



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: PPE	Date: 21-04-21
Location: New Bond Street	Start Time: 7 ³⁰
Duration (Minutes) 30	End Time: 8 ⁰⁰
Presenters name: K. KULSINSKAS	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	D. Conyers	RCC	 I confirm that I have understood the Tool Box Talk
2	M. BYTHANTAS	RCC	 I confirm that I have understood the Tool Box Talk
3	R. Ramee	R. Ramee	 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

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	








Site Manager's Daily Safe Start

Contract:	New Bond Street	Site Manager:	KE5 KULSINSKA	Date (w/c):	19-04-21	Method statement (s) (Title, Rev No. & Rev date)	001
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Location and description of works:	IRONVONGER-1, RECEPTION WALL PANELING
1. RECEPTION WALL PANELING	1. RECEPTION WALL PANELING

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	19-4-21	KES		
Tuesday	20-4-21	KES		
Wednesday	21-4-21	KES		
Thursday	22-4-21	KES		
Friday	23-4-21	KES		
Saturday				
Sunday				

Operatives Daily Sign Off

[illegible]

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



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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER



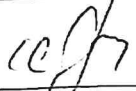
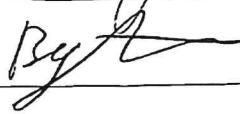
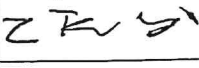
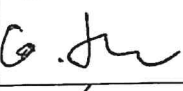

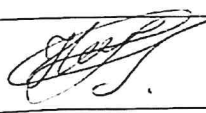

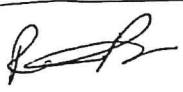
SITE: NEW BOND STREET


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		✓		✓		✓				✓	<i>[Signature]</i>	18/01/21
D. Conyers						✓	✓				<i>[Signature]</i>	18/01/21
KARIS ZANDBERG			✓	✓		✓	✓				<i>[Signature]</i>	25/01/21
Yuriy Hedyman		✓	✓	✓		✓	✓				<i>[Signature]</i>	25/01/21
K.KULSINSKAS				✓		✓	✓				<i>[Signature]</i>	05/02/21
M.DYTAUTAS		✓	✓	✓		✓					<i>[Signature]</i>	08-02/21
D. Conyers				✓		✓				✓	<i>[Signature]</i>	03-03/21
A.AMBRAZIEJUS		✓		✓			✓				<i>[Signature]</i>	16.03.21
Kaimėla RAINA	✓	✓	✓	✓			✓				<i>[Signature]</i>	22.03.21

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
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#	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	Dean Conyers	18/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
2	KARLIS ZANDBERGS	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
3	Yecoriy Hledyuk	25/01/21		I confirm that I have read and understood the Risk Assessment and Method Statement
4	MINDRUGAS BYTAUTAS	08-02-21		I confirm that I have read and understood the Risk Assessment and Method Statement
5	Z. TOKLIKIS	10-02-21		I confirm that I have read and understood the Risk Assessment and Method Statement
6	G. DZOMTIL	10-02-21		I confirm that I have read and understood the Risk Assessment and Method Statement
7	MYKHAYLO GOLUBVAK	23 02 21		I confirm that I have read and understood the Risk Assessment and Method Statement
8	Kyr IVAN	23 02 21		I confirm that I have read and understood the Risk Assessment and Method Statement
9	ALBINAS AMRAZIELIS	16.03.21		I confirm that I have read and understood the Risk Assessment and Method Statement
10	RAMESH RAMANI	22-03-21		I confirm that I have read and understood the Risk Assessment and Method Statement

Signed: 

Position: SUPERVISOR

Print Name: K. KULSKINSKAS

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)



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: HILTON HOTEL, WOKING

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		
H SINGH						10X SURGICAL	✓					16/04/21
K SINGH						10X SURGICAL	✓					16/04/21
P SINGH			✓	✓		10X SURGICAL	✓					20/04/21
B SINGH			✓	✓		10X SURGICAL	✓				B Singh	26/04/21

