



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>P.P.E / FACE COVERINGS</u>	Date: <u>19-01-21</u>
Location: <u>Knightsbridge</u>	Start Time: <u>13.30</u>
Duration (Minutes) <u>30min</u>	End Time: <u>14.00</u>
Presenters name: <u>G. Buck</u>	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>S. HIRANI</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
2	<u>K. O'Malley</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
3	<u>V. BPLIULEVICIUS</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
4	<u>A. Lidzius</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
5	<u>S. Simonovic</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
6	<u>G. DIACONU</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
7	<u>I. Neagu</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
8	<u>G. ZABITA</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
9	<u>L. ZABITA</u>	<u>R.C.L.</u>	 I confirm that I have understood the Tool Box Talk
10	<u>RAJ CANACEAI</u>	<u>R.C.L.</u>	 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

Version No

1.1

CREATION DATE:

07/02/2013

LAST REVISION DATE:

01/03/2018

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**SITE: HILTON HOTEL, WOKING**

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# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

<b>Title:</b> (SRM) – SITE SECURITY & BAG CHECKS / TOOL MOVEMENT FORM	<b>Date:</b> 18/01/2020
<b>Location:</b> Hilton Hotel, Victoria Square, Woking	<b>Start Time:</b> 07:30
<b>Duration (Minutes)</b> 30 mins	<b>End Time:</b> 08:00
<b>Presenters name:</b> Jason Wray	<b>Presenters Signature:</b>

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
J. SMITH	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
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
C. CASEY	Raphael Contracting Ltd / Rec Serv Ltd	 I Confirm that I have understood the Toolbox Talk
D. BUCKNOR	Raphael Contracting Ltd / CRS Agency	 I Confirm that I have understood the Toolbox Talk
A. HUNT	Raphael Contracting Ltd / CRS Agency	 I Confirm that I have understood the Toolbox Talk
A. KHIARI	Raphael Contracting Ltd / CR Agency	 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

<b>No. Attended</b> 8	<b>Duration</b> 30 mins	<b>Total Time</b> 4 hours	<b>Employer Reference</b> 2453745
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Victoria Square Woking  
SITE SECURITY BAG CHECKS

Please be aware that if anyone is challenged by the site security team to check your bags you **MUST** comply.

Security will request a bag to be opened so they can view the contents, at no point will the contents of the bag be touched by security staff.

The reason we have this procedure on the project is to reduce and curtail theft of materials and tools from site.

*A MOVEMENT OF TOOLS FORM WILL BE REQUIRED TO REMOVE TOOLS FROM SITE  
(SEE SAMPLE ATTACHED)*

Thank you  
Eddie Gearing

Proudly building Britain's future heritage

Sir Robert  
**McALPINE**

## MSF-8.11.17

**GROUP OF COMPANIES**

MSF-8.11.17  
Uncontrolled when printed



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: RCL 64 – SAFE USE OF PASLODE GUNS	Date: 21/01/2021
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 08:00
Duration (Minutes) 30 mins	End Time: 08:30
Presenters name: James Godman	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
J. SMITH	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
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
C. CASEY	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
A. KHIARI	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
C. NEWELL	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
I. PETREAN	Raphael Contracting Ltd	 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 7	Duration 30 mins	Total Time 3 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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**Toolbox Talk No. 64 SAFE USE OF PASLODE GUNS (1) - OVERVIEW, PREPARATION AND OPERATION**

## **An Overview of the Paslode Cordless Framing Nailer**

### **Description**

The Paslode Cordless Framing Nailer is a self-contained, fully portable nailer that uses liquid hydrocarbon fuel to power a unique linear drive internal combustion motor.

In order for you to fully understand the information contained in this manual, you need a basic understanding of the Cordless Framing Nailer. As you can see in the illustration below, the Cordless Framing Nailer is made up of two separable assemblies: handle and motor.

As you examine the Cordless Framing Nailer, become familiar with the two major assemblies and the various components located in each of them.

The **Handle Assembly** contains the fuel cell, battery indicator light, magazine, follower, lockout, shear blocks and trigger.

