

Title: P.P.E / FACE COLORINES	Date: 19-01-21
Location: Knightsbridge	Start Time: 13-30
Duration (Minutes) 30min	End Time: 14,00
Presenters name: G.Buck	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	S. HIRANI	R.C.L.	I confirm that I have understood the Tool Box Talk
2	Ko'Malley	RCL:	I confirm that I have understood the Tool Box Talk
3	V. BALIULEVICIUS	RCL	I confirm that I have understood the Tool Box Talk
4	A. Lidzius	R-CL.	I confirm that I have understood the Tool Box Talk
5	S- Simonovic	RCL.	Confirm that I have understood the Tool Box Talk
6	G. Diaconu	RCL	Feorgraph that have understood the Tool Box Talk
7	1 Neagn	RC/	I confirm that I have understood the Tool Box Talk
8	G. ZABITA	R.C.L	I confirm that I have understood the Tool Box Talk
9 /	L. ZABITA	R.C.L	I confirm that have understood the Tool Box Talk
0	RAJ CANACRAÍ	R.C.L	confirm that have understood the Tool Box Talk
1			
2			I confirm that I have understood the Tool Box Talk
3			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk

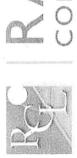
Grant Claim information

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

No. Attended Duration Total Time Employer Reference 2453745

Page 1 of 1

CREATION DATE: 07/02/2013 01/03/2018



RAPING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER SITE: HILTON HOTEL, WOKING

	2	21												
	DATE	18/01/21	19/01/21	49/61/21	19/0/21	,	2	(3) (4)	j					
	SIGNATURE	Clirk	Thompson		N								9	×
SUE /	Wear and Tear		/											4
REASON FOR ISSUE / REISSUE	Damaged													
ASON	Lost													
R.	New	7	1	>	1									
	DUST MASK FFP3	10 X 50.84191		SORGIC Sorgic	ड इन्हर इन्हर									
EAB	DEFENDERS / PLUGS	1												PAGE 4
,	GLOVES		>									,		P
7	HI-VIZ VEST			2		9								(35.4)
	SAFETY GLASSES			700									2 4	-
	HARD										1			
	OPERATIVE NAME	A. KHIARI	KIN V	C Newell	1 PETREAN	1								

Page 1 of 1

07/02/2013 04/02/2016

CREATION DATE: LAST REVISION DATE:

1.1

VERSION NO:

SIT-FM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:



Title: (SRM) - SITE SECURITY & BAG CHECKS / TOOL MOVEMENT FORM	Date: 18/01/2020
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	TConfirm 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	AMOUNTS I Confirm that I have understood the Toolbox Talk
B. RAMCHANDE	Raphael Contracting Ltd	1 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

No. Attended	Duration	Total Time	Employer Reference 2453745
8	30 mins	4 hours	
			HOMEN STREET

DOCUMENT REFERENCE: SIT-FM-007 DOCUMENT OWNER: 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
---	-------------	-----	--	---------------------------------	-------------

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 DE REDUIRED 15 REMOVE TOOLS FROM SITE -. .

Thank you Eddie Gearing Sir Robert MCALPINE

Proudly building Britain's future heritage

MOVEMENT OF TOOLS & MATERIALS AUTHORISATION FORM MSF-8.11.17



Name of o	contracto	r:		
Surname:	WRAY		Forename(s):	JASON
Package :	and Cont	ractor		
	7340 - C	General Joinery (Hotel)	- Rapha	el Contracting Ltd
		Hílton Hote	el, Victoria S	quare, Woking
Supervisor's	name:	James Godman - Site 1	Manager /	Jason Wray - Project Manager
Direct emplo		Raphael Contracting L		0 0
Mobile numb	per:	James Godman - 0796	8 013057	/Jason Wray - 07968 011650
Authorised	to			
Name:		A. N. Other	NAME OF TAXABLE PARTY O	
Company / A	Agency	Raphael Contracting Li	td	
Trade:		Carpenter'		
Articles to be	e removed:		* ' \	
		SAMPLE		
			, , , , , , , , , , , , , , , , , , ,	
		3		
From Coto		Tredectión, cita canusi	tu Evít	
From Gate: Signature:		Pedestrian Site Securit	iy exa	
Date of exit		Jason Wray 15/01/2021		Time of exit: 07:30
Security us	WANTED STREET	10/01/2021		, mile of other lands
Company s			Name :	
Company o		* * *	Name:	
,			Signed:	
			Position:	
2			Date:	
= ×			Time:	
			Time.	



