

[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



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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Safe use of hop-ups	Date: 14-01-2020
	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: Kes Kulsinskas	

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. SMITH	RCL	
D. Menneby	RCL	
H. MANILAL	RCL	
K. O'Donnell	RCL	
R. Ramani	LI	
A. Patel	RCL	

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

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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Toolbox Talk No. 87 SAFE USE OF HOP-UPS

Hop-ups are designed for short-term use where access might be limited for other equipment such as podium steps. Some sites may require you to have a 'Permit-to-Work' for hop-ups and/or mini scafftags for their inspection records.

- Never use this equipment if you are ill, feeling tired, or under the influence of alcohol or drugs.
- Wear sensible, protective clothing and footwear offering good grip. Tie back long hair and avoid loose garments and jewellery that could get in your way.
- Do not use a hop-up if you suffer from vertigo or have a fear of heights.
- This equipment is designed to support one person only.
- The Hop-up is designed for internal use and must only be sited on a level floor.
- Erect the Hop-up away from overhead hazards.
- Never suspend the Hop-up from another structure.
- Never carry anything when climbing, unless you can do so leaving both hands free. Place tools and materials on to the platform before climbing.
- Always check the condition of components before use – and at regular intervals thereafter. If any show signs of damage or excessive wear, do not use it.
- Always ensure the hop-up is correctly extended and level before use – and check regularly thereafter.
- Do not site the Hop-up directly on carpet or floor surfaces that could be damaged by the feet
- Never overload the Hop-up. The work platform's maximum load is 110kg or 17.3 stone. The **MAXIMUM SAFE WORKING LOAD** must not be exceeded.
- Never lean anything against the Hop-up and never use it for jobs that exert repetitive or excessive force.
- Never use boxes, steps etc to gain extra height and never reach too far out to one side.
- Never move a Hop-up with personnel, tools or materials, always clear the platform first.
- Ensure the ground over which the Hop-up is to be moved is flat, level and firm enough to bear its weight, and well away from hazards.
- Don't take chances. If the Hop-up cannot be moved safely for any reason, fold it and rebuild in the new location.

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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	Patel	I confirm that I have read and understood the Risk Assessment and Method Statement
5	H. MANIVILAL	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	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

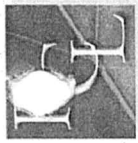
Print Name: K.KULSINSKAS

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)

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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			✓			✓					<i>[Signature]</i>	17-9-19
K. KULSINSKAS			✓	✓		✓					<i>[Signature]</i>	17-9-19
Amnesh Patel						✓	✓				<i>[Signature]</i>	30/9/19
H. MANIHAL	✓	✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
Joseph Smith		✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
K. KULSINSKAS				✓						✓	<i>[Signature]</i>	17/10/19
K. OMALEY	✓	✓	✓	✓			✓				<i>[Signature]</i>	25/10/19
D. HENNESSY				✓							D. H	30/10/19
H. MANIHAL					✓	✓					H.M	26/11/19
A. PATEL					✓	✓					A.P	26/11/19
D. Hennessy				✓							<i>[Signature]</i>	5/11/19
R. RAMKUR	✓	✓	✓	✓							<i>[Signature]</i>	13/01/20

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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Alcohol	Date: 15.01.20
Location: Plumstead Library	Start Time: 08:30
Duration (Minutes) 30min	End Time: 09:00
Presenters name: A. Kulsinkas	Presenters Signature:

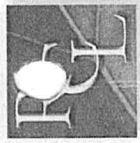
	Candidate's Name	Name of Employer	Candidate's Signature
1	S. HIRANI	R.C.L	 I confirm that I have understood the Tool Box Talk
2	I. SAHOTA	RCL	 I confirm that I have understood the Tool Box Talk
3	PO DONOVAN	RCL	 I confirm that I have understood the Tool Box Talk
4	A. LIDZILS	R.C.L	 I confirm that I have understood the Tool Box Talk
5	M. KOWALSKI	R.C.L	 I confirm that I have understood the Tool Box Talk
6	T. DOMANSKI	RCL	 I confirm that I have understood the Tool Box Talk
7	H. GORASIA	RCL	 I confirm that I have understood the Tool Box Talk
8	K. JADVA	R.C.L	 I confirm that I have understood the Tool Box Talk
9	BERNARD	RCL	 I confirm that I have understood the Tool Box Talk
10	RAJ CANACRAI	R.C.L	 I confirm that I have understood the Tool Box Talk
11	D. RASCICIAI	RCL	 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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DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



RAPHAEL
CONTRACTING LTD

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. Dadehen	✓	✓	✓	✓		✓	✓				K. Dadehen	09.12.19
T. DOMINUS		✓	✓	✓			✓				T. DOMINUS	18.12.19
A. ZAGHERAS	✓	✓	✓	✓	✓	✓					A. ZAGHERAS	18.12.19
S. HIRAM			✓	✓							S. HIRAM	02.01.20
A. Lidzius				✓					✓		A. Lidzius	09.01.20
R. Carnacian		✓		✓					✓		R. Carnacian	18.01.20
J. Musticane			✓	✓			✓				J. Musticane	20.01.20
J. K. Jadya				✓				✓			J. K. Jadya	21.01.20



TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>SITE SAFETY</u>	Date: <u>16-01-20</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. Buck</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>V. BALUNOVICHUS.</u>	<u>RCL.</u>	I confirm that I have understood the Tool Box Talk <u>[Signature]</u>
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
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

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No. Attended	Duration	Total Time	Employer Reference 2453745
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