

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WEMBLEY W03

					QVU		REAS	SON FO	REASON FOR ISSUE / REISSUE	E/		
OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	DEFENDERS / PLUGS	DUST MASK FFP3	New	Lost	Damaged	Wear and Tear	SIGNATURE	DATE
T. Smith.				>						>	Franken	19.03.19
1. Hayovskyy				>		>				د		01,04,19
A, Kulsingkas VO				7					٥			29.04.19
Bernardo				>								02/09.19
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: CUTTING MOF	Date: 30,04.19
Location: Wembley W03	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: J. GODMAN .	Presenters Signature:

		Name of Francisco	Condidate's Simpature
1	Candidate's Name	Name of Employer	Candidate's Signature
_	Joseph Smith	RCL	I confirm that I have understood the Tool Box Talk
2	Joseph Smith D. RASCICCUM T. Hayovskyy	RUL	I confirm that I have understood the Tool Box Talk
3	T. Hayovskyy	RCL	I confirm that Nave understood the Tool Box Talk
4	J. MISHICORP	RCL	I confirm that thave understood the Tool Box Talk
5	Bline B. R.	RCL	I confirm that have understood the Tool Box Talk
6	M. Kowalski K. Kowalski	RCL	i confirm that I have understood the Tool Box Talk
7	K. Kowalski	RCL	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			
L			I confirm that I have understood the Tool Box Talk

Grant Claim information

Note: Claims can only be made for yo	our employees or lab	our-only sub-contrac	TOPS
No. Attended		Total Time	அம்மாக கூடி சடிக் உலகாள்ளையாக மன்றை அன்ற மானமாக கொள்ளாள். Employer Reference
7	30min	3.5 hours	2453745

DOCUMENT REFERENCE: SIT-F DOCUMENT OWNER: DAS	r-FM-007 VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: DUST CONTROL FROM TOOLS					Date: 02/05/19			
Location: WELLINGTON HOUSE		Start T	Start Time: 7:30					
Duration (Minutes)	D min			End Time: 2 ! 00				
Presenters name: S. S.	Omin movovi	<u> </u>		Presen	iters Signature	A X		
						7		
Candidate's I	Name	N	ame of Employ	er	Candidate	e's Signature		
1 R. STOYANOV			RCL	l co	onfirm that I have understo			
A. ZAGERAS	-		RCC	1 00	AD A Confirm that I have understood	od the Tool Box Talk		
3 S. GAJJAR			RCL		onfirm that I have under to			
R. STOYANOV A. ZAGERAS S. GAJJAR S. BHARADIA			RCL		onfirm that I have understoo	<		
5	M				onfirm that I have understoo			
7		-		l co	onfirm that I have understoo	od the Tool Box Talk		
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nt Claim information			·	1 co	nfirm that I have understoo	od the Tool Box Talk		
e: Claims can only be made for you	our employees or la	bour-	only sub-contr	actors				
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No. 3 Title: BENEFITS OF SAFETY					Date:	30/04/	Date: 30/04/19			
Lo	cation: WELLING	TON HOUSE				Start T				
	ration (Minutes			**		End Tir	ne: 8:00			
Pro	esenters name:	S. Sin	JONONE			Presen	ters Signature:	Symun !		
	·.							\checkmark \checkmark		
1		Candidate's N	lame	N	ame of Employe	r	Candida	te's Signature		
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3	S. GAJ.	TAR			RCL		nfirm that Thave under	MA-		
5	S. BHA	RADIA			RCL RCL		nfirm that I have unders	1		
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