



TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

(B) WORKING IN THE SUN (BHCL TBT 076) 25/06/2020.

Title: **(A) Site + Welfare Cleanliness** Date: 28/05/2020

Location: 29 New End Start Time: 10:30

Duration (Minutes): 15 mins. End Time: 10:45

Presenters name: P. HAUGH Presenters Signature: [Signature]

	Candidate's Name	Name of Employer	Candidate's Signature
1	(A) V. Bokimovicus.	RCL	I confirm that I have understood the Tool Box Talk
2	(A) V. A. LIDZIUS	RCL	I confirm that I have understood the Tool Box Talk
3	(B) WORKING IN THE SUN	RCL BHCL TBT 076	25/06/20 I confirm that I have understood the Tool Box Talk
4	(B) V. Balisovicus.	RCL "	25/06/20 I confirm that I have understood the Tool Box Talk
5	(B) J A LIDZIUS	RCL "	25/06/20 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

Important Claim information

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

Employer Reference
2453745

No. Attended

Duration

Total Time

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	



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. Mennerby	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	BERNARDOS	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. Mennerby	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)

PAGE-2

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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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. KULINSKAS				✓		✓				✓	<i>[Signature]</i>	02-03-20
H. MANILA				✓	✓	✓				✓	<i>[Signature]</i>	03-3-2020
N. R. PATE				✓		✓					<i>[Signature]</i>	12-3-20
S. SIMONOVIC				✓		✓					<i>[Signature]</i>	13-3-20
<i>[Signature]</i>				✓		✓				✓	<i>[Signature]</i>	17-3-20
K. KULINSKAS			✓	✓		✓				✓	<i>[Signature]</i>	15-4-20
I. DOMANSKI						✓				✓	<i>[Signature]</i>	16-4-20
S. SIMONOVIC						✓				✓	<i>[Signature]</i>	20-4-20
A. KULINSKAS						✓				✓	<i>[Signature]</i>	20-4-20
R. RANA			✓	✓		✓					<i>[Signature]</i>	8-6-20
S. SIMONOVIC				✓		✓					<i>[Signature]</i>	10-6-20
H. MANILA				✓		✓					<i>[Signature]</i>	24-6-20



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**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	S. HIRANI	
6	R. RAMA	8-06-20		
7	H. MANIVILAL	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	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	N/A	
				NEXT REVIEW DATE:	07/02/2014	



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Alcohol Based -Hand Sanitiser -Vehicle Fires	Date: 26-06-20
Location: SEBASTIAN STREET	Start Time: 3 :00 pm
Duration (Minutes) 30	End Time: 3:30pm
Presenters name: D.Sanders	Presenters Signature: <i>D Sanders</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	R.Rama <i>Ramca Ramgi</i>	RCL	I confirm that I have understood the Tool Box Talk
2	R.Ramgi <i>R. RAMA</i>	RCL	I confirm that I have understood the Tool Box Talk
3	T.Domanski <i>[Signature]</i>	RCL	I confirm that I have understood the Tool Box Talk
4	H.Manilal <i>[Signature]</i>	RCL	I confirm that I have understood the Tool Box Talk
5	K.Kulsinskas <i>[Signature]</i>	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
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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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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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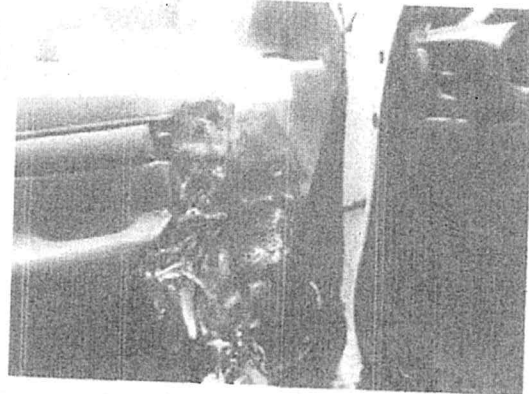


Health, Safety and Wellbeing **Safety Quick Share**

Alcohol-Based Hand Sanitiser – Vehicle Fires

This quick share is to alert all colleagues to the potential fire risk in vehicles, caused by alcohol-based hand sanitiser. We have received a number of reports of hand sanitiser being the cause of fires when left in vehicles in the hot weather the UK is currently experiencing.

The alcohol hand sanitiser is becoming heated resulting in flammable vapours being released. These vapours are reaching their 'flashpoint' and then ignite in normal air conditions, setting fire to flammable components within the car.



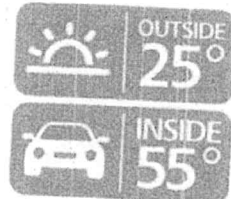
This picture shows damage to a car as result of hand sanitiser fire

Product Details

All alcohol-based hand sanitiser products

What you need to do

Remove all alcohol-based hand sanitiser products from vehicles when they are not occupied, do not leave hand sanitiser in un-attended vehicles.



You should continue to use hand sanitiser as part of your hygiene routine where you cannot use soap & water.

Remember: hand hygiene is one of the most effective methods to stop the spread of COVID-19 following indirect contact (picking up the virus up by touching contaminated surfaces and objects).

For more information, please speak to your Regional Health and Safety Specialist.

Incident Update Reference:

HSW/QUICKSHARE/011 Date of issue: 26/05/2020

Document Owner: H&S Team

Review date: N/A

Approved by Head of Safety, Strategy and Policy






Version 1.0

Site Manager's Daily Safe Start

Contract:	Sebastian Street	Site Manager:	D.Sanders	Date (w/c):	22-06-20	Method statement (s) (Title, Rev No. & Rev date)	B
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Location and description of works: Fitting BCL panels and atrium desk GF.

