RAPHAEL CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	57Campden Hill	Site Manager:	Kes Kulsinskas	Date (w/c):	22/01/24	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				Hand protection
Tuesday	23/01//24	K.Kulsinskas		Safe Start
Wednesday	24/01//24	K.Kulsinskas		General duties
Thursday	25/01//24	K.Kulsinskas		Woodworking machines
Friday	26/01//24	K.Kulsinskas		Safe stacking
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
K.Kulsinskas		X	V	V	V	V			
V.Baliulevicius		V	V	V	V	V			
D.Kerai		V	V	X	X	X			

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

Site Manager's Daily Safe Start

Contract:	84 MOORGATE	Contracts Manager Site Manager	Paul Haugh Dave Sanders	Date (w/c):	22/01/2024	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	22/01/2024	D Sanders	D Sanders	Environmental management systems
Tuesday	23/01/2024	D Sanders	D Sanders	Osborne Alcohol sheets
Wednesday	24/01/2024	D Sanders	D Sanders	Green purchasing
Thursday	25/01/2024	D Sanders	D Sanders	Water usage
Friday	26/01/2024	D Sanders	D Sanders	Saving Paper
Saturday	27/01/2024	N/A		N/A
Sunday	28/01/2024	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	I Sahota	✓	✓	✓	✓	✓	/	/	RCL CARPENTER
I Andronic	I ANDRONIC	✓	✓	✓	✓	✓	/	/	RCL CARPENTER
A Lidzius		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
R Cancrai		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
J Smith	J Smith	✓	✓	✓	✓	✓	/	/	RCL CARPENTER
J Kidecha		✓	✓	✓	✓	✓	/	/	RCL CARPENTER
D. RASCICAL		X	✓	✓	✓	✓	/	/	RCL CARPENTER
M. BHANDI	M. Bhandi	X	X	✓	✓	✓			

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: Osborne Alcohol sheets	**Date:** 23/01/2024
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
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
D. RASCICH	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

RAPHAEL CONTRACTING LTD

RCL TRAINING AND DEVELOPMENT PLAN
SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Water Usage	**Date:** 25/01/2024
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

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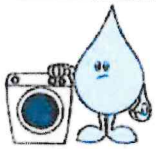
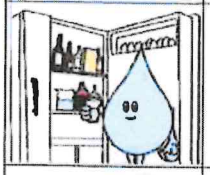
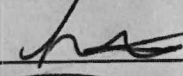
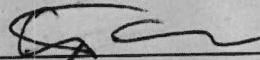
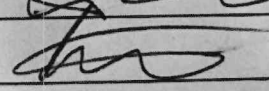
No. Attended	Duration	Total Time	Employer Reference
10	30 mins	5 hours	2453745

Toolbox Talk No. 76 WATER USAGE

	Check for home for leaks, hidden water leaks can be wasting water without you even being aware of it. A good way to check for leaks is, if your property is metered, then read your water meter and do not use any water for a couple of hours and go back to check that the meter reads exactly the same. If it does not, there is a leak.
	Turn off tap while cleaning your teeth, shaving or washing your face. You can waste up to 9 litres a minute by just letting the water pour down the sink.
	Take a short shower rather than a bath could save you up to 400 litres a week. If you do have baths, just half fill them.
	Fix any dripping tap, you can waste 90 litres a week which will cost a lot more than what might just be the price of a new washer.
	Don't overfill the kettle when making a cup of tea. Only fill and boil what you need, this will save you money on your energy costs too.
	Only use the washing machine and the dishwasher when you can put on a full load. It wastes both water and energy to run only a half full machine.
	Keep cool water in the fridge so that you do not need to run water down the sink to have a cold drink.
	Fit a water saving device in your cistern e.g. a 'hippo' to save when flushing, this can save you 3 litres a flush.
	Think before throwing used water down the drain, e.g. water in a pan after cooking, this could be reused for watering plants around the house when cooled down, or in the garden.

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

:: **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/
A. MAKARAUSKAJ		✓			✓	✓				✓		14/12/
K. KULSINSKAS				✓				✓				21/12/2
D. KERAI	✓	✓	✓	✓		✓	✓					08/01/2
K. KULSINSKAS				✓								22/01/

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RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title:	**Looking after RCL tools**	**Date:**	**24-01-23**
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: ISO14001-Environmental Management System	**Date: 24.01.24**
Location: Millennium Bridge House	**Start Time: 08:30**
Duration (Minutes) 30min	**End Time: 09:00**
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	V.Gustainis	RCL	I confirm that I have understood the Tool Box Talk
4	D.Nunes	RCL	I confirm that I have understood the Tool Box Talk
5	D.Marciulaitis		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

RAPHAEL CONTRACTING LTD

TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Noise, Quite Times	**Date: 22.01.24**
Location: Millennium Bridge House	**Start Time: 07:30**
Duration (Minutes) 30min	**End Time: 08:00**
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	V.Gustainis	RCL	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
3	30min	1.5h	2453745

RAPHAEL CONTRACTING LTD

PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: MBHS01

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDERS/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
D. Nunes	✓	✓	✓	✓			✓					8.1.24
B. Ramchande	✓	✓	✓	✓			✓					8.1.24
D. Marciulaitis	✓	✓	✓	✓			✓					8.1.24
V. Gustainis	✓	✓	✓	✓			✓					8.1.24
A. Makarouskas	✓	✓	✓	✓			✓					8.1.24
V. Gustainis				✓		✓			✓			22.1.24
A. Kulsinskas		✓							✓			24.1.24