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RAPHAEL CONTRACTING LTD

RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: POWERS OF THE HEALTH & SAFETY EXECUTIVE (HSE)	Date: 20/04/2021
Location: Hilton Hotel, Victoria Square, Woking	Start Time: 10:30
Duration (Minutes) 30 mins	End Time: 11:00
Presenters name: Jason Wray	Presenters Signature:

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
Kuljinder. SINGH	Raphael Contracting Ltd	 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
Harjinder. SINGH	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Kewel. SINGH	Raphael Contracting Ltd / Apex Agency	 I 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
R. FILYOV	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Pushpinder. SINGH	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Balbir. SINGH	Raphael Contracting Ltd / Apex 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 10	Duration 30 mins	Total Time 5 hours	Employer Reference 2453745
DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.0	CREATION DATE: 07/02/2013 LAST REVISION DATE: N/A NEXT REVIEW DATE: 07/02/2014



Toolbox Talk No. 7 POWERS OF THE HEALTH AND SAFETY EXECUTIVE (HSE)

AN INSPECTOR CALLS

- An HSE inspector may visit a site for any of several reasons
- It may be a random inspection, or it could be due to the number of accidents reported or other information received
- An inspector can arrive unannounced, with no notice given
- Inspectors carry warrant cards as proof of identity
- An inspector will first make his or her presence known to the person in charge of the site

WHAT CAN AN INSPECTOR DO?

- Demand entry to the workplace, enlisting the help of the police if necessary
- Require that areas remain undisturbed (usually after an accident)
- Take measurements, photographs and recordings
- Remove articles, substances or samples from the site
- Require a person to give evidence or make a statement
- Inspect and copy relevant documents and registers
- Serve 'Improvement Notices' which require that certain improvements be made when the law is being broken
- Serve 'Prohibition Notices', which stop specified work activities from taking place when there is imminent danger
- Prosecute people judges to have committed a health and safety offence

WHAT MUST YOU DO?

- Make a statement or appear as a witness in court if required
- Be truthful. It is an offence to make a false statement or to make a false entry in a register
- Assist inspectors in their enquiries. It is an offence to obstruct inspectors in the course of their duty
- Allow other people to tell an inspector what they know or saw. It is an offence to prevent them from doing so.

DOCUMENT REFERENCE: DOCUMENT OWNER:	TOOLBOX TALKS MOB	VERSION NO:	8	CREATION DATE: LAST REVISION DATE:	11/08/2010 10/05/2018	Page 12 of 141
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RAPHAEL CONTRACTING LTD

RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: (RCL-17) FOOT AND ANKLE PROTECTION	Date: 21/04/2021
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
B. RAMCHANDE	Raphael Contracting Ltd	 I Confirm that I have understood the Toolbox Talk
Kuljinder. SINGH	Raphael Contracting Ltd	 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
Harjinder. SINGH	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Kewel. SINGH	Raphael Contracting Ltd / Apex Agency	 I 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
R. FILYOV	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Pushpinder. SINGH	Raphael Contracting Ltd / Apex Agency	 I Confirm that I have understood the Toolbox Talk
Balbir. SINGH	Raphael Contracting Ltd / Apex 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 10	Duration 30 mins	Total Time 5 hours	Employer Reference 2453745
DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-007 DAS	VERSION NO: 1.0	CREATION DATE: 07/02/2013 LAST REVISION DATE: N/A NEXT REVIEW DATE: 07/02/2014

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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.

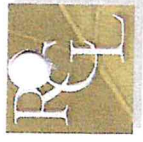
Q: If your footwear is damaged what should you do?

