









Time: 11:29

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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"/>	
	Mechanical Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/> Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/>	
	Working from heights Scaffold and Structure stability verified. <input type="checkbox"/> Aerial device / Ladders condition verified. <input type="checkbox"/>	
	Slip, trips & falls Trench covers in place. <input type="checkbox"/> Walkways, excavation identified. <input type="checkbox"/> Slippery / Uneven surfaces observed. <input type="checkbox"/>	
	Weather conditions Rain / Wind / Hot / Cold concerns. <input type="checkbox"/> Sandstorm High humidity observed. <input type="checkbox"/>	
	Animals Insects Insects (bees / snakes / spiders) observed. <input type="checkbox"/> Dogs, Wild animals in vicinity. <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 ...Air observed. <input type="checkbox"/> ...Water observed. <input type="checkbox"/> ...Ground observed. <input type="checkbox"/>	
	Vegetation Tree felling / cutting controlled. <input type="checkbox"/> Trees or vegetation posing risk to operations. <input type="checkbox"/>	

Last Minute Risk Assessment and Workers Register (TOOLBOX TALK)




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

PPE required as per PPE Matrix

Overallacid or normal <input checked="" type="checkbox"/>	Pants <input type="checkbox"/>	Top <input type="checkbox"/>	Dust coat <input type="checkbox"/>	Apron <input type="checkbox"/>	Hard hat <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
Voltage rated gloves <input type="checkbox"/>	Arc Flash suits <input type="checkbox"/>	Arc rated face shield <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: VINI11 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
hhhhhhhhhhhhhhhhhhhh	NA		hhhhhhhhhhhhhhhhhhhh	NA	
Employee-16	Emp-16		Employee-16	Emp-16	

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 2025-05-08 Time 11:31