



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Stress	Date: 15.11.19
Location: PLUMSTEAD LIBRARY	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	R. RAMA.	R.C.L	I confirm that I have understood the Tool Box Talk
2	H. GORASIA	R.C.L	I confirm that I have understood the Tool Box Talk
3	A. LIDZIUS	R.C.L	I confirm that I have understood the Tool Box Talk
4	I SAHOTA	RCC	I confirm that I have understood the Tool Box Talk
5	Raj Canacoai	R.C.L	I confirm that I have understood the Tool Box Talk
6	N-R Paer	R-CL	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 6	Duration 30min	Total Time 3 hours	Employer Reference 2453745
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: COSH	Date: 12-11-19
Location: SEBASTIAN STREET	Start Time: 1400
Duration (Minutes) 30	End Time: 1430
Presenters name: K.KULSINGKAS	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	David Hennessy	RCL	I confirm that I have understood the Tool Box Talk
2	James Kennedy	RCL	I confirm that I have understood the Tool Box Talk
3	Ken Malley	RCL	I confirm that I have understood the Tool Box Talk
4	A. Patel	RCL	I confirm that I have understood the Tool Box Talk
5	H MANIKAL	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

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			2453745

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Toolbox Talk No. 13 COSHH - CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

Fact: Ignore the substance today and face the consequences tomorrow!

Risk Assessment

1. Management must carry out a risk (COSHH) assessment to find out whether:
 - Exposure to a substance can be eliminated?
 - Alternative work methods can reduce exposure? E.g. where possible use a safer method of application, e.g. brush paint instead of spraying, or wet cut concrete sawing to reduce dust.
 - A less hazardous substance can be used? E.g. where possible use a safe product e.g. water based paint instead of solvent based.
2. The risk assessment must be brought to your attention.
3. Any substance with a hazard-warning label has the potential to cause harm – read it and take action.

Q: Before using a substance, what should you consider?

Hazards

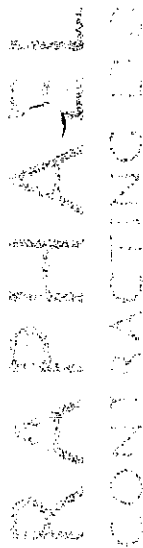
1. **How you could be affected by a hazardous substance:**
 - Ingestion - eating contaminated food or with contaminated hands
 - Inhalation - breathing harmful dust or fumes
 - Injection - chemicals entering through cuts or the skin
 - Absorption - chemicals entering through the skin
2. **Examples of hazardous substances on construction sites:**
 - Wood dusts - softwood, hardwood, MDF
 - Contaminated ground
 - Solvent fumes e.g. from thinners, paints, varnishes or adhesives – can cause dermatitis (skin contact) and respiratory problems (inhalation)
 - Epoxy-based paints
 - Concrete ad-mixtures
 - Hard wood dust – can cause nasal cancer
 - Welding fumes
 - Cement – wet burns, lung disease (from dust)
 - Resins
 - Asbestos
3. Don't mix chemicals or substances. Eg Two products mixed may give off toxic/irritant fumes, e.g. some types of toilet cleaners mixed with bleach.
4. Biological agents may also harm you i.e. Weil's Disease caught from water contaminated by rat's urine.

Q: Name the three ways a substance can enter the body

Control Measures

1. When using hazardous substances, wear the correct PPE.
2. Know how to look after and use PPE correctly.
3. Know where washing and first aid facilities are on site – cover that cut!

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HSF26 SAFE START FORM V1.0 JAN 2014



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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: SEBASTIAN STREET

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
C. NEON			✓			✓						17-9-19
K. KULSINSKAS			✓	✓		✓						17-9-19
Aminesh Patel						✓	✓					30/9/19
M. MANVILAL	✓	✓		✓		✓	✓					30/9/19
Joseph Smith		✓		✓		✓	✓					30/9/19
K. KULSINSKAS				✓						✓		17/10/19
K. OMALEY	✓		✓	✓			✓					25/10/19
D. F. WESSY				✓							D. F.	30/10/19



RAPHA

CONTRACTING

METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS
(METHOD STATEMENTS ISSUED TO ALL PRESENT)

CONTRACT:	Sebastian Street	MS REF:	001
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	K.KULSINSKAS	9-9-19		I confirm that I have read and understood the Risk Assessment and Method Statement
2	C. NEALE	17/9/19		I confirm that I have read and understood the Risk Assessment and Method Statement
3	Joseph Smith	30/09/19	J. Smith	I confirm that I have read and understood the Risk Assessment and Method Statement
4	Aminesh Patel	30/09/19	A. Patel	I confirm that I have read and understood the Risk Assessment and Method Statement
5	H. MATHIAL	30/09/19		I confirm that I have read and understood the Risk Assessment and Method Statement
6				I confirm that I have read and understood the Risk Assessment and Method Statement
7				I confirm that I have read and understood the Risk Assessment and Method Statement
8				I confirm that I have read and understood the Risk Assessment and Method Statement
9				I confirm that I have read and understood the Risk Assessment and Method Statement
10				I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: SUPERVISOR

Print Name: K. KULSINSKAS

Date: 09/09/19

WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER

Note on this side any points that have arisen which you may think should be brought to the attention of RCL and complete the attendance list above (add an extra sheet if necessary)

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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)			✓
Remember, as the supervisor YOU are responsible for the safety of YOUR team			



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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SCAFFOLDING AND WORK AT HEIGHT (RCL 024)	Date: 14/11/2019
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
S. HIRANI	RAPHAEL CONTRACTING LTD	
M. DANDY	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	RAPHAEL CONTRACTING LTD	
P. O'DONOVAN	RAPHAEL CONTRACTING LTD	
J. MUSTICONE	RAPHAEL CONTRACTING LTD	

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