



MPS CRANE OPERATORS WORKING WITH ARCOMET TOWER CRANES

MPS LTD · Llantrisant Business Park, Llantrisant, RCT, CF72 8LF
Tel: 01443 238452 · Fax: 01443 231614
Email: timesheets@mps craneoperators.com



The Hirers of the Crane are reminded of their responsibility under LOLER 1998 and the ACOP BS7121 Safe Use of Cranes to ensure a SAFE SYSTEM OF WORK

OPERATOR/SLINGER/SIGNALLER WEEKLY TIME/REPORT SHEET

Worker's Name	Hirer's Name
Worker's Signature	Site Address
Week Ending Date (Sunday last working day)
Machine Type Plant Number	Site Tel.....

Worker Purposes Only		Day	Start Time	Finish Time	Breaks	Total Worker Hours	Day	Start Time	Finish Time	Total Hours	Comments		
Subsistence ✓	Travel ✓	OPERATOR HOURS					CRANE HOURS						
		MON					MON						
		TUES					TUES						
		WED					WED						
		THUR					THUR						
		FRI					FRI						
		SAT					SAT						
		SUN					SUN						
		Total Hours						Total Hours					

MINIMUM HOURS FOR CRANE WORKERS: MON – FRIDAY 9 HOURS PER DAY, SAT & SUN 8 HOURS PER DAY

Bonus Authorised NOTE TO THE WORKER Obtaining hours that have not actually been worked, or site bonus that is not authorised correctly will lead to criminal prosecution if found to be fraudulently obtained.

AUTHORISATION (to be signed by the HIRER)

Signature Print Name Position Date

I confirm that I have incurred subsistence costs, where appropriate, on the days I have worked and kept receipts wherever possible, or a diary record of the expenses incurred. If there are any days worked where no subsistence was incurred, please note which days here:

I also confirm that each method of transport I have used on each day worked, is ticked opposite:

I declare that all the details signed for are correct. I understand that a false declaration is fraud and as such is an offence which may lead to prosecution.

Signature

Mode Used	Days
CAR	
BICYCLE	
MOTORBIKE	
PUBLIC TRANSPORT	
OTHER	

NOTE: Failure to complete ALL sections including your signature will result in you NOT being paid for the expenses incurred.

OPERATOR'S WEEKLY MAINTENANCE & DEFECT REPORT (THIS MUST BE COMPLETED FULLY)

CHECKS & MAINTENANCE	YES	NO	DESCRIPTION & ACTION TAKEN
All operational functions working (Slew-Hoist-Trolley-Derricking, etc)			
Auto Safe Load Indicator (ASLI) / R.C.I. working			
All ropes running freely and without defects			
All Mast/Boom/Jib Pins secure and intact			
All Tracks/Undercarriage intact			
All Fluid Levels correct and without leaks			
All necessary Greasing/Maintenance undertaken			
All Crane/Lifting Tackle certification available			
Have you completed an Inspection Report OTHER than this one			
Have you attended the Site Safety Induction			
Have you seen the Risk Assessment/Method Statement/Lifting Plan			
Is there an Operators' Manual available for the crane			
Is the crane being used for Man Riding; if yes, call MPS office ASAP			
DEFECT REPORT & OTHER COMMENTS	LOLER 1998 REGULATION 8: This must be completed by the Hirer/ Appointed Person/Person Supervising Lifting Operations Name Employed by		

I have carried out all the prescribed maintenance operations and am satisfied that all safety devices operate in a satisfactory manner

Worker's Signature Print Name Date

Time Sheets MUST be returned to the office by hand, post or fax no later than 10.00 a.m. on Monday morning. Please use SUNDAY as the LAST day of each working week, and enter the relevant WEEK ENDING date in the space provided. The Conditions of Contract you have entered into are fully covered by the TERMS & CONDITIONS already supplied to you. All employees should confirm each time sheet with their own signature to verify that all information shown is correct.