



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: WEIL'S DISEASE	Date: 20-2-20
Location: 29 New End	Start Time: 10.30
Duration (Minutes): 15 MINS	End Time: 10.45
Presenters name: G. Buck	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	J KERNES	Rec	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
2	A LIDZINS	Rec	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
3	V BAHUOVICIUS	Rec	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
4	B SUDRA	Rec.	<i>[Signature]</i> 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

DOCUMENT REFERENCE:	SIT-FM-007	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Pag
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>WORKING AT HEIGHT</u>	Date: <u>24/02/20</u>
Location: <u>New Bond Street</u>	Start Time: <u>9.30</u>
Duration (Minutes):	End Time:
Presenters name: <u>M. ROBINSON</u>	Presenters Signature: <u>MAR</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	M KOWALSKI	R.C.L	I confirm that I have understood the Tool Box Talk
	K KOWALSKI	R.C.L	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
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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

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>2</u>			<u>2453745</u>

DOCUMENT REFERENCE:	SIT-FM-007	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



METHOD STATEMENT INDUCTION

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

PAGE - 3

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	D. RASCICIAI	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
2	M. KOWACSKI	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
3	P. O'DONOVAN	17.2.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. KULSINSKAS	18.02.20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	J. SAHOTA	18/02/20		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. KULSINKAS

Date:

17-02-20

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)

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	X. 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)

PAGE - 1

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. Mennessy	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	R. R. 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. MAMILAK	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. Mennessy	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

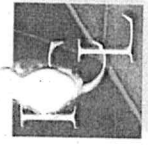
Print Name: K/.Kulsinskas

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)

DOCUMENT REFERENCE:	SIT-FM-004	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



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
Aminesh Patel						✓	✓					30/9/19
H. MANIVILAL	✓	✓		✓		✓	✓					30/9/19
Joseph Smith		✓		✓		✓	✓					30/04/19
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. RAMANUJ	✓	✓	✓	✓								13/01/20
A. KULSINSKAS		✓		✓								18/02/20

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DOCUMENT REFERENCE:	SIT-FM-008	VERSION NO:	1.3	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS	LAST REVISION DATE:			22/11/2018	

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

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)

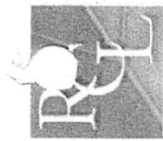
Has the task or working environment changed significantly to require a risk assessment and method statement (If yes, work to stop and new method statement to be produced)

Remember, as the supervisor YOU are responsible for the safety of YOUR team

Yes

No

N/A



Site Manager's Daily Safe Start

Contract:	Sebastian Street	Site Manager:	Kes Kulsinskas	Date (w/c):	10-02-20	Method statement (s) (Title, Rev No. & Rev date)	B
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Location and description of works: ALL AREAS IRON MOLLBERG SKIRT/ARCH L-2/L-1 DCL PANELS L-1/GF

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	10-02-20	Kes Kulsinskas		PPE
Tuesday	11-02-20	Kes Kulsinskas		FIRST AID
Wednesday	12-02-20	Kes Kulsinskas		SAFE STACKING
Thursday	13-02-20	Kes Kulsinskas		PODIUM/HOP-UPS
Friday	14-02-20	Kes Kulsinskas		FPP-3 MASKS
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
K. O'Malley		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
S. Simonovic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
B. CRAWFORD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
R. CANACARAI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
R. RAMA		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
H. GORRASA		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
S. HIRANI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D. Hennessey		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
H. MAMMAL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: PPE	Date: 20-02-20
Location: SEBASTIAN STREET	Start Time: 730
Duration (Minutes) 30	End Time: 800
Presenters name: K. KULSINSKA	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	Joseph Smith	RCL	 I confirm that I have understood the Tool Box Talk
2	T. DOMANSKI	RCL	 I confirm that I have understood the Tool Box Talk
3	H. GORASIA	RCL	 I confirm that I have understood the Tool Box Talk
4	P. O'Donovan	RCL	 I confirm that I have understood the Tool Box Talk
5	K. O'Malley	RCL	 I confirm that I have understood the Tool Box Talk
6	R. RAMA	RCL	 I confirm that I have understood the Tool Box Talk
7	D. Mennessy	RCL	 I confirm that I have understood the Tool Box Talk
8	BERNARDO R.	RCL	 I confirm that I have understood the Tool Box Talk
9	S. HIRANI	RCL	 I confirm that I have understood the Tool Box Talk
10	I. SAHOTA	RCL	 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	S. SIMONOVIC	RCL	 I confirm that I have understood the Tool Box Talk
13	N-R PATIL	RCL	 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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