WK 7

METHOD STATEMENT INDUCTION

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

CONTRACT:	NG200	MS REF:	NG200-RCL-XX-MS-X-00006 P1

	NAME (PRINT)	DATE ATTENDED	SIGNATURE	COMMENTS
1	LEWIS ARCHBOULD	8/5/24	L Archbould	I confirm that I have read and understood the Risk Assessment and Method Statement
2	ANDREI KHASTAC	8/5/24		I confirm that I have read and understood the Risk Assessment and Method Statement
3	BLAGOVEST TRENDAFILOV	8/5/24		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: D Sanders

Position: SITE MANAGER

Print Name: D Sanders

Date: 08-05-2024

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)

RAPHAEL 13
CONTRACTING LTD

Site Manager's Daily Safe Start

Contract:	NG200	Site Manager:	S.Simonovic	Date (w/c):	13/05/24	Method statement (s) (Title, Rev No. & Rev date)	NG200-RCL-XX-MS-R-00006 P1

Location and description of works:

Site Manager's Daily Sign Off

	Date	Name	Signature	Hot Topics of the Day (the main points you discussed)
Monday	13/05/24	S.Simonovic		Slips,Trips and Falls.
Tuesday	14/05/24	S.Simonovic		TBT No.38 Safe Stacking.
Wednesday	15/05/24	S.Simonovic		Safe Cable management.
Thursday	16/05/24	S.Simonovic		TBT No.39 Site housekeeping and waste disposal.
Friday	17/05/24	S.Simonovic		Noise and ear protection.
Saturday				
Sunday				

Operatives Daily Sign Off

Name	Signature	M	T	W	T	F	S	S	Comments
V. Balulevicius		✓	✓	✓	✓	✓			
. Warner		✓	✓	✓	✓	✓			
Mastac		✓	✓	✓	✓	✓			
rchenoul		X	✓	X	✓	✓			

E MORE THAN 10 OPERATIVES ON SITE, PLEASE USE THE CONTINUATION SHEET

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TRAINING AND DEVELOPMENT PLAN

SHORT TRAINING SESSION ATTENDANCE SHEET

Title: No. 38 SITE STACKING	Date: 14/05/24
Location: NG 200	Start Time: 7:30
Duration (Minutes): 30 min's	End Time: 8:00
Presenters name: S. SIMONOVIC	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	K. WARNER	RCL.	I confirm that I have understood the Tool Box Talk
3	R. KIASTAC	ROBINSON FLOORING	I confirm that I have understood the Tool Box Talk
4	L. ARCHANCUL	ROBINSON FLOORING	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
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk

nt Claim information

: 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

No. 39 Title: SAFE HANDLE AND WASTE	Date: 16/05/24
Location: NG 200	Start Time: 730
Duration (Minutes): 30 MINS	End Time: 8 AM
Presenters name: S. SIMONOVIC	Presenters Signature:

	Candidate's Name	Name of Employer	Candidate's Signature
1	V BALULESCIUS	RCL	I confirm that I have understood the Tool Box Talk
2	K WARNER	RCL	I confirm that I have understood the Tool Box Talk
3	A MARSTAC	PLUS CHINNON FLOORING	I confirm that I have understood the Tool Box Talk
4	L PRENENDUC	PLUS CHINNON FLOORING	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
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk
			I confirm that I have understood the Tool Box Talk

t Claim information

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

Title: Hazardous Waste	**Date: 15.05.24**
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	D. Marciulaitis	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	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.Makarauskas	RCL	I confirm that I have understood the Tool Box Talk
8	A.Gustainis	RCL	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			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
9	30min	4.5h	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		✓		✓	✓					✓		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
A. Makarauskas		✓		✓		✓				✓		29.04.24
K. Warner	✓	✓		✓			✓					02.05.24
B. Ramchande				✓						✓		07.05.24
I. Neagu				✓						✓		10.05.24
V. Gustainis				✓						✓		15.05.24

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