



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. Jachura	✓	✓	✓	✓		✓	✓				K. Jachura	09.12.19
T. DOMANBSKI		✓	✓	✓			✓				T. DOMANBSKI	18.12.19
A. ZAGIERAS	✓	✓	✓	✓	✓	✓					A. ZAGIERAS	18.12.19
S. Iltiam			✓	✓							S. Iltiam	02.01.20
A. Lidzius				✓					✓		A. Lidzius	09.01.20
R. Cynacran				✓					✓		R. Cynacran	18.01.20
J. Musticone		✓	✓	✓			✓				J. Musticone	20.01.20
J. K. Tadya				✓				✓			J. K. Tadya	21.01.20
R. Rama				✓						✓	R. Rama	27.01.20
T. Domalski		✓				✓					T. Domalski	27.01.20
A. Lidzius				✓							A. Lidzius	27.01.20
N. R. PARS				✓						✓	N. R. PARS	27.01.20
H. Goracia			✓						✓		H. Goracia	27.01.20



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: OHSAS18001 - Health and Safety Management Systems	Date: 20.01.20
Location: Plumstead Library	Start Time: 07:30
Duration (Minutes) 30min	End Time: 08:00
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. LIDZULS	RCL	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	T. DOMANUS	RCL	I confirm that I have understood the Tool Box Talk
4	H. GORASIA	RCL	I confirm that I have understood the Tool Box Talk
5	S. HIRANI	RCL	I confirm that I have understood the Tool Box Talk
6	P. O'DONOVAN	RCL	I confirm that I have understood the Tool Box Talk
7	M. KOWALSKI	RCL	I confirm that I have understood the Tool Box Talk
8	K. H. JADLOV	RCL	I confirm that I have understood the Tool Box Talk
9	BERNARD	RCL	I confirm that I have understood the Tool Box Talk
10	RAT CANAGRAI	RCL	I confirm that I have understood the Tool Box Talk
11	D. RASCICAT	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
11	30min	5.5 hours	2453745

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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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <i>PPE</i>	Date: <i>24-01-20</i>
Location: 29 New End	Start Time: <i>8.30</i>
Duration (Minutes) <i>15 min</i>	End Time: <i>8.45</i>
Presenters name: <i>G Buck</i>	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<i>B Sudra</i>	<i>REL</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
2	<i>V Borinidun</i>	<i>Lee</i>	<i>[Signature]</i> 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

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No. Attended	Duration	Total Time	Employer Reference 2453745
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