

Document No.:	TDBL-HS-B-S-007
Addendum:	J
Type:	Form
Page:	Page 1 of 1

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: string

Date: 2025-02-20

Time: 7:00






What task is being performed today?

Test

I hereby declare that Safety Document No.test.....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.

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

	Lifting machines	Lifting of material controls available. <input checked="" type="checkbox"/> Lifting Equipment condition checked. <input checked="" type="checkbox"/> Rigging, Slinging planned. <input checked="" type="checkbox"/>	11
	Vehicle&Driversafety	Abnormalities with vehicles / machines observed. <input checked="" type="checkbox"/> Physical / mental state of drivers checked. <input checked="" type="checkbox"/> Terrain abnormalities observed. <input checked="" type="checkbox"/>	12
	Roadside work	Excavations demarcated. <input checked="" type="checkbox"/> Barricading in place. <input checked="" type="checkbox"/> Notices & Signs in place. <input checked="" type="checkbox"/> Traffic control implemented. <input checked="" type="checkbox"/>	13
	BehaviorSafety	Mental / physical state of members. <input checked="" type="checkbox"/> Members of public intervention or exposed to work site hazards. <input checked="" type="checkbox"/>	14
	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"/>	Overall acid or normal <input checked="" type="checkbox"/>
					
Pants <input type="checkbox"/>	Top <input checked="" type="checkbox"/>	Dust coat <input checked="" type="checkbox"/>			
					

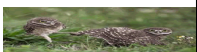
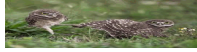
AUTHORISED PERSON / COMPETENT PERSON

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