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	Jamush 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 Thave understood the Toolbox Talk
I.PETREAN	Raphael Contracting Ltd	I Configur 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
7	30 mins	3 ½ hours	2453745
*		2	

DOCUMENT REFERENCE:	SIT-FM-007	VERSION NO:	1.0	CREATION DATE: LAST REVISION DATE:	07/02/2013 N/A	Page 1 of 1
DOCUMENT OWNER:	DAS	VERSION NO.	1.0	NEXT REVIEW DATE:	07/02/2014	





Toolbox Talk No. 64 SAFE USE OF PASLODE GUNS (1) - OVERVIEW, PREPARATION AND OPERATION

An Overview of the Paslode Cordless Framing Nailer

Description

The Pasiode Cordiess 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 Cordiess 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

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

Specifications

Dimensions: Weight(with pattery) 7.3 pounds

Height 14 1/2 inches Length 12 inches

Cycle Rate: Int

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 Cordiess 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

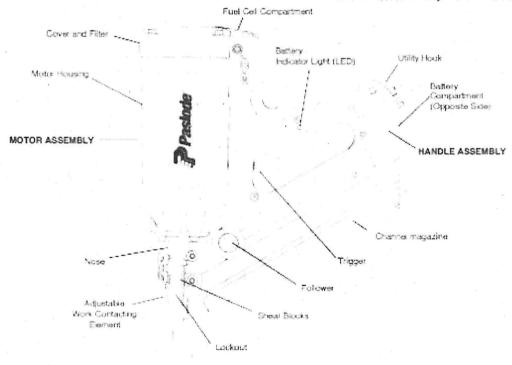
drive approximately 4000 fasteners on a full

charge

Fuel Cell

Red fuel cell (1.32 oz) Part No. 816000 Liquid hydrocarbon - Provides enough fuel

to drive approximately 1200 fasteners.



DOCUMENT REFERENCE: DOCUMENT OWNER:

4

TOOLBOX TALKS MOB

VERSION NO:

CREATION DATE: LAST REVISION DATE:

8

11/08/2010 10/05/2018

Page 91 of 141





Preparing the Paslode Cordless Framing Nailer for Use

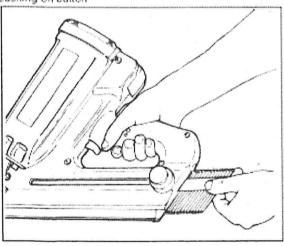
Fasteners

The Pasiode Cordiess Framing Nailer drives Pasiode clipped-head nails and RounDrive®nails, which have been collated into strips. The use of nails that do not meet Pasiode standards could cause tool damage and void your warranty Pasiode 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 naif supply in the tool is less than six (6) nails

Pasiode Cordiess 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.



A CAUTION

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



RAPHA DL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

EET
STREE
BOND
NEW
SITE:

					EAR		REA	SON F	REASON FOR ISSUE	ш	1
		CAEETV			DECENDED			/ KEISSUE	NGE NGE	7	
OPERATIVE NAME	HARD	GLASSES	HI-VIS VEST	GLOVES	s/ PLUGS	MASK FFP3	New	Lost	Tear	SIGNATURE	DATE
K.KING INSKAS		>		>					>	1 Stall	18/01/21
(ON 167 >							7			Sall Co	18/01/21
VIIIIS ZAVOBERGS			7	7			>		-	May	12/10/52
lupiy Hadyma		7	>	>			>			c calls	25/01/21
	*	*							-		
		,		r		2					- 2
							,				
				- 2					+		
						(a 8' (a			+		
				\					- 1		K
			2		2				\dashv		
		2									

Page -

Page 1 of 1

07/02/2013 22/11/2018

CREATION DATE: LAST REVISION DATE:

1.3

VERSION NO:

SIT-FM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:



METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS

(METHOD STATEMENTS ISSUED TO ALL PRESENT)

MS REF:

0		- v - E		
a i	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	Dean Conyers	18/01/21	De	I confirm that I have read and understood the Risk Assessment and Method Statement
2	LARLIS ZANDIBERGS	25/01/21	Talle	I confirm that I have read and understood the Risk Assessment and Method Statement
3	Year'y Huchy	111a 25/01/21	ceff	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	3			I confirm that I have read and understood the Risk Assessment and Method Statement
7		2		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

