



CRANE PERSONNEL SUPPLIERS UK & WORLDWIDE

MPS LTD · Unit 2, Sovereign Court, Llantrisant Business Park,
Llantrisant, Rhondda Cynon Taf CF72 8YX
Tel: 01443 238452 · Fax: 01443 231614 · Email: timesheets@mpscraneoperators.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.....

Day	Start Time	Finish Time	Breaks	Total Worker Hours	Comments
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
Total Hours					

MINIMUM HOURS FOR CRANE WORKERS: MON – FRIDAY 10 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

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.