

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

		7.50			EAR	1	REAS	ON FOR IS	REASON FOR ISSUE / REISSUE	3		· ·
OPERATIVE NAME	HARD	GLASSES	HI-VIS VEST	GLOVES	S/ PLUGS	MASK FFP3	New	Lost	Tear Damaged	Wear and	SIGNATURE	DATE
1, Todoral		/		\		>	/					21/09/20
N- hovacher	×		ж	×	Q.	>	/	E a	:		Jour	21/09/20
J.SMITH	i	>			-		>				(TOWNER)	24/64/20
E. AMANING					-		>	Į.	1		Amoup,	29/09/20
Red Die		/	7				7			19	Laget Lil	2.10.2
H.MANILON				1			7			/	A Company	5/40/20
R CONCINCI	/	7	7	7		>	, >				Kon	5/10/20
R. DICK	*0 *2 *5			x 3		>	>			K	est the	06/10/20
5. SMM14		>						>			F. Fringall	19/10/20
ROMENT BICK			D I		ž	>		-		1	200-Bill	20/10/20
R.CANKAI				>		1		`\		le ,	Porten	02/11/20
R. DICK	g is x			>	*				7	1	des Dil	04/11/20
J. FLUNIS					*			\	8.		A	p2/111/3p



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: WASTE SEGREGATION.	Date: 03 -11-20
Location: Knightsbridge	Start Time: //- 0 0
Duration (Minutes) 30min	End Time: //.30
Presenters name: G.Buck	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	V. BALIULEVICIUS	RAPHAEL	I confirm that I have understood the Tool Box Talk
2	K. OMalley A. Kulsinskas	RCL.	I confirm that Lhave ynderstood the Tool Box Talk
3	A. Kulsinskas	RCL	I confirm that 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
1.2			I confirm that I have understood the Tool Box Talk
13			I confirm that I have understood the Tool Box Talk
14			
15			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk

Grant Claim information

	AND RESIDENCE OF THE PARTY OF T		1 1	and management
Make Claims can only	he made for you	ir employees or	labour-only	sub-contractors
Note: Claims can only	De made for you	il cilibia less ci	mananyihaksanyihaksan	and the second s

No. Attended

Duration

Total Time

Employer Reference 2453745

DOCUMENT REFERENCE: DOCUMENT OWNER: SIT-FM-007

VERSION NO:

1.1 CREATION DATE: LAST REVISION DATE: 07/02/2013 01/03/2018

Page 1 of 1



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: 03/11/2020
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 10:30
Duration (Minutes) 30 mins	End Time: 11:00
Presenters name: Jason Wray	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature	
I. KOVACH	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	AMONING I Confirm that I have understood the Toolbox Talk	
J. SMITH	Raphael Contracting Ltd	J. SwWW, I Confirm that I have understood the Toolbox Talk	
R. CANCRAI	Raphael Contracting Ltd	I Confirm Unit Shark anderstood the Toolbox Talk	
H. MANILAL	Raphael Contracting Ltd	I confirm that have understood the Toolbox Talk	
A. LIDZIUS	Raphael Contracting Ltd	1 Confirm that I have understood the Toolbox Talk	
R. DICK	Raphael Contracting Ltd / Rec Serv Ltd	Réal Dah	
I.E. DARESCU	Raphael Contracting Ltd / Rec Serv Ltd	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	Duration	Total Time	Employer Reference
9	30 mins	4 1/2 hours	2453745
1947 (1977) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987)	gar / 2007, har / 201 /	de a secare	(1857 187 187 187 187 187 187 187 187 187 18

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
--	-------------------	-------------	-----	--	---------------------------------	-------------



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
- X 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
- 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 \



COVID-19 Managing Symptoms or Postiive Test OCT 20

RAPHAELMSPECALST CONTRACTING LTD

OINERY LIMITED

Worker Tests Positive for Covid-19

Worker Displays Symptoms of Covid-19



Worker should immediately isolate for at least 10 days

Worker should immediately

isolate for at least 10 days



Worker should get Covid-19 test, if positive....

Contact individual by phone

and compile a list of close contacts for the 48 hour period prior to the positive

test result



contacts for the 48 hour period prior to the positive test result Contact individual by phone and compile a list of close



RCL, JMS or Main Contractor)

Provide name of individual

date of test and close

contacts list to nominated COVID-19 Co-ordinator

date of test and close contacts (RCL, JMS or Main Contractor) Provide name of individual, COVID-19 Co-ordinator list to nominated

Worker in close contact positive for Covid-19 with person tested



Norker should immediately isolate for at least 14 days

immediately isolate for

Worker should

at least 14 days



Advise individual to apply for a Covid-19 test ONLY if they display symptoms

apply for a Covid-19 test

ONLY if they display

symptoms

Advise individual to



Contact individual by phone period prior to the positive and compile a list of close contacts for the 48 hour test result



COVID-19 Co-ordinator (RCL, Provide name of inidividual JMS or Main Contractor) date of test and close

person displaying symptoms Worker in close contact with

isolate by NHS Test and

Worker requested to



person displaying symptoms, If the worker LIVES with the they should immediately isolate, otherwise



practising social distancing and Worker should not isolate but hand and respiratory hygiene should take extra care



of symptoms and immediately Advise individual to be aware isolate if they display symptoms



