

[illegible]

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



TRAINING AND DEVELOPMENT PLAN  
**SHORT TRAINING SESSION ATTENDANCE SHEET**

Title: COVID-19-CHANGES TO SITE	Date: 10/06/2020
Location: Hilton Hotel, Woking	Start Time: 12:00
Duration (Minutes) 30mins	End Time: 12:30
Presenters name: J GEDMAN	Presenters Signature: <i>JG</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	ERNEST AMALING	RCL	<i>Amaling</i> I confirm that I have understood the Tool Box Talk
3	MATEUSZ KOWALSKI	R.C.L	<i>Kowalski</i> I confirm that I have understood the Tool Box Talk
4	KAROL KOWALSKI	R.C.L	<i>Kowalski</i> 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
			2453745



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: CONSTRUCTION WASTE MANAGEMENT	Date: 11-06-20
	Start Time: 730
Duration (Minutes) 30	End Time: 800
Presenters name: Kes Kulsinskas	

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. MIRANI	RCL	
S. SIMONOVIC	RCL	
R. RAMIA	RCL	
T. DOMANSKI	RCL	T. DOMANSKI

### 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: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.0	CREATION DATE: LAST REVISION DATE: NEXT REVIEW DATE:	07/02/2013 N/A 07/02/2014	Page 1 of 1
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**RAPHAEL**  
CONTRACTING LTD

## PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: SEBASTIAN STREET

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
K. KULSINSKAJ				✓						✓		02-03-20
H. MANILAL				✓	✓	✓				✓		03-3-2020
N. R. PATIL				✓		✓						12-3-20
S. Simonovic				✓		✓						13-3-20
D. Simonovic				✓		✓						17-3-20
K. KULSINSKAJ		✓		✓		✓				✓		15-4-20
T. DOMANSKI						✓				✓		16-4-20
S. SIMONOVIC						✓				✓		20-4-20
A. KULSINSKAJ						✓				✓		20-4-20
R. RAMA		✓		✓	✓	✓						8-6-20
S. SIMONOVIC				✓		✓						10-6-20

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DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.3	CREATION DATE: LAST REVISION DATE:	07/02/2013 22/11/2018	Page 1 of 1
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## METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS

(METHOD STATEMENTS ISSUED TO ALL PRESENT)

PAGE - 1

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	K. O'Malley	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	D. Mennessy	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	R. R. MUI	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. Patel	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	Joseph Smith	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
6	H. MANILAL	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
7	D. Conyers	27/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
8	BERNARDO	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. Mennessy	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
10	T. DOMANIS	03/02/20		I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: Supervisor

Print Name: K/.Kulsinskas

Date: 15-01-2020

**WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER**

Note on this side any points that have arisen which you may think should be brought to the attention of RCL and complete the attendance list above (add an extra sheet if necessary)





## METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS  
(METHOD STATEMENTS ISSUED TO ALL PRESENT)

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CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	H. GORASIA	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	R. RAMA.	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	S. MIRANI	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	X. R. PATIL	10/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
5				I confirm that I have read and understood the Risk Assessment and Method Statement
6				I confirm that I have read and understood the Risk Assessment and Method Statement
7				I confirm that I have read and understood the Risk Assessment and Method Statement
8				I confirm that I have read and understood the Risk Assessment and Method Statement
9				I confirm that I have read and understood the Risk Assessment and Method Statement
10				I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: SUPERVISOR

Print Name: K. KULSINSKAS

Date: 07/02/2020

### WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER

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## METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS  
(METHOD STATEMENTS ISSUED TO ALL PRESENT)

PAGE - 3

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	D. RASCICIAI	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
2	M. KOWALCZYK	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
3	P. O'DONNAN	17.2.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. KULSINSKAS	18.02.20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	J. SAHOTA	18/02/20		I confirm that I have read and understood the Risk Assessment and Method Statement
6				I confirm that I have read and understood the Risk Assessment and Method Statement
7				I confirm that I have read and understood the Risk Assessment and Method Statement
8				I confirm that I have read and understood the Risk Assessment and Method Statement
9				I confirm that I have read and understood the Risk Assessment and Method Statement
10				I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position:

SUPERVISOR

Print Name: K. KULSINKAS

Date: 17-02-20

### WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER

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# RAPHAEL

## CONTRACTING LTD

**ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS  
(METHOD STATEMENTS ISSUED TO ALL PRESENT)**

CONTRACT:

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS/ITEM
1	A. Kulsinskis	8-4-20		
2	K. KULSINSKAS	-11-		
3	S. SIMONOVIC	-11-		
4	T. DOMANSKI	8-4-20		
5	S. HIRANI	18-05-20		
6	R. RAMA	8-06-20		
7				
8				
9				
10				
11				
12				
13				
14				
15				

Talk No.

Title: RAMS REVIEW (TEMP COVID-19 APPENDUM)

Signed:

Position: SUPERVISOR

Print Name: K. KULSINSKAS

Date: 8-4-20

**WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER**

Note on this side any points that have arisen which you may think should be brought to the attention of RCL and complete the attendance list above (add an extra sheet if necessary)

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