

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: knr










Date: 2025-05-22

Time: 10:14

What task is being performed today? test

I hereby declare that Safety Document No. nn 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. <input checked="" type="checkbox"/> Proximity(near System touch/step potential) controlled. <input type="checkbox"/> Barricade /Barriers effective and in place. <input type="checkbox"/> Isolate,LOTO, Test & Earthas per PTW. <input type="checkbox"/> | hffftfeeeeerrre |
|  | Mechanical Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/> Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/> | |
|  | Working from heights Scaffold and Structure stability verified. <input type="checkbox"/> Aerial device / Ladders condition verified. <input type="checkbox"/> | |
|  | Slip, trips & falls Trench covers in place. <input type="checkbox"/> Walkways, excavation identified. <input type="checkbox"/> Slippery / Uneven surfaces observed. <input type="checkbox"/> | |
|  | Weather conditions Rain / Wind / Hot / Cold concerns. <input type="checkbox"/> Sandstorm High humidity observed. <input type="checkbox"/> | |
|  | Animals Insects Insects (bees / snakes / spiders) observed. <input type="checkbox"/> Dogs, Wild animals in vicinity. <input type="checkbox"/> | |
|  | Fire Hazards Combustible material removed. <input type="checkbox"/> Flammable substances present. <input type="checkbox"/> Gases, fumes, smoke present. <input type="checkbox"/> | |
|  | Pollution ...Air observed. <input type="checkbox"/> ...Water observed. <input type="checkbox"/> ...Ground observed. <input type="checkbox"/> | |
|  | Vegetation Tree felling / cutting controlled. <input type="checkbox"/> Trees or vegetation posing risk to operations. <input type="checkbox"/> | |

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

PPE required as per PPE Matrix

| | | | | |
|---|---|--|---|---|
| Overallacid or normal <input checked="" type="checkbox"/> | Pants <input type="checkbox"/> | Top <input type="checkbox"/> | Dust coat <input type="checkbox"/> | Apron <input type="checkbox"/> |
| | | | | |
| Hard hat <input type="checkbox"/> | Gumboots <input type="checkbox"/> | Safetyshoes <input type="checkbox"/> | Safety glasses <input type="checkbox"/> | Face shield <input type="checkbox"/> |
| | | | | |
| Welding helmet <input type="checkbox"/> | Dust mask <input type="checkbox"/> | Respirator <input type="checkbox"/> | Ear protector <input type="checkbox"/> | Fall Arrest System <input type="checkbox"/> |
| | | | | |
| Gloves <input type="checkbox"/> | Operating clothing <input type="checkbox"/> | Reflective Vest <input type="checkbox"/> | Voltage rated gloves <input type="checkbox"/> | Arc Flash suits <input type="checkbox"/> |
| | | | | |
| Arc rated face shield <input type="checkbox"/> | | | | |

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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 |
| ni | NA |  | ni | NA |  |

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 2025-05-22 Time 10:14