



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SAFETY IN THE SUN (No 44)	Date: 29/07/19
Location: WEMBLEY 03	Start Time: 11.00am
Duration (Minutes) 30 Mins	End Time: 11.30am
Presenters name: Mark Robinson	Presenters Signature: M.J Robinson

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. RASCIĆ	R.C.L	I confirm that I have understood the Tool Box Talk
2	M. KOWALSKI	R.C.L	I confirm that I have understood the Tool Box Talk
3	K. KOWALSKI	R.C.L	I confirm that I have understood the Tool Box Talk
4	I. HAYOVSKYY	R.C.L	I confirm that I have understood the Tool Box Talk
5	Joseph Smith	R.C.L	I confirm that I have understood the Tool Box Talk
6	BERWA 2	R.C.L	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 Hours	2453745

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



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Duration (Minutes) 30 Mins	End Time: 11.30am
Presenters name: Mark Robinson	Presenters Signature: M.J. Robinson

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1	D. RASCICIAI	R.C.L.	I confirm that I have understood the Tool Box Talk
2	M. KOWALSKI	R.C.L.	I confirm that I have understood the Tool Box Talk
3	K. KOWALSKI	R.C.L.	I confirm that I have understood the Tool Box Talk
4	I. Havovsky	R.C.L.	I confirm that I have understood the Tool Box Talk
5	Joseph Smith	RCL	I confirm that I have understood the Tool Box Talk
6	BERNARD DO	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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No. Attended	Duration	Total Time	Employer Reference
6	30 Mins	3 Hours	2453745

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RAPHA

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: COSHH – CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH	Date: 31/07/2019
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
A. LIDZIUS	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
K. KULSINSKAS	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
R. CANACRAI	RAPHAEL CONTRACTING LTD	
P. O'DONOVAN	RAPHAEL CONTRACTING LTD	
V. BALIULEVICIUS	RAPHAEL CONTRACTING LTD	
M. KOWALSKI	RAPHAEL CONTRACTING LTD	
K. KOWALSKI	RAPHAEL CONTRACTING LTD	
I. HAYOVSKYY	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	RAPHAEL CONTRACTING LTD	
I. SAHOTA	RAPHAEL CONTRACTING LTD	
J. KEARNS	RAPHAEL CONTRACTING LTD	
T. BABIANSKAS	FORMWISE WASHROOMS	
A. KRAUJALIS	FORMWISE WASHROOMS	

Grant Claim information

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

No. Attended	Duration	Total Time	Employer Reference
18	30 mins	9 Hours	2453745

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DOCUMENT OWNER:	DAS			LAST REVISION DATE:	N/A	
				NEXT REVIEW DATE:	07/02/2014	



RAPHA

UNITED STATES

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

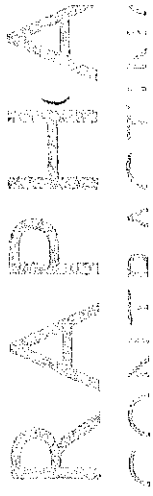
SITE: St Pauls School Phase 2

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. RABANIA (W/S)			✓	✓		✓	✓				H. RABANIA	28/05/19
J. DABASIA (W/S)		✓	✓			✓	✓				J. DABASIA	28/05/19
J. DYSON				✓						✓	J. DYSON	10/06/19
D. HENNESSY				✓					✓		D. HENNESSY	18/06/19
M. DANDY				✓					✓		M. DANDY	04/07/19
K. KULSINSKAS				✓					✓		K. KULSINSKAS	05/07/19
J. MESTICANE		* ✓				✓	✓		✓		J. MESTICANE	08/07/19
K. KULSINSKAS		✓							✓		K. KULSINSKAS	10/07/19
I. SANDIA				✓						✓	I. SANDIA	18/07/19
M. DANDY		✓		✓							M. DANDY	22/07/19
L. HAYDYSKY	✓	✓	✓	✓				✓			L. HAYDYSKY	31/07/19

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CLIFFE WENDLY

DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.1	CREATION DATE: LAST REVISION DATE: 07/02/2013 04/02/2016	Page 1 of 1
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SITE: St Pauls School Phase 2

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TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>AVOIDING THE EFFECTS OF HEAT</u>	Date: <u>30/07/19</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 GODMAN</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
2	<u>R RAMA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>H DANSI</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>A MOTTCHAMBE</u>	<u>RCL</u>	<u>[Signature]</u> 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
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No. Attended <u>4</u>	Duration <u>30mins</u>	Total Time <u>2HR</u>	Employer Reference <u>2453745</u>
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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
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**RAPHAEL
CONTRACTING LTD**



Site Manager's Daily Safe Start

Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	29/7/19	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	29-7-19	J. Godman		FRAMES + Doors
Tuesday	30-7-19	J. Godman		FRAMES + Doors
Wednesday	31-7-19	J. Godman		FRAMES + Doors
Thursday	01-7-19	J. Godman		Signs, Door frames
Friday	02-7-19	J. Godman		STOP BRACKETS TO GPH
Saturday				
Sunday				

Operatives Daily Sign Off[illegible]

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: <i>Avoiding THE EFFECTS of WEAR</i>		✓		
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)			✓	