

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:	001	
---------------------------	---------	-----	--

		DATE		
	NAME (PRINT)	ATTENDED	SIGNATURE	COMMENTS
1	Dean Conyers	18/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
2	ZARUS ZAVOBERGS	25/01/21	Tall (I confirm that I have read and understood the Risk Assessment and Method Statement
3	Year'y Hady	111ce 25/01/21	ce fr	I confirm that I have read and understood the Risk Assessment and Method Statement
4	MIND HUGAS BY TAUTAS	08-02-21	Byth	I confirm that I have read and understood the Risk Assessment and Method Statement
5	Z.TOKLIK1SI	10-02-21	てたが	I confirm that I have read and understood the Risk Assessment and Method Statement
6	G. DZORMTILI	10-02-21	a.tu	I confirm that I have read and understood the Risk Assessment and Method Statement
7	MYKHAVIO GOLVIZVAK	23 02 21	Tue	I confirm that I have read and understood the Risk Assessment and Method Statement
8	Kyk IVAN	230221	Harry.	I confirm that I have read and understood the Risk Assessment and Method Statement
9	ALBINAS AMRAZIEJUS	16.03,21	Ambre	I confirm that I have read and understood the Risk Assessment and Method Statement
1	PAMESM	22-03-21	RAS	I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: SUPERVISUR

Print Name: K.KULS IWSKAS

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: DOCUMENT OWNER:	SIT-FM-004 DAS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1



Page 1 of 1

07/02/2013 22/11/2018

CREATION DATE: LAST REVISION DATE:

1.3

VERSION NO:

SIT-FIM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:

RAPHACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: NEW BOND STREET

		SAFFTV			EAR	10110	REAS	REASON FOR ISSUE / REISSUE	S ISSU		1	
OPERATIVE NAME	HARD	GLASSES	HI-VIS VEST	GLOVES	s/ PLUGS	MASK FFP3	New	Damaged Lost	Tear	Wear and	SIGNATURE	DATE
K, KULS 1NSKAS		>		>		۲.			>		las	18/01/21
O Conyers		,				7	7				College College	18/01/21
KARIS ZAVOBERGS	0		7	7		7	>			11	The	15/10/21
Yupiy Hudyma		7	>	>	v	7	>			0	(2/12	25/01/21
K.K.J.E.S.J.K.S.K.A.S.				>	J	7	7				K	05/02/21
N BYTHITHS		>	>	>		7 }				7	34/2	08-02/21
D.Cok, U.P.C.		N		7	-	, >			ر	,		02-03)21
ALMADAZIE IU S		>		Ż			>				Julys	1603.21
Raine III PAINUS	>	>	.\	7		*	\geq			1 4	Puf	22-03-21
			i.			n		ı h	_			
									2			
											*	
						٠					•	

		CAEETV			EAR		REA	SON FOR IS / REISSUE	REASON FOR ISSUE / REISSUE	JE .	*	
OPERATIVE NAME	HARD	GLASSES	HI-VIS VEST	GLOVES	s/ PLUGS	MASK FFP3	New	Lost	Tear	Wear and	SIGNATURE	DATE
KULS 1N5 KAS		>		>		7				>	See	18/01/21
Conyers						٦	7				Self Co	18/01/21
AIS ZAWOBERGS	5		7	7		7	>				May	12/10/51
Riy Hadyma		7	>	>		١	>			-	Cally	25/01/21
KINES INS KAS				>	J	د	7				X	05/02/21
BYTANTHS		>	>	>							Bull	08-02/21
CONCIONA		R		7		>				>		17(60-50
MBIRAZIE.IU S		>	,	Ż			>				Julyso	1603.21
ANE ST PAINCE	>	>	ζ.	7	,		\geq				- Amy	22-05-21
						n		i k				
									0	27	٠	



