

Week Ending:

Time Sheet

Client/Company Name:	Operator Name:
Site Address:	

	Machine Type	Serial Number	Machine Hours			Start Time	Finish Time	Break	Total Hours	Comments
			Working	Standing	Breakdown					
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										

I agree the hours to be accurate, the work has been completed to a satisfactory standard and accept the conditions as legally binding

Total Hours Worked

Authorised on behalf of the client/company representative

Signature	Print Name	Position

DAILY CHECKS	MON	TUES	WED	THURS	FRI	SAT	SUN	Defects/Remarks
Oil, Fuel, Coolant - Levels								
Oil, Fuel, Coolant - Leaks								
Safety Lockouts								
Audible Visual Alarms Serviceable								
Glass								
Condition of Tyres / Tracks								
Tightness of Wheel Nuts								
Windscreen Wiper / Wash								
Lights Forward / Reverse								
Instruments Working								
Horn								
Reversing Camera & Alarm								
Seat Belts								
Fire Extinguisher								
Air Conditioning								
Body up Buzzer / Light								
Static Brake Test								
Brake Drive Test								
Parking Brake Test								
Brake Air Pressure								
Steering Test								
Articulated Joints								
Lift & Crowd Operation								
Condition of Steps & Hand Rails								
Mirrors Satisfactory								
Drain Air Tank (End of Shift)								
Flashing Beacon								
Inspection & Operation of Quick Hitch								
Daily Greasing completed as per Operators Manual								
Grab Attachment cleaned to avoid build up of debris								
Blade/Bucket								
INITIALLED BY OPERATIVE ON COMPLETION								

ALL TIMESHEETS MUST BE FULLY COMPLETED AND SIGNED BEFORE RETURNING TO LABOURSOLUTIONS@THEARCGROUP.CO.UK BY 5PM THE FOLLOWING MONDAY. FAILURE TO DO SO MAY RESULT IN US BEING UNABLE TO PROCESS PAYMENT.