



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No: 20 Title: HAND PROTECTION	Date: 09/06/19
Location: WELLINGTON HOUSE	Start Time: 730
Duration (Minutes) 30min	End Time: 8 ⁰⁰
Presenters name: S. SIMONOVIC	Presenters Signature:

	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

Note: Claims can only be made for your employees or labour-only sub-contractors

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

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No. 79 Title: DUST AND AIR QUALITY	Date: 07/05/19
Location: WELLINGTON HOUSE	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: S. SIMONOVIC	Presenters Signature: [Signature]

	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. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk
4	S. GAJJAR	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 4	Duration 30min	Total Time 4h.	Employer Reference 2453745
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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ISO9001 QUALITY MANAGEMENT SYSTEM	Date: 08.05.19
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	BERNARDO B. R.	RCL	 I confirm that I have understood the Tool Box Talk
2	R. Kowalski	RCL	 I confirm that I have understood the Tool Box Talk
3	M. Kowalski	RCL	 I confirm that I have understood the Tool Box Talk
4	D. RASCICIAI	RCL	 I confirm that I have understood the Tool Box Talk
5	I. Hayovskyy	RCL	 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 5	Duration 30min	Total Time 2.5 hours	Employer Reference 2453745
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RAPHAEL

CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>HEARING PROTECTION & NOISE</u>	Date: <u>8/05/19</u>
Location: <u>MLGH</u>	Start Time: <u>14:30</u>
Duration (Minutes): <u>15 MINS</u>	End Time: <u>14:45</u>
Presenters name: <u>G. BULL</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>I SAHOTA</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>V BAZILLICHA</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>K ONSUOT</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>J KEARNS</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
5	<u>A LIDZILL</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
6	<u>V SABAR</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
7	<u>M DANDY</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
8	<u>A MOTICHADE</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
9	<u>D HENNESSY</u>	<u>Rec</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
10			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
11			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
12			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
13			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
14			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
15			<u>[Signature]</u> I confirm that I have understood the Tool Box Talk

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No. Attended	Duration	Total Time	Employer Reference
			2453745

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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. Hayovskyy				✓		✓				✓	<i>J. Hayovskyy</i>	01.04.19
A. Rulsinskas				✓						✓	<i>A. Rulsinskas</i>	29.04.19
Bernardo				✓						✓	<i>Bernardo</i>	02/04.19
Bernardo		✓		✓						✓	<i>Bernardo</i>	13.05.19



SITE: WELLINGTON HOUSE

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