WK 1 24-25



RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

| Title: Hand Protection | Date: 02/04/2024 |
|-----------------------------|-----------------------|
| Location: 84 MOORGATE | Start Time: 07:30 |
| Duration (Minutes) 30 mins | End Time: 08:00 |
| Presenter's name: D Sanders | Presenters Signature: |
| | TO Sundo |

| Candidate's Name | Name of Candidate's Employer | Candidate's Signature |
|------------------|------------------------------|---|
| | | |
| S SIMONOVIC | RAPHAEL CONTRACTING LTD | L'Confirm that I have understood the Toolbox Talk |
| | | |
| V BALIULEVICIUS | RAPHAEL CONTRACTING LTD | I Confirm that I have understood the Toolbox Talk |
| I SAHOTA | RAPHAEL CONTRACTING LTD | I Soulsts I Confirm that I have understood the Toolbox Talk |
| J SMITH | RAPHAEL CONTRACTING LTD | T.S.M. I Confirm that I have understood the Toolbox Talk |
| I ANDRONIC | RAPHAEL CONTRACTING LTD | ANDRONIC 4 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 |
| | 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 |
| | 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. 20 HAND PROTECTION

Minor accidents are normally ignored and people just go back to work, but there are some long-term consequences that affect everyone. Hand injuries fall in to this category and preventative measures must be taken. The person that does not wear gloves can run the risk of:

- ✓ Personal injury
- ✓ Irritant dermatitis
- ✓ Allergic dermatitis
- ✓ Loss of earnings due to time off work

Gloves can protect your hands from:

- ✓ Cuts & Abrasion Hazardous Materials
- ✓ Cold Skin Disease
- ✓ Oil Steel
- ✓ Resins Wet & dry cement
- ✓ Bricks & Blocks Wood
- ✓ Scaffolding Petrol and Diesel
- ✓ Tar

Common reasons for gloves not being worn:

- ✓ Never have worn gloves
- ✓ Hands have to be tough for trade
- ✓ Need to feel the job
- ✓ Can't wear them for all tasks keep taking them off
- ✓ Don't like the gloves provided
- ✓ Make hands smell
- ✓ Lack of grip
- ✓ Don't fit properly
- ✓ Don't keep hands warm

Important features of gloves:

- ✓ Cut protection
- ✓ Chemical protection
- ✓ Comfort
- ✓ Good fit
- ✓ Feeling
- ✓ Grip

Good gloves practice:

Always use the Right Glove For The Job!

- ✓ Find a glove that can be worn for the whole task and keep them on!
- ✓ Make sure the glove fits properly!
- ✓ Replace the gloves when worn out or damaged!
- ✓ Never put dirty hands in a glove!

WHAT IS THE RIGHT GLOVE FOR THE JOB?

JOB: Labouring, road building, fencing, joinery

HAZARD: Cuts, grazes, splinters, chemicals (lime, chromate's, phenols, mineral oils), risk of dermatitis, cold weather.

GLOVE MUST PROVIDE: Grip, dexterity, chemical protection and warmth.

| DOCUMENT REFERENCE: TOOLBOX TALKS DOCUMENT OWNER: MOB | VERSION NO: | 10 | CREATION DATE: LAST REVISION DATE: | 11/08/2010 Oct-2021 | Page 28 of 141 | - |
|---|-------------|----|---------------------------------------|------------------------|------------------------------|---|
|---|-------------|----|---------------------------------------|------------------------|------------------------------|---|



RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

| Title: Hand arm vibration | Date: 04/04/2024 |
|--------------------------------|-----------------------|
| Location: 84 MOORGATE | Start Time: 07:30 |
| Duration (Minutes) 30 mins | End Time: 08:00 |
| Presenter's name: S. Simonovio | Presenters Signature: |
| | Joseph Sinks |

| Candidate's Name | Name of Candidate's Employer | Candidate's Signature |
|------------------|------------------------------|---|
| | | 0 |
| S. SIMONOVIC | | (Thurse of 1) |
| | RAPHAEL CONTRACTING LTD | I Costirm that I have understood the coolbox Talk |
| | | DNA |
| V BALIULEVICIUS | RAPHAEL CONTRACTING LTD | I Confirm that I have understood the Toolbox Talk |
| I SAHOTA | RAPHAEL CONTRACTING LTD | 1 Confirm that I have understood the Toolbox Talk |
| J SMITH | RAPHAEL CONTRACTING LTD | I Confirm that I have understood the Toolbox Talk |
| I ANDRONIC | RAPHAEL CONTRACTING LTD | T Confirm that Thave 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 |
| | RAPHAEL CONTRACTING LTD | I Confirm that I have understood the Toolbox Talk |
| s | 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. 41 HAND ARM VIBRATION (HAV)

Fact: Regular exposure to vibration can cause a range of permanent injuries to your hands and arms.

