RAPHA CONTRACTING

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		
RAJ CANACRAI				✓						✓		31/7/19
V.BALIULEVICIUS				✓						✓		1/8/19
S. SIMONOVIC						✓				✓		6/8/19
J. MUSHCOME				✓						✓		6/8/19
K. O'Malley.						✓	✓					16/8/19.

PAGE 2

RAPHA CONTRACTING

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: POLLUTION CONTROL (RCL 73)	**Date:** 14/08/2019
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
A. LIDZIUS	RAPHAEL CONTRACTING LTD	
P. O'DONAVAN	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
J . KEARNS	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
R. CANACRAI	RAPHAEL CONTRACTING LTD	
V. BALIULEVICIUS	RAPHAEL CONTRACTING LTD	
M. DANDY	RAPHAEL CONTRACTING LTD	
S . SIMONOVIC	RAPHAEL CONTRACTING LTD	
I. SAHOTA	RAPHAEL CONTRACTING LTD	
D. CONYERS	RAPHAEL CONTRACTING LTD	
J. MUSTICONE	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
16	30 mins	8 Hours	2453745

RAPHA CONTRACTING

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ALCOHOL AND DRUGS (RCL 40)	**Date:** 16/08/2019
Location: ST PAULS SCHOOL Phase 2	**Start Time:** 11:30
Duration (Minutes) 30 mins	**End Time:** 12:00
Presenters name: Jason. Wray	**Presenters Signature:**

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
A. LIDZIUS	RAPHAEL CONTRACTING LTD	
P. O'DONOVAN	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
J . KEARNS	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
R. CANACRAI	RAPHAEL CONTRACTING LTD	
V. BALIULEVICIUS	RAPHAEL CONTRACTING LTD	
M. DANDY	RAPHAEL CONTRACTING LTD	
S . SIMONOVIC	RAPHAEL CONTRACTING LTD	
I. SAHOTA	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
14	30 mins	7 Hours	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SLIPS TRIPS AND FALLS	**Date:** 13.8.19
Location: MAGGIES	**Start Time:** 7.30
Duration (Minutes) 30	**End Time:** 8.00
Presenters name: J GODMAN	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	H GORGSIA	RCL	I confirm that I have understood the Tool Box Talk
2	R RAMA	RCL	I confirm that I have understood the Tool Box Talk
3	H DANSI	RCL	I confirm that I have understood the Tool Box Talk
4	A MOTTCHANAG	RCL	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
4	30 MINS	2HR	2453745

RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Wembley W03	Site Manager:	J. Godman	Date (w/c):	12·8·19	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	12·08·19	J. Godman		STEEL WORK TO GR
Tuesday	13·08·19	J. Godman		JIG MAKING TO FRONT DOOR
Wednesday	14·08·19	J. Godman		SKIRTING
Thursday	15·08·19	J. Godman		MDF PANELS
Friday	16·08·19	J. Godman		CUTTING FINGER PULLS
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
H GODLASIA		✓	✓	✓	✓	✓			
R RAMA		✓	✓	✓	✓	✓			
L JAWSI		✓	✓	✓	✓	✓			
A MOTICHAND		✓	✓	✓	✓	✓			

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: SLIPS TRIPS AND FALLS	✓		
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

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Safe use of hand tools	**Date:** 16/08/19
Location: Wembley W03	**Start Time:** 14:30
Duration (Minutes) 30min	**End Time:** 15:00
Presenters name: A. Kulsinskas	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	D.Rasciclal	RCL	I confirm that I have understood the Tool Box Talk
2	I. Hayovskyy	RCL	I confirm that I have understood the Tool Box Talk
3	T. Smith.	RCL	I confirm that I have understood the Tool Box Talk
4	K. Kowalski	RCL	I confirm that I have understood the Tool Box Talk
5	B. Ramchande	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

Site Manager's Daily Safe Start

Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	5-8-19	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	5-8-19	J. Godman		DRILLING LOCKS + BENDIE PLY
Tuesday	6-8-19	J. Godman		BENDIG PLY + STEEL BRACKETS TO GR
Wednesday	7-8-19	J. Godman		MIRRORS + GARDEN ROOM
Thursday	8-8-19	J. Godman		TIMBER INFILLS + GARDEN ROOM
Friday	9-8-19	J. Godman		PLUM DOORS + LIFTING FOR DOORS
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
H GOQASIA		✓	✓	✓	✓	✓			
R RAMA		✓	✓	✓	✓	✓			
H DANSI		✓	✓	✓	✓	✓			
A MOTICHAMAG		✓	✓	✓	✓	✓			

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: LADDERS + TOWERS	✓		
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)		✓	