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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PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: LORD'S C & E

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		
A. IGNATJEVS	✓	✓	✓	✓			✓				<i>A. Ignatjev</i>	5/4/21
B. MARCHEWA	✓	✓	✓	✓			✓				<i>B. Marchewa</i>	20/4/20
S. Diergher				✓						✓	<i>S. Diergher</i>	7/4/21
V. TODOS	✓	✓	✓	✓			✓				<i>V. Todos</i>	12/04/21
D. KARAFIZI				✓						✓	<i>D. Karafizi</i>	12/04/21
S. HIRANI				✓			✓				<i>S. HIRANI</i>	19/4/21
S. DUDOLIER				✓						✓	<i>S. Dudolier</i>	20/4/21
D. KARAFIZI				✓						✓	<i>D. Karafizi</i>	20/4/21
P. RANA				✓			✓				<i>P. RANA</i>	21/4/21
S. TEIRANI						✓					<i>S. TEIRANI</i>	21/4/21
S. SIMONOVIC				✓						✓	<i>S. Simonovic</i>	21/4/21
D. KARAFIZI						✓					<i>D. Karafizi</i>	22/4/21

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DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.3	CREATION DATE: LAST REVISION DATE:	07/02/2013 22/11/2018	Page 1 of 1
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Toolbox Talk No. 13 COSHH - CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

Fact: Ignore the substance today and face the consequences tomorrow!

Risk Assessment

1. Management must carry out a risk (COSHH) assessment to find out whether:
 - Exposure to a substance can be eliminated?
 - Alternative work methods can reduce exposure? E.g. where possible use a safer method of application, e.g. brush paint instead of spraying, or wet cut concrete sawing to reduce dust.
 - A less hazardous substance can be used? E.g. where possible use a safe product e.g. water based paint instead of solvent based.
 2. The risk assessment must be brought to your attention.
 3. Any substance with a hazard-warning label has the potential to cause harm – read it and take action.
- Q:** Before using a substance, what should you consider?

Hazards

1. **How you could be affected by a hazardous substance:**
 - Ingestion - eating contaminated food or with contaminated hands
 - Inhalation - breathing harmful dust or fumes
 - Injection - chemicals entering through cuts or the skin
 - Absorption - chemicals entering through the skin
 2. **Examples of hazardous substances on construction sites:**
 - Wood dusts - softwood, hardwood, MDF
 - Contaminated ground
 - Solvent fumes e.g. from thinners, paints, varnishes or adhesives – can cause dermatitis (skin contact) and respiratory problems (inhalation)
 - Epoxy-based paints
 - Concrete ad-mixtures
 - Hard wood dust – can cause nasal cancer
 - Welding fumes
 - Cement – wet burns, lung disease (from dust)
 - Resins
 - Asbestos
 3. Don't mix chemicals or substances. Eg Two products mixed may give off toxic/irritant fumes, e.g. some types of toilet cleaners mixed with bleach.
 4. Biological agents may also harm you i.e. Weil's Disease caught from water contaminated by rat's urine.
- Q:** Name the three ways a substance can enter the body

Control Measures

1. When using hazardous substances, wear the correct PPE.
2. Know how to look after and use PPE correctly.
3. Know where washing and first aid facilities are on site – cover that cut!



RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

No: 12	Date: 20/4/21
Title: COSHH	Start Time: 7:30
Location: LORD'S C & E	End Time: 8:00
Duration (Minutes): 30 min	Presenters Signature: [Signature]
Presenters name: SIAR SIMONOVIC	

	Candidate's Name	Name of Employer	Candidate's Signature
1	G. KARAFIZI	AGENCY	I confirm that I have understood the Tool Box Talk [Signature]
2	G. D'U LOMER	AGENCY	I confirm that I have understood the Tool Box Talk [Signature]
3	S. HIRANI	RCC	I confirm that I have understood the Tool Box Talk [Signature]
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
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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 3	Duration 30 min	Total Time 1 1/2 h	Employer Reference 2453745
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4. Ensure hazardous substances are returned to a secure location after use.
 5. Don't store hazardous substances above head height.
- Q: Where should substances be put at the end of a shift**