Title: WOOD WORKING MACHINES	Date: 24-03-21
Location: New Bond Street	Start Time: 7 700
Duration (Minutes) ろつ	End Time: 800
Presenters name: K.KULSINSKAS	Presenters Signature:

			a sell lete to Company
	Candidate's Name	Name of Employe	Candidate's Signature
1		RCL	I confirm that I have understood the Tool Box Talk
2	Ramen Ramer	RCL	CAIN [S] RAMOIT I confirm that I have understood the Tool Box Talk
3	A. AMBRAZIENUS	RCL	I confirm that I have ynderstood the Tool Box Talk
4		RCL	I confirm that I have understood the Tool Box Talk
- !	M. BYTAUTAS	RCC	I confirm that have understood the Tool Box Talk
	D Conyer>	RCL	I confum that have understood the Tool Box Talk
-			I confirm that I have understood the Tool Box Talk
1			I confirm that I have understood the Tool Box Talk
5			I confirm that I have understood the Tool Box Talk
1	0		I confirm that I have understood the Tool Box Talk
1	1		I confirm that I have understood the Tool Box Talk
1	2		confirm that I have understood the Tool Box Talk
13			confirm that I have understood the Tool Box Talk
14			confirm that I have understood the Tool Box Talk
15			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
----------------------------------------	-------------------	-------------	-----	---------------------------------------	--------------------------	-------------

a	UZ
	CT
	-RA
	Z
	\mathcal{O}
To the second	त्री
	d



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: LORD'S C & E

								_						
	DATE	03/03/21	08/3/2	08/03/21	11/08/21	11/03/2)	18(031°	1263/20	22/05/21	22/03/21	26/03/2,	26/03/21	, ,	
	SIGNATURE	The Colombins	JAMAN C	M	John May and	S. Combra	The state of the s	Marie Constitution of the	Maria		1 William	Jahr.		
SUE	Wear and Tear													
ON FOR IS	Damaged									× .		41		
REASON FOR ISSUE	Lost	2												
REA	New .	>	>	>	>	>	1	>	>	1	7	>	10	
13110	MASK FFP3						7		>	/	>	1		* .
EAR	s/ PLUGS												ing "	
	GLOVES	>			2	- E	1	/	>)			5	
8	HI-VIS VEST	>				3-	>	/	1	1			8	
SAFFTY	GLASSES	>	,			\	>	/				***		
	HARD	>	7	(/	1	1		1	/	24			
	OPERATIVE NAME	PHOLO SARROEIRA	LAAM SMIT	Ben Smill	NOURO, NOMETIANI	2AZA TOKLIK, SAW, 4'	GiliAN CHROSKOUSCHI	MIRIE CUPCEA	GEORGIN CARAPIZI	GWEDREHI BULGHER	1. Cupce A	@ Kara fizi)	

0,000	T IO T agp.
07/02/2013	22/11/2018
CREATION DATE:	LAST REVISION DATE:
1.7	r:7
VEDSION IND.	VERSION NO.
SIT-FM-008	DAS
DOCUMENT REFERENCE:	DOCUMENT OWNER:



No:49

Title: SUPS, YRIPS AND FALLS				Date	Date: 2/3/03/2/				
Location: LORD'S C & E Sta				Star	tart Time: 750				
Duration (Minutes) 3 Omin End				End	nd Time: 8 20				
Pre	senters name: Slav &	TREONONO	2_		Pres	enters	Signature:	Theren &	1
			1 1			•			
	Candidate's Nam	e	Nan	ne of Employ	er		Candidat	e's Signature	7
1	1. CUPCEA		A	geney		l confirm	10/2	cood the Tool Box Talk	
2	1. CEPCEA L. GARBATOVSCH	, .	Ly	14	-	Lagrafiana	Leff	0	
	G. KARAPIZI	-		4				podythé Togl Box Talk	\dashv
4	G. KARAFIZI G. Diulgher	- ·		Ŋ			MAR.	cood the Tool Box Talk	
5	الم المدان المدان	7	1	· · · · · · · · · · · · · · · · · · ·		I confirm	Have underst	cood the Tool Box Talk	-
6		* v				I confirm	n that I have underst	cood the Tool Box Talk	\dashv
7						I confirm	n that I have undersi	tood the Tool Box Talk	4
8					_	I confirm	n that I have unders	tood the Tool Box Talk	
9		<u> </u>				I confirm	n that I have unders	tood the Tool Box Talk	
0						I confirm	that I have unders	tood the Tool Box Talk	
						l confirm	n that I have unders	tood the Tool Box Talk	
11			ħ.			Loonfirm	a that I have undere	tood the Tool Box Talk	
12				*					-
13						l confirm	n that I have unders	tood the Tool Box Talk	- 1
14						I confirm	n that I have unders	tood the Tool Box Talk	
15				ÿ		I confirm	that I have unders	tood the Tool Box Talk	_
Gran	nt Claim information					l confirm	n that I have unders	tood the Tool Box Talk	
	Claims can only be made for your	employees or la	abour-	only sub-cont	tracte	ors			
ON CONTRACTOR OF THE CONTRACTO	No. Attended	Duration 30 min		tal Time 24		STRUMBUR STRUMBUR STRUMBUR	Employ	er Reference 153745	None Services
DOC	UMENT REFERENCE: SIT-FM-007	Vanaga varia		CREATION DAT	TF:		07/02/2013		THE SECTION ASSESSED.
DOC	UMENT OWNER: DAS	VERSION NO:	1.1	LAST REVISION		E:	01/03/2018	Page 1 of 1	





Toolbox Talk No. 49 SLIPS, TRIPS AND FALLS

Fact: Approximately 25% of accidents at work are attributed to slips, trips, and falls.

WHY DO THEY OCCUR?

- Most injuries from slips, trips and falls occur because of poor housekeeping
 - Many items such as coiled cables, hand tools, lengths of pipe or timber etc. left on the ground will trip someone if not deposited in a safe position
- Spilt substances such as oils and greases will form a slip hazard if not immediately cleaned up
- General debris such as brick and block fragments etc. can quickly accumulate and form a tripping hazard if not cleaned up as it is created
- Trailing cables are another frequent cause of tripping
- Mud left on the rungs of a ladder by the previous user will represent a slipping and failing hazard for the next person
 - Reduced levels of natural light, for example during winter afternoons, can easily increase the tripping hazards if adequate access lighting is not provided. Tools, equipment and materials which are visible in full daylight might be hidden in semi-darkness
- Q: Name five hazards in your workplace that are caused by poor housekeeping.

WHAT CAN YOU DO ABOUT IT?

- Clear up waste materials as you create them. Lightweight waste should be bagged or bundled, and nails removed from waste timber
- Do not leave tools, equipment or unused materials lying about on the floor
- If you are using substances which might possibly spill, ensure that you have a means of effectively clearing up the spillage
- As far as possible, route cables for power tools above head height. If cables have to be routed at floor level, try to avoid crossing pedestrian walkways
- If the site is muddy, scrape mud off your boots before climbing ladders or walking anywhere else where it might be a danger to others
- Be aware of the increased risks of tripping as the level of natural light fades; ensure that all tools, equipment and materials are stored in a safe location

Questions for you:

- Q: Why should you ensure that good housekeeping standards exist in your workplace?
- Q: What hazards are posed by rubbish in your workplace?
- Q: What precautions can you take to make your workplace safer for everybody?

