



# PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: MBHS01

	DATE	03.06.24	03.06.24	05.06.24	06.06.24	10.06.24	92.30.01	12.06.24	14.06.24		1		
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	OPERATIVE NAME	T. Smith	V Gustainis	1. Neagu	A. Makarauskas	K. O'Nalley	V, Gustainis	K. O'Malley	T. Smith	7			

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



# TRAINING AND DEVELOPMENT PLAN

Title:Site Quiet Times and weeks highlights	Date: 10.06.24		
Location: Millennium Bridge House	Start Time: 7:30		
Duration (Minutes) 30min	End Time: 8:30		
Presenters name: A. Kulsinskas	Presenters Signature:		

# SHORT TRAINING SESSION ATTENDANCE SHEET

	Candidate's Name	Name of Employer	Candidate's Signature
1	B. Ramchande	RCL	I confirm that I have understood the Tool Box Talk
2	I.Sahota	RCL	I confirm that I have understood the Tool Box Talk
3	J.Smith	RCL	I confirm that I have understood the Tool Box Talk
4	A.Lidzius	RCL	I confirm that I have understood the Tool Box Talk
5	K.O'Malley	RCL	I confirm that I have understood the Tool Box Talk
6	A. Gustainis	RCL	I confirm that have understood the Tool Box Talk
7	D.Nunes	RCL	I confirm that I brave understood the Tool Box Talk
8	I.Neagu	RCL	I confirm that Thave understand the Tool Box Talk
9	D. Marciulaitis	RCL	I confirm that I have understood the Tool Box Talk
10	A.Makarauskas	RCL	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

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	No. Attended	Duration	Total Time	Employer Reference	
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-	10	30min	5h	2453745	i
-		30	J.,	2400740	į.
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DOCUMENT REFERENCE: SIT-FM-007 DOCUMENT OWNER: DAS VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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# TRAINING AND DEVELOPMENT PLAN

Title:Site PPE	Date: 11.06.24		
Location: Millennium Bridge House	Start Time: 7:30		
Duration (Minutes) 30min	End Time: 8:30		
Presenters name: A. Kulsinskas	Presenters Signature:		

# **SHORT TRAINING SESSION ATTENDANCE SHEET**

	Candidate's Name	Name of Employer	· Candidate's Signature
1	B. Ramchande	RCL	I confirm that they understood the Yool box Talk
2	I.Sahota	RCL	I confirm that Drave understood the Tool Box Talk
3	J.Smith	RCL	I confirm that I have understood the Tool Box Talk
4	A.Lidzius	RCL	I conficen that I have understood the Tool Box Talk
5	K.O'Malley	RCL	I confirm that I have <u>unders</u> tood the Tool Box Talk
6	A.Gustainis	RCL	I confirm that there understood the Tool Box Talk
7	D.Nunes	RCL	I confirm that That and derstood the Tool Box Talk
8	I.Neagu	RCL	I confi <u>rm</u> that I have <u>understo</u> od the Tool Box Talk
9	D. Marciulaitis	RCL	Confirm that I have understood the Tool Box Talk
10	A.Makarauskas	RCL	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
10	30min	5h	2453745
##   1887	9   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609   1609		

DOCUMENT REFERENCE: SIT-FM-007 DOCUMENT OWNER: DAS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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# RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Safe use of Hop-ups	Date: 13/06/2024		
Location: NG200	Start Time: 07:30		
Duration (Minutes) 30 mins  Presenter's name: D Sanders	End Time: 08:00		
	Presenters Signature:		

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
		$\rho$
K KULSINSKAS	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Palk
S SIMONOVIC	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
K WARNER	RAPHAEL CONTRACTING LTD	I Confirm that have understood the Toolbox Talk
V BALIULEVICIUS	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
A MASTAC	HUTCHISON FLOORING	I Confirm that I have understood the Toulbox Talk
L ARCHENOUL	HATCHISON FLOORING	I Confirm that I have understood the Toolbox Talk
B AYLING	HATCHISON FLOORING	I Confirm that Llave understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		1 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 6

Duration 30 mins

Total Time 6 hours

Employer Reference 2453745



# **METHOD STATEMENT INDUCTION**

# ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS (METHOD STATEMENTS ISSUED TO ALL PRESENT)

CONTRACT:	NG200	MS REF:	001	POZ

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	KESTUTIS KULSINSKAS	08-04-24	h	I confirm that I have read and understood the Risk Assessment and Method Statement
2	VIRGINIZUS BALLULEVICIUS	08-04-24	3	I confirm that I have read and understood the Risk Assessment and Method Statement
3	SLAV. SILLONOW	12-04-24	Humy in	I confirm that I have read and understood the Risk Assessment and Method Statement
4	DAOL SALOXES	29-04-24	DSmel	I confirm that I have read and understood the Risk Assessment and Method Statement
5	Kacee Worner	03/05/24	Ewar News)	I confirm that I have read and understood the Risk Assessment and Method Statement
6	Oean Conyas	12/6/24	Wes	I confirm that I have read and understood the Risk Assessment and Method Statement
7	Jou Braining	14/6/26	8	I confirm that I have read and understood the Risk Assessment and Method Statement
8				I confirm that I have read and understood the Risk Assessment and Method Statement
9				I confirm that I have read and understood the Risk Assessment and Method Statement
1 0				I confirm that I have read and understood the Risk Assessment and Method Statement