WHAT IS HAV?

- 1. HAV stands for Hand-Arm Vibration.
- 2. HAV reaches your hands when:
 - · working with hand-held power tools, or
 - hand-guided machinery, or
 - holding materials processed by machinery
- Q: What does HAV stand for?
- Q: How can you get HAV?

THE SOURCES OF VIBRATION

- A common cause of hand-arm vibration is the prolonged use of rotating hand tools used for cutting and gripping
- Percussive hand tools used for riveting, chipping, hammering, drilling etc. are also sources of vibration
- The use of chainsaws is also another source of hand-arm vibration

EFFECTS OF VIBRATION

Depending upon the work situation, vibration can affect the whole body or, more commonly, just the hands and arms, usually called 'hand-arm vibration'.

- The first signs of a problem may only be tingling in the affected fingers
- Exposure to vibration can lead to irritation, fatigue and loss of concentration
- The above effects are likely to affect a person's attention to safety and therefore increase the likelihood of an accident occurring
- In the longer term, damage may occur to blood vessels, nerves, muscles, tendons and body organs
- Excessive hand-arm vibration can lead to 'Vibration White Finger' resulting in damaged blood vessels, circulatory problems, pain and possibly gangrene

Health effects

- 1. Regular exposure can cause a range of permanent injuries to your hands and arms.
- 2. Known as hand-arm vibration syndrome (HAVS)
- 3. The injuries you could suffer include damage to your:
 - blood circulatory system (Vibration White Finger (VWF))
 - sensory nerves
 - muscles, bones, joints

Symptoms

Vibration White Finger

- 1. Usually set off when your hands or body get cold or wet
- 2. The first sign is when your fingertips become white
- 3. Your fingers may also become numb
- 4. You may get 'pins and needles'

| DOCUMENT REFERENCE: DOCUMENT OWNER: | TOOLBOX TALKS MOB | VERSION NO: | 10 | CREATION DATE: LAST REVISION DATE: | 11/08/2010 Oct-2021 | Page 58 of 141 |
|--|----------------------|-------------|----|---------------------------------------|------------------------|------------------------------|
|--|----------------------|-------------|----|---------------------------------------|------------------------|------------------------------|

| Ш | |
|----------|----|
| T | U |
| I | 5 |
| 0 | RA |
| 1 | Z |
| or | 0 |
| C | 力 |

| | | | | | Bri a Daily Jain July | | |
|---------------------|--|--|----------------------------|-------------------------------|-----------------------|--|--|
| Contract: | 84 MOORGATE | Contracts Manager Site Manager | Paul Haugh Dave Sanders | Date (w/c): | 01/04/2024 | Method statement (s) (Title, Rev No. & Rev date) | RCL 84M-RCL-ZZ-ZZ-MS-A-00001 rev C01 |
| Location and descri | Location and description of work: Installing temporary door sets and window board | ng temporary door sets | and window boards | | - | | |
| | | | Site M | Site Manager's Daily Sign Off | gn Off | | |
| | | Date | | Name | Signature | Hot Topics (the main point | Hot Topics of the Day (the main points you discussed) |
| Monday | | 01/04/2024 | | Bank Holiday | 2 /S | N | N/A |
| Tuesday | | 02/04/2024 | | D Sanders | 75 Sen 15 | Hand Pr | Hand Protection |
| Wednesday | | 03/04/2024 | | D Sanders | DISMY. | Safe use of | Safe use of hand tools |
| Thursday | The second secon | 04/04/2024 | | D Sanders | 21825 | Hand arm | Hand arm vibration |
| Friday | | 05/04/2024 | | D Sanders | 13 Ser. 1 | Environmental iss | Environmental issues for carpenters |
| Saturday | | 06/04/2024 | | N/A | | 2 | N/A |
| Sunday | | 07/04/2024 | | N/A | | Z | N/A |
| | | the days with the second secon | Oper | Operatives Daily Sign Off | . Off | | |
| Name | 9 | Signature | Z | 3 | TFSS | Comi | Comments |
| S Simonvic | | (Cherry | 1 8/1 | 1 / 1 | 11/ | RCL MANGER/CARPENTER | ~ |
| J Smith | | - Servi | 8/1 | 1 | | RCL CARPENTER | |
| Sohota | | 12 moto | 18/ | 7 / 2 | 1 1 / | RCL CARPENTER | |
| V Baliulevicius | | 2 | 18/ | 1 / 1 | - | RCL CARPENTER | |
| l Andronic | 17 | W RUNIC | 18/ | 7 / 7 | \ | RCL CARPENTER | |
| | | | | | | | |
| | Annual Control of the | | | | | | |

