



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. Dadev	✓	✓	✓	✓		✓	✓				K. Dadev	09.12.19
T. DOMITSI		✓	✓	✓			✓				T. DOMITSI	18.12.19
A. ZAFERAS	✓	✓	✓	✓	✓	✓					A. ZAFERAS	18.12.19
S. HIRAN			✓	✓							S. HIRAN	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. Tadvuq				✓				✓			J. K. Tadvuq	21.01.20
R. Rama				✓							R. Rama	27.01.20
T. Domajski		✓				✓					T. Domajski	27.01.20
A. Lidzius				✓							A. Lidzius	27.01.20
N. R. PARR				✓							N. R. PARR	27.01.20
H. Goracia			✓						✓		H. Goracia	27.01.20

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Paslode 2nd fix gun	Date: 31.01.20
Location: Plumstead Library	Start Time: 9.30am
Duration (Minutes) 30min	End Time: 10:00am
Presenters name: A. Kulsinkas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	Morteusz Kowalski	R.C.L	I confirm that I have understood the Tool Box Talk
2	R. Rana	R.C.L	I confirm that I have understood the Tool Box Talk
3	BERNARDO R.	R.C.L	I confirm that I have understood the Tool Box Talk
4	ISAHOTA	RCL	I confirm that I have understood the Tool Box Talk
5	R. CAMARAI	R.C.L	I confirm that I have understood the Tool Box Talk
6	H. GORASIA	R.C.L	I confirm that I have understood the Tool Box Talk
7	PO'DONOVAN	R.C.L	I confirm that I have understood the Tool Box Talk
8	D. RASCICIAI	R.C.L	I confirm that I have understood the Tool Box Talk
9	N. Patel	R.C.L	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 9	Duration 30min	Total Time 4.5 hours	Employer Reference 2453745
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>SLIPS, TRIPS & FALLS</u>	Date: <u>30-01-20</u>
Location: <u>29 New End</u>	Start Time: <u>13.30</u>
Duration (Minutes): <u>15 MINS</u>	End Time: <u>13.45</u>
Presenters name: <u>G. Buck</u>	Presenters Signature: <u>[Signature]</u>

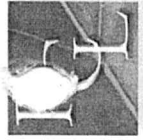
	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>J GODMAN</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>V BANUOLICUS</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>B SUDRA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>E AMANING</u>	<u>RCL</u>	<u>[Signature]</u> 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 <u>2453745</u>
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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. KULSINSKAS			✓	✓		✓					<i>[Signature]</i>	17-9-19
Amimesh Patel						✓	✓				<i>[Signature]</i>	30/9/19
H. MANIVILAL	✓	✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
Joseph Smith		✓		✓		✓	✓				<i>[Signature]</i>	30/04/19
K. KULSINSKAS				✓						✓	<i>[Signature]</i>	17/10/19
K. OMALEY	✓		✓	✓			✓				<i>[Signature]</i>	25/10/19
D. HENNESSY				✓		✓					D. H	30/10/19
H. MANIVILAL					✓	✓					H.M	26/11/19
A. PATEL				✓	✓	✓					A.P	26/11/19
D. Hennessy											<i>[Signature]</i>	5/11/19
R. Ramana	✓	✓	✓	✓							<i>[Signature]</i>	13/01/20

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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ALCOHOL AND DRUGS	Date: 27-01-20
Location: SEBASTIAN STREET	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: K.Kulsinskas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	BERNARD R.	RCL	 I confirm that I have understood the Tool Box Talk
2	Joseph Smith	RCL	 I confirm that I have understood the Tool Box Talk
	Anneesh Patel	RCL	 I confirm that I have understood the Tool Box Talk
4	David Hennessy	RCL	 I confirm that I have understood the Tool Box Talk
5	Dean Conyers	RCL	 I confirm that I have understood the Tool Box Talk
6	K. O'Malley	RCL	 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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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!

DOCUMENT REFERENCE:	TOOLBOX TALKS	VERSION NO:	8	CREATION DATE:	11/08/2010	Page 57 of 141
DOCUMENT OWNER:	MOB			LAST REVISION DATE:	10/05/2018	

[illegible]

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

Before starting work, STOP, THINK and CHECK		Yes	No	N/A
If the answer to any question below is NO, do not start work until the issues are resolved				
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)

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	K. O'Malley	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	D. Mennerby	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	R. R. M. A. I.	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. Patel	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	Joseph Smith	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
6	H. MAMILAL	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
7	D. Conyers	27/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
8	BERNARDOS	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. Mennerby	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
10	T. DOMANIS	03/02/20		I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: Supervisor

Print Name: K/.Kulsinskas

Date: 15-01-2020

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)