

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: ASBESTOS AWARENESS	Date: 17/11/21
Location: Cannon Street	Start Time: 12.30 pm
Duration (Minutes)	End Time: 1 - 30 pm
Presenters name: RACHEL WIDDOWS	Presenters Signature: Reclubered day

	Candidate's Name	Name of Employer	Candidate's Signature
1	A. Kulsinskas	RCL	I confirm the prove understood the Tool Box Talk
	A. LIDZIUS	RCL	I confirm that I have <u>under</u> stood the Tool Box Talk
3	R. RAMA.	RCL	I confirm that where understood the Tool Box Talk
4	K. O'Malley!	R.C.L	I confirm that I have understood the Tool Box Talk
5	Joseph Smith	RCL	I confirm that have understood the Tool Box Talk
6	B. RAMPHANDC-	RCL	I confirm what the very 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
0			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			
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

ed Duration

Total Time

Employer Reference 2453745

DOCUMENT	REFERENCE:	
DOCUMENT	OWNER:	

SIT-FM-00	7
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TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Hazardous Waste	Date: [6.11.2]
Location: Cannon Street	Start Time: 11:30
Duration (Minutes) 30min 30mm	End Time: 12.'00
Presenters name: A.Kulsinskas	Presenters Signature:

	Condidate/s No.		
1	Candidate's Name	Name of Employer	Candidate's Signature
1	A.STRITS	RCL	I confirm that I have understood the Tool Box Talk
2	R. RAMA	RCI	I confirm that I have understood the Tool Box Talk
3	A. S. RAMA. K. O'Malley A. Liolains	RCL	4
4	A. Lidei	ReL	I confirm that I have understood the Tool Box Talk
5	, 57 2009		I confirm that I have boderstood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
6			I confirm that I have understood the Tool Box Talk
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8			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
9			I confirm that I have understood the Tool Box Talk
10		6.9	
			I confirm that I have understood the Tool Box Talk
11			I confirm that I have understood the Tool Box Talk
12			
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			recommit that i have understood the 1001 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:

CREATION DATE: LAST REVISION DATE:

07/02/2013 01/03/2018

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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: 25 CANNON STREET

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	DATE	29.09.21	15/11/21	15/11/21	16/11/21	17/11/21	18/11/21	22/4/21						
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	OPERATIVE NAME	T. Smith	J. SMICH	B. RAMPHANDE	R. Rama	A. Kylsiwskas	K. O'Malley.	R Canactai						

Page 1 of 1

07/02/2013 22/11/2018

CREATION DATE: LAST REVISION DATE:

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RAPHAETING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

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07/02/2013 04/02/2016

CREATION DATE: LAST REVISION DATE:

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VERSION NO:

SIT-FM-008 DAS

DOCUMENT REFERENCE: DOCUMENT OWNER:



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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

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