

Title: No:52 WORKING IN A HOT ENVIRONMENT	C	Date: 24/07/19			
Location: WALKERS COURT	S	Start Time: 7:30			
Duration (Minutes) 30min.		End Time: 8:30			
Presenters name: S. Simonovic	1	Presenters Signature.			
Candidate's Name	Name of Employe	r Candidate's Signature			
1 S CALIAR	RCL	I confirm that Thay a worker stober the Tool Box Talk			

	Candidate's Name	Name of Employer	Candidate's Signature
1	S. GAUAR	RCL	I confirm that I have under stopp the Tool Box Talk
7			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 Yool Box Talk
9			I confirm that I have understood the Tool Box Talk
20			I confirm that I have understood the Tool Box Talk
11			Lonfirm that I have understood the Tool Box Talk
12			I confirm that I have understood the Tool Box Talk
13			1 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

		eraniyah s	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 yo	ur employees or lab	our-only sub-contrac	ctors
		Total Time	Employer Reference
No. Attended	Duration		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Duration	Total Time	Employer Reference



Title: No:46 WEIL'S DISEASE	Date: 22/07/19
Location: WALKERS COURT	Start Time: 7:30
Duration (Minutes) 30min.	End Time: 8:30
Presenters name: S. Simonovic	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	S. GAUJAR	RCL	I confirm that There understood the Tool Box Talk
			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
.0			I confirm that I have understood the Tool Box Talk
1			I confirm that I have understood the Tool Box Talk
2			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

Cuant Claim	information			44 11		
grant uaim	III IOI III ALIUII			1.		
and the second second	n au l'hermafie un Seu nu 🗀	_	The second second		 	

ote: Claims can only be made for your employees or lat	our-only sub-contrac	ttors Halaleurik erangen erangen halaleurik erangen erangen halaleurik erangen erangen erangen erangen erangen erang
No. Attended Duration	Total Time	Employer Reference
1 30min	30min	2453745
urundin neurin in automatika in automatika in automatika in automatika in automatika in automatika in automati	lanenenenenenenenenenenen	g Na sentencia de la companion d

		Not and the second of the second		
DOCUMENT REFERENCE: SIT-FM-007	Terror in the Control of the Control	CREATION DATE:	07/02/2013	
POCONICIAL INC. CHEMOC.	VERSION NO: 1.1	Chicking brite.	0770272013	Page 1 of 1
				LOSC VOLV



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

7
ase
2
00
Sch
sin
Pa
Š
Œ
S

	DATE	21/05/19	22/05/19	28/05/19	58/05/19	10/06/19	18/06/19	61/10/140	5/7/19	8/7/10	61/X/OI	18/01/4	6112/22		The second secon
	SIGNATURE	Ken to dealer	()	Hormodra	J. A. C.	Mir		Milale	Her	A.	Cho.	Borne	U. unh)	
SUE /	Wear and Tear					/		\searrow			>	>	,		
ON FOR IS REISSUE	Damaged						>			≯>					
REASON FOR ISSUE REISSUE	Lost			*											
2	New	<u>></u>	<u> </u>	>	>					. 7					
	DUST MASK FFP3		<i>\</i>	>	>					7					
EAR	DEFENDERS / PLUGS							, , , , , , , , , , , , , , , , , , ,	-						PAGE 1
	GLOVES	>	>	>		>	>	>	>			>	/		P/
	HI-VIZ VEST	>	•	>	>										
	SAFETY	>			>					7	>				
	HARD HAT	>			,		N kadanaan anaka								
	OPERATIVE NAME	K. SADVA	D. CONVERS	H. KABANIA (Nis)	5. MABASIA (415)	J OVIOS	O.HEWNESSY	M. DANOV	K.KULSINSKAS	J. M.Sticane	K.KULS INSKAS	1. SAUOTA	A CANO. N		

Page 1 of 1

07/02/2013 04/02/2016

CREATION DATE: LAST REVISION DATE:

1.1

VERSION NO:

SIT-FM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:





Title: PIGEONS & PSITTACOSIS - PARROT FEVER (RCL ~ 83)	Date: 23/07/2019
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
A. LIDZIUS	RAPHAEL CONTRACTING LTD	Mar
K. JADVA	RAPHAEL CONTRACTING LTD	K Jadve
S. HIRANI	RAPHAEL CONTRACTING LTD	Steam
D. HENNESSY	RAPHAEL CONTRACTING LTD	OT .
K. KULSINSKAS	RAPHAEL CONTRACTING LTD	Não
K. O'MALLEY	RAPHAEL CONTRACTING LTD	pa
J. MUSTICONE	RAPHAEL CONTRACTING LTD	AC.
R. CANACRAI	RAPHAEL CONTRACTING LTD	Rufu
M. DANDY	RAPHAEL CONTRACTING LTD	Mengly ?.
I. SAHOTA	RAPHAEL CONTRACTING LTD	Ismoto
J. NORTON	WHITEHALL FABRICATIONS	

