



RAPHA
CONTRACTORS

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	✓	✓	✓	✓		✓	✓				K. JADVA	21/05/19
D. CONYERS				✓		✓	✓				D. CONYERS	22/05/19
H. RABASIA (NLS)			✓	✓		✓	✓				H. RABASIA	28/05/19
S. RABASIA (NLS)		✓	✓			✓	✓				S. RABASIA	28/05/19
J. DYSON				✓						✓	J. DYSON	10/06/19
O. HENNESSY				✓					✓		O. HENNESSY	18/06/19

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**TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET**

Title: ELECTRICITY ON SITE (RCL - 22)	Date: 25/06/2019
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	
P. O'DONAVAN	RAPHAEL CONTRACTING LTD	
D. PISWALIA	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
A. LIDZIUS	RAPHAEL CONTRACTING LTD	
A. MOTICHANDE	RAPHAEL CONTRACTING LTD	
K. KULSINSKAS	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

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

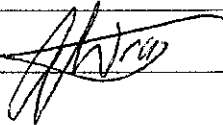
No. Attended 16	Duration 30 mins	Total Time 8 Hours	Employer Reference 2453745
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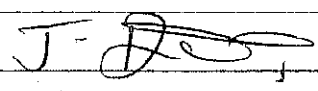
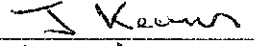
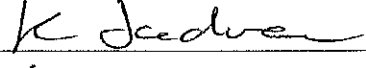
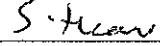
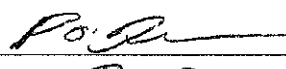
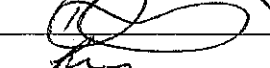
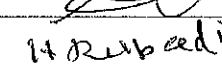
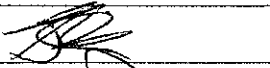
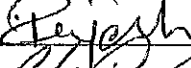
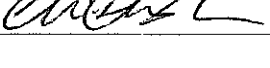
DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.0	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	07/02/2013 N/A 07/02/2014	Page 1 of 1
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RAPHAEL
CONTRACTING LTD

**TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET**

Title: SAFE STACKING (RCL – 38)	Date: 28/06/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 09:00
Duration (Minutes) 30 mins	End Time: 09:30
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	
P. O'DONAVAN	RAPHAEL CONTRACTING LTD	
D. PISWALIA	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
A. LIDZIUS	RAPHAEL CONTRACTING LTD	
K. KULSINSKAS	RAPHAEL CONTRACTING LTD	
H. RABADIA	RAPHAEL CONTRACTING LTD	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
R. CANACRAI	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 14	Duration 30 mins	Total Time 7 Hours	Employer Reference 2453745
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RAPHAEL
CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

ITE: 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. GAZJAR						✓				✓	<i>[Signature]</i>	28/05/19
S. SIMONOVIC		✓								✓	<i>[Signature]</i>	30/05/19
A. MOTICHANDE						✓				✓	<i>[Signature]</i>	06/06/19
J. SAMSON				✓						✓	<i>[Signature]</i>	06/06/19
S. SIMONOVIC				✓						✓	<i>[Signature]</i>	07/06/19
S. GAZJAR				✓						✓	<i>[Signature]</i>	12/06/19
S. BHARADIA						✓				✓	<i>[Signature]</i>	19/06/19
S. SIMONOVIC		✓								✓	<i>[Signature]</i>	17/06/19
J. SAMSON						✓				✓	<i>[Signature]</i>	26/06/19

DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.2	CREATION DATE: LAST REVISION DATE: 07/02/2013 01/03/2018	Page 1 of 1
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SITE: WEMBLEY W03

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DOCUMENT OWNER:	DAS			LAST REVISION DATE:	04/02/2016	



TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Site Signage	Date: 28.06.19
Location: Wembley W03	Start Time: 15:00
Duration (Minutes) 30min	End Time: 15:30
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D'RASCIONA	RCL	I confirm that I have understood the Tool Box Talk
2	Haszylow	RCL	I confirm that I have understood the Tool Box Talk
3	Jadva, Dabala	RCL	I confirm that I have understood the Tool Box Talk
4	I. Hayduksky	RCL	I confirm that I have understood the Tool Box Talk
5	BERNARD	RCL	I confirm that I have understood the Tool Box Talk
6	M. KOWALSKI	R.C.L	I confirm that I have understood the Tool Box Talk
7	K. KOWALSKI	R-C.L	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 7	Duration 30 min	Total Time 3.5 hours	Employer Reference 2453745
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TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>METHOD STATEMENTS AND RISK ASSESSMENTS</u>	Date: <u>25/6/19</u>
Location: <u>MAGGIES</u>	Start Time: <u>7.30</u>
Duration (Minutes) <u>30 mins</u>	End Time: <u>8.00</u>
Presenters name: <u>J Goman</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			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
			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 mins

Total Time

1 HR

Employer Reference

2453745

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)			✓	

Site Manager's Daily Safe Start

Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	24/06/19	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 22/03/19
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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	24/06/19	J. Godman		SOAST WORK
Tuesday	25/06/19	J. Godman		PLY TO TOP OF SOAST
Wednesday	26/06/19	J. Godman		RENDIE PLY TO STAIRS
Thursday	27/06/19	J. Godman		KIRKMAN ISLANDS UNIT
Friday	28/06/19	J. Godman		RENDIE PLY TO STAIRS
Saturday				
Sunday				

Operatives Daily Sign Off

[illegible]