



Shipdham Airfield Industrial Estate, Shipdham,
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OPERATOR/BANKSMAN WEEKLY TIME/REPORT SHEET

REF. No.:

NOTE: 1. The second copy of each timesheet must be posted to arrive at the above address by FIRST post on Monday.
2. Separated sheets must be submitted for different sites.

DAY	OPERATOR HOURS				MACHINE HOURS				CAUSE AND NATURE OF BREAKDOWN
	Start Time	Finish Time	Meal Breaks	Actual Hours	Working	Standing	Breakdown	Total Time	
SAT									
SUN									
MON									
TUE									
WED									
THU									
FRI									
TOTALS					TOTALS				

I confirm the foregoing particulars are correct and that the weekly inspection for which I am responsible under the Construction (Lifting Operations) Regulations has been carried out and that the necessary entries in the Site Register have been carried out.

Operator's Signature _____

<p>WEEK ENDING DATE (FRIDAY): _____</p> <p>Hirer's Name: _____</p> <p>Site Address: _____</p> <p>_____</p> <p>Site Tel. No. : _____</p> <p>Site Agent/Manager: _____</p> <p>Plant No.: _____ Type: _____</p> <p>Crane: _____</p> <p>Operator's Name: _____</p>	<p>SUBSISTENCE/LODGING ALLOWANCE CLAIM AND CERTIFICATE (Appendix B)</p> <p>Address of Temporary Accommodation/Lodging:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Total number of nights for which Subsistence/Lodging Allowance is claimed: _____</p> <p>I certify that to the best of my knowledge and belief, the information given above is true and correct. For each night for which Subsistence/Lodging Allowance is claimed, it was necessary for me to obtain at my own expense, accommodation away from my normal place of residence. The information last supplied to me by my employer as regards my normal place of residence and my dependants has not altered and is still correct.</p> <p>Signed _____</p>
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Operators: Have you filled out your daily/weekly checks? YES NO

LOLER 1998 REGULATION 8
THIS MUST BE COMPLETED BY THE HIRER
Appointed person/persons supervising Lifting Operations

OPERATORS:
Have you attended the site safety induction? Yes No
Have you read and signed the Site Lift Plan? Yes No

PRINT NAME: _____
EMPLOYED BY: _____

TO BE COMPLETED BY THE HIRER: **BONUS AUTHORISED:** _____

I confirm that the hours shown and Bonus Authorised (If Applicable) are correct and charges invoiced on that basis will be accepted by the hirer:

Print Name: _____ **Signature:** _____