Grant Claim information

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

No. Attended		Total Time	Employer Reference
11	30 mins	5 1/2 Hours	2453745

DOCUMENT REFERENCE:	SIT-FM-007			CREATION DATE:	07/02/2013		
DOCUMENT OWNER:	DAS	VERSION NO;	1.0	LAST REVISION DATE:	N/A	Page 1 of 1	
				NEXT REVIEW DATE:	07/02/2014	<u> </u>	





Toolbox Talk No. 83 PIGEONS AND PSITTACOSIS (Parrot Fever)

You will have heard of Leptospirosis or Weil's disease in rats and the flu like symptoms that are an early warning sign. Other animals also may cause you to become ill and we sometimes come across pigeons at work, in cities, railway stations and so on. The biggest problem is their droppings, which are unpleasant to say the least and disgusting if you are in the wrong place at the wrong time. These droppings gradually dry up and may get turned to dust, which is then stirred up when you sweep up. This is why we insist you wear a face mask when sweeping up.

In old, deserted buildings there may be a build-up pigeon droppings and feathers, which will be unhealthy, so if you come across anything like that, tell your supervisor who will cordon it off.

As with any outdoor activity, always wash your hands before eating or smoking and don't leave clothing lying around at work. To gauge the scale of the problem, think about all the pigeons in Trafalgar Square. Tourists feed them and let them land on their heads!! If they were a serious health threat or problem, the authorities would exterminate them. Some people even keep pigeons / parrots as pets, and pigeon racing is a common hobby.

Now imagine the same number of rats!!! If you do get a bad case of flu, tell the doctor you have been working on a building site that had pigeon droppings in and around the work area.

Good hygiene will stop the illness starting and if you feel ill go to the doctor and he can test and treat it, if you are suffering from something more serious.

Psittacosis is an infection caused by Chlamydia psittaci, a type of bacteria found in the droppings of birds such as pigeons. When bird droppings dry and become airborne people may inhale them and get sick. Symptoms usually develop within 10 days after exposure, below are is a list of possible signs of infection:

- Classically, it presents as pneumonia with flu-like symptoms
- Fever and chills with lassitude
- It may develop mildly and insidiously or develop into overwhelming sepsis with acute respiratory failure
- Respiratory symptoms non-productive cough, dyspnoea, sore throat, nose bleeds and, rarely, pleuritic chest pain
- Gastrointestinal symptoms occur less often
- In rare cases, the disease causes nausea and vomiting, abdominal pain, diarrhoea and jaundice
- Neurological symptoms are common particularly severe headache and also photophobia. It may cause agitation or extreme malaise
- Dermatological manifestations facial macular rash known as Horder spots

Treatment

Antibiotics will be subscribed; treatment is normally given for 2-3 weeks to lower the risk of relapse. Patients normally show a response within 24-72 hours.

Do you have any questions for me?

							1
DOCUMENT REFERENCE: DOCUMENT OWNER:	TOOLBOX TALKS MOB	VERSION NO:	. 8	CREATION DATE: LAST REVISION DATE:	11/08/2010 10/05/2018	Page 125 of 141	



Title: CLIMATE CHANGE	Date: 23/7/19
Location: MAGGIES	Start Time: 7.30
Duration (Minutes) 30 MWS	End Time: \$2.00
Presenters name: 5 Grown	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	H GORASIA	RL	I confirm that Phave understood the Tool Box Talk
	R RAMA	RCL	I confirm that have understood the Tool Box Talk
3	H DAVJI	RCL	I confirm that It we uniterstood the Tool Box Talk
4	H DANJI A MOTTCHANDS	RL	confirm that Thave 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			confirm that 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 2453745

DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1	
							ı



			Site Mana	ger's Dail	nager's Daily Safe Start		
Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	22-7-19	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 22/03/19
Location and description of works:	ption of works:				And the second s		Annual Control of the
			Site (Site Manager's Daily Sign Off	ign Off	-	
		Date		Name	Signature	Hot Topics of the Day (the main points you discussed)	of the Day s you discussed)
Monday		22-7-19	7.0	J. Godman	7	STAIRS + MOR DOOR LIMMES	DOOR LINIMES DOOR S
Tuesday		23-7-19	7.6	J. Godman	A	ROTETION TO STAKS = MOLLING	
Wednesday		24-7-19	7.0	J. Godman	14	ADF LIMING + BY	ALUSTRADO PANELLIA
Thursday	2	25-7-19	7.0	J. Godman	- SE	5700 WALLS TO DOUR 8+	18+ PANEZING
Friday	2	6-7-19	J. 6	J. Godman	E	DOURS + HAMES	- 1
Saturday	and the first of the particular to the first of the first	A management of the second sec				and the second s	
Sunday							
			Ope	Operatives Daily Sign Off	O#	- Alder and property of process	The second secon
Name		Signature		M T W	T F S S	Comments	ents
H GORASIA	ita-ita-ita-ita-ita-ita-ita-ita-ita-ita-	Sant.	7	/	1		
a Rama		A STAN	,	/	>		
1.		*)	/	7		
	120S	455	7	/	/		
			the state of the s				
			-				
						The state of the s	
						The state of the s	
	The state of the s						
	-						

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?	1		
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		<u> </u>	
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)		\	



