



METHOD STATEMENT INDUCTION

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

PAGE-2

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	H. GORASIA	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	R. RAMA	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	S. MIRANI	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	XI. R. PATIL	10/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
5				I confirm that I have read and understood the Risk Assessment and Method Statement
6				I confirm that I have read and understood the Risk Assessment and Method Statement
7				I confirm that I have read and understood the Risk Assessment and Method Statement
8				I confirm that I have read and understood the Risk Assessment and Method Statement
9				I confirm that I have read and understood the Risk Assessment and Method Statement
10				I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: SUPERVISOR

Print Name: K. KULSINSKAS

Date: 07/02/2020

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)



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. Mennerly	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	R. K. MUI	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. MANILAL	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	BERNARDO	28/01-20		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. Mennerly	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:

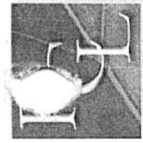
Supervisor

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)



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			✓			✓						17-9-19
K. KULSINSKAS			✓	✓		✓						17-9-19
Amir Shah Patel						✓	✓					30/9/19
H. MANIVILAL	✓	✓		✓		✓	✓					30/9/19
Joseph Smith		✓		✓		✓	✓					30/09/19
K. KULSINSKAS				✓						✓		17/10/19
K. OMALEY	✓	✓	✓	✓			✓					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				✓								5/11/19
R. Ramkumar	✓	✓	✓	✓								13/01/20

Page -

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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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: DUST AND AIR QUALITY	Date: 05-02-20
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	J.Smith	RCL	I confirm that I have understood the Tool Box Talk
2	D.Hennessy	RCL	I confirm that I have understood the Tool Box Talk
3	K.Omalley	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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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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Toolbox Talk No. 79 DUST AND AIR QUALITY

WHAT?

Dust, emissions and odours can annoy neighbours and may cause health risks at very high concentrations

WHY?

Avoid nuisance to neighbours: Dust can settle on neighbours' properties and give rise to local dispute. Poorly controlled emissions and odours from plant or works may give rise to valid complaints.

Avoid programme delays: The Local Authority has the power to stop works if dust is causing a nuisance. Emission of dark smoke from plant and fires is illegal.

Avoid health problems: Dust may cause eye irritation or make asthma worse

Avoid impact on ecology: Dust can damage the ecology of a watercourse and affect plant growth, including crops

DO



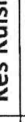


- ✓ Keep surfaces swept and damp down with water at regular intervals
- ✓ Minimise drop heights into haulage vehicles and into conveyors
- ✓ Ensure cutting and grinding operations are adequately shielded or wetted
- ✓ Sheet lorries carrying dry materials off site
- ✓ Use the wheelwash, for appropriate vehicles, if one is provided on site
- ✓ Store fine, dry materials within buildings or provide adequate protection from the wind.
- ✓ Store bulk cement and bentonite in silos
- ✓ Position silos and stockpiles away from residential areas or watercourses.
- ✓ Clean up or damp down any spillage of dry dusty materials
- ✓ Notify your Line Manager if work activities are causing poor air quality.

DON'T

- ✗ DON'T burn materials on site without approval from your Project Manager. Permission is required first from the Environment Agency
- ✗ DON'T use poorly maintained plant. Black smoke may give rise to poor health and can cause a nuisance
- ✗ DON'T leave plant running if not in use
- ✗ DON'T ignore sources of poor air quality, notify your line manager
- ✗ DON'T ignore complaints

DOCUMENT REFERENCE:	TOOLBOX TALKS	VERSION NO:	8	CREATION DATE:	11/08/2010	Page 119 of 141
DOCUMENT OWNER:	MOB			LAST REVISION DATE:	10/05/2018	

Site Manager's Daily Safe Start				
				Method statement (s)
	Sebastian Street	Site Manager:	Kes Kulsinskaskas	Date (w/c):
Contract:				03-02-20
				(Title, Rev No. & Rev date)
B				
Location and description of works: FITTING TEA POINTS L5/L6 FITTING SKIRTING BOARDS AND ARCHITRAVES L-5/L-4				

Site Manager's Daily Sign Off				
	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	03-02-20	Kes Kulsinkas		PPE - 3 MASKS
Tuesday	04-02-20	Kes Kulsinkas		PPE
Wednesday	05-02-20	Kes Kulsinkas		DUST
Thursday	06-02-20	Kes Kulsinkas		FIRE EXIT
Friday	07-02-20	Kes Kulsinkas		MOORE SITE SAFETY
Saturday				
Sunday				

