



# 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. KULSINSKAS	8-4-20		
2	K. KULSINSKAS	-11-		
3	S. SIMONOVIC	-11-		
4	T. DOMANSKI	8-4-20		
5	S. MIRANI	18-05-20	S. Mirani	
6	R. RAMA	8-06-20		
7	H. MANIVILAKT	18-06-20		
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)

DOCUMENT REFERENCE:	SIT-FM-004	VERSION NO:	1.0	CREATION DATE:	07/02/2013	
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	N/A	Page 1 of 1
				NEXT REVIEW DATE:	07/02/2014	



## 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. KULSINSKA				✓						✓		02-03-20
H. MANILAL				✓	✓	✓				✓		03-3-2020
N. R. PATIL				✓		✓						12-3-20
S. SIMONOVIC				✓		✓						13-3-20
				✓		✓						17-3-20
K. KULSINSKA			✓	✓		✓				✓		15-4-20
T. DOMANSKI				✓		✓				✓		16-4-20
S. SIMONOVIC						✓				✓		20-4-20
A. KULSINSKA						✓				✓		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)

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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. MAMILAL	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)

DOCUMENT REFERENCE:	SIT-FM-004	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	01/03/2018	



## 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. KULSINSKAS

Date: 17-02-20

### 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)

## Site Manager's Daily Safe Start

Contract:	Sebastian Street	Site Manager:	Dave Sanders	Date (w/c):	15-06-20	Method statement (s) (Title, Rev No. & Rev date)	B
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Location and description of works: FITTING BEL PAVES G.P AND ATRIUM DECK G.P  
L-1 KICK PLATES

### Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	15-06-20	D. Sanders	<i>[Signature]</i>	SAFETY IN SUN
Tuesday	16-06-20	D. Sanders	<i>[Signature]</i>	BENEFITS OF SAFETY
Wednesday	17-06-20	D. Sanders	<i>[Signature]</i>	SITE SIGNAGE
Thursday	18-06-20	D. Sanders	<i>[Signature]</i>	PPE
Friday	19-06-20	K.Kulsinskas	<i>[Signature]</i>	'SAFE STACKING
Saturday				
Sunday				

### Operatives Daily Sign Off

Name	Signature	Operatives Daily Sign Off							Comments
		M	T	W	T	F	S	S	
S.Simonovis	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	
R.Rama	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	
T.Domanski	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	
R.Ramgi	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	
H.Manilal	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	
K.KULSINSKAS	<i>[Signature]</i>	✓	✓	✓	✓	✓	✓	✓	

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: General duties and advice for employees and subcontractors	Date: 17-06-20
Location: SEBASTIAN STREET	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: D.Sanders	Presenters Signature: <i>D Sanders</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	RAMESH RANCI	R.C.L	<i>Ramesh Ranci</i> I confirm that I have understood the Tool Box Talk
2	H. MANI LAL	R.C.L	<i>H. Mani Lal</i> I confirm that I have understood the Tool Box Talk
3	T. DOMANSKI	R.C.L	<i>T. Domanski</i> I confirm that I have understood the Tool Box Talk
4	R. RAMA.	R.C.L	<i>R. Rama.</i> I confirm that I have understood the Tool Box Talk
5	K. KULINSKAS	R.C.L	<i>K. Kulinskas</i> 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
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**Toolbox Talk No.1 GENERAL DUTIES AND ADVICE FOR EMPLOYEES AND SUBCONTRACTORS**

**Q. What are the duties of employees and sub-contractors while at work?**

1. To take reasonable care for the health and safety of himself and other persons who may be affected by his acts or omissions at work. Other persons include the people you work with, other contractors and members of the public.
2. To co-operate with the employer so far as it is necessary to enable their duty or requirement to be performed or complied with.
3. No person shall intentionally or recklessly interfere with or misuse anything provided in the interests of Health, Safety or Welfare in pursuance of any of the relevant statutory provisions.

**Q. Keeping safe on site – what are the DO's and DON'Ts?**

- ✓ DO Study your Company's health and safety policy which explains the arrangements made for your health and safety.
- ✓ DO Wear and/or use protective clothing and/or equipment as instructed when issued for your use.
- ✓ DO Play your part in keeping the site TIDY AND SAFE.
- ✓ DO Watch out for warning notices and OBEY the warnings given
- ✓ DO Always keep alert if you are working in the vicinity of mobile plant.
- ✓ DO Obtain assistance when necessary, or use the appropriate lifting equipment. Lifting heavy objects or materials can cause injury.
- ✓ DO Report any defects or damage to ladders, scaffolding, plant or tools or any other unsafe circumstances, to your foreman at once.
- ✓ DO Report all accidents involving injury, however slight, to your foreman. Details of an accident necessitating first aid treatment should be entered in Raphael's Accident Book.
- ✓ DO Ask your foreman, if you are in doubt about your job
- ✓ DO Discourage children from entering site to help to reduce accidents to them. Construction sites are particularly inviting to young children.
- ✓ DO Stack or store all materials, which would be liable to cause injury if they fall, prevent easy displacement. Temporary but secure and stable racking should be used when appropriate.
- ✗ DON'T Attempt to operate a machine unless you have been trained and authorised to do so.
- ✗ DON'T Ride on machines which have no passenger seat. It is illegal.
- ✗ DON'T Interfere with ladders or alter scaffolding or move boards unless you are properly authorised to do so.
- ✗ DON'T Throw anything from scaffolding or any height. Lower it properly.
- ✗ DON'T Take short cuts, use the access provided.

DOCUMENT REFERENCE: DOCUMENT OWNER:	TOOLBOX TALKS MOB	VERSION NO:	8	CREATION DATE: LAST REVISION DATE:	11/08/2010 10/05/2018	Page 6 of 141
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# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>Material Handling and Housekeeping</u>	Date: <u>19.06.20</u>
Location: <u>KNIGHTSBRIDGE</u>	Start Time: <u>10:00</u>
Duration (Minutes) <u>30min.</u>	End Time: <u>10:30</u>
Presenters name: <u>A. Kulsinskas</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>RAJESH CANACKHI</u>	<u>R.C.L</u>	I confirm that I have understood the Tool Box Talk <u>[Signature]</u>
2	<u>K. O'Malley</u>	<u>R.C.L</u>	I confirm that I have understood the Tool Box Talk <u>[Signature]</u>
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 <u>2</u>	Duration <u>30min</u>	Total Time <u>1 hour</u>	Employer Reference <u>2453745</u>
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DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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**SITE: KNIGHTSBRIDGE**

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