



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WEMBLEY W03

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDERS / PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
J. Smith.				✓						✓	<i>J. Smith</i>	19.03.19
J. Hayovsky				✓		✓				✓	<i>J. Hayovsky</i>	01.04.19
A. Kulsinskas				✓						✓	<i>A. Kulsinskas</i>	29.04.19
Bernardo				✓						✓	<i>Bernardo</i>	02.04.19



TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: CUTTING MDF	Date: 30.04.19
Location: Wembley W03	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: J. GODMAN	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	Joseph Smith	RCL	<i>Joseph Smith</i> I confirm that I have understood the Tool Box Talk
2	D. RASCICAN	RCL	<i>D. Rascican</i> I confirm that I have understood the Tool Box Talk
3	T. Hayouskyy	RCL	<i>T. Hayouskyy</i> I confirm that I have understood the Tool Box Talk
4	J. MUSHICONE	RCL	<i>J. Mushicone</i> I confirm that I have understood the Tool Box Talk
5	Blanca B. R.	RCL	<i>Blanca B. R.</i> I confirm that I have understood the Tool Box Talk
6	M. Kowalski	RCL	<i>M. Kowalski</i> I confirm that I have understood the Tool Box Talk
7	K. Kowalski	RCL	<i>K. Kowalski</i> 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 7	Duration 30min	Total Time 3.5 hours	Employer Reference 2453745
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No: 26	Date: 02/05/19
Title: DUST CONTROL FROM TOOLS	Start Time: 7:30
Location: WELLINGTON HOUSE	End Time: 8:00
Duration (Minutes) 30min	Presenters Signature: [Signature]
Presenters name: S. Simonovic	

	Candidate's Name	Name of Employer	Candidate's Signature
1	R. STOYANOV	RCL	I confirm that I have understood the Tool Box Talk
2	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
3	S. GAJJAR	RCL	I confirm that I have understood the Tool Box Talk
4	S. BHARADIA	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

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No. Attended 4	Duration 30min	Total Time 2h	Employer Reference 2453745
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No: 2	Date: 30/04/19
Title: BENEFITS OF SAFETY	Start Time: 7:30
Location: WELLINGTON HOUSE	End Time: 8:00
Duration (Minutes) 30min	Presenters Signature: [Signature]
Presenters name: S. Simonovic	

	Candidate's Name	Name of Employer	Candidate's Signature
1	R. STOYANOV	RCL	I confirm that I have understood the Tool Box Talk
2	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
3	S. GAJJAR	RCL	I confirm that I have understood the Tool Box Talk
4	S. BHARADIA	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
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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 4	Duration 30min	Total Time 2h	Employer Reference 2453745
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