RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	84 MOORGATE	Contracts Manager Site Manager	Paul Haugh Dave Sanders	Date (w/c):	15/01/2024	Method statement (s) (Title, Rev No. & Rev date)	RCL 84M-RCL-ZZ-ZZ-MS-A-00001 rev C01

Location and description of work: Installing temporary door sets and window boards

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday	15/01/2024	D Sanders	D Sanders	Welfare Arrangements
Tuesday	16/01/2024	D Sanders	D Sanders	Foot and Ankle Protection
Wednesday	17/01/2024	D Sanders	D Sanders	Safe Use of Hand Tools
Thursday	18/01/2024	D Sanders	D Sanders	Lead
Friday	19/01/2024	D Sanders	D Sanders	Weil's Disease
Saturday	20/01/2024	N/A		N/A
Sunday	21/01/2024	N/A		N/A

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
S Simonvic		✓	✓	✓	✓	✓	/	/	RCL MANGER/CARPENTER
I Sahota		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
I Andronic	ANDRONIC	✓	✓	✓	✓	✓	/	/	RCL CARPENTER
A Lidzius		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
R Cancrai		X	✓	✓	✓	✓	/	/	RCL CARPENTER
J Smith	JSmith	✓	✓	✓	✓	✓	/	/	RCL CARPENTER
J Kidecha		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
M Bhanji	M. Bhanji	✓	✓	✓	✓	✓	/	/	RCL CARPENTER

NOTE IF YOU HAVE MORE THAN 10 OPERATIVES ON SITE, PLEASE USE THE CONTINUATION SHEE656

Before starting work, STOP, THINK and CHECK If the answer to any question below is NO, do not start work until the issues are resolved	Yes	No	N/A
1. Method statements, risk assessments and permits			
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?	✓		
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?	✓		
2. Place of work			
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?	✓		
3. Task specific			
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?	✓		
4. Variations			
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)		✓	
Remember, as the supervisor YOU are responsible for the safety of YOUR team			

RAPHAEL CONTRACTING LTD

RCL TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Foot and Ankle Protection	**Date: 16/01/2024**
Location: 84 MOORGATE	**Start Time: 07:30**
Duration (Minutes) 30 mins	**End Time: 08:00**
Presenter's name: D Sanders	**Presenters Signature:** D Sanders

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S SIMONOVIC	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
I ANDRONIC	RAPHAEL CONTRACTING LTD	I ANDRONIC I Confirm that I have understood the Toolbox Talk
I SAHOTA	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
A LIDZIUS	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
R CANCRAI	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
J SMITH	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
M BHANJI	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
J KIDECHA	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEL CONTRACTING LTD	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	Duration	Total Time	Employer Reference
10	30 mins	5 hours	2453745

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!

RAPHAEL CONTRACTING LTD

RCL TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Lead	**Date: 18/01/2024**
Location: 84 MOORGATE	**Start Time: 07:30**
Duration (Minutes) 30 mins	**End Time: 08:00**
Presenter's name: D Sanders	**Presenters Signature:**

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S SIMONOVIC	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
I ANDRONIC	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
I SAHOTA	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
A LIDZIUS	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
R CANCRAI	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
J SMITH	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
J KIDECHA	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
M BHANJI	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEL CONTRACTING LTD	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	Duration	Total Time	Employer Reference
10	30 mins	5 hours	2453745

Toolbox Talk No. 43 LEAD

WHERE MIGHT YOU BE EXPOSED TO LEAD?

- High temperature processes such as smelting, burning or welding
- Demolition or restoration work involving old lead or lead painted structures
- Cutting of lead with disc cutters
- Old lead-based paints on joinery
- Spray painting with lead-based paints
- Work where lead is heated to lower temperatures (such as plumbing and soldering) and work involving handling clean sheet lead are regarded as lower risk activities, but still may require control measures to be put in place

THE EFFECTS OF LEAD

- Lead has long been known to be a poison (toxic)
- Uncontrolled exposure can cause headache, tiredness, irritability, nausea etc.
- Continued exposure could cause damage to kidneys, nerves and brain
- Female operatives of child-bearing age should be particularly protected from uncontrolled exposure to lead
- Handling clean sheet lead is regarded as low risk; it is generally when lead is heated, cut, abraded or, when it becomes old and powdery that the risks to health increase

CONTROL OF EXPOSURE

- Employers have a legal duty to prevent or control exposure to lead
- Lead can enter the body by inhalation, ingestion or skin contact
- If working with lead, your employer must inform you of the risks to your health and the control measures to be applied
- You may have to wear PPE to protect against lead fumes, vapour or dust
- After working with lead, wash contaminated skin before eating or drinking
- Never eat, drink or smoke in areas in which work with lead is carried out
- If you work with lead, you may have to have your blood or urine tested periodically to determine your exposure

Note: We will not normally remove lead-based paint ourselves, we will appoint a specialist contractor to do this work. They will have all of the appropriate equipment to do this job, including PPE and will themselves undergo health surveillance.

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: 57Campden Hill road

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIZ VEST	GLOVES	EAR DEFENDERS/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
V. BALIULEVICIUS		✓			✓	✓				✓		05/12/23
A. MAKARAUSKAJ		✓			✓	✓				✓		14/12/23
K. KULSINSKAS				✓				✓				21/12/23

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RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	57Campden Hill	Site Manager:	Kes Kulsinskas	Date (w/c):	15/01/24	Method statement (s) (Title, Rev No. & Rev date)	Installation of Joinery Rev.2

Location and description of works. Fitting joinery and ironmongery : Varies floors and locations

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day *(the main points you discussed)*
Monday	15/01/24	K.Kulsinskas		Hand protection
Tuesday	16/01//24	K.Kulsinskas		Safe Start
Wednesday	17/01//24	K.Kulsinskas		General duties
Thursday	18/01//24	K.Kulsinskas		Woodworking machines
Friday	19/01//24	K.Kulsinskas		Safe stacking
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
K.Kulsinskas		✓	✓	✓	✓	✓			
V.Baliulevicius		✓	✓	✓	✓	✓			

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

Before starting work, STOP, THINK and CHECK If the answer to any question below is NO, do not start work until the issues are resolved	Yes	No	N/A
1. Method statements, risk assessments and permits			
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?	✓		
2. Place of work			
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?	✓		
3. Task specific			
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?	✓		
4. Variations			
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)		✓	
Remember, as the supervisor YOU are responsible for the safety of YOUR team			

Operatives Daily Sign Off (Continuation Sheet)									
Name	**Signature**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**Comments**

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: General duties and advise for employees	**Date:** 17-01-23
Location: 57. Campden Hill Road	**Start Time:** 7:30
Duration (Minutes) 30min	**End Time:** 8:00
Presenters name: K.Kulsinskas	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	V.Baliulevicius	RCL	I confirm that I have understood the Tool Box Talk
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

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: First Aid and Accident reporting	**Date: 18.01.24**
Location: Millennium Bridge House	**Start Time: 11:30**
Duration (Minutes) 30min	**End Time: 12:00**
Presenters name: A. Kulsinskas	**Presenters Signature:**

	Candidate's Name	Name of Employer	Candidate's Signature
1	B. Ramchande	RCL	I confirm that I have understood the Tool Box Talk
2	A.Makarauskas	RCL	I confirm that I have understood the Tool Box Talk
3	D.Marciulaitis	RCL	I confirm that I have understood the Tool Box Talk
4	V.Gustainis	RCL	I confirm that I have understood the Tool Box Talk
5	D.Nunes	RCL	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
5	30min	2.5h	2453745