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**As a Safety Leader I...**

**Own it  
Comply  
Intervene**

## Last Minute Risk Assessment



Date: \_\_\_\_\_ Clearance No: \_\_\_\_\_ Risk Level: \_\_\_\_\_

### TASK:

- Do you understand the work to be done? ☐ N ☐ Y ☐ N/A
- Have you read & understood all the PTW precautions ? ☐ N ☐ Y ☐ N/A
- Have you discussed the PTW, RAMS & SWP with your team? ☐ N ☐ Y ☐ N/A
- Have you mitigated / removed / isolated all work site hazards ? ☐ N ☐ Y ☐ N/A
- PPE for you and team has been checked and in good condition? ☐ N ☐ Y ☐ N/A
- Do you know what to do in case of an emergency situation ? ☐ N ☐ Y ☐ N/A

**If the answer is NO to any of the above questions, consult MSFP:**

### SITUATIONAL HAZARDS:

- List the hazards at the work site and put mitigations in place before work begins:

- Can the activity introduce new hazards? ☐ N ☐ Y ☐ N/A

**If the answer is YES to the above questions, Explain further and escalate to MSFP:**

- Coinciding activities, List the jobs around you. How does your job impact others and how are other jobs impacting you?

**Please tick the LSR's applicable to your activity:**

1  Bypassing Safety Controls	2  Confined Space	3  Driving	4  Energy Isolation	
5  Hot Work	6  Line of Fire	7  Safe Mechanical Lifting	8  Work Authorisation	9  Working at Height

## ZIVIKELE says... TAKE 5!



1. Ensure that the **Clearance** and **RAMS** are discussed with the team for the current activity.

2. **Drip Tray** to be used when opening Flanges.

3. Ensure that you and your team understand and follow the **LIFE SAVING RULES**.

4. When conditions changes, **STOP** and **REPORT**.

5. Ensure **Housekeeping** is done and **Clearance** is **signed off** after completing your activity.

**All activities to be executed by people who are trained and qualified.  
This document to be signed on the work site after receiving  
clearance & before executing the task.**

Clearance Receiver: \_\_\_\_\_ Sign: \_\_\_\_\_

Or...

Foreman: \_\_\_\_\_ Sign: \_\_\_\_\_

Or...

Supervisor: \_\_\_\_\_ Sign: \_\_\_\_\_

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## LMRA Additional Situational Hazards

CLEARANCE NUMBER	DATE	SUPERVISOR/ FOREMAN

No.	LIST SITE HAZARDS	LOCATION	MITIGATIONS
1			
2			
3			
4			
5			
6			
No.	COINCIDING ACTIVITIES	LOCATION	MITIGATIONS
1			
2			
3			

**TEAM SIGNOFF – This section to be signed off by the execution team in the field after having the LMRA discussion before executing the task.**

Name	Signature	Name	Signature

NB: ALL ADDITIONAL HAZARDS IDENTIFIED ON SITE THAT DO NOT FORM PART OF THE **RAMS** OR CLEARANCE CERTIFICATE, **MUST** BE IMMEDIATELY COMMUNICATED TO THE MSFP.