

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: 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.

Site: string

Date: 2025-02-20










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

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	Occupational Hygiene	Noise impact on safe operation. <input checked="" type="checkbox"/> Lighting impact on safe operation. <input checked="" type="checkbox"/> Ventilation impact on safe operation. <input checked="" type="checkbox"/> Hazardous chemical dust impact. <input checked="" type="checkbox"/>	10
	Lifting machines	Lifting of material controls available. <input checked="" type="checkbox"/> Rigging, Slings planned. <input checked="" type="checkbox"/> Lifting Equipment condition checked. <input checked="" type="checkbox"/>	11
	Vehicle & Drivers safety	Terrain abnormalities observed. <input checked="" type="checkbox"/> Physical / mental state of drivers checked. <input checked="" type="checkbox"/> Abnormalities with vehicles / machines observed. <input checked="" type="checkbox"/>	12
	Roadside work	Excavations demarcated. <input checked="" type="checkbox"/> Notices & Signs in place. <input checked="" type="checkbox"/> Barricading in place. <input checked="" type="checkbox"/> Traffic control implemented. <input checked="" type="checkbox"/>	13
	Behavior Safety	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

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Apron <input checked="" type="checkbox"/>	Hard hat <input checked="" type="checkbox"/>	Gumboots <input checked="" type="checkbox"/>	Safety shoes <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"/>			
					

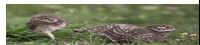

AUTHORISED PERSON / COMPETENT PERSON

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	

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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 sa

Signature



Date

2025-02-20

Time 12:00