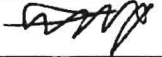


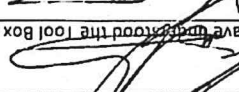
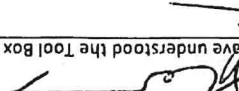
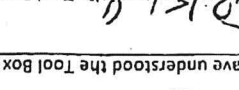
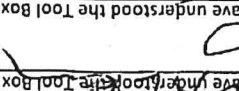
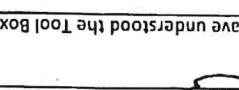




**SITE: NEW BOND STREET**

Page -Page 1 of 1

|                                |  |                                                                                                           |
|--------------------------------|--|-----------------------------------------------------------------------------------------------------------|
| Title: COVID WEATHER IS NOW    |  | Date: 10-02-2021                                                                                          |
| Location: New Bond Street      |  | Start Time: 730                                                                                           |
| Duration (Minutes) 30          |  | End Time: 800                                                                                             |
| Presenters name: KES KULSISKAS |  | Presenters Signature:  |

|    | Candidate's Name  | Name of Employer | Candidate's Signature                                                               |
|----|-------------------|------------------|-------------------------------------------------------------------------------------|
| 1  | M. BYTANTAS       | RCL              |  |
| 2  | KARLIS ZANDBERGS  | RCL              |  |
| 3  | Dean Conyers      | RCL              |  |
| 4  | H. MATHIAS        | RCL              |  |
| 5  | Z. HAZA TORALIS   | RCL              |  |
| 6  | Costa DEIMISTARIS | RCL              |   |
| 7  |                   |                  |                                                                                     |
| 8  |                   |                  |                                                                                     |
| 9  |                   |                  |                                                                                     |
| 10 |                   |                  |                                                                                     |
| 11 |                   |                  |                                                                                     |
| 12 |                   |                  |                                                                                     |
| 13 |                   |                  |                                                                                     |
| 14 |                   |                  |                                                                                     |
| 15 |                   |                  |                                                                                     |

**Grant Claim information**

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

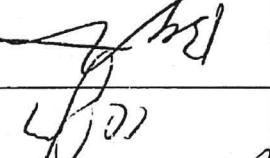
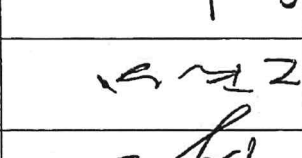
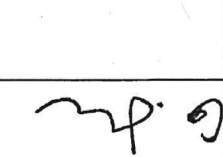
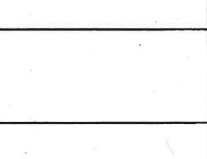
No. Attended      Duration      Total Time      Employer Reference

2453745

**METHOD STATEMENT INDUCTION**

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

|           |                 |         |     |
|-----------|-----------------|---------|-----|
| CONTRACT: | NEW BOND STREET | MS REF: | 001 |
|-----------|-----------------|---------|-----|

| NAME (PRINT)          | DATE     | SIGNATURE                                                                           | COMMENTS                                                                           |
|-----------------------|----------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Dean Conyers          | 18/01/21 |  | I confirm that I have read and understood the Risk Assessment and Method Statement |
| KARLIS ZANDIERIS      | 25/01/21 |  | I confirm that I have read and understood the Risk Assessment and Method Statement |
| YARRY HILLARY         | 25/01/21 |  | I confirm that I have read and understood the Risk Assessment and Method Statement |
| MIND RUGHS BY THE THS | 08-02-21 |  | I confirm that I have read and understood the Risk Assessment and Method Statement |
| Z. TOKLIKIS           | 10-02-21 |   | I confirm that I have read and understood the Risk Assessment and Method Statement |
| G. DZOMTIL            | 10-02-21 |    | I confirm that I have read and understood the Risk Assessment and Method Statement |
|                       |          |                                                                                     | I confirm that I have read and understood the Risk Assessment and Method Statement |
|                       |          |                                                                                     | I confirm that I have read and understood the Risk Assessment and Method Statement |
|                       |          |                                                                                     | I confirm that I have read and understood the Risk Assessment and Method Statement |
|                       |          |                                                                                     | I confirm that I have read and understood the Risk Assessment and Method Statement |
|                       |          |                                                                                     | 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)