[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: <u>ENVIRONMENTAL ISSUES FOR CARPENTERS</u>	Date: <u>04-02-20</u>
Location: <u>29 New End</u>	Start Time: <u>10.00</u>
Duration (Minutes): <u>15 mins.</u>	End Time: <u>10.15</u>
Presenters name: <u>G. Buck</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>A LIDRINS</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>E AMANINGA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>V. BAKIVONICUS.</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>B SUDRA</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
5	<u>J GODMAN</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
6	<u>J KEARNS</u>	<u>RCL</u>	<u>[Signature]</u> 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
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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:	SIT-FM-007	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1
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RAPHAEL CONTRACTING LTD

Raphael Contracting Limited, Raphael House, 123 Roebuck Road,
Chessington, Surrey, KT9 1EU
Tel: 020 8391 9100 Fax: 020 8391 2220 Web: www.raphaelcontracting.com

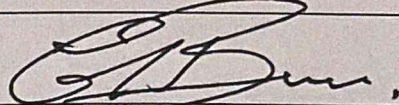

Qualitative Fit Test Report Form

Test Subject Last Name	GODMAN	Test Date	07/02/20
Test Subject First Name	JAMES	Test Time	9.00

Assessor Last Name	Buck
Assessor First Name	GARY
Mask Worn For Test	TY0639V FFP3WR

Test Results

Exercise	Result (P/F)	Number of Repeat Tests	NONE
Normal Breathing	P	Reasons for Repeat Tests	
Deep Breathing	P		
Head Side to Side	P		
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice / assistance: NO	
Talking	P		
Normal Breathing	P		
Overall Result	Pass / Fail		

Assessors Signature:	
Subject Signature:	
Date:	07/02/20



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Qualitative Fit Test Report Form

Test Subject Last Name	BALIULLEVICIUS	Test Date	07/02/20
Test Subject First Name	VIRGINIJUS	Test Time	9.30

Assessor Last Name	Buck
Assessor First Name	GARY
Mask Worn For Test	TY0639V FFP3HR

Test Results

Exercise	Result (P/F)	Number of Repeat Tests	NONE
Normal Breathing	P	Reasons for Repeat Tests	
Deep Breathing	P		
Head Side to Side	P		
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice / assistance: No	
Talking	P		
Normal Breathing	P		
Overall Result	Pass / Fail		

Assessors Signature:	
Subject Signature:	
Date:	07/02/20



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Qualitative Fit Test Report Form

Test Subject Last Name	SUDRA	Test Date	07/02/20
Test Subject First Name	BABU	Test Time	10.30

Assessor Last Name	Buck
Assessor First Name	GARY
Mask Worn For Test	TY 0639 V FFP3 NR

Test Results


Exercise	Result (P/F)	Number of Repeat Tests	NONE
Normal Breathing	P	Reasons for Repeat Tests	
Deep Breathing	P		
Head Side to Side	P		
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice / assistance: No	
Talking	P		
Normal Breathing	P		
Overall Result	Pass / Fail		

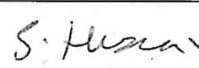
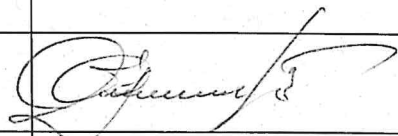
Assessors Signature:	
Subject Signature:	
Date:	07/02/20



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SECURITY ON SITE (RCL 048)	Date: 03/02/2020
Location: ST PAULS SCHOOL Phase 2	Start Time: 07:30
Duration (Minutes) 30 mins	End Time: 08:00
Presenters name: Jason. Wray	Presenters Signature: 

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. HIRANI	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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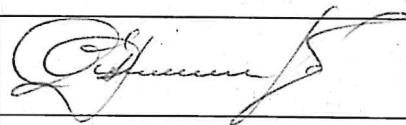
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SITE HOUSEKEEPING & WASTE DISPOSAL (RCL 039)	Date: 05/02/2020
Location: ST PAULS SCHOOL Phase 2	Start Time: 08:00
Duration (Minutes) 30 mins	End Time: 08:30
Presenters name: Jason. Wray	Presenters Signature: 

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. HIRANI	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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