RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Material Handling and Housekeeping	Date: 07.06.19
Location: Wembley W03	Start Time: 10:30
Duration (Minutes) 30min	End Time: 11:00
Presenters name: A. Kulsinskas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D'RASCICUS	R.C.L	I confirm that I have understood the Tool Box Talk
2	BERNARDO B.R.	RCL	I confirm that I have understood the Tool Box Talk
3	I. Mayovskyy	RCL	I confirm that I have understood the Tool Box Talk
4	M. Kowalski	RCL	I confirm that I have understood the Tool Box Talk
5	K. Kowalski	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			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.	2.5 hours	2453745

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WEMBLEY W03

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		
J. Smith.				✓						✓	J. Smith	19.03.19
I. Hayovskyy				✓		✓				✓		01.04.19
A. Rulsinskas				✓						✓		29.04.19
Bernardo				✓						✓	B	02/04.19
Bernardo		✓		✓						✓		13.05.19
R. Rama			✓	✓						✓	A.K.	17.05.19
I. Hayovskyy				✓		✓				✓		20.05.19
I. Hayovskyy				✓						✓		7.6.19
H. Dadi		✓	✓	✓			✓					7.6.19

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: DUST	Date: 04-06-19
Location: MAGGIES	Start Time: 7.30
Duration (Minutes) 30 MINS	End Time: 8.00
Presenters name: J GODMAN	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	H. HIRANI	RCL	I confirm that I have understood the Tool Box Talk
2	R. RANA	RCL	I confirm that I have understood the Tool Box Talk
3			I confirm that I have understood the Tool Box Talk
4			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

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

No. Attended	Duration	Total Time	Employer Reference
2	30 MINS	1 HR	2453745

RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	03/06/19	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 22/03/19

Location and description of works:

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday	03-06-19	J. Godman		TIMBERS TO STAIR BALUSTRADE
Tuesday	04-06-19	J. Godman		DUST
Wednesday	05-06-19	J. Godman		TIMBER TO BALUSTRADE
Thursday	06-06-19	J. Godman		~~SLIDING~~ SLIDING DOOR
Friday	07-06-19	J. Godman		BEND PLY TO BALUSTRADE
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
H. HIRANI		✓	✓	✓	✓	✓			
R. RANA		✓	✓	✓	✓	✓			

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:	✓		
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)		✓	

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WELLINGTON HOUSE

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
S. GAZZAR						✓				✓		22/05/19
S. SIMONOVIC		✓								✓		30/05/19
A. MOOTCHANDE						✓				✓		06/06/19
J. SAMSON				✓						✓		06/06/19
S. SIMONOVIC				✓						✓		07/05/19

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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 15 Title: HEARING PROTECTION AND NOISE	Date: 06/06/19
Location: WELLINGTON HOUSE	Start Time: 1330
Duration (Minutes) 30 min	End Time: 1400
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. ZAGELAJ	RCL	I confirm that I have understood the Tool Box Talk
2	J. SAMSON	RCL	I confirm that I have understood the Tool Box Talk
3	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
4	S. GAJJAR	RCL	I confirm that I have understood the Tool Box Talk
5	P. SINGH	RCL	I confirm that I have understood the Tool Box Talk
6	A. SUOTICHANDE	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 min	3h.	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: H&S ACCIDENT REPORTING AND INVESTIGATION	Date: 04/06/19
Location: WELLINGTON HOUSE	Start Time: 7.30
Duration (Minutes) 30min	End Time: 8.00
Presenters name: S. SILONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
2	A. MOTICHANDE	RCL	I confirm that I have understood the Tool Box Talk
3	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
4	S. GAJJAR	RCL	I confirm that I have understood the Tool Box Talk
5	P. SINGH	RCL	I confirm that I have understood the Tool Box Talk
6	J. SAMSON	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
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14			I confirm that I have understood the Tool Box Talk
15			I confirm that I have understood the Tool Box Talk

Course Information

Training can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
6	30min	3h.	2453745

RAPHA

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: GENERAL SITE HEALTH & SAFETY (RCL 11)	**Date:** 06/06/2019
Location: ST PAULS SCHOOL Phase 2	**Start Time:** 07:30
Duration (Minutes) 30 mins	**End Time:** 08:00
Presenters name: Jason. Wray	**Presenters Signature:**

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
D. PISHWALIA	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
H. RAMADIA	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	

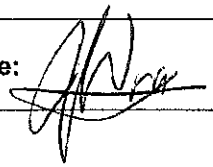
Grant Claim information

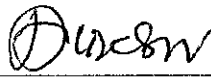
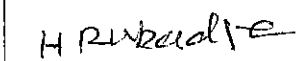
Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended	Duration	Total Time	Employer Reference
6	30 mins	3 Hours	2453745

RAPHA CONTRACTING

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: FIRST AID & ACCIDENT REPORTING (RCL 09)	**Date: 07/06/2019**
Location: ST PAULS SCHOOL Phase 2	**Start Time: 08:30**
Duration (Minutes) 30 mins	**End Time: 09:00**
Presenters name: Jason. Wray	**Presenters Signature:** 

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
D. PISHWALIA	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
H. RAMADIA	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	

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 Hours	2453745

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: St Pauls School Phase 2

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		
K. JADVA	✓	✓	✓	✓		✓	✓				Kevin M Jadva	21/05/19
D. CONYERS				✓		✓	✓					22/05/19
H. RABADIA (N/S)				✓		✓	✓					28/05/19
J. RABADIA (N/S)		✓				✓	✓					28/05/19

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