



Barrett-Homes Contractors, Inc.

Field Weekly Time Card

E-mail to: Frank.DeBenedetti@barrett-homes.com or Fax to: 602-272-7782

Name:		Employee #:		Date From:		To:					
TIME CARD MUST BE SIGNED AND SUBMITTED BY MONDAY 9:00 AM		Start Time →									
		End Time →									
Job #	Job Name	ST	OT	M	T	W	TH	F	SA	SU	Notes
TOTALS →											Complete Daily Production Activity on Back
30 Minute Lunch? Enter Yes or No →											

Signature:		Date:	
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Safety Starts With You!
Your Family and Company Depend on it!

- Verify that your scaffold is in good working condition: there are no cracks at welds or scaffold rungs, all casters/wheels are in good working condition, all scaffold side-rail locking devices are in good working condition, and scaffold platform is properly seated with no cracks or splints.
- Verify that your stilts are in good working condition: all straps, spring assembly, and bushings are in good working condition, all wing nuts are adjusted and tight, and there are no missing screws or wing nuts.
- Verify that your power actuated gun is in good working condition: all moving parts and pistons are free of cracks and are in good working condition. Safety glasses are mandatory while operating the gun.
- Verify that your safety glasses are free of cracks or abrasions that would impede clear vision.
- Verify that your hard hat is free of cracks and fits properly.
- Conduct job site safety walk prior to starting work to identify any obvious hazards. Report any hazards to a superintendent. Do not proceed with the work until the safety hazards have been addressed.
- Verify that work areas are clear of debris, screws, wires, nuts, or anything that may abruptly stop your scaffold from rolling properly or cause a trip hazard.
- Verify that all floor openings are properly covered to avoid roll/walk-in hazards.
- Verify that you have complied with all safety policies and procedures as specified in the Barrett-Homes Contractors formal safety manual.

I CERTIFY THAT THE ABOVE SAFETY ITEMS HAVE BEEN COMPLETED & ADDRESSED:

I WAS ACCIDENT/INJURY FREE THIS PAY PERIOD: **YES** **NO** **Initials**

Name:									
Mon	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		
Tue	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		
Wed	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		
Thu	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		
Fri	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		
Sat & Sun	Activity		Activity		Activity		Activity		
	Pcs		Pcs		Pcs		Pcs		
	Pcs		Pcs		Pcs		Pcs		
	Hrs		Hrs		Hrs		Hrs		