Signed:

Position:

Site Manager

Print Name:

**K.Kulsinskas** 

Date: 08-04-24

# 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)

	CUMENT REFERENCE: CUMENT OWNER:	SIT-FM-004 DAS	VERSION NO:	1.1	CREATION DATE: LAST REVISION DATE:	07/02/2013 01/03/2018	Page 1 of 1
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Contract:   NG 200   Ste Manager   Date (w/c):   Date (w			5	Site Manager's Daily Safe Start	ger's	Daily	Saf	e Sta	t		
Date	Contract:	NG 200	Contracts Manager Site Manager	Paul Haugh Dave Sanders	Date (1	w/c):	10	,706/202	4	Method statement (s) (Title, Rev No. & Rev date)	RCL NG200-RCL-ZZ-MS-X-00001 REV P02
Date	Location and descri	ption of work: Insta	Illing temporary door sets	and window board:			-				
Date   Date   Date   Danders   Signature   10/06/2024   Danders   Signature   11/06/2024   Danders   Signature   13/06/2024   Danders   Signature   Danders   Signature   Danders   Signature   Danders   Signature   M/A   T   K   S   S   S   S   S   S   S   S   S				Site M	anager's	Daily Sig	th Off				
10/06/2024   D Sanders   Sanders   13/06/2024   D Sanders   Sanders   Sanders   Signature   D Sanders   Signature   Signatur			Date		Name			Signature		Hot Topics	Hot Topics of the Day
11/06/2024   D Sanders   Second	Monday		10/06/2024		D Sander		1	Pilata	, -	Trie main points	Weil's Disease
12/06/2024   D Sanders   12/06/2024   D Sanders   13/06/2024   D Sanders   14/06/2024   D Sanders   15/06/2024   D Sanders   15/06/2024   D Sanders   15/06/2024   D Sanders   15/06/2024   D Sanders   D Sander	Tuesday		11/06/2024		D Sandei		1	200	ל ע	Security	Security on site
13/06/2024   D Sanders   Sanders   14/06/2024   D Sanders   D Sa	Wednesday		12/06/2024		D Sande		11		13	Slip, Trips	Slip, Trips and Falls
14/06/2024   D Sanders   D S	Thursday		13/06/2024		D Sander		1	3	{	Safe use o	Safe use of Hop ups
15/06/2024   N/A   N/C	Friday		14/06/2024		D Sander		L	V	1	Personal safety in o	Personal safety in or around vehicles
Name         Signature         M         T         W         T         F         S         S           KAS         V         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X	Saturday		15/06/2024		N/A					N	N/A
Name         Signature         M         T         W         T         F         S         S           KAS         KAS         N         V         V         V         V         N         RCL CARPENTER           VICIUS         X         V         V         V         V         N         RCL CARPENTER           S         X         X         X         X         X         X         X         RCL CARPENTER           DUL         DAA         X <td>Sunday</td> <td></td> <td>16/06/2024</td> <td></td> <td>N/A</td> <td></td> <td></td> <td></td> <td></td> <td>N/A</td> <td>/A</td>	Sunday		16/06/2024		N/A					N/A	/A
Name         Signature         M         T         W         T         F         S         S           KAS         X         V         V         V         V         V         C				Ope	ratives Da	illy Sign	Off				
KAS         KAS         KAS         RCL MANGER/CARPI           VIC         V         V         V         V         V         CARPENTER           RCL CARPENTICE CAI         X         V         V         V         V         CARPENTER           AC         X         X         X         X         X         X         RCL CARPENTER           BCL         X	Nam	9	Signature	Σ	-	3	F		S	Comments	nents
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	L ARCHENOUL		V MO	×	×	×	×	×		HUTCHISON FLOORING	
> × > ×	B AYLING		B	>	>	7	>	\		HUTCHISON FLOORING	
	A MASTAC			×	>	7	<u>/</u> 入	\		<b>HUTCHISON FLOORING</b>	

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		ı
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: Security on site	Date: 11/06/2024
Location: NG200	Start Time: 07:30
Duration (Minutes) 30 mins	End Time: 08:00
Presenter's name: D Sanders	Presenters Signature:
	23500

