

**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			✓			✓					<i>[Signature]</i>	17-9-19
K. KULSINKAS			✓	✓		✓					<i>[Signature]</i>	17-9-19
Amresh Patel						✓	✓				<i>[Signature]</i>	30/9/19
H. MANIVILAL	✓	✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
Joseph Smith		✓		✓		✓	✓				<i>[Signature]</i>	30/04/19
K. KULSINKAS				✓						✓	<i>[Signature]</i>	17/10/19
K. OMALEY	✓		✓	✓			✓				<i>[Signature]</i>	25/10/19
D. HENNESSY				✓							D. H	30/01/19
H. MANIVILAL					✓	✓					H.M	26/11/19
A. PATEL					✓	✓					A.P	26/11/19
D. Hennessy				✓							<i>[Signature]</i>	5/11/19
R. RAMAN	✓	✓	✓	✓							<i>[Signature]</i>	13/01/20

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## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Safe return to work	Date: 06-01-2020
Location: SEBASTIAN STREET	Start Time: 7:30
Duration (Minutes)	End Time: 8:00
Presenters name: Kes Kulsinkas	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	A. Patel	RCL	I confirm that I have understood the Tool Box Talk
3	D. Hennessy	RCL	I confirm that I have understood the Tool Box Talk
4	H. MANILAL	RCL	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
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Contract:	Sebastian Street	Site Manager:	Kes Kulsinskas	Date (w/c):	06-01-2020	Method statement (s) (Title, Rev No. & Rev date)	001
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### Location and description of works: Fitting door sets and ironmongery Level-2

## Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	06-01-2020	Kes Kulsinskas		HOP -UPS
Tuesday	07-01-2020	Kes Kulsinskas		TIME KEEPING
Wednesday	08-01-2020	Kes Kulsinskas		POWER TOOLS
Thursday	09-01-2020	Kes Kulsinskas		HOOVERS INDUST
Friday	10-01-2020	Kes Kulsinskas		PPE
Saturday				
Sunday				

## Operatives Daily Sign Off

[illegible]

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

**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



## METHOD STATEMENT INDUCTION

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

<b>CONTRACT:</b>	Sebastian Street	<b>MS REF:</b>	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. OMALLEY	12/10/19		I confirm that I have read and understood the Risk Assessment and Method Statement
8	V. BALIULEVICIUS	27/11/19		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. HENNESSY	28/11/19		I confirm that I have read and understood the Risk Assessment and Method Statement
10	R. RAMUN	13-01-20		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: Safe Start 2020	Date: 06.01.20
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	P O'DONOVAN	R.C.L	 I confirm that I have understood the Tool Box Talk
2	A. LIOTZILIS	RCL	 I confirm that I have understood the Tool Box Talk
3	A. ZABERAS	RCL	 I confirm that I have understood the Tool Box Talk
4	RAT CARACUS	R.C.L	 I confirm that I have understood the Tool Box Talk
5	/ SAHOTA	RCL	 I confirm that I have understood the Tool Box Talk
6	S L HURANI	RCL	 I confirm that I have understood the Tool Box Talk
7	T. GORDON	RCL	 I confirm that I have understood the Tool Box Talk
8	H. GORABIA	R.C.L	 I confirm that I have understood the Tool Box Talk
9	P. P. RAMA.	R.C.L	 I confirm that I have understood the Tool Box Talk
10	K Jader	R-CL	 I confirm that I have understood the Tool Box Talk
11	BERNARD	RCL	 I confirm that I have understood the Tool Box Talk
12	N-K. PATIL	RCL	 I confirm that I have understood the Tool Box Talk
13	D. RASCICIC	R.C.L	 I confirm that I have understood the Tool Box Talk
14	T DOMANSKI	RCL	 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
14	30min.	7 hours.	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		
K. Jackson	✓	✓	✓	✓		✓	✓				K. Jackson	09.12.19
T. DOMINIS		✓	✓	✓			✓				T. DOMINIS	18.12.19
A. ZAGARRAS	✓	✓	✓	✓	✓	✓					A. ZAGARRAS	18.12.19
S. HIGGINS			✓	✓							S. HIGGINS	02.01.20
A. LIDZIUS				✓						✓	A. LIDZIUS	09.01.20





**RAPHAEL**  
CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN  
**SHORT TRAINING SESSION ATTENDANCE SHEET**

Title: <u>DROWS &amp; ALCOHOL</u>	Date: <u>09/01/2020</u>
Location: <u>29 New End</u>	Start Time: <u>10:30</u>
Duration (Minutes): <u>15 MINS.</u>	End Time: <u>10:45</u>
Presenters name: <u>G. Bruce</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>✓ B. Jones</u>	<u>RCL</u>	I confirm that I have understood the Tool Box Talk
2			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
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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

**Important Claim information**

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

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

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# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ALCOHOL + DRUGS (RCL NO 46) INCLUDING E-MAIL FROM MOB ON THE SUBJECT	Date: 07/01/2020
Location: St Pauls School Phase 2	Start Time: 11.30
Duration (Minutes) 30 MINUTES	End Time: 12.00
Presenters name: JASON WRAY	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	S. SIMONOVIC	RCL	 I confirm that I have understood the Tool Box Talk
	J. MUSTICONE	RCL	 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
			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 TWO	Duration 1/2 HOUR	Total Time 1 HOUR	Employer Reference 2453745
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**Toolbox Talk No. 40 ALCOHOL AND DRUGS**

**Alcohol and drug abuse leads to accidents.**

**ALCOHOL**

- In a high risk industry like ours, alcohol and work are not compatible.
- Alcohol is a depressant drug, which depresses parts of the brain function. When working on site you require all of your brain functions to save you from injury.
- If you are or suspected of being drunk, you won't be allowed to work, you won't be allowed on site. You may end up losing your job.
- Don't get drunk the night before and expect to work safely on site the next day. Alcohol takes
- time to work out of your system (1 pint of beer takes approximately 2 hours).

**Q: What effect can alcohol have on you?**

**WHAT EFFECT CAN ALCOHOL HAVE ON YOU?**

- 50% of all drivers killed are over the legal limit.
- If you drink, don't drive – it is illegal and dangerous
- 35% of fatal accidents are related to alcohol.
- Keep your head clear – leave your drinking sessions to social events, where you can't cause injury
- to yourself or others. Even better, leave drinking sessions to times when you are not working next day.
- Get a bad reputation for drinking and you may not get another job as you'll be seen as a liability.

**Q: What could be the result of being under the influence of alcohol at work?**

**DRUGS**

- You are far more likely to have an accident on site when under the influence of drugs.
- You may feel you don't have a drug problem – it's got nothing to do with you. But if you get hurt, it's a bit late to wonder what the other person was on.
- If you know somebody is on drugs, tell your supervisor – help to stamp it out.
- Signs to look for: watery eyes, pin-point or dilated pupils, running nose, constant sniffing, tight lips, sores, ulcers, trembling, fatigue and irritability. If you see it, report it.
- All drugs can affect your ability to work safely.
- Effects of drugs: slow reaction times, clumsiness, poor decision-making and distorted vision.
- If you get offered drugs say NO, you'd rather work safely!

**Q: What effect could drugs have on you and your workmates?**

**Questions for you:**

**Q: How long does a pint take to get out of your system?**

**Q: What would you do if you saw a person taking drugs?**

**REMEMBER: Drink and Drugs don't Work!**

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