

|               |                 |
|---------------|-----------------|
| 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.

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

|   |  |    |
|---|--|----|
|     | <b>Occupational Hygiene</b><br>Noise impact on safe operation. <input checked="" type="checkbox"/><br>Lighting impact on safe operation. <input checked="" type="checkbox"/><br>Ventilation impact on safe operation. <input checked="" type="checkbox"/><br>Hazardous chemical dust impact. <input checked="" type="checkbox"/> | 10 |
|    | <b>Lifting machines</b><br>Lifting of material controls available. <input checked="" type="checkbox"/><br>Lifting Equipment condition checked. <input checked="" type="checkbox"/><br>Rigging, Slings planned. <input checked="" type="checkbox"/>   | 11 |
|    | <b>Vehicle &amp; Driver safety</b><br>Abnormalities with vehicles / machines observed. <input checked="" type="checkbox"/><br>Physical / mental state of drivers checked. <input checked="" type="checkbox"/><br>Terrain abnormalities observed. <input checked="" type="checkbox"/>   | 12 |
|    | <b>Roadside work</b><br>Excavations demarcated. <input checked="" type="checkbox"/><br>Barricading in place. <input checked="" type="checkbox"/><br>Notices & Signs in place. <input checked="" type="checkbox"/><br>Traffic control implemented. <input checked="" type="checkbox"/>  | 13 |
|  | <b>Behavior Safety</b><br>Mental / physical state of members. <input checked="" type="checkbox"/><br>Members of public intervention or exposed to work site hazards. <input checked="" type="checkbox"/>   | 14 |
|  | <b>Supervision</b><br>Level of supervision required for safe execution. <input checked="" type="checkbox"/>  | 15 |
|   |  |    |

## PPE required as per PPE Matrix

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| 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"/>                          | Overallacid or normal <input checked="" type="checkbox"/>                           |
|  |  |  |  |  |  |
| Pants <input type="checkbox"/>  | Top <input checked="" type="checkbox"/>   | Dust coat <input checked="" type="checkbox"/>                                     |   |  |   |
|  |  |  |   |  |   |

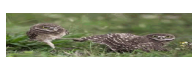
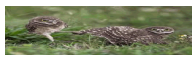
AUTHORISED PERSON / COMPETENT PERSON

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.

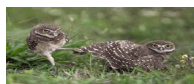
| Sign On / Working |              |   | Sign Off / Working |              |   |
|-------------------|--------------|---|--------------------|--------------|---|
| Name              | U/No./ID No. | Signature   | Name               | U/No./ID No. | Signature   |
| Employee-8        | Emp-8        |  | 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