RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: SEBASTIAN STREET

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDERS/ 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.MANILAL	✓	✓		✓		✓	✓					30/9/19
Joseph Smith		✓		✓		✓	✓					30/09/19
K.KULSINSKAS				✓						✓		17/10/19
K.OMALEY	✓		✓	✓			✓					25/10/19
D.MEUNESSY				✓							D.M	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

	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	Patel	I confirm that I have read and understood the Risk Assessment and Method Statement
5	H.MANIVAL	30/09/19		I confirm that I have read and understood the Risk Assessment and Method Statement
6	J.KERNS	12/10/19	J.Kerns	I confirm that I have read and understood the Risk Assessment and Method Statement
7	K.OMALLEY	12/10/19		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)

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: NEEDLE STICK INJURIES	Date: 19-11-19
Location: SEBASTIAN STREET	Start Time: 7.30
Duration (Minutes) 30	End Time: 8.00
Presenters name: KES KULSINSKAS	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	K O'Malley	RCL	I confirm that I have understood the Tool Box Talk
2	Joseph Smith	RCL	I confirm that I have understood the Tool Box Talk
3	David Hennessy	RCL	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

RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Sebastian Street	Site Manager:	KES KULSIUSRAS	Date (w/c):	18-11-19	Method statement (s) (Title, Rev No. & Rev date)	001.

Location and description of works: FITTING DOOR SETS L-6

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday	18-11-19	KES		DUST
Tuesday	19-11-19	KES		LOCKING TOOLS
Wednesday	20-11-19	KES		
Thursday	21-11-19	KES		
Friday	22-11-19	KES		
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
David Hennessy		V	L	L	L	L			
K O'Malley		L	L	L	L	L			
Joseph Smith	J Smith	L	L	V	L	L			
H MAMIZ		L	L	V	X	X			
A Patel	A Patel	L	X	X	X	X			
S Keaveny	S Keaveny	X	V	V	V	X			

NOTE IF YOU HAVE MORE THAN 10 OPERATIVES ON SITE, PLEASE USE THE CONTINUATION SHEET

Toolbox Talk No. 45 NEEDLESTICK INJURIES

WHAT IS A NEEDLESTICK INJURY?

An accidental puncture of the skin by a hypodermic needle

IF YOU FIND A NEEDLE:

- It has probably been used by a drug user and may be contaminated by infected blood
- Do not touch it or move it, unless you have to because of the situation at the time
- Leave a responsible person to safeguard it whilst you report the matter to your supervisor
- If you have a site nurse, she or he should be informed
- If you do not have a nurse on site, the local Council's Environmental Health Department should be informed
- If you must move the syringe or needle:
    - Carry it with the needle pointing downwards
    - Do not wrap it in paper or put it into a litter bin
    - If available, place it in a clear glass bottle or jar
    - Dispose of it safely through the site nurse, local police or Council's Environmental Health Department
    - Wash your hands thoroughly

IF YOU SHOULD PRICK YOUR SKIN

- Do not panic
- Gently squeeze the area around the wound to encourage bleeding
- **Do not suck the wound**
- Wash the site of the injury thoroughly with soap and water at the first opportunity
- Obtain medical assistance as soon as possible from either the site nurse or the nearest hospital with an Accident and Emergency Department
- If you can do so safely, take the syringe or needle with you
- If dealt with properly and promptly, the risks of a resulting health problem are small
- Think about the consequences of not acting promptly and possibly being off work for several weeks while you recover

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			

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: PPE	**Date: 20.11.19**
Location: Plumstead Library	**Start Time: 13:30**
Duration (Minutes) 30min	**End Time: 14:00**
Presenters name: A. Kulsinskas	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. RASCICIUI	R.C.L	I confirm that I have understood the Tool Box Talk
2	Raj Camacoai	R.C.L	I confirm that I have understood the Tool Box Talk
3	H. GORASIA	R.C.L	I confirm that I have understood the Tool Box Talk
4	A. UDZIUS	R.C.L	I confirm that I have understood the Tool Box Talk
5	R. RAMA.	R.C.L.	I confirm that I have understood the Tool Box Talk
6	I. SAHOTA	RCL	I confirm that I have understood the Tool Box Talk
7	M. DANDY	RCL	I confirm that I have understood the Tool Box Talk
8	P. DONOVAN	RCL	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
8	30min	4 hours	2453745

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: PLUMSTEAD LIBRARY

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDERS/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
H. GORASIA	✓											28/10/19
D-RASCICIUC				✓								30/10/19
R. Rama				✓						✓		06/11/19
Raj Ganacoas				✓			✓			✓	A.K	11/11/19
R. Rama				✓		✓				✓		19.11.19
M. Dandy		✓		✓						✓		20.11.19
A. Kulsinskas		✓								✓		21.11.19
J. Godman		✓								✓		21.11.19
P O'Donovan		✓		✓							P O'D	21.11.19

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TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ASBESTOS (RCL 042)	Date: 20/11/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 09:00
Duration (Minutes) 30 mins	End Time: 09:30
Presenters name: Jason. Wray	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. HIRANI	RAPHAEL CONTRACTING LTD	
J. DYSON	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	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
03	30 mins	1 1/2 Hours	2453745

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TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: YOUNG PERSONS ON SITE (RCL 005)	**Date:** 21/11/2019
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	
J. DYSON	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	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	Duration	Total Time	Employer Reference
04	30 mins	2 Hours	2453745

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		
H. GORASIA				✓						✓		11/10/19
J. GOODMAN		✓		✓			✓					14/10/19
J. KEARNS				✓						✓		16/10/19
M. DANOV			✓	✓			Hi-Vis ✓			G ✓		16/10/19
K O'Malley				✓						✓		22/10/19
P O'Donovan				✓								22/10/19
P O'Donovan			✓									5/11/19
S. Simonovic			✓							✓		11/11/19