REMEMBER: If you ignore it, you condone it

		1			
DOCUMENT REFERENCE:	TOOLBOX TALKS	 _	CREATION DATE:	11/08/2010	



Title: (RCL 24) SCAFOLDING & WORKING AT HEIGHT	Date: 23/03/2021
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	I Confirm that I have understood the Toolbox Talk			
B. RAMCHANDE	Raphael Contracting Ltd	1 Confirm that I have understood the Toolbox Talk			
K. SINGH	Raphael Contracting Ltd	I Confirm that I have understood the Toolbox Talk			
H. SINGH	Raphael Contracting Ltd / Apex Agency	1 Confirm that I have understood the Toolbox Talk			
K. SINGH	Raphael Contracting Ltd / Apex Agency	1 Confirm that I have understood the Toolbox Talk			
D. DUMITRANA	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
G. BURLAN	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
I. SANDA	Raphael Contracting Ltd / Apex Agency	J Survey I Confirm that I have understood the Toolbox Talk			
F. CERNEA	Raphael Contracting Ltd / Apex Agency	I Confirm that I have anderstood the Toolbox Talk			
E. YALAMOV	Raphael Contracting Ltd / CRS Agency	1 Copfirm 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

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





Toolbox Talk No. 24 SCAFFOLDING AND WORK AT HEIGHT

Fact: 50% of deaths in construction are falls from height.

General

- Do not remove or interfere with the scaffolding in any way especially ties, guardrails, toeboards and ladders.
- Alterations to scaffolding should only be made by authorised persons.
- Do not use a scaffold while it is being erected or dismantled or in any way incomplete. Look out for warning notices.
- Report any deficient scaffolding as soon as possible.
- Guardrails and toeboards must be fitted where a person is liable to fall more than 2 metres.
- Q: Over what height must guardrails and toe boards be fitted?

Material Loading

- When stacking materials, always leave a passageway at least two boards wide for other people to pass.
- See that materials are always properly stacked and not in danger of falling.
- Erect brick guards / netting where required.
- Do not overload a scaffold. Position stacks by the standards, not between them.
- Do not leave tools or materials lying around on platforms.
- Materials should never be thrown, tipped or dropped from height; they should always be lowered or disposed of through properly constructed chute.
- Q: Where would you stack materials on scaffolding and why?

Access

- Never climb up or down scaffolding. Always use the ladders or stairs provided.
- Ensure that ladders are properly secured at the top, have a firm base, extend at least 1.050m above the platform and are at an angle of approximately 1 out to 4 up.
- If a ladder has any rungs missing or split stiles, report the fact to your foreman and see that it is replaced. Do not climb the ladder.
- Ladder rungs should not be used to support either the ladder or run-up boards for hod carriers.
- All ladders giving access to scaffolds or elevated areas must, when the site is unoccupied, be effectively blocked or have ladder removed.
- Q: What angle should the access ladder be at?

Safety Checks for you:

- Carry out a visual inspection at the start of each shift, prior to use.
- Report all faults or defects immediately, do not use until it's right.
- Scaffolding should be inspected every 7 days by a competent person and details of inspection recorded.
- Is the 'Scaff Tag' in place?
- Q: What action would you carry out upon noticing defective scaffolding?

REMEMBER: Scaffolding provides you with a safe working platform, only if you look after it!

DOCUMENT REFERENCE: TOOLBOX TALKS MOB	VERSION NO: 8	CREATION DATE: LAST REVISION DATE:	11/08/2010 10/05/2018	Page 35 of 141	
---------------------------------------	---------------	---------------------------------------	--------------------------	------------------------------	--



Title: (RCL 39) SITE HOUSEKEEPING AND WASTE DISPOSAL	Date: 25/03/2021
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 16:30
Duration (Minutes) 30 mins	End Time: 17:00
Presenters name: JAMES GODMAN	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature			
B. RAMCHANDE	Raphael Contracting Ltd	Bould I Confirm that I have understood the Toolbox Talk			
K. SINGH	Raphael Contracting Ltd	I Confirm that I have understood the Toolbox Talk			
H. SINGH	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
K. SINGH	Raphael Contracting Ltd / Apex Agency	I Confirm that there understood the Toolbox Talk			
D. DUMITRANA	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
G. BURLAN	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
I. SANDA	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
F. CERNEA	Raphael Contracting Ltd / Apex Agency	I Confirm that I have understood the Toolbox Talk			
E. YALAMOV	Raphael Contracting Ltd / CRS 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

		an i ng i an i ng i ng i ng i ng i ng i	ranciar per ancient en centralis per la per ancient en centralis per ancient per ancient per ancient per ancient
No. Attended	Duration	Total Time	Employer Reference
9	30 mins	4 ½ hours	2453745