| Before starting work, STOP, THINK and CHECK | Yes | No | N/A |
|--|-----|-----|-----|
| If the answer to any question below is NO, do not start work until the issues are resolved | | | |
| 1. Method statements, risk assessments and permits | | | 1 |
| Have you read and understood the method statement and risk assessment for the task? | > | | |
| Take you can all a marked 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: Hand Protection | Date: 02/04/2024 |
|-----------------------------|-----------------------|
| Location: 84 MOORGATE | Start Time: 07:30 |
| Duration (Minutes) 30 mins | End Time: 08:00 |
| Presenter's name: D Sanders | Presenters Signature: |
| • | TO Sounds |

| Candidate's Name | Name of Candidate's Employer | Candidate's Signature |
|------------------|------------------------------|--|
| | | (B) |
| S SIMONOVIC | RAPHAEL CONTRACTING LTD | LConfirm that I have understood the Toolbox Talk |
| | | |
| V BALIULEVICIUS | RAPHAEL CONTRACTING LTD | I Confirm that I have understood the Toolbox Talk |
| I SAHOTA | RAPHAEL CONTRACTING LTD | I Soulote I Confirm that I have understood the Toolbox Talk |
| J SMITH | RAPHAEL CONTRACTING LTD | T.G.W. I Confirm that I have understood the Toolbox Talk |
| I ANDRONIC | RAPHAEL CONTRACTING LTD | TO PLON IC TConfirm 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 |
| | 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 |
| | 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. 20 HAND PROTECTION

Minor accidents are normally ignored and people just go back to work, but there are some long-term consequences that affect everyone. Hand injuries fall in to this category and preventative measures must be taken. The person that does not wear gloves can run the risk of:

- ✓ Personal injury
- ✓ Irritant dermatitis
- ✓ Allergic dermatitis
- ✓ Loss of earnings due to time off work

Gloves can protect your hands from:

- ✓ Cuts & Abrasion Hazardous Materials
- ✓ Cold Skin Disease
- ✓ Oil Steel
- ✓ Resins Wet & dry cement
- ✓ Bricks & Blocks Wood
- ✓ Scaffolding Petrol and Diesel
- ✓ Tar

Common reasons for gloves not being worn:

- ✓ Never have worn gloves
- ✓ Hands have to be tough for trade
- ✓ Need to feel the job
- ✓ Can't wear them for all tasks keep taking them off
- ✓ Don't like the gloves provided
- ✓ Make hands smell
- ✓ Lack of grip
- ✓ Don't fit properly
- ✓ Don't keep hands warm

Important features of gloves:

- ✓ Cut protection
- ✓ Chemical protection
- ✓ Comfort
- ✓ Good fit
- √ Feeling
- √ Grip

Good gloves practice:

Always use the Right Glove For The Job!

- ✓ Find a glove that can be worn for the whole task and keep them on!
- ✓ Make sure the glove fits properly!
- ✓ Replace the gloves when worn out or damaged!
- ✓ Never put dirty hands in a glove!

WHAT IS THE RIGHT GLOVE FOR THE JOB?

JOB: Labouring, road building, fencing, joinery

HAZARD: Cuts, grazes, splinters, chemicals (lime, chromate's, phenols, mineral oils), risk of dermatitis, cold weather.

GLOVE MUST PROVIDE: Grip, dexterity, chemical protection and warmth.

| DOCUMENT REFERENCE: DOCUMENT OWNER: | TOOLBOX TALKS MOB | VERSION NO: | 10 | CREATION DATE: LAST REVISION DATE: | 11/08/2010 Oct-2021 | Page 28 of 141 | |
|--|----------------------|-------------|----|---------------------------------------|------------------------|------------------------------|--|
|--|----------------------|-------------|----|---------------------------------------|------------------------|------------------------------|--|



