



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

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		
I. Todorov	✓	✓		✓		✓	✓				<i>I. Todorov</i>	21/09/20
N. Kovachev						✓	✓				<i>N. Kovachev</i>	21/09/20
J. SMITH		✓					✓				<i>J. Smith</i>	29/09/20
E. AMANING		✓					✓				<i>E. Amanning</i>	29/09/20
Robert Dick	✓		✓				✓				<i>Robert Dick</i>	2.10.20
H. MARKILL				✓			✓				<i>H. Markill</i>	5/10/20
R. CORNACIARI	✓	✓	✓	✓		✓	✓				<i>R. Cornaciar</i>	5/10/20
R. DICK						✓	✓				<i>R. Dick</i>	06/10/20
J. SMITH		✓						✓			<i>J. Smith</i>	19/10/20



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: How to Manage Persons with "Symptoms or a "Positive Test" for COVID-19 Coronavirus	Date: 20/10/2020
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 08:30
Duration (Minutes) 30 mins	End Time: 09:00
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
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
H. MANILAL	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
R. CANERIA	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
K. KULSINSKAS	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
E. AMANING	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
J. SMITH	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
M. ROBINSON	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
R. DICK	Raphael Contracting Ltd / Rec Serv Ltd	 I Confirm that I have understood the Toolbox Talk
M. HERBERT	Raphael Contracting Ltd / 18 Recruitment	 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 10	Duration 30 mins	Total Time 5 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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How to Manage Persons with 'Symptoms' or a 'Positive Test' for COVID-19 Coronavirus

If any member(s) of your workforce....

- Tests Positive for COVID-19
- Displays Symptoms of COVID-19
- Is requested to isolate by NHS Test and Trace
- Lives in the same household as somebody who displays symptoms or has tested positive



Do not immediately send your entire workforce home as a precaution



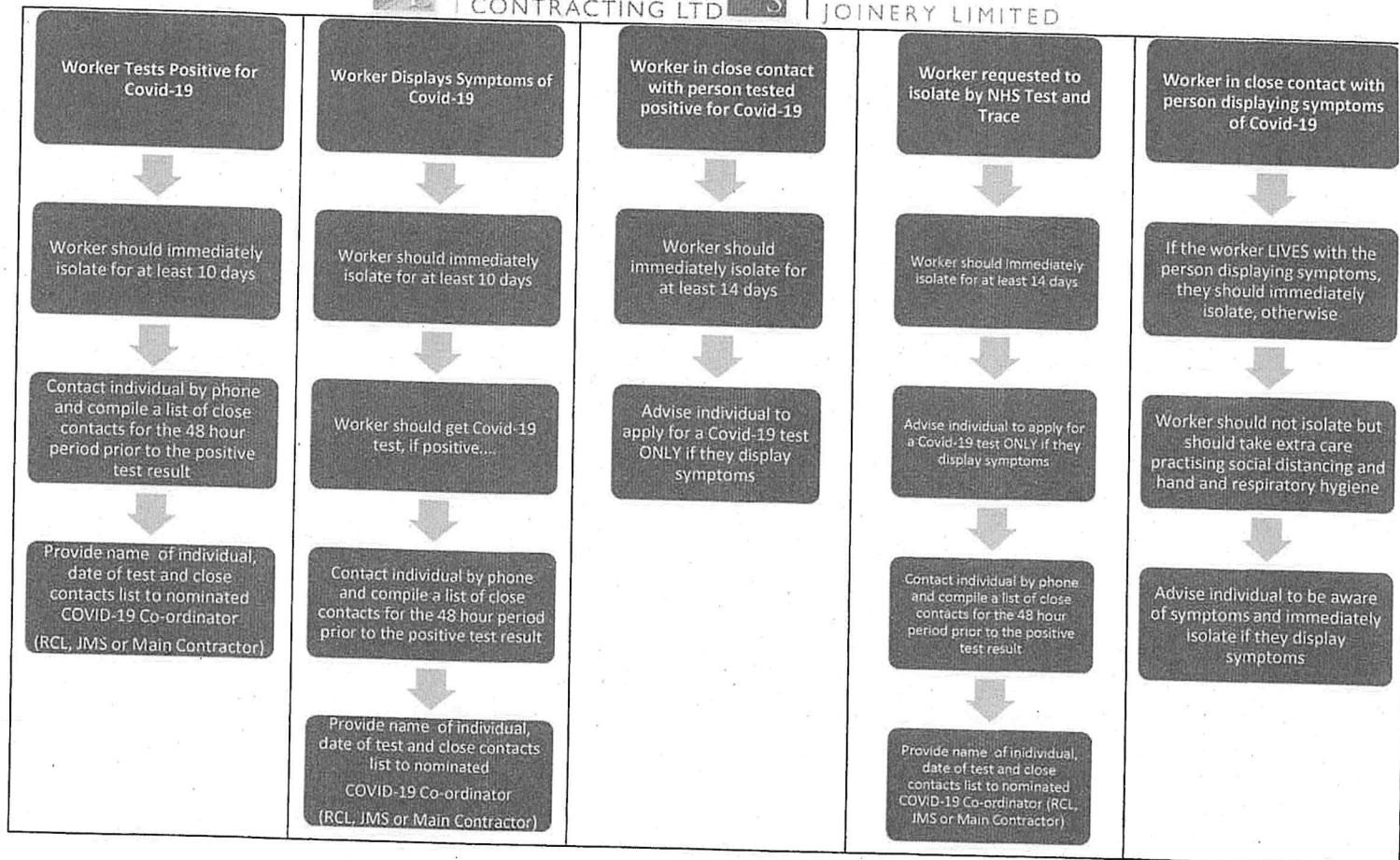
Do not request any member (s) of your workforce to obtain a Covid-19 test when they do not display symptoms

