

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: thr

Date: 2025-03-04










Time: 13:32







What task is being performed today?

thh

I hereby declare that Safety Document No.1234.....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 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"/>	gxcxgg
	Mechanical Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/> Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/>	ffff
	Workingfromheights Scaffold and Structure stability verified. <input type="checkbox"/> Aerial device / Ladders condition verified. <input type="checkbox"/>	
	Slip,trips &falls Slippery / Uneven surfaces observed. <input type="checkbox"/> Trench covers in place. <input type="checkbox"/> Walkways, excavation identified. <input type="checkbox"/>	
	Weatherconditions Rain / Wind / Hot / Cold concerns. <input type="checkbox"/> Sandstorm High humidity observed. <input type="checkbox"/>	
	Animals Insects Dogs, Wild animals in vicinity. <input type="checkbox"/> Insects (bees / snakes / spiders) observed. <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 ...Ground observed. <input type="checkbox"/> ...Water observed. <input type="checkbox"/> ...Air observed. <input type="checkbox"/>	
	Vegetation Tree felling / cutting controlled. <input type="checkbox"/> Trees or vegetation posing risk to operations. <input type="checkbox"/>	

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

Overall/acid or normal	<input type="checkbox"/> Pants	<input type="checkbox"/> Top	<input type="checkbox"/> Dust coat	<input type="checkbox"/> Apron	<input type="checkbox"/> Hard hat
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
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
Voltage rated gloves	<input type="checkbox"/> Arc Flash suits	<input type="checkbox"/> Arc rated face shield			

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.

WORK TEAM MEMBERS ACKNOWLEDGEMENT

Sign On / Working			Sign Off / Working		
Name	U/No./ID No.	Signature	Name	U/No./ID No.	Signature
Employee-9	Emp-9		Employee-9	Emp-9	

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.

Time 13:35