



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>Dust EXTRACTOR</u>	Date: <u>20-8-19</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 Goodman</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	H GORASIA	RCL	I confirm that I have understood the Tool Box Talk
2	R RANA	RCL	I confirm that I have understood the Tool Box Talk
3	I HAYOVSKY	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	H DAVSI	RCL	I confirm that I have understood the Tool Box Talk
6	A MOTCHANAG	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 <u>6</u>	Duration <u>30 mins</u>	Total Time <u>3 Hrs</u>	Employer Reference <u>2453745</u>
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Site Manager's Daily Safe Start

[illegible]

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: <u>Dust Extractor</u>		✓		
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)		✓		



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		
D. Rascical				✓	✓					✓		28/06/19
Bernardo B.R.				✓						✓		29/06/19
I. Hayovsky				✓		✓				✓		29/06/19
I. Hayovsky				✓		✓						22/07/19
D. Rascical					✓					✓		19/08/19
Bernardo B.R.						✓				✓		21/08/19
J. Smith		✓		✓						✓		22/08/19



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Correct hop-ups use	Date: 19.08.19
Location: Wembley W03	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	Joseph Smith	RCL	 I confirm that I have understood the Tool Box Talk
2	BERNARDO R.	RCL	 I confirm that I have understood the Tool Box Talk
3	D. RASLICKI	R.C.L	 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
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No. Attended 3	Duration 30min	Total Time 1.5 hours	Employer Reference 2453745
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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 CANARAI				✓						✓	<i>Raj Canarai</i>	31/7/19
V.BALIULEVICIUS				✓						✓	<i>V. Baliulevicius</i>	1/8/19
S. SIMONOVIC						✓				✓	<i>S. Simonovic</i>	6/8/19
L. MUSTICAR				✓						✓	<i>L. Musticar</i>	6/8/19
K. O'Malley						✓	✓				<i>K. O'Malley</i>	16/8/19
S. SIMONOVIC		✓								✓	<i>S. Simonovic</i>	20/08/19

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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: CONSTRUCTION WASTE MANAGEMENT (RCL 72)	Date: 22/08/2019
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. KULSINSKAS	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	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	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	

Grant Claim information

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

No. Attended 13	Duration 30 mins	Total Time 6 1/2 Hours	Employer Reference 2453745
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: OPENINGS & EDGES (RCL 31)	Date: 20/08/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 09:30
Duration (Minutes) 30 mins	End Time: 10:00
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	
S. HIRANI	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	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	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	

Grant Claim information

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No. Attended 12	Duration 30 mins	Total Time 6 Hours	Employer Reference 2453745
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