



PERSONAL PROTECTIVE EQUIPMENT ISSUE REGISTER

SITE: MBHS01

OPERATIVE NAME	HARD HAT	SAFETY GLASSES	HI-VIS VEST	GLOVES	EAR DEFENDER S/ PLUGS	DUST MASK FFP3	REASON FOR ISSUE / REISSUE				SIGNATURE	DATE
							New	Lost	Damaged	Wear and Tear		
D. Nunes		✓		✓	✓					✓		2.4.24
A. Makarauskas				✓		✓				✓		2.4.24
V. Gustainis				✓		✓				✓		2.4.24
D. Marciulaitis		✓								✓		10.4.24
J. Smith		✓								✓		15.04.24
D. Marciulaitis				✓						✓		16.04.24
I. Neagu				✓		✓				✓		17.04.24
V. Gustainis		✓				✓						22.04.24



TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Site Quiet Times and highlights for week.	Date: 22.04.24
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 I have understood the Tool Box Talk
2	A. Makarauskas	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	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. Neagu	RCL	 I confirm that I have understood the Tool Box Talk
7	A. Lidzius	RCL	 I confirm that I have understood the Tool Box Talk
8	D. Marciulaitis	RCL	 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 8	Duration 30min	Total Time 4h	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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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: Flammable material storage	Date: 24.04.24
Location: Millennium Bridge House	Start Time: 7:30
Duration (Minutes) 30min	End Time: 8:00
Presenters name: A. Kulsinkas	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	J. Smith	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. Neagu	RCL	I confirm that I have understood the Tool Box Talk
7	A. Lidzius	RCL	I confirm that I have understood the Tool Box Talk
8	D. Marciulaitis	RCL	I confirm that I have understood the Tool Box Talk
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METHOD STATEMENT INDUCTION

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

CONTRACT:	NG200	MS REF:	001 P02
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	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	KESTUTIS KULSINSKAS	08-04-24		I confirm that I have read and understood the Risk Assessment and Method Statement
2	VIRGINIJUS BAHULEVICIUS	08-04-24		I confirm that I have read and understood the Risk Assessment and Method Statement
3	SLAV. SIMONOV	22-04-24		I confirm that I have read and understood the Risk Assessment and Method Statement
4				I confirm that I have read and understood the Risk Assessment and Method Statement
5				I confirm that I have read and understood the Risk Assessment and Method Statement
6				I confirm that I have read and understood the Risk Assessment and Method Statement
7				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
10				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)



METHOD STATEMENT INDUCTION

ATTENDANCE SHEET TO BE COMPLETED FOR ALL METHOD STATEMENT TALKS
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CONTRACT:	NG200	MS REF:	001 P02
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2	VIRGINIJUS BAHULEVICIUS	08-04-24		I confirm that I have read and understood the Risk Assessment and Method Statement
3	SLAV. SIMONOV	22-04-24		I confirm that I have read and understood the Risk Assessment and Method Statement
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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)


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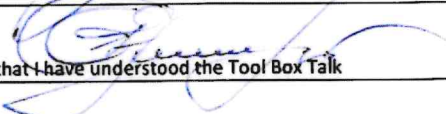
NOTE IF YOU HAVE MORE THAN 10 OPERATIVES ON SITE, PLEASE USE THE CONTINUATION SHEET

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				
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				



TRAINING AND DEVELOPMENT PLAN SHORT TRAINING SESSION ATTENDANCE SHEET

Title: <u>SAFE USE OF HOP-UPS</u>	Date: <u>22-04-24</u>
Location: <u>The National Gallery</u>	Start Time: <u>730</u>
Duration (Minutes) <u>30</u>	End Time: <u>800</u>
Presenters name: <u>K. KULSINSKAS</u>	Presenters Signature: 

	Candidate's Name	Name of Employer	Candidate's Signature
1	<u>V. BALIULEVICIUS</u>	<u>RCL</u>	I confirm that I have understood the Tool Box Talk 
2	<u>S. Simonov</u>	<u>RCL</u>	I confirm that I have understood the Tool Box Talk 
3			I confirm that I have understood the Tool Box Talk
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No. Attended	Duration	Total Time	Employer Reference
			<u>2453745</u>



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.

DOCUMENT REFERENCE: DOCUMENT OWNER:	TOOLBOX TALKS MOB	VERSION NO:	9	CREATION DATE: LAST REVISION DATE:	11/08/2010 21/10/2019	Page 130 of 141
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