RCL

WEEKLY PLANT RETURN AND

PLANT SAFETY CHECK

SITE:

COMPILED & CHECKED BY:

WEEK ENDING

Please ensure any defective tools are taken out of service immediately and sent for repair or replacement

hout delay <u>Plant Item</u>	I.D. No.	On Site	Off Site	Test	Condition of items/ other comments
Plant Item	1.0	Date	<u>Date</u>	Expiry	other comments
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HIRED IN WEEKLY PLANT RETURN AND

PLANT SAFETY CHECK

SITE:

COMPILED & CHECKED BY:

WEEK ENDING:

Please ensure any defective tools are taken out of service immediately and sent for repair or replacement

without delay Condition of items/ Off Site **Test** I.D. No. On Site Plant Item other comments Date **Expiry** <u>Date</u> Date



RAPHAEL CONTRACTING LIMITED

Carpentry & Joinery

Specialist Fit Outs

Hi-Tec House, Roebuck Road Chessington, Surrey KT9 1EU Tel: 020 8391 9100 Fax: 020 8391 2220 Email: raphaellimited@aol.com

ATTENDANCE SHEET TO BE COMPLETED FOR ALL TOOLBOX TALKS

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
<u>a</u>				
1				
2				
3				
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7				
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10				
11				
12				
13				3
14				
15				

Talk No	Title
I have given the above talk to all of the men under my	control
Signed	Position
Print Name	Date

WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER

Note on this side any points that have arisen which you may think should be brought to the attention of RCL and complete the attendance list above (add an extra sheet if necessary)

RAPHAEL CONTRACTING LIMITED

FAX: 020 8391 2220

NEW STARTER DETAILS								
SURNAME/FAMILY NAME:								
FIRST NAME:								
ADDRESS:								
TELEPHONE NO:								
TRADE:								
DATE OF BIRTH:								
DATE STARTED:								
CSCS CARD: YES/NO If <u>yes</u> , copy of BOTH sides to H.O.								
N.I. NUMBER:								
PAYE CIS CERT. No: (Copy to H.O.								
Tick box as appropriate before payment)								
BANK DETAILS								
NAME OF BANK:								
SORT CODE (6 figures):								
ACCOUNT NO. (8 figures): Current Account)								
REFERENCE NO. (If Building Society) Savings account, etc)								
NAME ACCOUNT HELD IN:								

PAY RATE: £

(FOR OFFICE USE ONLY)

Sales Invoice

Date:		Invoice No.	
From:			
To:	Raphael Contracting Ltd Hi-Tec House Roebuck Road Chessington Surrey KT9 1EU		
To work o	carried out week ending (Sun	day):-	
Work at	(Site):		
Monday:			
Tuesday:			
Wednesd	ay:	ů.	
Thursday	•		
Friday:			
Saturday:			
Sunday:			
Total Due	2		£

Raphael Contracting Ltd

Compiled By:

		Comments								8		9				
W/E Date (Sun):																
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