

**AME, Inc.**  
 PO Box 909, Ft Mill, SC 29716  
 PH: 803-548-7766 Fax: 803-548-7448

DAY: \_\_\_\_\_

JOB NO: \_\_\_\_\_ 0 \_\_\_\_\_

DATE: \_\_\_\_\_ 1/0/1900 \_\_\_\_\_

CUSTOMER: \_\_\_\_\_ 0 \_\_\_\_\_

**Important: Each man's time must be distributed between contract and extra work**

**AME, Inc. Supervisor - Signature**

**Customer Signature (T&M Work Only)**

Start of Day Initials	End of Day NO Injury Initials	Travel Time	Labor Hours Breakdown by Activity			

<b>PER DIEM &amp; DIRTY WORK CHARGES</b>			
PER DIEM PAY	\$25	<input type="text"/>	# to Pay
DIRTY WORK PAY	\$20	<input type="text"/>	<input type="text"/>

Emp#	Employee Name							TOTAL HOURS		Office Use ONLY		LABOR CHARGES	
								REG	OT	REG	OT	REG	OT
	0												
	0												
	0												
	0												
	0												
	0												
	0												
	0												
	0												

TOTAL HOURS		Office Use ONLY		LABOR CHARGES	
REG	OT	REG	OT	REG	OT

**EQUIPMENT AND MATERIALS**

Total Man Hours this Report	TOTAL LABOR CHARGES

AME Crew Trucks	Truck #	Mileage	Driver's Initials	Truck #	Mileage	Driver's Initials	Truck #	Mileage	Driver's Initials	Truck #	Mileage	Driver's Initials	Daily Rate	Mileage Rate	TOTAL CREW TRUCK CHARGES

Equipment	Rental	AME	Daily	Weekly	Monthly	Equipment	Rental	AME	Daily	Weekly	Monthly	Materials		TOTAL EQUIPMENT CHARGES
														TOTAL MATERIAL CHARGES

**Daily Report of Activity**

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Customer #

Date:

1/0/1900

Daily Job Safety Analysis (JSA)

Job #

0

General Task Description:

0

Step 1. TASK ACTIVITY

List all basic job steps. Use additional sheets if necessary

POTENTIAL HAZARD LIST

(Don't limit Hazard to List Only)

Step 2. HAZARD CODE / CORRECTIVE ACTIONS

Review the task activity, then enter the number code for each hazard anticipated. List all prevention measures & corrective actions for each hazard.

1		1. Electrocutions/ Shock/Arc	11. Vehicle Traffic
2		2. Fall from Heights	12. Poor Work Positions / Access
3		3. Overhead Work	13. Noise
4		4. Lifting: Manual or Mechanical	14. Flammable Material / Fire
5		5. Rough / Sharp Materials	15. Confined Space
6		6. Slippery / Uneven Surfaces	16. Repetitive Motion
7		7. Rotating / Moving Machinery	17. Underground Utilities
8		8. Hot Surfaces	18. Falling Objects & Debris
9		9. Pinch / Crush / Nip Points	19. Obstructed Vision
10		10. Flying Particles	20. Power Lines

STEP 3. POST TASK FOLLOW UP

Supervisor/Foreman completed after shift / Job Task Ends

Job Start Time: \_\_\_\_\_ 0 \_\_\_\_\_

All Lock & Tags Removed? YES NO

Job End Time: \_\_\_\_\_

Area Cleaned / Secured & Tools Stored? YES NO

List any other safety hazards found during the course of this job / task

List any Near Misses & What precautions were used to prevent the Accident

Did any injuries occur? YES NO

If YES, who was injured? \_\_\_\_\_

Did you report the injury? \_\_\_\_\_

Supervisor's Signature  
(Sign here after ALL items are complete)

X