



Pre-Task Plan

Date: _____

Project Name & Number: _____

Superintendent: _____

Tasks + Location	Assignment	Health and Safety Hazards (What are the dangers)	Safe Plan of Action (How to address the hazards)	
PPE Required <input type="checkbox"/> Hard Hats <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Cut Proof Gloves <input type="checkbox"/> Fall Pro <input type="checkbox"/> Face Shields <input type="checkbox"/> Torch Gloves + Jacket <input type="checkbox"/> Work Boots w/ Tread <input type="checkbox"/> _____ <input type="checkbox"/> Ear Protection <input type="checkbox"/> _____		Tools Required to do the Job Safely	Special Considerations/Training	Signatures

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Job Number: _____ Date: _____ Total Work Hours: _____

Start Time: _____ Stop Time: _____ Lunch Start: _____

Break Period Acknowledgement

By signing below, I acknowledge that the hours reflected on my time report accurately reflect all hours worked as well as designated meal periods. I acknowledge that if I worked more than five hours, I was provided a meal period of at least thirty (30) minutes. If I worked more than ten (10) hours in a workday and fewer than twelve (12) hours, I was provided the opportunity of taking a second meal break of at least thirty (30) minutes, but that I have a right to waive the second meal period. I acknowledge that during each of my meal periods I was relieved of all duties.

I also acknowledge that I have been afforded an opportunity to take one ten (10) minute rest break for each 3.5 hours each workday, two ten (10) minute rest breaks if I work more than six (6) hours, and three ten (10) minutes rest breaks if I work more than twelve (12) hours.

I understand that it is my responsibility to report to my supervisor if I did not have an opportunity to take the required rest or meal breaks or if I need assistance in scheduling a rest or meal period. I understand that I will bring any errors on this time record or my paycheck to the attention of the payroll department immediately. I further understand that failure to follow the above or falsification of any time record or any other Company document can result in disciplinary action.

Al firmar este papel, Yo entiendo que las horas trabajadas en el reporte de trabajo son correctas y tambien los periodos de comida o descanso. Yo se que si trabaje mas de cinco(5) horas, se me dio un momento para comer de al menos (30) minutos. Si yo trabaje por mas de diez(10) horas en un dia de trabajo y menos de doce(12) horas, se me dio la oportunidad de tomar un segundo descanso de al menos treinta(30) minutos, pero yo tengo el derecho de no tomar el segundo descanso. Yo se que durante cada uno de los periodos de descanso o comida Yo tengo permitido no hacer mi trabajo.

Yo tambien se que se me dio la oportunidad de tomar un descanso de diez(10) minutos cada 3.5 horas cada dia de trabajo, dos descansos de diez(10) minutos si Yo trabaje mas de seis(6) horas, y tres descansos de diez(10) minutos si Yo trabaje mas de doce(12) horas.

Yo entiendo que es mi responsabilidad el reportar a mi supervisor si no he tenido la oportunidad de tomar el descanso requerido o si necesito asistencia en programar un periodo de descanso. Yo entiendo que si hay algun error en este reporte o en mi cheque debo de hacerlo saber a la atencion de el departamento de paga inmediatamente. Yo se que el no seguir estas indicaciones o falsificar cualquier dato en esta forma de reporte o de alguna otra compania puede resultar en una accion disciplinaria.

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