

Employee Name \_\_\_\_\_

Employee Number \_\_\_\_\_ Week Ending \_\_\_\_\_

Pay Day Expense	Job #	Machine	Time Start	Time Finish	Check if no Lunch	Hours
SUN Date	T					
	M					
MON Date	T					
	M					
TUE Date	T					
	M					
WED Date	T					
	M					
THURS Date	T					
	M					
FRI Date	T					
	M					
SAT Date	T					
	M					
T=Travel M=Meals Circle if one applies		<b>Total hours for week</b>				

LAB-D

HKTCDL-10/99

## EQUIPMENT INSPECTION REPORT

COMPANY NAME \_\_\_\_\_

DATE: \_\_\_\_\_ EQUIPMENT #: \_\_\_\_\_

HOUR METER: \_\_\_\_\_ OPERATOR NAME: \_\_\_\_\_

<u>CHECK LIST</u>	<u>OK</u>	<u>NEEDS ATTENTION</u>
CHECK FLUIDS DAILY:		
FLUID LEAKS:		
1) ENGINE OIL	_____	_____
2) HYDRAULIC OIL	_____	_____
3) ANTI-FREEZE	_____	_____
BRAKES (park and service)	_____	_____
STEERING MECHANISM	_____	_____
TRACKS/UNDERCARRIAGE/TIRES/RIMS	_____	_____
RADIATOR/ENGINE BELTS	_____	_____
HYDRAULIC LINES AND FITTINGS	_____	_____
BUCKET/BLADES	_____	_____
GREASED (check for damaged fittings)	_____	_____
BACK UP ALARM	_____	_____
LIGHTS/ELECTRICAL	_____	_____
CAB/GLASS	_____	_____
COMPANY LOCKS	_____	_____

LIST DEFECTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

→ Location of the piece of equipment: \_\_\_\_\_

\*THIS SHOULD BE FILLED OUT AT THE END OF THE WORK WEEK AND TURNED IN WITH YOUR TIME BOOK.  
 \*\*IF YOU ARE ON MORE THAN ONE MACHINE, PLEASE NOTE IT ON THE EQUIPMENT # LINE.

EMPLOYEE COPY

Take a picture of the WHOLE sheet of paper when submitting to Payroll

Fax: 302-658-0684 or email to both Dawn and Melissa:

[dhollert@diamondmaterials.com](mailto:dhollert@diamondmaterials.com) and [mcalhoun@diamondmaterials.com](mailto:mcalhoun@diamondmaterials.com)

subject line: white card j doe (put your initial and last name so we know who it is from)

I will email you back "Thanks", if I don't respond by 12:00PM you need to call the office 302-658-6524 to see what went wrong.

"Due by 12:00PM every Monday morning.