## 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.

ite: knr		Date:	2025-04-02	Time: 12:35
What task is being p	erformed today?			
ereby declare that S	Safety Document No <sub>002</sub>	.has been sl	nown to all worker	s registered below for this work.
SKAS SESSMENT zards and risk identi	: Use this Hazard Checklist, and PTW, Metho fication process.	od State men	ts and/or Safe Wo	rk Procedures to supplement the
	Hazards		New Control r	measures to address hazards/ris
14	Electrical Condition of Apparatus changed.	☑		
	Proximity(near System touch/step potential) controlled.			
	Barricade /Barriers effective and in place.			
	Isolate,LOTO, Test & Earthas per PTW.			
	Mechanical   Draining/ Bleeding/ Venting confirmed.			
	Isolation /LOTO / Try & Test effective as per PTW.			
	Working from heights Scaffold and Structure stability verified.			
	Aerial device / Ladders condition verified.			
	Slip,trips &falls Trench covers in place.			
	Walkways, excavation identified.			
	Slippery / Uneven surfaces observed.			
	Weather conditions Rain / Wind / Hot / Cold concerns.			
*****	Sandstorm High humidity observed.			
	Animals Insects	_		
	Insects (bees / snakes / spiders) observed.			
	Dogs, Wild animals in vicinity.			
	Fire Hazards Combustible material removed.			
	Flammable substances present.			
	Gases, fumes, smoke present.			

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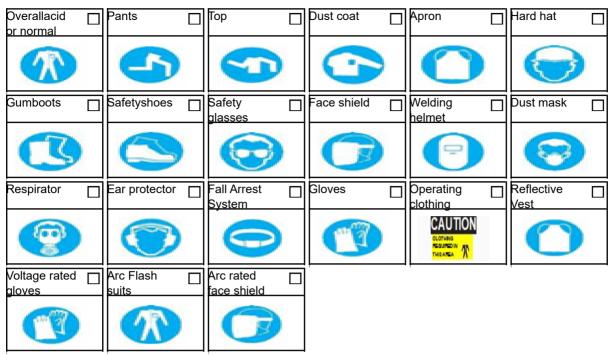
Water observedGround observed.    Wegetation   Tree felling / cutting controlled.   Trees or vegetation posing risk to operations.    Occupational Hygiene   Lighting impact on safe operation.   Weitlation impact on safe operation.   Hazardous chemical dust impact.   Lifting machines   Rigging, Slinging planned.   Lifting of material controls available.   Lifting Equipment condition checked.   Wehicle & Driver safety Physical / mental state of drivers checked.   Abnormalities with vehicles / machines observed.   Terrain abnormalities observed.   Terrain abnormalities observed.   Roadside work   Notices & Signs in place.   Traffic control implemented.   Excavations demarcated.   Barricading in place.   Behavior Safety   Members of public intervention or exposed to work site hazards.   Mental / physical state of members.		Pollution Air observed.		
Vegetation Tree felling / cutting controlled. Trees or vegetation posing risk to operations.  Coccupational Hygiene Lighting impact on safe operation. Noise impact on safe operation. Ventilation impact on safe operation. Hazardous chemical dust impact.  Lifting machines Rigging, Slinging planned. Lifting of material controls available. Lifting Equipment condition checked.  Vehicle & Driver safety Physical / mental state of drivers checked. Abnormalities with vehicles / machines observed. Terrain abnormalities observed.  Roadside work Notices & Signs in place. Traffic control implemented. Excavations demarcated. Barricading in place.  Behavior Safety Members of public intervention or exposed to work site hazards. Mental / physical state of members.		Water observed.		
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Supervision  Level of supervision required for safe		Supervision		
execution.			Ц	

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### PPE required as per PPE Matrix



#### 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:	- <i>y</i> //	
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### **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-10	Emp-10		Employee-10	Emp-10	~

### **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 2025-04-02 Time 12:36