

Document No.:	TDBL-HS-B-S-007
Addendum:	J
Type:	Form
Page:	Page 1 of 1

## 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










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.

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

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.

	<b>Occupational Hygiene</b>	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
	<b>Lifting machines</b>	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
	<b>Vehicle &amp; Drivers safety</b>	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
	<b>Roadside work</b>	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
	<b>Behavior Safety</b>	Mental / physical state of members. <input checked="" type="checkbox"/> Members of public intervention or exposed to work site hazards. <input checked="" type="checkbox"/>	14
	<b>Supervision</b>	Level of supervision required for safe execution. <input checked="" type="checkbox"/>	15

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.

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

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	

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.

### 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