Week Commencing:

Apprentice Name:

Site name and Location:

Date	Start Time	Finish Time	Hours (excl lunch)	Brief description of daily activities
		TOTAL HOURS		

I certify that these hours are a true and accurate record of all time worked during the pay period.

Apprentice Signature: Date:

Comments on working week from Apprentice:

Supervisor Name: Supervisor Tel No:

Supervisor Signature: Date:

Comments on working week from Supervisor:

Have you been involved in any reportable accidents or near misses on site this week?	YES	NO

If YES please describe the accident or near miss