	MENT REFERENCE:	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
	I .			MENT WEATERA DATE.	07/02/2014		





Toolbox Talk No. 39 SITE HOUSEKEEPING AND WASTE DISPOSAL

WHAT IS HOUSEKEEPING AT WORK?

It's taking care of your work area. We are responsible for maintaining a clean and healthy workplace. It's your responsibility to help keep it that way.

Housekeeping is an important part of any job. Housekeeping means more than neatness – it includes keeping everything you need for your job close at hand and in good condition.

Good housekeeping calls for constant care - it's something that everyone can and should practice.

GOOD HOUSEKEEPING CAN PROVIDE BENEFITS:

- ✓ Safer: Minimises carelessness and clutter and common causes of accidental injuries and fires.
- ✓ Easier: You'll spend less time looking for things in a more comfortable working environment.
- ✓ Clean up after work and remove rubbish to the skip provided.
- ✓ Material left lying around is a tripping hazard and could cut off someone's escape route during a
 fire.
- ✓ De-nail all timber this is a major accident hazard.
- ✓ Put tools and equipment in the store provided otherwise you can bet they won't be there when you return.
- ✓ Stack materials securely as they arrive on site and protect them as necessary.
- ✓ Keep walkways and scaffolds clear of material and rubbish.
- ✓ Ensure all lightweight materials are secured during windy weather.
- ✓ If you notice rubbish piling up which you cannot remove, bring this to the attention of the site supervisor who will arrange to have it removed.



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

			T	T	T	T		Ī		Τ	Τ				1
		DATE	09/03/21	09/03/2	2362b.	23/02h		22/22	23/c2h	12/03h				-	
		SIGNATURE	, JH	0100000	M	H	Fig. X	1/8mg	THE STATE OF THE S	Box no 1/10					
Ì	SUE	Wear and Tear													
	ON FOR IS REISSUE	Damaged													
	REASON FOR ISSUE / REISSUE	Lost	, ,					1							
		New	>	>	>	>	1	7	7	Z					
	5	MASK FFP3	SURVE	10.5 S. R. J. C.	10 K	SACTE	10K	25 gg	10 K SUNSIM	SPERT					1
	EAR	s/ PLUGS												e	PACE 1
		GLOVES	4				/	/	*				4		
	1	HI-VIS VEST	- ¥					a .							
	SAFETY	GLASSES		14	J			*			*	-			
		HARD HAT			0 3							7			
	, , , , , , , , , , , , , , , , , , ,	OPERATIVE NAME	ייינאליין כ	B RAMMANDE	S GOSMAN	S WAAP	SINGH	H SMEH	X SWEAR (REL)	3 (SANCHANDE					•

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)

			T
CONTRACT:	NEW BOND STREET	MS REF:	001

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	Conyers	18/01/21	We,	I confirm that I have read and understood the Risk Assessment and Method Statement
2	LARLIS ZANDIBERGS	25/01/21	Kall	I confirm that I have read and understood the Risk Assessment and Method Statement
3	Year'y Heady	111ce 25/01/21	10/	I confirm that I have read and understood the Risk Assessment and Method Statement
4	MIND AUGAS BY TAYTAS	08-02-21	Byt	I confirm that I have read and understood the Risk Assessment and Method Statement
5	Z.TOXLIXISI	10-02-21	てたら	I confirm that I have read and understood the Risk Assessment and Method Statement
6	G. DZOXMTILI	10-02-21	G.Ju	I confirm that I have read and understood the Risk Assessment and Method Statement
7	MYKHAVLO GOLVBVAK	23 02 21	Tus	I confirm that I have read and understood the Risk Assessment and Method Statement
8	Kyk IVAN	230221	Herry	I confirm that I have read and understood the Risk Assessment and Method Statement
9	ALBINAS AMRAZIEJUS	16.03.21	Ambie	I confirm that I have read and understood the Risk Assessment and Method Statement
1 0	PAMESM	22-03-21	R-B-	I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: SUPER VISUR