The **Motor Assembly** contains the cover and filter, the motor housing, the nose, and the work contacting element.

#### **NOTE: Altitude Restriction**

Paslode Cordless tools are powered by an internal combustion engine and are effected by altitude. The tool may lose power or not cycle consistently at elevations of 4000 feet or greater.

### **Specifications**

**Dimensions:** Weight (with battery) 7.3 pounds  
Height 14 1/2 inches  
Length 12 inches

**Cycle Rate:** Intermittent Operation – 2 to 3 nails per second

**NOTE:** Exceeding these rates could cause tool to overheat, resulting in loss of performance or damage to tool components.

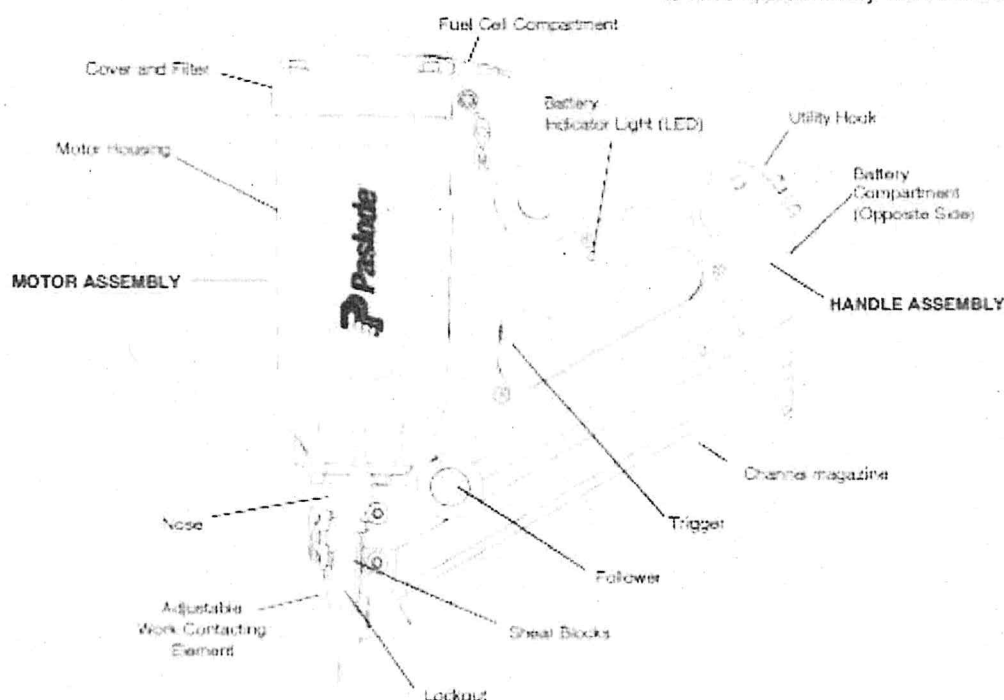
By using the Paslode Cordless Framing Nailer at its recommended cycle rate, you will be able to drive several thousand nails in a typical workday.

**Fasteners:** 30" paper tape collation  
Minimum 2 inch x .113 diameter shank  
Maximum 3-1/4 inch x .131 diameter shank

**Magazine Capacity:** 1 nail strip + 5 fasteners.

**Battery :** 6 volts DC - Provides enough energy to drive approximately 4000 fasteners on a full charge

**Fuel Cell:** Red fuel cell (1 32 oz) Part No. 816000  
Liquid hydrocarbon - Provides enough fuel to drive approximately 1200 fasteners.







