



RAPHAEL
CONTRACTING LTD

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. MANIAC	✓	✓		✓		✓	✓					30/9/19
Joseph Smith		✓		✓		✓	✓					30/9/19
K. KULSINSKAS				✓						✓		17/10/19
K. OMALEY	✓		✓	✓			✓					25/10/19
D. McNEESSY				✓							D. H	30/10/19

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DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.3	CREATION DATE: LAST REVISION DATE:	07/02/2013 22/11/2018	Page 1 of 1
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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	J. KERNS	12/10/19	J. Kerns	I confirm that I have read and understood the Risk Assessment and Method Statement
7	K. O'MALLEY	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)

DOCUMENT REFERENCE:	SIT-FM-004	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>NEEDLE STICK INJURIES</u>	Date: <u>19-11-19</u>
Location: <u>SEBASTIAN STREET</u>	Start Time: <u>730</u>
Duration (Minutes) <u>30</u>	End Time: <u>800</u>
Presenters name: <u>KES KULINSKAS</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>K O'Malley</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>Joseph Smith</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>David Hennessy</u>	<u>RCL</u>	<u>[Signature]</u> 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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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
			<u>2453745</u>

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DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	

Site Manager's Daily Safe Start

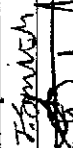
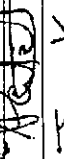
Contract:	Sebastian Street	Site Manager:	KES KULSIVASAAS	Date (w/c):	18-11-19	Method statement (s) (Title, Rev No. & Rev date)	001
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Location and description of works: FITTING DOOR SETS L-6

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	Operatives Daily Sign Off							Comments
		M	T	W	T	F	S	S	
		✓	✓	✓	✓	✓	✓	✓	
Joseph Smith		✓	✓	✓	✓	✓	✓	✓	
11 PM 11:14		✓	✓	✓	✓	✓	✓	✓	
A Patel		✓	✓	✓	✓	✓	✓	✓	
S Keenan		✓	✓	✓	✓	✓	✓	✓	

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

DOCUMENT REFERENCE: DOCUMENT OWNER:	TOOLBOX TALKS MOB	VERSION NO:	8	CREATION DATE: LAST REVISION DATE:	11/08/2010 10/05/2018	Page 64 of 141
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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



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. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. RASCICIAI	R.C.L	I confirm that I have understood the Tool Box Talk
2	Raj Comaccai	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.O. 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
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13			I confirm that I have understood the Tool Box Talk
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Grant Claim information

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

No. Attended 8	Duration 30min	Total Time 4 hours	Employer Reference 2453745
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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

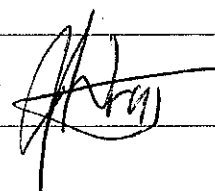
SITE: PLUMSTEAD LIBRARY

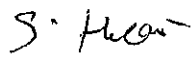
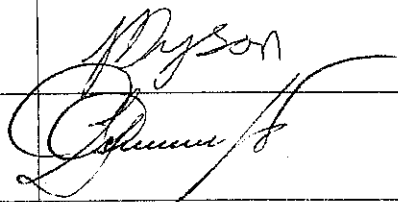
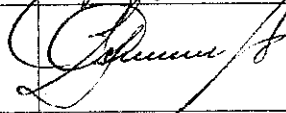
OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
H. GORASIA	✓										<i>H. Gorasia</i>	28/10/19
D. RASCICIC				✓							<i>D. Rascicic</i>	30/10/19
R. Rama				✓			✓			✓	<i>A. K. Rama</i>	06/11/19
Ray Radadai				✓						✓	<i>A. K. Rama</i>	11/11/19
R. Rama				✓		✓				✓	<i>A. K. Rama</i>	19.11.19
M. Dandy		✓		✓						✓	<i>M. Dandy</i>	20.11.19
A. Kulsinskas		✓								✓	<i>A. Kulsinskas</i>	21.11.19
J. Godman		✓								✓	<i>J. Godman</i>	21.11.19
P. S. Donovan		✓		✓							<i>P. S. Donovan</i>	21.11.19



RAPHAEL
CONTRACTING

**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

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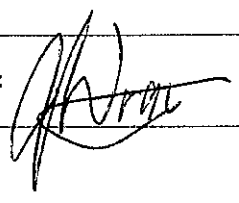
No. Attended	Duration	Total Time	Employer Reference
03	30 mins	1 1/2 Hours	2453745

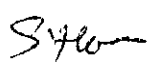
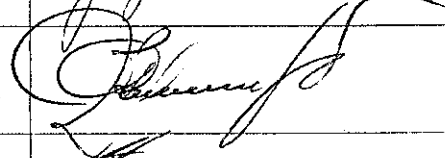
DOCUMENT REFERENCE:	SIT-FM-007	VERSION NO:	1.0	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	N/A	
				NEXT REVIEW DATE:	07/02/2014	



RAPHA
CONTRACTING

**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

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No. Attended 04	Duration 30 mins	Total Time 2 Hours	Employer Reference 2453745
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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
RAIDING AND PROTECTIVE EQUIPMENT

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. GONASIA				✓						✓		11/10/19
J. GOODMAN		✓		✓			✓					14/10/19
J. KEARNS				✓						✓		16/10/19
M. DANDY			✓	✓			✓			✓		16/10/19
KO'Malley				✓						✓		22/10/19
P.O. DAVAN				✓								22/10/19
P.O. DAVAN			✓							✓		5/11/19
S. SIMONOVIC			✓							✓		11/11/19