



# CRANE PERSONNEL SUPPLIERS UK & WORLDWIDE

MPS LTD · Llantrisant Business Park, Llantrisant, RCT, CF72 8LF  
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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	Comments
Subsistence ✓	Travel ✓						
		MON					
		TUES					
		WED					
		THUR					
		FRI					
		SAT					
		SUN					

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	<input type="checkbox"/>
BICYCLE	<input type="checkbox"/>
MOTORBIKE	<input type="checkbox"/>
PUBLIC TRANSPORT	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

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.