



RAPHAEL

CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: COVID 19	Date: 11/5/20
Location: Hilton Hotel, Woking	Start Time: 1400
Duration (Minutes) 30 mins	End Time: 1430
Presenters name: J Goodman	Presenters Signature: [Signature]

	Candidate's Name	Name of Employer	Candidate's Signature
1	I. Karouskyy	Raphael	I confirm that I have understood the Tool Box Talk [Signature]
2			I confirm that I have understood the Tool Box Talk
3			I confirm that I 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
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
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DOCUMENT REFERENCE:	SIT-FM-007	VERSION NO:	1.1	CREATION DATE:	07/02/2013	Page 1 of 1
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <i>Site + Welfare Cleanliness</i>	Date: <i>28 / 05 / 2020</i>
Location: 29 New End	Start Time: <i>10.30</i>
Duration (Minutes) <i>15 mins</i>	End Time: <i>10.45</i>
Presenters name: <i>P. HAUGH</i>	Presenters Signature: <i>[Signature]</i>

	Candidate's Name	Name of Employer	Candidate's Signature
1	<i>✓ Bokimicus</i>	<i>RCL</i>	I confirm that I have understood the Tool Box Talk <i>[Signature]</i>
	<i>J. A. LIDZIUS</i>	<i>RCL</i>	I confirm that I have understood the Tool Box Talk <i>[Signature]</i>
3			I confirm that I 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
			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
			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

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: CONTROL OF DUST AND FUMES	Date: 13-05-20
Location Sebastian st	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: Kes Kulsinskas	

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. Simonovic	RCL	
T. DOMANSKI	RCL	

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: 1.0	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. 47 CONTROL OF DUST AND FUMES

SOME SOURCES OF HARMFUL DUST AND FUMES

- Cutting, sanding and grinding of some materials e.g some wood, MDF, bricks, blocks and tiles will create harmful dust
- Welding and gas cutting of metals can create harmful fumes
- Heating metals such as lead will create harmful fumes
- Work with old lead can expose you to lead oxide dust (white, powdery deposits) which are also Harmful and burning off old lead-based paints can also create harmful fumes. Raphael Contracting would not therefore undertake this work and bring in a specialist contractor to do this
- Stripping out or other work involving fibrous insulation (such as asbestos or fibreglass insulation) can release harmful dust into the air

SOME HEALTH RISKS FROM BREATHING IN DUST OR FUMES

- Silica dust from cutting or scabbling concrete can cause lung cancer
- Dust from cutting or sanding hard wood can cause nasal cancer
- Asbestos dust can cause cancer of the lungs or lining of the chest cavity
- Welding fumes can result in 'metal fume fever' which has flu-like symptoms
- Breathing in the fumes from solvents and paint can lead to nausea, drowsiness, headaches and eventually unconsciousness and death in extreme cases
- Investigations are continuing into possible harmful effects of breathing in dust from synthetic insulation materials such as fibreglass matting

PRECAUTIONS

- Where it is possible, the job should be planned to eliminate harmful dust and fumes e.g. by substituting harmful materials for less harmful ones
- If elimination is not possible, harmful dust and fumes must be controlled so that they are not breathed in by anyone
- Some tools and plant are fitted with dust extraction and collection devices – if these are available, use them
- If your employer has provided portable extraction equipment, use it
- It may be necessary for you to wear Respiratory Protective Equipment (RPE) to protect yourself from the effects of dust or fumes – make sure you know how to use it properly
- Consider the effects that your work may be having on other people

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Toolbox Talk No. 44 SAFETY IN THE SUN

FACTS AND FIGURES

- UV (ultraviolet) radiation from the sun is a major cause of skin cancer. Cases have doubled in the last 80 years.
- 40,000 people are diagnosed with skin cancer and 8,000 people die from it each year
- Sunlight causes the skin to produce a dark pigment called melanin; this is a sign that the skin has been damaged
- Long-term sun exposure speeds up the skin's ageing process, making it become more dry and wrinkled
- People working outside should consider exposure to UV radiation as an occupational hazard
- A suntan is perceived as healthy, but it may not be so

WHO HAS AN INCREASED RISK OF SKIN DAMAGE?