## Site Manager's Daily Safe Start

|           |               |               |         |             |         |                                                     |                                      |
|-----------|---------------|---------------|---------|-------------|---------|-----------------------------------------------------|--------------------------------------|
| Contract: | Knightsbridge | Site Manager: | G. Buck | Date (w/c): | 8/02/21 | Method statement (s)<br>(Title, Rev No. & Rev date) | General Carpentry and Joinery - P-03 |
|-----------|---------------|---------------|---------|-------------|---------|-----------------------------------------------------|--------------------------------------|

Location and description of works: Ground floor reception framework for panels.

| Site Manager's Daily Sign Off |         |              |                                                                                       | Hot Topics of the Day<br>(the main points you discussed) |  |
|-------------------------------|---------|--------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|--|
|                               | Date    | Name         | Signature                                                                             |                                                          |  |
| Monday                        | 8/2/21  | G. Buck      |    | Core B Level 1, installing floor. Area closed. Barriers. |  |
| Tuesday                       | 9/2/21  | G. Buck      |   | Materials Delivery. Manual Handling.                     |  |
| Wednesday                     | 10/2/21 | G. Buck      |  | Finished area floor protection.                          |  |
| Thursday                      | 11/2/21 | G. Buck      |  | Floor install to Level 2, Core B. Area closed. Barriers. |  |
| Friday                        | 12/2/21 | A. Kulinskis |  |                                                          |  |
| Saturday                      | 13/2/21 | A. Kulinskis |  |                                                          |  |
| Sunday                        |         |              |                                                                                       |                                                          |  |

| Operatives Daily Sign Off |                                                                                   |   |   |   |   |   |   |   |  |  | Comments |
|---------------------------|-----------------------------------------------------------------------------------|---|---|---|---|---|---|---|--|--|----------|
| Name                      | Signature                                                                         | M | T | W | T | F | S | S |  |  |          |
| S. HIRANI                 |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| R. CORNACI                |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| K. ORALLEY                |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| S. SIMONOVICH             |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| H. KIDGLEY                |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| JAN. ZABITHA              |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| G. ZABITHA                |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| V. BALIVICIVICUS          |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| G. DIACONU                |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| A. STARS                  |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |
| I. HOGAN                  |  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |   |  |  |          |

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



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

|                                               |                                   |
|-----------------------------------------------|-----------------------------------|
| Title: ISO 14001-Environmental Management sgs | Date: 11/02/21                    |
| Location: Knightsbridge                       | Start Time: 10:50                 |
| Duration (Minutes) 30min                      | End Time: 11:20                   |
| Presenters name: G. Park A. Kulsinstas        | Presenters Signature: [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  | R. Cernacchi     | R.C.L            | I confirm that I have understood the Tool Box Talk |
| 3  | K. O'Malley      | R.C.L            | I confirm that I have understood the Tool Box Talk |
| 4  | S. Simonovic     | RCL              | I confirm that I have understood the Tool Box Talk |
| 5  | A. Rudeus        | RCL              | I confirm that I have understood the Tool Box Talk |
| 6  | LAL. ZABITA      | RCL              | I confirm that I have understood the Tool Box Talk |
| 7  | G. ZABITA        | RCL              | I confirm that I have understood the Tool Box Talk |
| 8  | V. BALIULEVICIUS | RCL              | I confirm that I have understood the Tool Box Talk |
| 9  | G. Diaconu       | RCL              | I confirm that I have understood the Tool Box Talk |
| 10 | A. STATTIS       | RCL              | I confirm that I have understood the Tool Box Talk |
| 11 | I. Neagu         | RCL              | 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 |
| 11           | 30min.   | 5.5 hours  | 2453745            |

|                     |            |             |     |                     |            |             |
|---------------------|------------|-------------|-----|---------------------|------------|-------------|
| 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 |             |

| Before starting work, STOP, THINK and CHECK<br>If the answer to any question below is NO, do not start work until the issues are resolved                                  |  | Yes | No | N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|-----|
| <b>1. Method statements, risk assessments and permits</b>                                                                                                                  |  |     |    |     |
| Have you read and understood the method statement and risk assessment for the task?                                                                                        |  | ✓   |    |     |
| Is everyone on your team briefed on the method statement for the task?                                                                                                     |  | ✓   |    |     |
| Have you carried out your weekly toolbox talk? Please give title of toolbox talk:                                                                                          |  |     |    |     |
| Do you have COSHH Assessments and Safety Data Sheets in place for all hazardous substances that will be used?                                                              |  | ✓   |    |     |
| Have you carried out Manual Handling Assessments and planned for any deliveries / extraordinary activities?                                                                |  | ✓   |    |     |
| <b>2. Place of work</b>                                                                                                                                                    |  |     |    |     |
| Are you satisfied that your team has a safe place to work?                                                                                                                 |  | ✓   |    |     |
| Have you checked access equipment has been inspected as required and certification issued? E.g. Podium steps, scaffold towers                                              |  | ✓   |    |     |
| Are other contractors working adjacent to you aware of what you are doing today? Are you aware of what they will be doing?                                                 |  | ✓   |    |     |
| Are third parties and members of the public securely protected from falling materials?                                                                                     |  | ✓   |    |     |
| Does your team know the safe access and egress routes to their places of work?                                                                                             |  | ✓   |    |     |
| <b>3. Task specific</b>                                                                                                                                                    |  |     |    |     |
| Are all necessary tools and equipment on site to carry out your work in a safe / efficient manner?                                                                         |  | ✓   |    |     |
| Are you confident there are no health and safety risks in your work task(s)?                                                                                               |  | ✓   |    |     |
| Are you certain that the operatives you are putting to work are competent for their assigned tasks?                                                                        |  | ✓   |    |     |
| Are the team equipped with the correct PPE to carry out the task?                                                                                                          |  | ✓   |    |     |
| <b>4. Variations</b>                                                                                                                                                       |  |     |    |     |
| Have the team members changed? (If yes revise)                                                                                                                             |  |     | ✓  |     |
| Has the task or working environment changed significantly to require a risk assessment and method statement (If yes, work to stop and new method statement to be produced) |  |     | ✓  |     |
| <b>Remember, as the supervisor YOU are responsible for the safety of YOUR team</b>                                                                                         |  |     |    |     |



# RAPHAEL CONTRACTING LTD

## TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

|                                                                                     |                              |
|-------------------------------------------------------------------------------------|------------------------------|
| <b>Title: (RCL-01) – GENERAL DUTIES and ADVICE FOR EMPLOYEES and SUBCONTRACTORS</b> | <b>Date: 09/02/2020</b>      |
| <b>Location: Hilton Hotel, Victoria Square, Woking</b>                              | <b>Start Time: 07:30</b>     |
| <b>Duration (Minutes) 30 mins</b>                                                   | <b>End Time: 08:00</b>       |
| <b>Presenters name: Jason Wray</b>                                                  | <b>Presenters Signature:</b> |

| Candidate's Name | Name of Candidate's Employer           | Candidate's Signature                                 |
|------------------|----------------------------------------|-------------------------------------------------------|
| J. GODMAN        | Raphael Contracting Ltd                | <br>I Confirm that I have understood the Toolbox Talk |
| J. SMITH         | Raphael Contracting Ltd                | <br>I Confirm that I have understood the Toolbox Talk |
| B. RAMCHANDE     | Raphael Contracting Ltd                | <br>I Confirm that I have understood the Toolbox Talk |
| I. KOVACH        | Raphael Contracting Ltd                | <br>I Confirm that I have understood the Toolbox Talk |
| C. CASEY         | Raphael Contracting Ltd / Rec Serv Ltd | <br>I Confirm that I have understood the Toolbox Talk |
| I. PETREAN       | Raphael Contracting Ltd / Apex Agency  | <br>I Confirm that I have understood the Toolbox Talk |
| H. SINGH         | Raphael Contracting Ltd / Apex Agency  | <br>I Confirm that I have understood the Toolbox Talk |
| K. SINGH         | Raphael Contracting Ltd / Apex Agency  | <br>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><br>08 | <b>Duration</b><br>30 mins | <b>Total Time</b><br>4 hours | <b>Employer Reference</b><br>2453745 |
|---------------------------|----------------------------|------------------------------|--------------------------------------|

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



**Toolbox Talk No.1 GENERAL DUTIES AND ADVICE FOR EMPLOYEES AND SUBCONTRACTORS**

**Q. What are the duties of employees and sub-contractors while at work?**

1. To take reasonable care for the health and safety of himself and other persons who may be affected by his acts or omissions at work. Other persons include the people you work with, other contractors and members of the public.
2. To co-operate with the employer so far as it is necessary to enable their duty or requirement to be performed or complied with.
3. No person shall intentionally or recklessly interfere with or misuse anything provided in the interests of Health, Safety or Welfare in pursuance of any of the relevant statutory provisions.

**Q. Keeping safe on site – what are the DO's and DON'Ts?**

- ✓ **DO** Study your Company's health and safety policy which explains the arrangements made for your health and safety.
- ✓ **DO** Wear and/or use protective clothing and/or equipment as instructed when issued for your use.
- ✓ **DO** Play your part in keeping the site TIDY AND SAFE.
- ✓ **DO** Watch out for warning notices and OBEY the warnings given
- ✓ **DO** Always keep alert if you are working in the vicinity of mobile plant.
- ✓ **DO** Obtain assistance when necessary, or use the appropriate lifting equipment. Lifting heavy objects or materials can cause injury.
- ✓ **DO** Report any defects or damage to ladders, scaffolding, plant or tools or any other unsafe circumstances, to your foreman at once.
- ✓ **DO** Report all accidents involving injury, however slight, to your foreman. Details of an accident necessitating first aid treatment should be entered in Raphael's Accident Book.
- ✓ **DO** Ask your foreman, if you are in doubt about your job
- ✓ **DO** Discourage children from entering site to help to reduce accidents to them. Construction sites are particularly inviting to young children.
- ✓ **DO** Stack or store all materials, which would be liable to cause injury if they fall, prevent easy displacement. Temporary but secure and stable racking should be used when appropriate.
- ✗ **DON'T** Attempt to operate a machine unless you have been trained and authorised to do so.
- ✗ **DON'T** Ride on machines which have no passenger seat. It is illegal.
- ✗ **DON'T** Interfere with ladders or alter scaffolding or move boards unless you are properly authorised to do so.
- ✗ **DON'T** Throw anything from scaffolding or any height. Lower it properly.
- ✗ **DON'T** Take short cuts, use the access provided.

[illegible]

**PAGE 5**

|                                        |                   |                    |                                       |                          |             |
|----------------------------------------|-------------------|--------------------|---------------------------------------|--------------------------|-------------|
| DOCUMENT REFERENCE:<br>DOCUMENT OWNER: | SIT-FM-008<br>DAS | VERSION NO:<br>1.1 | CREATION DATE:<br>LAST REVISION DATE: | 07/02/2013<br>04/02/2016 | Page 1 of 1 |
|----------------------------------------|-------------------|--------------------|---------------------------------------|--------------------------|-------------|