



SKEATES CONTRACTING INC.
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**CARPENTER WEEKLY
 SUMMARY & TIMESHEET**

Employee Name	Week Ending
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DO NOT PROCEED WITH ANY CHANGES OR EXTRA WORK WITHOUT AUTHORIZATION FROM OFFICE

HOURS	MON Sun Night	TUE Mon Night	WED Tues Night	THU Wed Night	FRI Thurs Night	SAT	SUN	TOTAL HRS INC. O/T
WALLS METAL FURRING								
LAYOUT & S.S.								
D.W. TO S.S.								
C. BEAD & TRIM								
CEILINGS LAYOUT & HANGERS								
SUSPENSION FOR D.W.								
D.W. TO SUSPENSION								
INSTALL T-BAR								
INSTALL CEILING TILE								
BULKHEAD LAYOUT, FURRING								
D.W. TO FURRING								
INSULATION								

Please complete daily job name and location below

Monday	Job Name	
	Location	
Tuesday	Job Name	
	Location	
Wednesday	Job Name	
	Location	
Thursday	Job Name	
	Location	
Friday	Job Name	
	Location	
Saturday	Job Name	
	Location	
Sunday	Job Name	
	Location	

Timesheets to be submitted to the office by FRIDAY 6:00PM

Skeates Contracting Carpenter Health & Safety Questionnaire

Please Complete & Return to Office each week

Name:		Date:	
1) I have participated in a Tool Box Talk this week.	YES NO	Topic:	
2) Are you aware of any unsafe conditions or potential issues on your jobsite?			
		YES	NO
3) I am aware of the importance of regular exercise, stretching and warming up before starting my work day to avoid muscle strain.			
		YES	NO
4) I have proper P.P.E and wear at all times.			
		YES	NO
5) I have reported any concerns relating to Health & Safety to my Team Leader or H&S Representative in writing?			
		YES	NO
6) What can be done to improve the health & safety on your jobsite?			

Contact the office if you require any safety equipment or forms

Expenses

Type	Description	Total \$	Receipt Incl.
Gas (Your vehicle used)			
Food allowance			
Material Reimbursement			
Miscellaneous <i>(please explain)</i>			

****Note: Reimbursement will be Taxable unless a receipt is included with your Timesheet****