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: SIT-FM-004 DAS VERSION NO: 1.1 CREATION DATE: 07/02/20 01/03/20	Page 1 of 1
----------------------------------------------------------------------------------------------------------------	-------------



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: NEW BOND STREET

				Rane It PAINCY	ALMBRAZIEJU S	0.001. 42-6	MBYTANTHS	KKULS INS KAS	Vury Hadyina	MAIS ZAVORERES	O CONYECTS	K.KULS INSKAS	OPERATIVE NAME	
	F 1 A			<									HARD HAT	
	1 33			<	<		<		(<	GLASSES	SAFETY
				7			<		(7			VEST	
				7	7	<	<	(<	7	, a	<	GLOVES	
						-2		ī					S/ PLUGS	EAR
	-				4	<	(7	7	7	۲'	7	MASK FFP3	
				<	<			<	<	<	<		WeW	RE.
		-											1207	REASON FOR ISSUE
						1							Dagamed	ON FOR IS
						<						<	bns 169W 169T	SUE
				Purk-	Ancho	A Bril	24	R	1/18)	will		la	SIGNATURE	
Page -			24	22-03-21	16.03.21	05~3721	08-07/21	05/02/21	25/01/21	25/01/21	18/01/21	12/10/81	DATE	

DOCUMENT REFERENCE:
DOCUMENT OWNER:

SIT-FIM-008 DAS

VERSION NO:

1.3

CREATION DATE:
LAST REVISION DATE:

07/02/2013 22/11/2018

Page 1 of 1



			Site Manager's Daily Safe Start	er's Daily S	safe Start		
Contract: Ne	New Bond Street	Site Manager:	大い こう	Date (w/c):	15-03-21	Method statement (s) (Title, Rev No. & Rev 🖒 🖒 🗎 date)	
Location and description of works:	ion of works:						
			Site Mi	Site Manager's Daily Sign Off	Off	Hot Topics of the Day	
		Date		Name	Signature	(the main points you discussed)	
Monday	15	-03-21	KES	5	SAL	SLIPS, TRIPS AND FACES	
Tuesday	16	03-	メES	5	The state of the s	DUST	
Wednesday	-11	- 05-21	大ES	5	1		
Thursday	. 8 1:	-03-21	ブロン		3		ŭ.
Friday	19-	-03-21	700			CCIMA & CHANGE	
Saturday							
Sunday							
			Ope	Operatives Daily Sign Off			
Name		Signature		T W	T F S S	Comments	
00000	-1	4	C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, A A		7	7	7		
10 0 V 19			7	7	7		
1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	1111	The state of the s		7 X	7 7		
140001	7		Q	XX	X X		
		2					



Title: SAFE STACKING	Date: 17/03/21
Location: New Bond Street	Start Time: 7 30
Duration (Minutes) 30	End Time: 800
Presenters name: K.KULSINSKAS	Presenters Signature:

		r	
8	Candidate's Name	Name of Employer	Candidate's Signature
1	RAMEN RAMAF	RCL	I confirm that I have understood the Tool Box Talk
2	M. BYTAUTAS	RCL	I confirm that Playe understood the Tool Box Talk
3	H. MANILAL	RCL	I confirm that I have understood the Tool Box Talk
4	M GOLUBVAK	RCL	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

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

No. Attended

Duration

Total Time

Employer Reference 2453745

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