KOKOSING   Employee #:   Employee Name: Safety Talk: Today's Date:

Job Number	Cost/Phase Code	Claim No. / Repair Code	Equip. # Repaired	Class	Regular Hours	Overtime Hours	Equip # Used	Hours Used	Supervisor Number	Equip. Repaired Meter Reading	Problem Log: Add (A) Delete (D)	Description of Work
		___									___	
		___									___	
		___									___	
		___									___	
		___									___	
		___									___	
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