

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: ddddddddddddddddddddddddc

Date: 2025-04-08

Time: 11:48

What task is being performed today?

dd
 ddd
 ddd
 ddd






I hereby declare that Safety Document No. ddddddddddddk...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 checked="" type="checkbox"/>	ddd ddd ddd ddd ddd ddddddddddddkdddddddddddddddddddddddddddddd ddddddddddddddd
	Proximity(near System touch/step potential) controlled. <input checked="" type="checkbox"/>	
	Barricade /Barriers effective and in place. <input checked="" type="checkbox"/>	
	Isolate,LOTO, Test & Earthas per PTW. <input type="checkbox"/>	
	Mechanical Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/>	ddd ddd ddd ddd ddddddddddddkdddddddddddddddddddddddddd ddddddddddd
	Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/>	
	Working from heights Scaffold and Structure stability verified. <input type="checkbox"/>	ddd ddd ddd ddddddddddddkdddddddddddddddddddddd ddddddd
	Aerial device / Ladders condition verified. <input type="checkbox"/>	
	Slip, trips & falls Trench covers in place. <input type="checkbox"/>	ddd ddd ddd ddddddddddddkdddddddddddddddddddddd ddd
	Walkways, excavation identified. <input type="checkbox"/>	
	Slippery / Uneven surfaces observed. <input type="checkbox"/>	

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

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	Supervision Level of supervision required for safe execution. <input type="checkbox"/>	ddd ddd ddd ddd ddd dddddddddddddddkdddddddddddddddddddddddddddddddddd ddddddddddddddddddd
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PPE required as per PPE Matrix

Overallacid or normal <input checked="" type="checkbox"/>	Pants <input checked="" 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: 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
Employee-8	Emp-8		Employee-8	Emp-8	
Employee-9	Emp-9		Employee-9	Emp-9	

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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

2025-04-08

Time 11:51