Use of Substances

1. Make sure you are trained to use the hazardous substance.
 2. Follow the instructions on COSHH and data sheets and labels.
 3. Don't eat drink or smoke when handling substances (you might accidentally ingest it).
 4. Don't expose workers to fumes, dust, gas etc. from your work.
 5. Always wash at the end of each shift and before eating.
- Q: Where can you obtain information about the hazardous substance you are using?**

Questions for you:

- Q: What can you wear to protect you against substances?**
- Q: Name five substances you may find on site.**

REMEMBER: Read the label and protect yourself!



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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative <i>A. IGNATJEVS</i>	Date (w/c): <i>12/4/21</i>
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Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0	<i>40 min</i>	<i>40 min</i>	<i>30 min</i>			
Pistol Drill	14.6						
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9						
Chopsaw	4.2						
Skillsaw	3.0						
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
<i>Coreless Drill</i>	<i>2.5</i>	<i>20 min</i>	<i>20 min</i>				

Comments / Notes:

Any developing sensation experienced during the period of works is to be reported immediately by operatives to the Site Manager, who is required to inform the Company Safety Officer. Operatives are to be reminded of the following: Not to smoke, to keep warm and to use the tools as directed.

This document is to be used as a tool for both monitoring and controlling operations. The Company Safety Officer will monitor and calculate the vibration exposure for each operative and advise if any action or procedural controls need to be implemented on site.

Please include this form in your weekly returns to RCL Head Office and cc. Rachel Widdows.



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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

G. Diulghier

Date (w/c):

12/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0	30min	30min	30min	30min	20min	
Pistol Drill	14.6						
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9	20min	20min	30min	30min		
Chopsaw	4.2						
Skillsaw	3.0						
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Coreless Drill	2.5	20min	30min	30min	20min	10min	

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

G. KARAFIZI

Date (w/c):

12/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0	10min	10min	30min	30min	30min	
Pistol Drill	14.6						
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9	1h.	1h.	30min	40min	40min	
Chopsaw	4.2						
Skillsaw	3.0						
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Coreless Drill	2.5	10min	10min	20min	10min		

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

V. Todos

Date (w/c):

12/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0			10 min	10 min	10 min	
Impact Drill	11.0	30 min	30 min	30 min	30 min	30 min	
Pistol Drill	14.6	20 min	30 min	30 min	30 min	10 min	
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9						
Chopsaw	4.2						
Skillsaw	3.0					1h.	
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Cordless Drill	2.5						

Comments / Notes:

Any developing sensation experienced during the period of works is to be reported immediately by operatives to the Site Manager, who is required to inform the Company Safety Officer. Operatives are to be reminded of the following: Not to smoke, to keep warm and to use the tools as directed.

This document is to be used as a tool for both monitoring and controlling operations. The Company Safety Officer will monitor and calculate the vibration exposure for each operative and advise if any action or procedural controls need to be implemented on site.

Please include this form in your weekly returns to RCL Head Office and cc. Rachel Widdows.



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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

S. Simonovic

Date (w/c):

12/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0						
Pistol Drill	14.6						
Planer	7.5			<i>10min</i>			
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9	<i>2h.</i>	<i>1h.</i>	<i>1h.</i>			
Chopsaw	4.2		<i>10min</i>				
Skillsaw	3.0						
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
<i>cordless drill</i>	<i>2.5</i>						

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

S. HIRANI

Date (w/c):

19/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0	<i>20 min</i>				<i>10 min</i>	
Impact Drill	11.0	<i>30 min</i>	<i>20 min</i>	<i>30 min</i>	<i>30 min</i>	<i>20 min</i>	
Pistol Drill	14.6						
Planer	7.5		<i>20 min</i>				
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9						
Chopsaw	4.2			<i>10 min</i>			
Skillsaw	3.0		<i>1 1/2 h.</i>	<i>1 h.</i>	<i>30 min</i>	<i>30 min</i>	
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Cordless Drill	2.5	<i>15 min</i>					
Rotary Drill Bosch	2.5						

