



SKEATES CONTRACTING INC.
 PO Box 1142 Waterdown, ON L0R 2H0
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TAPER WEEKLY
SUMMARY & TIMESHEET

Employee Name	Week Ending
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DO NOT PROCEED WITH ANY CHANGES OR EXTRA WORK WITHOUT AUTHORIZATION FROM OFFICE

HOURS	MON Sun Night	TUE Mon Night	WED Tues Night	THU Wed Night	FRI Thurs Night	SAT	SUN	TOTAL HRS INC. O/T
TAPING WALLS								0
CEILINGS								0
BULKHEADS / COVES								0
SANDING								0
PLASTER								0
SPRAY								0
FOAM								0
ROUTING								0
GROUND COAT & MESH								0
FINISH COAT								0

Please complete daily job name and location below

Monday	Job Name	
	Location	
Tuesday	Job Name	
	Location	
Wednesday	Job Name	
	Location	
Thursday	Job Name	
	Location	
Friday	Job Name	
	Location	
Saturday	Job Name	
	Location	
Sunday	Job Name	
	Location	

Timesheets to be submitted to the office by FRIDAY 6:00PM

Skeates Contracting Taper Health & Safety Questionnaire

Please Complete & Return to Office each week

Name:		Date:	
1) I have participated in a Tool Box Talk this week.	<input type="radio"/> YES <input type="radio"/> NO	Topic:	
2) Are you working in a Safe Manner on your jobsite?			
3) What are two ways to improve the health & safety on your jobsite?			
4) Are there any housekeeping issues to address?			
5) I have reported any concerns relating to Health & Safety to my Team Leader or H&S Representative?			
<input type="radio"/> YES <input type="radio"/> NO			
6) Are there any safety concerns or potential issues on your jobsite?			

Contact the office if you require any safety equipment or forms

Expenses

Type	# of days / Description	Total \$	Receipt Incl.
Gas			
Food allowance			
Accommodations			
Material Reimbursement			
Miscellaneous <i>(please explain)</i>			

****Note: Reimbursement will be Taxable unless a receipt is included with your Timesheet****