- People with pale skin, fair hair, freckles or a large number of moles
- People with a family history of skin cancer and those with excessive exposure to sunlight, such as outdoor workers
- The risk is less for people with dark hair and brown or black skin, however, prolonged sun exposure can be bad for all skin types. Do not be complacent.

SKIN TYPES

- TYPE 1: White skin, never tans, always burns, often people with red or fair hair, blue eyes, pale skin and freckles.
- TYPE 2: White skin, burns easily, but may tan eventually. May have fair hair, blue eyes and freckles.

Types 1 and 2 must take extra care to avoid strong sunshine or cover up with tightly woven clothing and wear a hat.

- TYPE 3: White skin, tans easily and burns rarely, often with dark hair and eyes and slightly darker skin
- TYPE 4: White skin, never burns, always tans, darker hair, eyes and skin

Types 3 and 4 should still take care in strong sunshine.

- TYPE 5: Brown skin
- TYPE 6: Black skin

Types 5 and 6 are at little risk of skin cancer but it can occur. These skin types can still darken and even burn in stronger sunlight.

SUN SAFETY CODE

- Take care not to burn, this can take as little as 10 minutes
- Cover up with loose clothing. Keep your clothing on so that you do not expose unprotected areas
- Seek shade during the hottest part of the day and take your breaks in the shade
- Apply high factor sunscreen generously and frequently to any parts exposed to the sun; SPF15 or above
- If you are concerned about moles changing shape or colour and itching, weeping or bleeding, see your GP immediately

Check your skin

The first warning sign is often a small scabby spot which does not clear after a few weeks. Look for changed or newly formed moles or any skin discoloration. It is normal for moles to grow until you are about 18 years old, but as an adult you should show your doctor any moles which grow or change.

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: SAFETY IN THE SUN	Date: 20-05-20
Location Sebastian st	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: Kes Kulsinskas	

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. SIMONOVIC	RCC	
S. HIRAN	RCC	
T. DOMANSKI	RCC	

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

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: FOOT AND ANKLE PROTECTION	Date: 27-05-20
Location Sebastian st	Start Time: 7:30
Duration (Minutes) 30	End Time: 8:00
Presenters name: Kes Kulsinskas	

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S. SIMONOVIC	RCL	
S. MIRAVI	RCL	
T. DOMANSKI	RCL	

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: 1.0	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. 17 FOOT AND ANKLE PROTECTION

Fact: Every year people sustain foot injuries from falling objects or slipping and tripping.

Large numbers of major injuries to feet and ankles are reported to the HSE every year, but sensible, robust, safety footwear will reduce this unnecessary loss of time and considerable pain which follows these injuries. Under the Personal Protective Equipment at Work Regulations 1992, your employer must provide you with protective footwear, where you are exposed to the risk of foot injury. If you are self-employed you must provide your own safety footwear.

You have a legal obligation to wear equipment provided for your safety.

The two main causes of foot injuries are:

- Treading on sharp objects, such as nails, which pierce the soles of the foot.
- Objects dropping causing crush injuries.

Other Potential Hazards

1. Stacked material falling onto feet.
2. Spatter and sparks from welding and cutting.
3. Slippery floor surfaces.
4. Poor housekeeping presents slip and trip hazards.

Q: What are the two main causes of foot injuries? And what hazards could you encounter in your workplace?

5. Poor and badly worn footwear offers little ankle support.
6. Worn soles can affect your grip.
7. Incorrect footwear for the job could promote an injury i.e. open fronted boots for welding.

Q: How can worn footwear affect you?

Foot and Ankle Protection

Totally unsuitable footwear, such as trainers, or sandals, which offer no protection are not permitted on construction sites.

Suitable safety boots, shoes and trainers:

1. High leg lace-up boots provide support and may prevent a twisted ankle.
2. In wet conditions or when working with concrete Wellington boots may be the best bet.
3. Steel toecaps are required for toe protection.
4. Made of strong material such as leather or rubber to support and prevent twisted ankles

Q: What must you ensure when issued with safety footwear?

5. Where nails and other sharp objects may be present, steel mid-sole protection will be required.
6. Ensure that the footwear fits you and is fit for the job.
7. Take care of any footwear issued to you.
8. Ensure any damaged, lost, or worn footwear is replaced immediately.
9. Badly worn soles can increase your chances of slipping.

