



RAPHAEL

CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: MATERIAL HANDLING AND HOUSEKEEPING (RCL 80)	Date: 02/10/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 10:00
Duration (Minutes) 30 mins	End Time: 10:30
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	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	
D. HENNESSY	RAPHAEL CONTRACTING LTD	
J. KEARNS	RAPHAEL CONTRACTING LTD	
B. RAMCHAND	RAPHAEL CONTRACTING LTD	
I. SAHOTA	RAPHAEL CONTRACTING LTD	
H. GORASIA	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

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

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

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: METHOD STATEMENTS AND RISK ASSESSMENTS (RCL 04)	Date: 04/10/2019
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. 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	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	
B. RAMCHAND	RAPHAEL CONTRACTING LTD	
I. SAHOTA	RAPHAEL CONTRACTING LTD	
H. GORASIA	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 15	Duration 30 mins	Total Time 7 1/2 Hours	Employer Reference 2453745
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RAPHA

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. MATHCHAND				✓				✓			<i>[Signature]</i>	23/09/19
H. DANJ			✓					✓			<i>[Signature]</i>	23/9/2019
I. HAYOVSKYY				✓					✓		<i>[Signature]</i>	25/09/19
S. SIMONOVIC						✓			✓		<i>[Signature]</i>	30/09/19
K. OMALEY						✓	✓				<i>[Signature]</i>	30/09/19
J. MATHICAP			✓			✓			✓		<i>[Signature]</i>	30/09/19
J. WRAY			✓						✓		<i>[Signature]</i>	04/10/19
K. SARVA			*XL	✓	✓	✓	✓				<i>[Signature]</i>	04/10/19
H. DANJI			✓	✓	✓	✓					<i>[Signature]</i>	04/10/19
R. CANDEAI			✓	✓	✓	✓					<i>[Signature]</i>	04/10/19
C. PANJIC			✓	✓	✓	✓					<i>[Signature]</i>	04/10/19
N. PAHEL	WANTED	XXL	✓	✓	✓	✓	✓				<i>[Signature]</i>	04/10/19

PAGE 3

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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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: PPE	Date: 26-09-19
Location: 29 New End	Start Time: 11:00
Duration (Minutes) 15 MINS	End Time: 11:15
Presenters name: G Bux	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	A LIDDINS	RCL	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
2	D RASCICIAI	RCL	<i>[Signature]</i> 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
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
			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
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>METHOD STATEMENT & RISK ASSESSMENTS</u>	Date: <u>04/10/19</u>
Location: <u>29 New End</u>	Start Time: <u>11:00</u>
Duration (Minutes): <u>15 MINS</u>	End Time: <u>11:15</u>
Presenters name: <u>G Buck</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>D RASCICIA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>A LIDZINS</u>	<u>RCL</u>	<u>[Signature]</u> 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
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

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No. Attended	Duration	Total Time	Employer Reference <u>2453745</u>
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