



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <i>SKIN PROTECTION</i>	Date: <i>15/05/19</i>
Location: MLGH	Start Time: <i>14.30</i>
Duration (Minutes) <i>15 MINS.</i>	End Time: <i>14.45</i>
Presenters name: <i>G. Bui</i>	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<i>V. BAKIMUNUWA</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
2	<i>A. NIDZINS.</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
3	<i>I. SAMOTA</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
4	<i>M. DANDY</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
5	<i>K. OMAREY</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
6	<i>P. O'DONOVAN</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
7	<i>D. KENNESSY</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
8	<i>A. PATEL</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
9	<i>D. PISAWALIA</i>	<i>Rec</i>	<i>[Signature]</i> I confirm that I have understood the Tool Box Talk
10	<i>J. MUSTINCONÉ</i>	<i>Rec</i>	<i>[Signature]</i> 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	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WELLINGTON HOUSE

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
R. SUDYANON						✓				✓		07/05/19
S. BHARADIA						✓				✓		07/05/19
S. GADHAR						✓				✓		07/05/19
S. SIMONOVIC				✓						✓		08/05/19
S. BHARADIA				✓						✓		09/05/19
P. SINGH			✓	✓			✓				PSM	14/05/19
J. PARSON	✓	✓	✓	✓		✓	✓					14/05/19
A. NOTICHANDE				✓		✓	✓			✓		16/05/19
H. GORASIA						✓	✓					16/05/19



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No. 2.	EMPLOYEES AND SUBCONTRACTORS	Date: 14/05/19
Title: RESPONSIBILITIES		
Location: WELLINGTON HOUSE		Start Time: 8:00
Duration (Minutes) 30 min		End Time: 8:30
Presenters name: S. SIMONOVIC		Presenters Signature: [Signature]

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk [Signature]
2	S. GAJJAR	RCL	I confirm that I have understood the Tool Box Talk [Signature]
3	S. BHARADIA	RCL	I confirm that I have understood the Tool Box Talk [Signature]
4	P. SINGH	RCL	I confirm that I have understood the Tool Box Talk [Signature]
5	J. SAMSON	RCL	I confirm that I have understood the Tool Box Talk [Signature]
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
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Grant Claim information

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No. Attended 5	Duration 30 min	Total Time 2 1/2 h.	Employer Reference 2453745
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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No: 72 Title: CONSTRUCTION WASTE MANAGEMENT	Date: 16/05/19
Location: WELLINGTON HOUSE	Start Time: 7:30
Duration (Minutes): 30 min	End Time: 8:00
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. ZAGERAS	RCL	I confirm that I have understood the Tool Box Talk
2	S. GADJAR	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	P. SINGH	RCL	I confirm that I have understood the Tool Box Talk
5	P. SAMSON	RCL	I confirm that I have understood the Tool Box Talk
6	H. GORAVIA	RCL	I confirm that I have understood the Tool Box Talk
7	A. MOTICHANDE	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
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Grant Claim Information

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No. Attended 7	Duration 30 min	Total Time 3 1/2 h	Employer Reference 2453745
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RAPHA

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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: TOWER SCAFFOLDS & PODIUM STEPS - (RCL 27)	Date: 16/05/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 12:00
Duration (Minutes) 30 mins	End Time: 12:30
Presenters name: Jason. Wray	Presenters Signature:

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

Grant Claim information

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

No. Attended 2	Duration 30 mins	Total Time 1 Hour	Employer Reference 2453745
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Toolbox Talk No. 27 TOWER SCAFFOLDS AND PODIUM STEPS

Fact: Only trained, competent persons are to erect mobile towers e.g. PASMA

Before Use:

- Prefabricated access towers are to be erected in accordance with the manufacturer's instructions by competent operatives, erection instructions must be available on site.
- Check all components are in good condition. Check wheels for effective rotation and brake and locking devices work currently.
- Towers must be used on firm surfaces, where ground is soft or sloping, adequate support must be provided – Persons must be protected from falls.
- The platform height should not be more than 3 times the length of the shortest side of the tower (example: shortest side of tower is 1.5 metres multiplied by 3 giving a maximum platform height of 4.5 metres). This height can be increased by the use of outriggers.
- At 2m and above toeboards and double handrails **MUST** be fitted.
- Care must be taken when working from the platform that pulling or pushing actions do not overturn the tower – Do not climb the outside of the tower.
- Do not pull heavy items up the side of the tower, use lifting devices – Always check manufacturers safe working load (**DO NOT EXCEED**).
- Do not use ladders from platforms of towers, this causes high overturning force – Scaffoldtag System to be used if situated in an area for more than one week.
- Tie the tower to a permanent structure, where possible, but do not tie to the thin tube sections.

Q: How would you hoist materials on to a working platform?

Access:

- Proprietary steel or aluminium alloy towers have a variety of means of access, these being:-
 - a) Integral diagonal stairway. As well as providing access this will form part of the bracing of the tower.
 - b) Ladder units which slip onto the end frame or inclined ladders, securely fixed, inside the scaffold frame.
 - c) Climbing a ladder section, which is incorporates within the end frame. Such a ladder section will have rungs no more than 300mm apart with stiles not more than 480mm apart. Climbing horizontal members of the other types of end frame is not to be accepted as a safe means of access.

NB. All towers must have a double hand rail or gap not exceeding 470mm from toeboard.

SCAFFOLD TOWERS AND PODIUM STEPS MUST BE CHECKED WEEKLY BY A COMPETENT PERSON, SIGNED OFF FIT FOR USE, ON RAPHAEL PLANT RETURN SHEET AND COPIED TO HEAD OFFICE.

- Access is from the inside of the tower frame to avoid eccentric loading of the tower. Working platforms are to be provided with trap doors to facilitate access.
- Where the vertical distance between the ground and working platform exceeds 9 metres, an intermediate platform with guardrails must be provided. Minimum platform width 600mm or 3 boards.

Working platforms

- Working platforms are to be fully boarded and complete with guardrails and toeboards.

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- Where on a double width aluminium alloy tower a single width platform only is used, it must have guardrails and toeboards to suit. Mobile towers are to have only one working platform.
- Prior to erecting towers on suspended floor, ensure bearing capacity of floor is sufficient for the planned load.

Moving Mobile Towers

- Tower must NEVER be moved with men or materials upon the platform and may only be moved by applying a horizontal force at or near the base.
- Prior to moving a tower, ensure that the route to the new desired location is free of obstructions. In particular, ensure any holes, pits, ducts or gratings are securely covered and that also no overhead obstructions such as electric cables or beams are present.
- When towers are to be moved and outriggers with adjustable feet are fitted, they must first be raised to a minimum height (12mm) to allow movement. However, the tower must be reduced in height to not more than 3 times minimum base dimension.
- After moving and before use, wheels must be locked.

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>Method Statement review</u>	Date: <u>16.05.19</u>
Location: <u>Wembley W03</u>	Start Time: <u>7:30</u>
Duration (Minutes) <u>30min</u>	End Time: <u>8:00</u>
Presenters name: <u>J. GODMAN</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>D. RASCIC</u>	<u>R.C.L</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>R. PRAMA</u>	<u>R.C.L</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>B. G. R. N. A. R. D. S.</u>	<u>R.C.L</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>M. Kowalski</u>	<u>R.C.L</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
5	<u>K. Kowalski</u>	<u>R.C.L</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
6	<u>I. Hayousky</u>	<u>R.C.L</u>	<u>[Signature]</u> <u>17.05.19</u> 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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No. Attended <u>6</u>	Duration <u>30min</u>	Total Time <u>3hours</u>	Employer Reference <u>2453745</u>
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RAPHAEL
CONTRACTING LTD

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. Kulinskis				✓						✓	<i>A. Kulinskis</i>	29.04.19
Bernardo				✓						✓	<i>Bernardo</i>	02.04.19
Bernardo		✓		✓						✓	<i>Bernardo</i>	13.05.19
R. Rama			✓	✓						✓	<i>R. Rama</i>	17.05.19