Q: If your footwear is damaged what should you do?

Q: How can worn footwear contribute towards you having an accident?

Q: In a workplace littered with slip and trip hazards, describe the features you would like to see in a boot?

REMEMBER: Wear and protect!

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RAPHAEL

CONTRACTING LTD

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

CONTRACT:

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS/ITEM
1	A. Kulsinskis	8-4-20		
2	K. KULSINSKAS	-11-		
3	S. SIMONOVIC	-11-		
4	T. DOMANSKI	8-4-20		
5	S. HIRANI	18-05-20	S. HIRANI	
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Talk No.

Title: RAMS REVIEW (TEMP COVID-19 APPENDUM)

Signed:

Position: SUPERVISOR

Print Name: K. KULSINSKAS

Date: 8-4-20

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:	1.0	CREATION DATE:	07/02/2013	Page 1 of 1
DOCUMENT OWNER:	DAS			LAST REVISION DATE:	N/A	
				NEXT REVIEW DATE:	07/02/2014	



METHOD STATEMENT INDUCTION

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

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CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	D. RASCICIAI	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
2	M. KOWALCZYK	17.02.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
3	P. O'DONNAN	17.2.2020		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. KULSINSKAS	18.02.20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	J. SAHOTA	18/02/20		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: 17-02-20

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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METHOD STATEMENT INDUCTION

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

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CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	H. GORASIA	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	R. RAMA.	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	S. MIRANI	7/2/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	X. R. PATIL	10/2/20		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: 07/02/2020

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)



METHOD STATEMENT INDUCTION

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

PAGE - 1

CONTRACT:	Sebastian Street	MS REF:	B
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	K. O'Malley	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
2	D. Mennerby	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
3	R. R. M. A. I.	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
4	A. Patel	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
5	Joseph Smith	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
6	H. MAMILAL	15/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
7	D. Conyers	27/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
8	BERNARDOS	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
9	D. Mennerby	28/01/20		I confirm that I have read and understood the Risk Assessment and Method Statement
10	T. DOMANIS	03/02/20		I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position: Supervisor

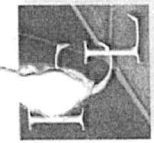
Print Name: K/.Kulsinskas

Date: 15-01-2020

WHEN COMPLETED RETURN THIS FORM TO THE RCL SAFETY OFFICER

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RAPHAEL
CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: SEBASTIAN STREET

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
C. NEON			✓			✓					<i>[Signature]</i>	17-9-19
K. KULSINSKAS			✓	✓		✓					<i>[Signature]</i>	17-9-19
Aminesh Patel						✓	✓				<i>[Signature]</i>	30/9/19
H. MANIVILAL	✓	✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
Joseph Smith		✓		✓		✓	✓				<i>[Signature]</i>	30/9/19
K. KULSINSKAS				✓						✓	<i>[Signature]</i>	17/10/19
K. OMALEY	✓		✓	✓			✓				<i>[Signature]</i>	25/10/19
D. HENNESSY				✓							<i>[Signature]</i>	30/10/19
H. MANIVILAL					✓	✓					<i>[Signature]</i>	26/11/19
A. PATEL					✓	✓					<i>[Signature]</i>	26/11/19
D. Hennessy				✓							<i>[Signature]</i>	5/11/19
R. RAMKUT	✓	✓	✓	✓							<i>[Signature]</i>	13/01/20
A. KULSINSKAS		✓		✓							<i>[Signature]</i>	18/02/20

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RAPHAEL
CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: SEBASTIAN STREET

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
K. KULSINSKAS				✓						✓		02-03-20
H. MANILAL				✓	✓	✓				✓		03-3-2020
N. R. PATIL				✓		✓						12-3-20
S. Simonovic				✓		✓						13-3-20
				✓		✓						17-3-20
K. KULSINSKAS			✓	✓		✓				✓		15-4-20
J. DOMANSKI						✓				✓		16-4-20
S. SIMONOVIC						✓				✓		20-4-20
A. KULSINSKA						✓				✓		20-4-20

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[illegible]

Site Manager's Daily Safe Start

[illegible]

[illegible]

[illegible]