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

G. KARAFIZI

Date (w/c):

19/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0	20min	20min	20min	20min		
Pistol Drill	14.6						
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9	1 1/2 h.	1 h.	1 h.			
Chopsaw	4.2						
Skillsaw	3.0				1 1/2 h.		
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Cordless Drill	2.5			20min			
Rotary Drill Bosch	2.5						

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

G. Diulghier

Date (w/c):

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0	<i>40 min</i>	<i>20 min</i>	<i>20 min</i>			
Pistol Drill	14.6						
Planer	7.5						
Jigsaw	8.0				<i>N/A</i>	<i>N/A</i>	
Angle Grinder	9.0				<i>N/A</i>	<i>N/A</i>	
Router 1/4" DeWalt	8.9						
Chopsaw	4.2						
Skillsaw	3.0					<i>OFF</i>	
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Cordless Drill	2.5	<i>20 min</i>		<i>20 min</i>			
Rotary Drill Bosch	2.5						
MULTI TOOL CUTTING WOOD	<i>9.5</i>	<i>1 h.</i>					

Comments / Notes:

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Name of Operative

A. IGNATJEVS

Date (w/c):

19/4/21

Tool Description	Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
		Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5						
Hammer Drill	10.0						
Impact Drill	11.0			30min	50min	30min	
Pistol Drill	14.6	N/A	N/A				
Planer	7.5						
Jigsaw	8.0						
Angle Grinder	9.0						
Router 1/4" DeWalt	8.9					1h.	
Chopsaw	4.2						
Skillsaw	3.0						
Nail Gun	3.9						
Router 1/2" DeWalt	5.6						
Router 1/2" Makita	3.5						
Cordless Drill	2.5			20min	20min		
Rotary Drill Bosch	2.5						

Comments / Notes:

Any developing sensation experienced during the period of works is to be reported immediately by operatives to the Site Manager, who is required to inform the Company Safety Officer. Operatives are to be reminded of the following: Not to smoke, to keep warm and to use the tools as directed.

This document is to be used as a tool for both monitoring and controlling operations. The Company Safety Officer will monitor and calculate the vibration exposure for each operative and advise if any action or procedural controls need to be implemented on site.

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VIBRATORY TOOLS - CHECK SHEET FOR MONITORING AND CONTROL OF ACTIVITIES

Operator: R. LAMA

Supervisor: _____

Name of Operative

R. LAMA

Date (w/c):

19/4/21

Tool Description		Vibration Level -m/s ² (Estimated)	Estimated Exposure Time (Hours/Minutes)					
			Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Hammer Drill (into concrete)	17.5							
Hammer Drill	10.0							
Impact Drill	11.0							
Pistol Drill	14.6							
Planer	7.5							
Jigsaw	8.0							
Angle Grinder	9.0							
Router 1/4" DeWalt	8.9							
Chopsaw	4.2							
Skillsaw	3.0							
Nail Gun	3.9							
Router 1/2" DeWalt	5.6							
Router 1/2" Makita	3.5							
Cordless Drill	2.5							
Rotary Drill Bosch	2.5							
Comments / Notes:								

Comments / Notes:

Any developing sensation experienced during the period of works is to be reported immediately by operatives to the Site Manager, who is required to inform the Company Safety Officer. Operatives are to be reminded of the following: Not to smoke, to keep warm and to use the tools as directed.

This document is to be used as a tool for both monitoring and controlling operations. The Safety Officer will monitor and calculate the vibration exposure for each operative. All necessary procedural controls need to be implemented on site.

Please include this form in your toolbox.

Please include this form in your weekly returns to RCL Head Office.

Please include this form in your weekly returns to RCL Head Office and cc. Rachel Widdows.