Candidate's Name	Name of Candidate's Employer	Candidate's Signature
		1
K KULSINSKAS	RAPHAEL CONTRACTING LTD	I Confirm that I have inderstood the Toolbox Palk
S SIMONOVIC	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
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A MASTAC	HUTCHISON FLOORING	! Confirm that ! have understood the Toolbox Talk
L ARCHENOUL	HATCHISON FLOORING	I Confirm that I have understood the Toolbox Talk
B AYLING	HATCHISON FLOORING	I Confirm that Have understood the Toolbox Talk
L TURAWKA	PLANET	I Confirm that I have understood the Toolbox Talk
M KOSTRZANOWSKI	PLANET	I Confirm that I have understood the Toolbox Talk
		1 Confirm that I have understood the Toolbox Talk
		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
	6





# **Toolbox Talk No. 48 SECURITY ON SITE**

### WHAT THE LAW SAYS

- Under the law, trespassers have a right to expect not to be put at risk if they enter a construction site, particularly children who are less aware of danger
- On larger sites, the CDM Regulations place a specific duty on the main contractor to ensure that unauthorised persons do not gain access to the site

### SOME RISKS TO THE UNWARY

- Children often find that construction sites are exciting places to play ensure they cannot gain access after normal working hours
- Power tools, plant and equipment may be too tempting if not disabled and locked away; they could be stolen or cause injury to the inexperienced
- Hazardous substances which you may be familiar with and use daily may cause serious injury to unauthorised persons; lock them away when not in use

### REMOVE TEMPTATION

- Ensure that an effective system of access control is operated
- Remove ladders from scaffolds or securely board up the lower rungs to prevent access at the end
  of each working day
- Check that the perimeter hoarding or fencing is intact and is to a standard which does not encourage unauthorised entry
- Remove keys from plant and equipment when not in use
- Remove from view and secure any tools, equipment and materials which might tempt thieves on to the site after normal working hours

### **DEALING WITH TRESPASSERS**

- Ask suspected trespassers who they wish to see and, if necessary, escort them to site security. If they are genuine visitors, they will not mind being challenged
- Ensure that trespassing children are escorted off the site immediately
- Do not put yourself in a position where you could be accused of assault



# RCL TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Safe use of Hop-ups	Date: 13/06/2024
Location: NG200	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
K KULSINSKAS	RAPHAEL CONTRACTING LTD	! Confirm that I have understood the Toolbox Talk
S SIMONOVIC	RAPHAEL CONTRACTING LTD	I Confirm that I have anderstood the Toolbox Talk
K WARNER	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
V BALIULEVICIUS	RAPHAEL CONTRACTING LTD	1 Confirm that I have understood the Toolbox Talk
D CONYERS	RAPHAEL CONTRACTING LTD	I Confirm that I have understood the Toolbox Talk
A MASTAC	HUTCHISON FLOORING	I Confirm that I have understood the Toolbox Talk
B AYLING	HATCHISON FLOORING	I Confirm that I have understood the Toolbox Talk
		I Confirm that I have understood the Toolbox Talk
		1 Confirm that I have understood the Toolbox Talk
		! Confirm that I have understood the Toolbox Talk
		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 6

Duration 30 mins

Total Time 6 hours Employer Reference 2453745





# Toolbox Talk No. 87 SAFE USE OF HOP-UPS

Hop-ups are designed for short-term use where access might be limited for other equipment such as podium steps. Some sites may require you to have a 'Permit-to-Work' for hop-ups and/or mini scafftags for their inspection records.

- Never use this equipment if you are ill, feeling tired, or under the influence of alcohol or drugs.
- Wear sensible, protective clothing and footwear offering good grip. Tie back long hair and avoid loose garments and jewellery that could get in your way.
- Do not use a hop-up if you suffer from vertigo or have a fear of heights.
- This equipment is designed to support one person only.
- The Hop-up is designed for internal use and must only be sited on a level floor.
- Erect the Hop-up away from overhead hazards.
- Never suspend the Hop-up from another structure.
- Never carry anything when climbing, unless you can do so leaving both hands free. Place tools and materials on to the platform before climbing.
- Always check the condition of components before use and at regular intervals thereafter. If any show signs of damage or excessive wear, do not use it.
- Always ensure the hop-up is correctly extended and level before use and check regularly thereafter.
- Do not site the Hop-up directly on carpet or floor surfaces that could be damaged by the feet
- Never overload the Hop-up. The work platform's maximum load is 110kg or 17.3 stone. The MAXIMUM SAFE WORKING LOAD must not be exceeded.
- Never lean anything against the Hop-up and never use it for jobs that exert repetitive or excessive force.
- Never use boxes, steps etc to gain extra height and never reach too far out to one side.
- Never move a Hop-up with personnel, tools or materials, always clear the platform first.
- Ensure the ground over which the Hop-up is to be moved is flat, level and firm enough to bear its weight, and well away from hazards.
- Don't take chances. If the Hop-up cannot be moved safely for any reason, fold it and rebuild in the new location.