

## 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: MTR

Date: 2025-04-09

Time: 14:20

What task is being performed today? test

I hereby declare that Safety Document No. 0001.....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 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"/> |                                              |
|         | <b>Mechanical</b><br>Draining/ Bleeding/ Venting confirmed. <input type="checkbox"/><br>Isolation /LOTO / Try & Test effective as per PTW. <input type="checkbox"/>                                                                                                                                         |                                              |
|         | <b>Working from heights</b><br>Scaffold and Structure stability verified. <input type="checkbox"/><br>Aerial device / Ladders condition verified. <input type="checkbox"/>                                                                                                                                  |                                              |
|         | <b>Slip, trips &amp; falls</b><br>Trench covers in place. <input type="checkbox"/><br>Walkways, excavation identified. <input type="checkbox"/><br>Slippery / Uneven surfaces observed. <input type="checkbox"/>                                                                                            |                                              |
|         | <b>Weather conditions</b><br>Rain / Wind / Hot / Cold concerns. <input type="checkbox"/><br>Sandstorm High humidity observed. <input type="checkbox"/>                                                                                                                                                      |                                              |
|         | <b>Animals Insects</b><br>Insects (bees / snakes / spiders) observed. <input type="checkbox"/><br>Dogs, Wild animals in vicinity. <input type="checkbox"/>                                                                                                                                                  |                                              |
|         | <b>Fire Hazards</b><br>Combustible material removed. <input type="checkbox"/><br>Flammable substances present. <input type="checkbox"/><br>Gases, fumes, smoke present. <input type="checkbox"/>                                                                                                            |                                              |

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

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### PPE required as per PPE Matrix

|                                                |                                          |                                                |                                      |                                             |                                          |
|------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------------------|------------------------------------------|
| Overallacid or normal <input 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 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-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 2025-04-09 Time 14:35