

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 without delay

[illegible]



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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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 yes, copy of BOTH sides to H.O.

N.I. NUMBER:

PAYE ☐

CIS CERT.

☐

No:

(Copy to H.O.
before payment)

Tick box as appropriate

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 carried out week ending (Sunday):-

Work at (Site) :

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Total Due

£ _____

Compiled By:

Contract:

W/E Date (Sun):

[illegible]