Site Manager's Daily Sign Off

Hot Topics of the Day (the main points you discussed)			
Date	Name	Signature	
Monday 22-06-20	D.Sanders		PPE
Tuesday 23-06-20	K.Kuilsinkas		Fire exits
Wednesday 24-06-20	D.Sanders		Work station
Thursday 25-06-20	D.Sanders		Green walkways
Friday 26-06-20	D.Sanders		Hop ups
Saturday			
Sunday			

Operatives Daily Sign Off

[illegible]

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



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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>Safety in the sun.</u>	Date: <u>24.06.20</u>
Location: <u>Plumstead Library</u>	Start Time: <u>10:30</u>
Duration (Minutes) <u>30min</u>	End Time: <u>11:00</u>
Presenters name: <u>A. Kulsinkas</u>	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>K. O'Malley</u>	<u>RCL</u>	 I confirm that I have understood the Tool Box Talk
2	<u>R. CANACRAI</u>	<u>R.C.L</u>	 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
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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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SITE: HILTON HOTEL, WOKING

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RAPHA

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: COVID-19 – Things you need to know information	Date: 23/06/2020
Location: Hilton Hotel, Victoria Square, Woking	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. GODMAN	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
K. KOWALSKI	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
M. KOWALSKI	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk

Grant Claim information

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

No. Attended 3	Duration 30 mins	Total Time 1 ½ hours	Employer Reference 2453745
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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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COVID-19 – Things you need to know information

Introduction:

This document has been put together to ensure that you are aware of some important project specific information relating to COVID-19 before you arrive on site.

Project Name – Victoria Square Woking

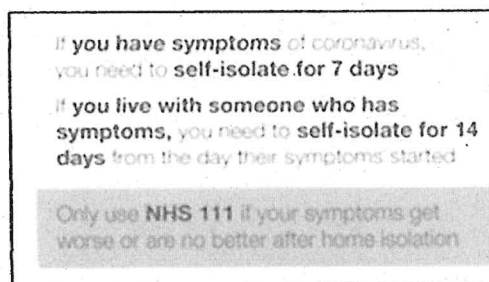
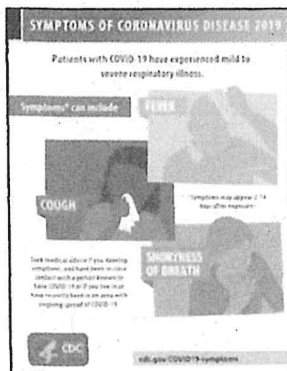
Date – 23/06/2020

COVID-19 Specific Controls:

- We have specific control measures in place on all of our projects to ensure we fully comply with government guidelines and the Site Operating Procedures produced by the Construction Leadership Council.

Your health:

- If you have symptoms of Coronavirus you must not come to work. Stay home and self-isolate.



Travel to site:

- You should avoid using public transport wherever possible
- If public transport is being used please try to travel avoiding busy times
- Do not travel in groups
- Hand sanitiser is available and must be used at site entrance / exit points
- Car parking areas on and near this project are - The Peacock Multi-storey car park/ Woking sports centre

- Cycle storage areas on and near this project are on site

Social Distancing:

- You must maintain 2 metres from others during this pandemic. It is important that you comply with project requirements when you arrive.

Hygiene:

- You must comply with project hygiene arrangements which will be briefed to you at induction
- Re-usable PPE and work clothes must be washed regularly.
- Make sure you have a spare set of clothes and do not wear work clothes home.

Eating arrangements:

- This project has a serviced canteen
- The canteen is only permitted to serve pre-prepared and wrapped food only (delete as appropriate)
- Free tea & coffee
- Take away options are available

Non-Compliance:

- Due to the importance of everyone complying with our project COVID-19 specific control measures, persons that do not comply will be removed from site immediately.

Further information:

- If you require any additional information, please contact your employer.

Thank you.

Jason Wray
Project Manager



RAPHA

CONTRACTING

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ALCOHOL-BASED HAND SANITISER – VEHICLE FIRES	Date: 25/06/2020
Location: Hilton Hotel, Victoria Square, Woking	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. GODMAN	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
K. KOWALSKI	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
M. KOWALSKI	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk

Grant Claim information

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

No. Attended 3	Duration 30 mins	Total Time 1 ½ hours	Employer Reference 2453745
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Health, Safety and Wellbeing

Safety Quick Share

Alcohol-Based Hand Sanitiser – Vehicle Fires

This quick share is to alert all colleagues to the potential fire risk in vehicles, caused by alcohol-based hand sanitiser. We have received a number of reports of hand sanitiser being the cause of fires when left in vehicles in the hot weather the UK is currently experiencing.

The alcohol hand sanitiser is becoming heated resulting in flammable vapours being released. These vapours are reaching their 'flashpoint' and then ignite in normal air conditions, setting fire to flammable components within the car.



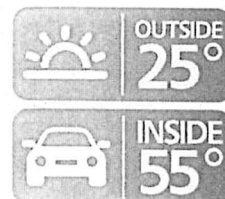
This picture shows damage to a car as result of hand sanitiser fire

Product Details

All alcohol-based hand sanitiser products

What you need to do

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You should continue to use hand sanitiser as part of your hygiene routine where you cannot use soap & water.

Remember: hand hygiene is one of the most effective methods to stop the spread of COVID-19 following indirect contact (picking up the virus up by touching contaminated surfaces and objects).

For more information, please speak to your Regional Health and Safety Specialist.

Incident Update Reference:

HSW/QUICKSHARE/011

Date of issue: 26/05/2020

Review date: N/A

Document Owner: H&S Team

Approved by Head of Safety, Strategy and Policy

Version 1.0