

WORK SKILLS REPORT FORM

ENTER DAILY NUMBER OF HOURS WORKED AT EACH SKILL for the Month of _____

A. General Construction

- A - 1 Excavation-Grading-Backfilling-Compaction
- A - 2 Elevation Control - Measurement- Grade Checking-Lay-Out
Underground Utility Lines / Trenching-Shoring /
- A - 3 Pipelaying / Tunneling
- A - 4 Concrete Formwork
- A - 5 Concrete Placement/Finishing / Asphalt Paving
- A - 6 Unloading-Stockpiling-Distribution of Materials / Mixing of
Materials / Clean-Up
- A - 7 Demolition

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL HOURS |
|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|
| A-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B. Tools & Equipment

- B - 1 Electric-Gasoline-Pneumatic Power Tools
- B - 2 Power Equipment
- B - 3 Scaffolding
- B - 4 Cutting Torch / Welding

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| B-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B-4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

C. Safety

- C - 1 Work Zone Safety-Flagging-Traffic Control
- C - 2 Asbestos-Lead-Rad-Hazardous Waste Abatement
- C - 3 Selection-Use of Personnel Protective Equipment / Material
Safety Data Sheets / Safety-Health Regulations

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| C-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
|---------------------|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|--|--|--|
| TOTAL HOURS PER DAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOTAL HOURS FOR THE MONTH | | | |

FIRST & LAST NAME: _____

SSN: _____

ADDRESS: _____

WAGE RATE AT END OF MONTH: \$ _____.

DATE FORM COMPLETED: _____

CITY / STATE / ZIP _____

CONTRACTOR: _____

JOB LOCATION AT END OF MONTH: _____

CELL PHONE: _____

Okay to send TEXT to CELL? Yes ☐ No ☐

EMAIL address: _____

HOME PHONE: _____

Change Of Address ☐ No Work Performed ☐

SIGNATURE: _____

Did you attend this months Union Meeting Yes ☐ No ☐

Business Manager's Signature _____