RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SITE ~~SAFETY~~ SIGNAGE	**Date:** 24/9/19
Location: MAGGIES	**Start Time:** 730
Duration (Minutes) 30 MINS	**End Time:** 800
Presenters name: S GOSNAY	**Presenters Signature:**

	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 RAMA	RCL	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
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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
2	30 MINS	1HR	2453745

RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Maggies	Site Manager:	J. Godman	Date (w/c):	23/9/19	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. B 20/06/19

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	23/9/19	J. Godman		PICTURE FRAME + FILLING HOLES
Tuesday	24/9/19	J. Godman		PICTURE FRAME
Wednesday	25/9/19	J. Godman		ACCOM
Thursday	26/9/19	J. Godman		ACCOM
Friday	27/9/19	J. Godman		PLY UP STAIRS
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
H GORASIA		✓	✓	✓	✓	✓			
R RAMA		✓	✓	✓	✓	✓			

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:	✓		
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: 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		
A. MOTICHANDE				✓				✓				23/09/19
H. DANJ			✓					✓				23/9/2019
I. HAVOVSKYY				✓						✓		25/09/19

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RAPHA

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SAFE USE OF HAND TOOLS (RCL 36)	**Date:** 26/09/2019
Location: ST PAULS SCHOOL Phase 2	**Start Time:** 12:00
Duration (Minutes) 30 mins	**End Time:** 12:30
Presenters name: Jason. Wray	**Presenters Signature:**

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
A. MOTICHANDE	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
I. HAYOVSKYY	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
M . DANDY	RAPHAEL CONTRACTING LTD	
R. CANACRAI	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	RAPHAEL CONTRACTING LTD	
H. DANJI	RAPHAEL CONTRACTING LTD	
N. PATEL	RAPHAEL CONTRACTING LTD	
C. PARANICI	RAPHAEL CONTRACTING LTD	

Grant Claim information

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

RAPHA

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: WORKING WITH COMPRESSED AIR TOOLS (RCL 58)	**Date:** 27/09/2019
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. MOTICHANDE	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
I. HAYOVSKYY	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
M . DANDY	RAPHAEL CONTRACTING LTD	
R. CANACRAI	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
K. O'MALLEY	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	RAPHAEL CONTRACTING LTD	
H. DANJI	RAPHAEL CONTRACTING LTD	
N. PATEL	RAPHAEL CONTRACTING LTD	
C. PARANICI	RAPHAEL CONTRACTING LTD	

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

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Manual Handling	**Date: 25.09.19**
Location: Wembley W03	**Start Time: 10:30**
Duration (Minutes) 30min	**End Time: 11:00**
Presenters name: A. Kulsinskas	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	J. Smith.	RCL	I confirm that I have understood the Tool Box Talk
2	B. Ramchandle	RCL	I confirm that I have understood the Tool Box Talk
3			I confirm that I have understood the Tool Box Talk
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No. Attended	Duration	Total Time	Employer Reference
2	30min.	1hour.	2453745