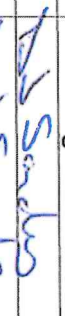
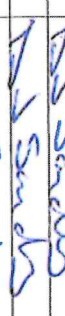
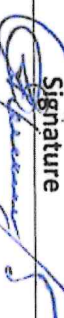
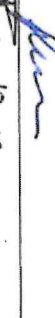


Site Manager's Daily Safe Start

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

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

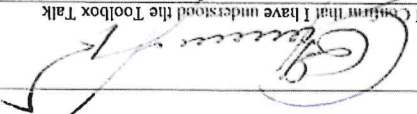
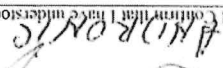
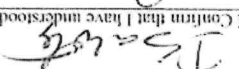
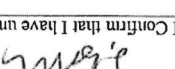
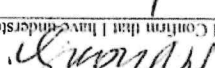
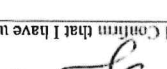
Operatives Daily Sign Off											Comments
Name	Signature	M	T	W	T	F	S	S			
S Simonovic		☒	☒	☒	☒	☒	/	/	RCL MANGER/CARPENTER		
I Sahota		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
I Andronic		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
A Lidzius		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
R Cancrai		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
J Smith		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
J Kidecha		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		
M Bhanji		☒	☒	☒	☒	☒	/	/	RCL CARPENTER		

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

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				

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: 

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
S SIMONOVIC	RAPHAEL CONTRACTING LTD	
I ANDRONIC	RAPHAEL CONTRACTING LTD	
I SAHOTA	RAPHAEL CONTRACTING LTD	
A LIDZIUS	RAPHAEL CONTRACTING LTD	
R CANCRAI	RAPHAEL CONTRACTING LTD	
J SMITH	RAPHAEL CONTRACTING LTD	
M BHANJI	RAPHAEL CONTRACTING LTD	
J KIDECHA	RAPHAEL CONTRACTING LTD	
	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
10

Duration
30 mins

Total Time
5 hours

Employer Reference
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 toe caps 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?

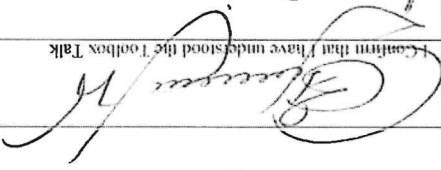
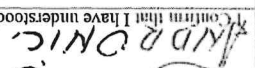
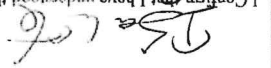
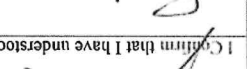
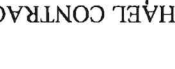
Q: How can worn footwear contribute towards you having an accident?

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!

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	RAPHAEEL CONTRACTING LTD	
I ANDRONIC	RAPHAEEL CONTRACTING LTD	
I SAHOTA	RAPHAEEL CONTRACTING LTD	
A LIDZIUS	RAPHAEEL CONTRACTING LTD	
R CANCRAI	RAPHAEEL CONTRACTING LTD	
J SMITH	RAPHAEEL CONTRACTING LTD	
J KIDECCHA	RAPHAEEL CONTRACTING LTD	
M BHANJI	RAPHAEEL CONTRACTING LTD	
	RAPHAEEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
	RAPHAEEL 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
10

Duration
30 mins

Total Time
5 hours

Employer Reference
2453745

DOCUMENT REFERENCE:	TOOLBOX TALKS	VERSION NO:	10	CREATION DATE:	11/08/2010	Page 62 of 141
DOCUMENT OWNER:	MOB	LAST REVISION DATE:			11/08/2010	

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.

- 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

CONTROL OF EXPOSURE

- 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

THE EFFECTS OF 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

WHERE MIGHT YOU BE EXPOSED TO LEAD?

Toolbox Talk No. 43 LEAD

SITE: 57Campden Hill road

DOCUMENT REFERENCE: DOCUMENT OWNER:	SIT-FM-008 DAS	VERSION NO: 1.2	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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Site Manager's Daily Safe Start

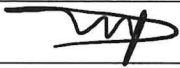
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Before starting work, STOP, THINK and CHECK If the answer to any question below is NO, do not start work until the issues are resolved			Yes	No	N/A
1. Method statements, risk assessments and permits					
Have you read and understood the method statement 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?					X
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					

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.Kulsinskaskas		Presenters Signature: 

Candidate's Name	Name of Employer	Candidate's Signature
V.Baliulievicius	RCL	
1		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
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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
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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 5	Duration 30min	Total Time 2.5h	Employer Reference 2453745
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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
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