TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: BENEFITS OF SAFETY (RCL 03)	Date: 29/05/2019
Location: ST PAULS SCHOOL Phase 2	Start Time: 08:00
Duration (Minutes) 30 mins	End Time: 08:30
Presenters name: Jason. Wray	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
D. PISHWALIA	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
D. CONYERS	RAPHAEL CONTRACTING LTD	
H. RAMADIA	RAPHAEL CONTRACTING LTD	
T. BABIANSKAS	FORMWISE WASHROOMS	
A. KRAUJALIS	FORMWISE WASHROOMS	

Grant Claim information

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

No. Attended	Duration	Total Time	Employer Reference
7	30 mins	3 1/2 Hours	2453745

RAPHA CONTRACTING

TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: WELFARE ARRANGEMENTS (RCL 06)	**Date:** 31/05/2019
Location: ST PAULS SCHOOL Phase 2	**Start Time:** 07:30
Duration (Minutes) 30 mins	**End Time:** 08:00
Presenters name: Jason. Wray	**Presenters Signature:**

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. DABASIA	RAPHAEL CONTRACTING LTD	
D. PISHWALIA	RAPHAEL CONTRACTING LTD	
K. JADVA	RAPHAEL CONTRACTING LTD	
S. HIRANI	RAPHAEL CONTRACTING LTD	
H. RAMADIA	RAPHAEL CONTRACTING LTD	
T. BABIANSKAS	FORMWISE WASHROOMS	
A. KRAUJALIS	FORMWISE WASHROOMS	

Grant Claim information

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

No. Attended	Duration	Total Time	Employer Reference
7	30 mins	3 1/2 Hours	2453745

RAPHA CONTRACTING

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: St Pauls School Phase 2

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		
K. JADVA	✓	✓	✓	✓		✓	✓				K Jadva	21/05/19
D. CONYERS				✓		✓	✓				D Conyers	22/05/19
H. RABADIA (NVQ)				✓		✓	✓				H Rabadia	28/05/19
J. RABADIA (NVQ)		✓				✓	✓				J Rabadia	28/05/19

PAGE 1

RAPHAEL
CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	Wembley W03	Site Manager:	J. Godman	Date (w/c):	27/5/19	Method statement (s) (Title, Rev No. & Rev date)	General Carpentry and Joinery Rev. A 22/03/19

Location and description of works:

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday		J. Godman		
Tuesday		J. Godman	28/5/19	ADJUSTING SLIDING DOORS
Wednesday		J. Godman	29/5/19	HOP-UPS
Thursday		J. Godman	30/5/19	FRAMES
Friday		J. Godman	31/5/19	TIMBER TO STAIRS
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
H GORASIA		X	✓	✓	✓	✓			
R RAMA		X	✓	✓	✓	✓			

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

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	Yes	No	N/A
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)		✓	

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Lung Disease Campaign	Date: 31.05.19
Location: Wembley W03	Start Time: 11:30
Duration (Minutes) 30min	End Time: 12:00
Presenters name: A. Kulsinskas	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	Ivan Hayoustyy	RCL	I confirm that I have understood the Tool Box Talk
2	Mateusz Kowalski	R.C.L	I confirm that I have understood the Tool Box Talk
3	Karol Kowalski	R.C.L	I confirm that I have understood the Tool Box Talk
4	Joseph Smith	R.C.L	I confirm that I have understood the Tool Box Talk
5	BERNARDO	RCL	I confirm that I have understood the Tool Box Talk
6	D·RASCICACC	R·C L	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
6	30min.	3hours	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 90 Title: PERSONAL HYGIENE AND PRESENTATION	Date: 31/05/19
Location: WELLINGTON HOUSE	Start Time: 7.30
Duration (Minutes) 30min	End Time: 8.00
Presenters name: S. SOKOLOVIC	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	A. MOTICHANDE	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	P. SINGH	RCL	P. SINGH 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
5	30min	2 1/2 h.	2453745

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

No: 82 Title: CLIMATE CHANGE	Date: 29/05/19
Location: WELLINGTON HOUSE	Start Time: 14 00
Duration (Minutes) 30 min	End Time: 14 30
Presenters name: S. SIKONOVIC	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	A. MOTICHANDE	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	P. SINGH	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	Duration	Total Time	Employer Reference
5	30 min	2 1/2 h.	2453745

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: WELLINGTON HOUSE

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		
S. GAZIJAK						✓				✓		28/05/19
S. SIMONOVIC		✓								✓		30/05/19

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: H&S-UPS	Date: 29/5/19
Location: MAGGIES	Start Time: 8.00
Duration (Minutes) 30 MINS	End Time: 8.30
Presenters name: J GODMAN	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	H GORASIA	RCL	I confirm that I have understood the Tool Box Talk
2	R RANA	RCL	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
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
2	30MINS	1HR	2453745