Signed:

9

1

0

CONTRACT:

NEW BOND STREET

Position: SUPERVISOR

I confirm that I have read and understood the Risk Assessment

understood the Risk Assessment

and Method Statement

I confirm that I have read and

and Method Statement

Print Name: K.KULS INSKAS

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



CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER SITE: HILTON HOTEL, WOKING

									 				-	
	DATE	18/01/21	19/01/21	19/61/21	19/0/21	3								
	SIGNATURE	Click	Frankt		No	,								
SUE/	Wear and Tear		/	£										
REASON FOR ISSUE / REISSUE	Damaged						1 1),					
ASON	Lost													
8	New	7	/	~	7					-				
	DUST MASK FFP3	10 X Surviol))))\(\sigma\) \(\sigma\) \(\sigma\)	55 S			n.			1			
EAB	DEFENDERS / PLUGS		,								1	_ =		DACEA
	GLOVES		>					ge.				,		D
1	HI-VIZ VEST		- V		161	-		2 2 2	2		-			
1	SAFETY GLASSES			a										
	HARD							,		a.				
	OPERATIVE NAME	A. KHIARI	A SA	C NEWELL	1 PETREAN									

PAGE 4



Title: HOP - UPS	Date: 20 -01 - 21
Location: New Bond Street	Start Time: 7 3 0
Duration (Minutes) 30	End Time: 800
Presenters name: K.KULS INS KAS	Presenters Signature:

DConyers	RCL	I confirm that I have understood the Tool Box Talk I confirm that I have understood the Tool Box Talk I confirm that I have understood the Tool Box Talk I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
	8 9	
	, , ,	I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
	*	I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
	, a	I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
	V	I confirm that I have understood the Tool Box Talk
	: _	I confirm that I have understood the Tool Box Talk
		I confirm that I have understood the Tool Box Talk
		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

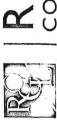
No. Attended

Duration

Total Time

Employer Reference 2453745

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



RAPHA DL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: NEW BOND STREET

*	DATE	18/01/21	18/01/21	12/10/52	25/01/21						ě	
	SIGNATURE	Stall	Collection	Hollet	talls							
J.	Wear and Tear	>										
OR ISS	Damaged											1
REASON FOR ISSUE	Lost					F				-		
REA	New		7	>								11
TSIIC	MASK FFP3						(
EAR	s/ PLUGS		1									
	GLOVES	>		7	>)O		
	HI-VIS VEST			7	7	l.						
SAFETY	GLASSES	>			7							
	HARD						s.	×				
	OPERATIVE NAME	K, KULS 1NS KAS	() Conters	VIRIS ZAVOBERGS	Variy Hadyma							

Page -

Page 1 of 1

07/02/2013 22/11/2018

CREATION DATE: LAST REVISION DATE:

1.3

VERSION NO:

SIT-FM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:



METHOD STATEMENT INDUCTION

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

СО	NTRACT:	NEW BOND	STREET		MS REF:	
			<u> </u>	- A		
i.	NAME	(PRINT)	DATE ATTENDED	SIGNATURE		COMMENTS
1	Dear Cons	1ers	18/01/21	De	unde	nfirm that I have read and erstood the Risk Assessment Method Statement
2	ZARLI	S 13ERG S	25/01/21	Tall	und	nfirm that I have read and erstood the Risk Assessment Method Statement
3	Yecriy	Hudy	1110 25/01/21	cell	und	nfirm that I have read and erstood the Risk Assessment Method Statement
4		-		0	und	nfirm that I have read and erstood the Risk Assessment Method Statement
5	E in the second				und	nfirm that I have read and erstood the Risk Assessment Method Statement
6					und	nfirm that I have read and lerstood the Risk Assessment I Method Statement
7		*			unc	nfirm that I have read and derstood the Risk Assessment I Method Statement
8) i	v		unc	onfirm that I have read and derstood the Risk Assessment d Method Statement
9					und	onfirm that I have read and derstood the Risk Assessment d Method Statement
					l co	onfirm that I have read and

Signed:

1

Position: SUPERVISOR

understood the Risk Assessment and Method Statement

Print Name: K.KULS INSKAS

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