## **Preparing the Paslode Cordless Framing Nailer for Use**

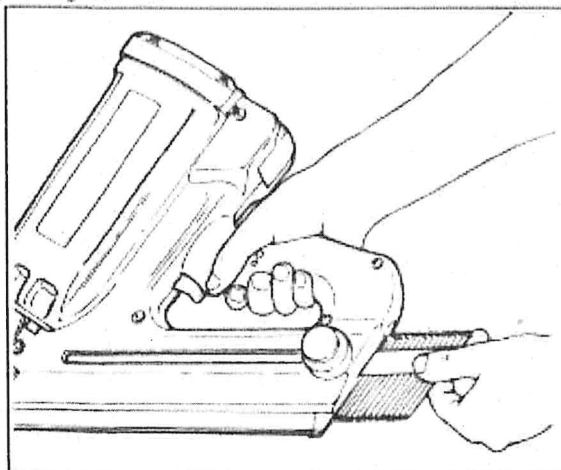
### **Fasteners**

The Paslode Cordless Framing Nailer drives Paslode clipped-head nails and RoundDrive® nails, which have been collated into strips. The use of nails that do not meet Paslode standards could cause tool damage and void your warranty. Paslode nail sizes and types are illustrated in the Fasteners and Applications section.

### **Loading Fasteners**

**STEP 1:** To load, pull the follower handle back to the rear lock position (button will pop out).

**STEP 2:** Insert a strip of nails and release follower by pushing on button.



There is a reload indicator on follower and tool. A full strip can be loaded in this area as shown above.

### **Lockout Feature**

The purpose of this feature is to prevent needless blank cycling which could waste fuel and damage tool components. Five (5) nails will be left in the magazine when the follower reaches the lockout area. The indicator arrow shows that you can reload. It does not indicate that the Cordless Framing Nailer is empty. Because of a lockout feature in the Cordless Framing Nailer it will not operate when the nail supply in the tool is less than six (6) nails.

### **Paslode Cordless Framing Nailer and Outdoor Weather**

Use the Cordless Framing Nailer outdoors, in clear weather, when the nailer, fuel cell, and battery are between 20°F (-7°C) and 120°F (49°C).

#### **HOT WEATHER OPERATION**

The Cordless Framing Nailer requires cooling of the motor assembly to operate properly. The fan normally provides the necessary air flow to permit continuous operation. Whenever the Cordless Framing Nailer is idle for extended periods, keep the fuel and tool out of direct sunlight and in surroundings where temperatures will not exceed 120°F (49°C). After extended periods of continuous use, it may be necessary to cool the motor by setting tool aside for 10-15 minutes or until the tool operates normally. An overheated tool may not drive nails completely or may operate erratically.

#### **COLD WEATHER OPERATION**

Fuel cells at cold temperatures lose the required propellant force. Bring the tool, battery, and fuel cell above minimum operating temperature without direct exposure to flame, and check the battery.



### **CAUTION**

The Cordless Framing Nailer should not be used in the rain or where excessive moisture is present. The use of the Paslode Cordless Technology under these conditions may result in damage to tool components and cause tool to malfunction.





**SITE: NEW BOND STREET**

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# RAPHAEL

## CONTRACTING LTD

### METHOD STATEMENT INDUCTION

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

CONTRACT:	NEW BOND STREET	MS REF:	
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	Dean Conyers	18/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
2	WARRIS ZANDBERGS	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
3	YURIY HEDYMA	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
4				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

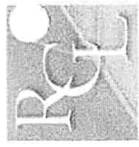
Print Name: K. KULSINSKAS

Date: 14-01-21

**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
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## PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDERS / PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
A. KIHARI						10X SURGICAL	✓				<i>[Signature]</i>	18/01/21
J. SMITH				✓			✓			✓	<i>[Signature]</i>	19/01/21
C. NEWELL						10X SURGICAL	✓				<i>[Signature]</i>	19/01/21
I. PETREAN						10X SURGICAL	✓				<i>[Signature]</i>	19/01/21





# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: HOP - UPS	Date: 20-01-21
Location: New Bond Street	Start Time: 730
Duration (Minutes) 30	End Time: 800
Presenters name: K.KULSINSKAS	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	D Conyers	RCL	I confirm that I have understood the Tool Box Talk <i>[Signature]</i>
2			I confirm that I have understood the Tool Box Talk
3			I confirm that I have understood the Tool Box Talk
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# PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

**SITE: NEW BOND STREET**

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2	WILLIS ZANDBERG S	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
3	Yuriy Huchyn	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
4				I confirm that I have read and understood the Risk Assessment and Method Statement
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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.KULSKINSKAS Date: 14-01-21

**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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