



Date: \_\_\_\_\_  
Vehicle: \_\_\_\_\_

JOB #	SITE START	SITE FINISH	BREAKS	YARD TIME	TOTAL HRS	TRAVEL (KM)
Client:						
Plant:						
Site address:						
Client:						
Plant:						
Site address:						
Client:						
Plant:						
Site address:						

	ATTACHMENTS:	TIP LOADS AND MATERIALS:
Job 1:	<div><div><input type="checkbox"/> Breaker</div><div><input type="checkbox"/> Auger</div><div><input type="checkbox"/> Smudge Bar</div></div> <div><div><input type="checkbox"/> Ripper</div><div><input type="checkbox"/> Rock Auger</div><div>Other _____</div></div>	
Job 2:	<div><div><input type="checkbox"/> Breaker</div><div><input type="checkbox"/> Auger</div><div><input type="checkbox"/> Smudge Bar</div></div> <div><div><input type="checkbox"/> Ripper</div><div><input type="checkbox"/> Rock Auger</div><div>Other _____</div></div>	
Job 3:	<div><div><input type="checkbox"/> Breaker</div><div><input type="checkbox"/> Auger</div><div><input type="checkbox"/> Smudge Bar</div></div> <div><div><input type="checkbox"/> Ripper</div><div><input type="checkbox"/> Rock Auger</div><div>Other _____</div></div>	

Fuel			
------	--	--	--

HAVE YOU...	Yes	No	N/A
GREASED THE PLANT USED?			
COMPLETED ALL CHECKLISTS?			
REPLACED ALL TOOLS USED?			
REPORTED ANY DEFECTS/DAMAGE?			
TELEPHONED YOUR SUPERVISOR?			
ORGANISED PLANT FOR TOMORROW?			
CLEANED PLANT USED?			
LOCKED ALL TOOLBOXES AND VEHICLES?			
ATTACHED ALL DOCKETS FROM TODAY?			

Print name: \_\_\_\_\_  
Operator signature: