

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.				✓						✓	<i>J. Smith</i>	19.03.19
J. Hayovskyy				✓		✓				✓	<i>J. Hayovskyy</i>	01.04.19
A. Kulsinkas				✓						✓	<i>A. Kulsinkas</i>	29.04.19
Bernardo				✓						✓	<i>Bernardo</i>	02.04.19
Bernardo	✓			✓						✓	<i>Bernardo</i>	13.05.19
R. Rama			✓	✓						✓	<i>R. Rama</i>	17.05.19
J. Hayovskyy				✓		✓				✓	<i>J. Hayovskyy</i>	20.05.19
J. Hayovskyy				✓						✓	<i>J. Hayovskyy</i>	7.6.19
H. Dob.		✓	✓	✓			✓				<i>H. Dob.</i>	7.6.19
J. Smith				✓						✓	<i>J. Smith</i>	14.6.19
M. Kowalski	✓							✓			<i>M. Kowalski</i>	14.6.19
H. Gorasia				✓						✓	<i>H. Gorasia</i>	23.06.19
R. Rama				✓						✓	<i>R. Rama</i>	23.06.19



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ISO 14001-Environmental Management System	Date: 19.06.19
Location: Wembley W03	Start Time: 10:30
Duration (Minutes) 30min	End Time: 11:00
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. RABCIČIAI	RCL	 I confirm that I have understood the Tool Box Talk
2	BERNARD B. R.	RCL	 I confirm that I have understood the Tool Box Talk
3	J. Koyoussky	RCL	 I confirm that I have understood the Tool Box Talk
4	J. Smith	RCL	 I confirm that I have understood the Tool Box Talk
5	J. Rabadić	RCL	 I confirm that I have understood the Tool Box Talk
6	Jadva Rabadić	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

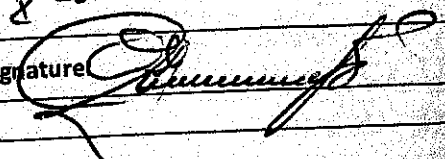
Grant Claim information

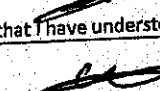
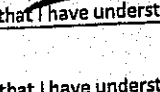
Note: Claims can only be made for your employees or labour-only sub-contractors

No. Attended 5	Duration 30min	Total Time 2.5 hours	Employer Reference 2453745
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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 79 Title: <u>DUST AND AIR QUALITY</u>	Date: <u>18/06/19</u>
Location: <u>WELLINGTON HOUSE</u>	Start Time: <u>7:30</u>
Duration (Minutes): <u>30min</u>	End Time: <u>8:00</u>
Presenters name: <u>S. SIMONOVIC</u>	Presenters Signature: 

No.	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>S. GAJJAR</u>	<u>RCL</u>	I confirm that I have understood the Tool Box Talk 
2	<u>S. BHARADIA</u>	<u>RCL</u>	I confirm that I have understood the Tool Box Talk 
3	<u>J. SALSON</u>	<u>RCL</u>	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 <u>3</u>	Duration <u>30min</u>	Total Time <u>1 1/2 h</u>	Employer Reference <u>2453745</u>
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WELLINGTON HOUSE

5



TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>SITE ACCESS</u>	Date: <u>18/06/19</u>
Location: <u>MAGGIES</u>	Start Time: <u>7.30</u>
Duration (Minutes) <u>30mins</u>	End Time: <u>8.00</u>
Presenters name: <u>J. Gorman</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>H GORASIA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
	<u>R RAMA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>J SMITH</u>	<u>RCL</u>	<u>[Signature]</u> 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

2

Duration

30

Total Time

1 hr

Employer Reference

2453745

Site Manager's Daily Safe Start					
Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	17/06/19
				Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 22/03/19
Location and description of works:					

HSF26 SAFE START FORM V1.0 JAN 2014

Before starting work, STOP, THINK and CHECK		Yes	No	N/A
If the answer to any question below is NO, do not start work until the issues are resolved				
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

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SITE ACCESS & EGRESS / EXCLUSION ZONES	Date: 18/06/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 13:30
Duration (Minutes) 30 mins	End Time: 14:00
Presenters name: Jason. Wray	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
J. KEARNS	RAPHAEL CONTRACTING LTD	J Kearns.
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	S. Hiran
H. RABADIA	RAPHAEL CONTRACTING LTD	H Rabadia
D. HENNESSY	RAPHAEL CONTRACTING LTD	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
A. ZAGERAS	RAPHAEL CONTRACTING LTD	
M. DANDY	RAPHAEL CONTRACTING LTD	

Grant Claim information

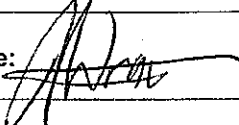
Note: Claims can only be made for your employees or labour-only sub-contractors

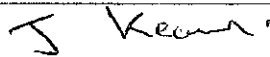
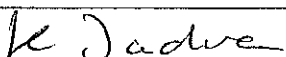
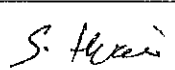
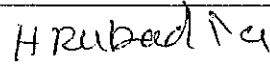
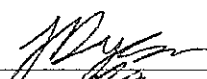
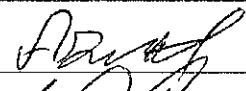
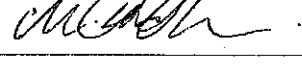
No. Attended 10	Duration 30 mins	Total Time 5 Hours	Employer Reference 2453745
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**TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET**

Title: PORTABLE ELECTRICAL TOOLS (RCL - 35)	Date: 20/06/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 08:00
Duration (Minutes) 30 mins	End Time: 08:30
Presenters name: Jason. Wray	Presenters Signature: 

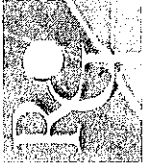
Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
J. KEARNS	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
H. RABADIA	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
A. ZAGERAS	RAPHAEL CONTRACTING LTD	
M. DANDY	RAPHAEL CONTRACTING LTD	

Grant Claim information

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RAPHA
EQUIPMENT

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	✓	✓	✓	✓		✓	✓				Kens to Jeeve	21/05/19
D. CONYERS				✓		✓	✓				D. Conyers	22/05/19
H. RABANIA (w/s)			✓	✓		✓	✓				H. Rabania	28/05/19
J. RABANIA (w/s)		✓	✓			✓	✓				J. Rabania	28/05/19
J. OYSON				✓						✓	J. Oyson	10/06/19
O. HENNESSY				✓					✓		O. Hennessy	18/06/19