Close contacts are defined as:

- People who spend significant time in the same household as a person who has tested positive for COVID-19.
- A person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - o being coughed on,
 - o having a face-to-face conversation within one metre
 - o having skin-to-skin physical contact, or
 - o contact within one metre for one minute or longer without face-to-face contact
- A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes.
- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle near someone who has tested positive for COVID-19.

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

Follow the guidance below for the correct course of action ↓





RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: PERMIT TO ENTER GUESTROOMS	Date: 22/10/2020
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 16:30
Duration (Minutes) 30 mins	End Time: 17:00
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
J. SMITH	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox
E. AMANING	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox
R. DICK	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox

Grant Claim information

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

No. Attended 5	Duration 30 mins	Total Time 2 ½ hours	Employer Reference 2453745
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Tool Box Talk - Permit to Enter - Guestrooms

Now that areas of the Hotel are close to completion it is critical we carry out our essential works in a careful and controlled way with full respect to the efforts of colleagues and preceeding trades.

Control and access of these finished areas will now be by way of Permit to Enter managed by Clipfine.

If an Operative wishes to gain access to inspect or carry out works in the Guestrooms, the following process is to be undertaken;

- Liaise with security guard on respective floor between 0800 – 0830 that morning.
- Request permit to enter and fill out the form, (attached for review).
- Operative will sign out a key(s) for rooms on a floor, the condition of the room will be agreed with security on opening and closing the permit and any damages / missing items will be recorded on the permit form.
- The operative will then take FULL responsibility for that room(s) for the duration the permit is open. At the end of each working day the permit will be closed and key handed back.

Guestroom - Permit to Enter

Room Number:

Request to access

Name:

Date:

Time:

Company:

Works to undertake:

Declaration

Approval of the form and subsequent issue of key is based on the understanding the requesting individual / Company takes on responsibility for the room in its agreed state for the duration the key is signed out. Key to be returned and permit closed on same day

Please identify any points on the condition of the room on the reverse of the permit, to be signed by Operative and Counter signed by Security

Signature of requesting individual

Key return declaration

No damages / items missing from the issuing of the permit identified:

Signed by Operative handing back key:

Signed by Security guard:

Please note, If there are any changes in the condition of the room from Permit issue, these points are to be recorded on the reverse of form and SRM notified immediately.



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>ELECTRICITY ON SITE.</u>	Date: <u>21-10-20</u>
Location: <u>KNIGHTSBRIDGE</u>	Start Time: <u>10.30</u>
Duration (Minutes) <u>30 mins.</u>	End Time: <u>11.00</u>
Presenters name: <u>G. Dunn.</u>	Presenters Signature: <u>[Signature]</u>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>A. LIOZIUŠ</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
2	<u>K. O'Malley</u>	<u>RCL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
3	<u>V. BALIULEVICIUS</u>	<u>RAPHAEL</u>	<u>[Signature]</u> I confirm that I have understood the Tool Box Talk
4	<u>A. Kulsinskas</u>	<u>RCL</u>	<u>[Signature]</u> 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

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No. Attended	Duration	Total Time	Employer Reference 2453745
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