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

| Title: Site quiet times | Date: 02.04.24 | |
|-----------------------------------|-----------------------|--|
| Location: Millennium Bridge House | Start Time: 7:30 | |
| Duration (Minutes) 30min | End Time: 8:00 | |
| Presenters name: A. Kulsinskas | Presenters Signature: | |

| | Candidate's Name | Name of Employer | Candidate's Signature |
|----|------------------|------------------|--|
| 1 | B. Ramchande | RCL | I confirm that ilhave understood the Tool Ber Talk |
| 2 | A.Makarauskas | RCL | I confirm that I have understood the Tool Box Talk |
| 3 | K.O'Malley | RCL | confirm that I have understood the Tool Box Talk |
| 4 | V. Gustainis | RCL | confirm that I have understood the Tool Box Talk |
| 5 | D.Nunes | RCL | I confirm that knave understood the Tool Box Talk |
| 6 | I.Neagu | RCL | confirm that Jhave understood the Tool Bpx talk |
| 7 | A.Lidzius | RCL | confirm that I have understood the Tool Box Talk |
| 8 | D.Theodoridis | RCL | confident that I have understood the Tool Box Talk |
| 9 | K.O'Malley | RCL | 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 |
|----------------|--------------|----------|------------|--------------------|
| A 1880 1 500 A | 9 | 30min | 4.5h | 2453745 |
| 1 | | | | |

| DOCUMENT REFERENCE: SIT-FM-007 DAS VERSION NO: 1.1 CREATION DATE: 07/02/2013 01/03/2018 Page 1 of 1 | |
|---|--|
|---|--|



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

| Title: Hand Arm Vibration (HAV) | Date: 03.04.24 |
|-----------------------------------|-----------------------|
| Location: Millennium Bridge House | Start Time: 7:30 |
| Duration (Minutes) 30min | End Time: 8:00 |
| Presenters name: A. Kulsinskas | Presenters Signature: |

| | Candidate's Name | Name of Employer | Candidate's Signature |
|----|------------------|------------------|--|
| 1 | B. Ramchande | Name of Employer | R 4 4 0 |
| | | RCL | I confirm that I have understood the Tool Box Talk |
| 2 | A.Makarauskas | RCL | f |
| | | | I confirm that I have understood the Tool Box Talk |
| 3 | G.Diaconu | RCL | Confirm that I have understood the Tool Box Talk |
| 4 | V.Gustainis | RCL | Mo |
| | | | I gopfirm that I have understood the Tool Box Talk |
| 5 | D.Nunes | RCL | I confirm that I have understood the Tool Box Talk |
| 6 | I.Neagu | RCL | Neagy |
| 7 | A.Lidzius | RCL | I confirm that I have understood the Tool Box Talk |
| | ALIUZIUS | NCL | confirm that I have understood the Tool Box Talk |
| 8 | D.Theodoridis | RCL | here |
| | | | I confirm that I have understood the Tool Box Talk |
| 9 | K.O'Malley | RCL | I confirm that I have understood the Tool Box Talk |
| 10 | | | recommendate understood the roof box raik |
| | | | 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

| ** AND A | NI ANT CANTE | יים ושנו ושנו ושנו ושנו ושנו ושנו ושנו ושנ | |
|--|--|--|--------------------|
| No. Attended | Duration | Total Time | Employer Reference |
| 9 11 | 30min | ቕ ፷ካ. | 2453745 |
| | | | 3 |

| DOCUMENT REFERENCE: SIT-FM-007 VERSION NO: 1.1 CREATION DATE: 07/02/2013 01/03/2018 | Page 1 of 1 |
|---|-------------|
|---|-------------|





PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: MBHS01

| | DATE | 2.4.24 | 2.4.24 | 2.4.24 | | | | | |
|-------------------------------|------------------|----------|--|--------------|--|--|--|--|--|
| | SIGNATURE | | The state of the s | Ben | | | | | |
| SUE | Wear and Tear | > | 1 | 2 | | | | | |
| REASON FOR ISSUE / REISSUE | Damaged | | | | | | | | |
| ASON / RE | Lost | | | | | | | | |
| RE/ | New | | | | | | | | |
| | MASK FFP3 | | > | > | | | | | |
| EAR | S/ PLUGS | > | | | | | | | |
| | GLOVES | 7 | \ | 7 | | | | | |
| | HI-VIS VEST | | | | | | | | |
| CAEETY | GLASSES | > | | | | | | | |
| | HARD | | | | | | | | |
| | OPERATIVE NAME | D. Nunes | A. Makaranskas | V. Gustonins | | | | | |

| Page 1 of 1 |
|--|
| 07/02/2013 22/11/2018 |
| CREATION DATE: LAST REVISION DATE: |
| 1.3 |
| VERSION NO: |
| SIT-FM-008 DAS |
| DOCUMENT REFERENCE: DOCUMENT OWNER: |