Abnormalities with vehicles / machines observed. ☐ Terrain abnormalities observed. ☐	dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddkddddddddddddddddddddddddddddd dddddddddddddddddd
	**Roadside work** Notices & Signs in place. ☐ Traffic control implemented. ☐ Excavations demarcated. ☐ Barricading in place. ☐	dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddkddddddddddddddddddddddddddddd dddddddddddddddddd
	**Behavior Safety** Members of public intervention or exposed to work site hazards. ☐ Mental / physical state of members. ☐	dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddddddd ddddddddddddddkddddddddddddddddddddddddddddd dddddddddddddddddd

	Supervision Level of supervision required for safe execution. ☐	dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd dddddddddddddddddddddddddddddddddddddddd ddddddddddddkddddddddddddddddddddddddddd dddddddddddddddd

PPE required as per PPE Matrix

Overallacid or normal ☑	Pants ☑	Top ☑	Dust coat ☑	Apron ☑	Hard hat ☑
Gumboots ☑	Safetyshoes ☑	Safety glasses ☑	Face shield ☑	Welding helmet ☑	Dust mask ☑
Respirator ☑	Ear protector ☑	Fall Arrest System ☑	Gloves ☑	Operating clothing ☑ CAUTION CLOTHING REQUIRED IN THIS AREA	Reflective Vest ☑
Voltage rated gloves ☑	Arc Flash suits ☑	Arc rated face shield ☑			

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-8	Emp-8		Employee-8	Emp-8	
Employee-9	Emp-9		Employee-9	Emp-9	

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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 VINI11 Signature  Date 2025-04-08 Time 11:51