RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 65 Title: SAFE USE OF PASLODE GUNS (2)	Date: 17/04/19
Location: WELLINGTON HOUSE	Start Time: 7 30
Duration (Minutes) 30min	End Time: 8 00
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	R. STOYANOV	R.C.L	I confirm that I have understood the Tool Box Talk
2	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
3	N. AMBASANA.	RCL	I confirm that I have understood the Tool Box Talk
4	D.L. SUDRA	RCL	I confirm that I have understood the Tool Box Talk
5	S. KIRANI	RCL	I confirm that I have understood the Tool Box Talk
6	S. PISKALIA	RCL	I confirm that I have understood the Tool Box Talk
7	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
8			I confirm that I have understood the Tool Box Talk
9			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Grant Claim information

Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
7	30min	3½ h.	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 13 Title: COSHH	Date: 15/04/19
Location: WELLINGTON HOUSE	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: S. SINONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D.L. SUDRA	RCL	I confirm that I have understood the Tool Box Talk
2	N. KAIBASANA	RCL	I confirm that I have understood the Tool Box Talk
3	R. STOYANOV	RCL	I confirm that I have understood the Tool Box Talk
4	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
5			I confirm that I have understood the Tool Box Talk
6			I confirm that I have understood the Tool Box Talk
7			I confirm that I have understood the Tool Box Talk
8			I confirm that I have understood the Tool Box Talk
9			I confirm that I have understood the Tool Box Talk
10			I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Grant Claim information

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No. Attended	Duration	Total Time	Employer Reference
4	30min	2h.	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: No: 38 SAFE STACKING	Date: 18/04/19
Location: WELLINGTON HOUSE	Start Time: 10 30
Duration (Minutes) 30 min	End Time: 11 00
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	R. STOYANOV	RCL	I confirm that I have understood the Tool Box Talk
2	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
3	S. AISWALIA	RCL	I confirm that I have understood the Tool Box Talk
4	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
5	S.L. HIRANI	RCL	I confirm that I have understood the Tool Box Talk
6			I confirm that I have understood the Tool Box Talk
7			I confirm that I have understood the Tool Box Talk
8			I confirm that I have understood the Tool Box Talk
9			I confirm that I have understood the Tool Box Talk
10	TSG REQUEST		I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Grant Claim information

Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
5	30 min	2 1/2	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: No:15 HEARING PROTECTION AND NOISE	Date: 18/04/19
Location: WELLINGTON HOUSE	Start Time: 7 30
Duration (Minutes) 30 min	End Time: 8 00
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	R. STOYANOV	RCL	I confirm that I have understood the Tool Box Talk
2	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
3	S. PISWALIA	RCL	I confirm that I have understood the Tool Box Talk
4	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
5	S.L. HIRANI	RCL	S. Hirani I confirm that I have understood the Tool Box Talk
6			I confirm that I have understood the Tool Box Talk
7			I confirm that I have understood the Tool Box Talk
8			I confirm that I have understood the Tool Box Talk
9	ISG REQUEST		I confirm that I have understood the Tool Box Talk
10			I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Grant Claim information

Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
5	30min	2 1/2 h.	2453745

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WELLINGTON HOUSE

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDERS/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
R. STOYANOV				✓		✓				✓		12/04/19
A. ZAGERAS						✓				✓		12/04/19
S. HIRANI	✓	✓					✓				S. Hirani	17/04/19
S. PISWALIA	✓		✓				✓					17/04/19
S. BHARADIA	✓		✓				✓					17/04/19
R. STOYCHEV						✓				✓		17/04/19
A. ZAGERAS						✓				✓		17/04/19
S. HIRANI						✓				✓	S. Hirani	18/04/19

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ACCESS	**Date: 16.04.19**
Location: Wembley W03	**Start Time: 7:30**
Duration (Minutes) 30min	**End Time: 8:00**
Presenters name: J. GODMAN	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. RASCIKLAL	RCL	I confirm that I have understood the Tool Box Talk
2	M. KOWALSKI	RCL	I confirm that I have understood the Tool Box Talk
3	K. KOWALSKI	RCL	I confirm that I have understood the Tool Box Talk
4	BERNARDO	RCL	I confirm that I have understood the Tool Box Talk
5	I. HAYOUSKY	RCL	I confirm that I have understood the Tool Box Talk
6	J. SMITH	RCL	I confirm that I have understood the Tool Box Talk
7			I confirm that I have understood the Tool Box Talk
8			I confirm that I have understood the Tool Box Talk
9			I confirm that I have understood the Tool Box Talk
10			I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Grant Claim information

Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
6	30 MINS	3.0 HOURS	2453745

RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Wembley W03	Site Manager:	J. GODMAN	Date (w/c):	15.04.2019	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 20/06/18

Location and description of works: 2nd fix to corridors, Final fix to Level 5 Core B Plots

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday	15/4/19	J. GODMAN		NEW LOCATION FOR TOILETS
Tuesday	16/4/19	J. GODMAN		ACCESS TO + FROM SITE
Wednesday	17/4/19	J. GODMAN		OVER SHOES IN FINISHED PLOTS
Thursday	18/4/19	J. GODMAN		RUBBISH BINS
Friday	19/4/19	J. GODMAN		FRIDAYS FIRE ALARM TEST
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
M. Kowalski	Kowalski	✓	✓	✓	✓	X			
K. Kowalski	Kowalski	✓	✓	✓	✓	X			
D. Rasciclal		✓	✓	✓	✓	X			
B. Ramchande	B Ramchande	✓	✓	✓	✓	X			
I.Hayovskyy		✓	✓	✓	✓	X			
J. Smith	J Smith	✓	✓	✓	✓	X			
J. Musticone		✓	X	✓	X	X			

NOTE IF YOU HAVE MORE THAN 10 OPERATIVES ON SITE, PLEASE USE THE CONTINUATION SHEET

Before starting work, STOP, THINK and CHECK If the answer to any question below is NO, do not start work until the issues are resolved	Yes	No	N/A
1. Method statements, risk assessments and permits			
Have you read and understood the method statement and risk assessment for the task?	✓		
Is everyone on your team briefed on the method statement for the task?	✓		
Have you carried out your weekly toolbox talk? Please give title of toolbox talk: ACCESS	✓		
Do you have COSHH Assessments and Safety Data Sheets in place for all hazardous substances that will be used?	✓		
Have you carried out Manual Handling Assessments and planned for any deliveries / extraordinary activities?	✓		
2. Place of work			
Are you satisfied that your team has a safe place to work?	✓		
Have you checked access equipment has been inspected as required and certification issued? E.g. Podium steps, scaffold towers			✓
Are other contractors working adjacent to you aware of what you are doing today? Are you aware of what they will be doing?	✓		
Are third parties and members of the public securely protected from falling materials?			✓
Does your team know the safe access and egress routes to their places of work?	✓		
3. Task specific			
Are all necessary tools and equipment on site to carry out your work in a safe / efficient manner?	✓		
Are you confident there are no health and safety risks in your work task(s)?	✓		
Are you certain that the operatives you are putting to work are competent for their assigned tasks?	✓		
Are the team equipped with the correct PPE to carry out the task?	✓		
4. Variations			
Have the team members changed? (If yes revise)		✓	
Has the task or working environment changed significantly to require a risk assessment and method statement (If yes, work to stop and new method statement to be produced)		✓	