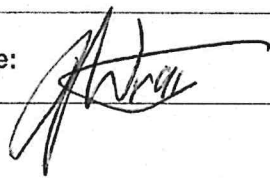


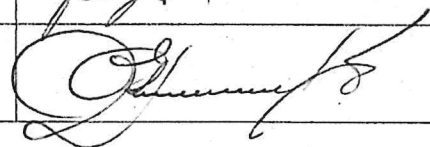


RAPHA

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: OHSAS 18001 – HEALTH & SAFETY MANAGEMENT SYSTEM (RCL 069)	Date: 04/12/2019
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
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 02	Duration 30 mins	Total Time 1 Hours	Employer Reference 2453745
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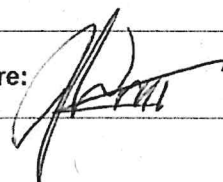
DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO:	1.0	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	07/02/2013 N/A 07/02/2014	Page 1 of 1
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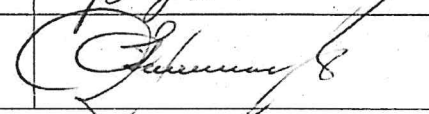


RAPHA

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ISO 14001 – ENVIRONMENTAL MANAGEMENT SYSTEM (RCL 070)	Date: 05/12/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 11:00
Duration (Minutes) 30 mins	End Time: 11:30
Presenters name: Jason. Wray	Presenters Signature: 

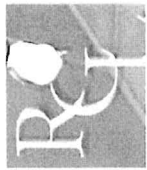
Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DYSON	RAPHAEL CONTRACTING LTD	
S. SIMONOVIC	RAPHAEL CONTRACTING LTD	

Grant Claim information

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

No. Attended 02	Duration 30 mins	Total Time 1 Hours	Employer Reference 2453745
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DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.0	CREATION DATE: 07/02/2013 LAST REVISION DATE: N/A NEXT REVIEW DATE: 07/02/2014	Page 1 of 1
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RAPHA
CONTRACTORS

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. GODASIA				✓						✓		11/10/19
J. GOOMAN		✓		✓			✓					14/10/19
J. KEARNS				✓						✓		16/10/19
M. DANDY			✓	✓			✓			✓		16/10/19
KO'Malley				✓						✓		22/10/19
P.O. DORIAN				✓								22/10/19
P.O. DORIAN			✓									5/11/19
S. SIRONOVIC			✓							✓		11/11/19

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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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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. Rascic				✓							<i>D. Rascic</i>	30/10/19
R. Rama				✓						✓	<i>R. Rama</i>	06/11/19
Raj Rascic				✓			✓			✓	<i>A. Kulsinskas</i>	11/11/19
R. Rama				✓		✓				✓	<i>R. 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
Raj Rascic		✓									<i>Raj Rascic</i>	26/11/19
R. Rama				✓						✓	<i>R. Rama</i>	02.12.19
A. R. Rascic				✓						✓	<i>A. R. Rascic</i>	5/12/19
H. Gorasia				✓							<i>H. Gorasia</i>	9/12/19

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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SITE: PLUMSTEAD LIBRARY

[illegible]



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Dust Control	Date: 05.12.19
Location: Plumstead Library	Start Time: 16:30
Duration (Minutes) 30min	End Time: 17:00
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. LIDZIUS	RCL	I confirm that I have understood the Tool Box Talk
2	R. RAMIA	RCL	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	P O'DONOVAN	R.C.L	I confirm that I have understood the Tool Box Talk
5	Raj Cernacai	R.C.L	I confirm that I have understood the Tool Box Talk
6	N.R. PATEL	R.C.L	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 3hours.	Employer Reference 2453745
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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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