

# CREW MEMBER TIME CARD

**WORK GROUP (CREW #)** \_\_\_\_\_  
**EMPLOYEE NAME (PRINT)** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**START TIME (MILITARY):** \_\_\_\_\_  
**STOP TIME (MILITARY):** \_\_\_\_\_

**EMPLOYEE#** \_\_\_\_\_

**SHIFT:** \_\_\_\_\_

**ABSENCE RECORD**

**DATE OF ABSENCE CALL:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**ABSENCE CODE:** \_\_\_\_\_

**REASON FOR ABSENCE:** \_\_\_\_\_

**MANAGER INITIALS:** \_\_\_\_\_

WORK ORDER #	HOURS	ACTUAL (OPERATIONS ONLY)		RATE	ALLOWANCE	CLOSED		EXTENDED DESCRIPTION
		START	STOP			YES	NO	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
<b>TOTAL HOURS</b>								

EMPLOYEE SIGNATURE \_\_\_\_\_ COORDINATOR SIGNATURE \_\_\_\_\_ SUPERVISOR SIGNATURE \_\_\_\_\_

\*\*\* SIGNATURE OF CARD INDICATES THAT ALL ABOVE INFORMATION IS CORRECT AND COMPLETED AS REQUIRED \*\*\*

ENTERED BY: \_\_\_\_\_

January 2024							February 2024							March 2024							April 2024							May 2024							June 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6	
7	8	9	10	11	12	13	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							
14	15	16	17	18	19	20	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31														
21	22	23	24	25	26	27	18	19	20	21	22	23	24	25	26	27	28	29	30	31																					
28	29	30	31				25	26	27	28	29																														

July 2024							August 2024							September 2024							October 2024							November 2024							December 2023							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6		
7	8	9	10	11	12	13	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								
14	15	16	17	18	19	20	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31															
21	22	23	24	25	26	27	18	19	20	21	22	23	24	25	26	27	28	29	30	31																						
28	29	30	31				25	26	27	28	29																															

ABSENCE CODES	
DEER HUNTING	HU
DR / PHYS THERAPY (UNPAID) (Only WC Related)	DU
FLOATING HOLIDAY	FH
FUNERAL	FN
HOLIDAY NOT WORKED	HO
ILLNESS/SICK	SH
JURY DUTY	JD
LEFT EARLY	LE
MILITARY	ML
NO CALL	NC
OTHER LEAVE	OL
PERSONAL DAY	PD
PERSONAL TIME	PH
SUSPENSION	SU
TARDY	TD
UNION BUSINESS (UNPAID)	UU
FAMILY MEDICAL LEAVE ABSENCE	FM
SICKNESS & ACCIDENT	SA
WORKERS COMP	WC

ALLOWANCE CODE/TIMES	
CODE	TIME
MEAL ALLOWANCE	415 1.00
LUNCH	419 0.33
COFFEE	419 0.17
HIGH PAY	412 1.00
DR/PT ALLOWANCE	521 (as authorized)
LUNCH - OVERTIME	420 .33
COFFEE - OVERTIME	420 .17

### TAKE 5 - USE IT ON EVERY JOB

#### 1. THINK THROUGH THE TASK

- a. Do I have the right tools and equipment?
- b. Am I aware of my surroundings?
- c. Am I following a procedure?
- d. Do I fully understand the job?
- e. Do I have the right information & permits?
- f. Are other people and systems affected?
- g. Do I have safe access?
- h. What could go wrong?

#### 2. LOOK FOR THE HAZARDS

- a. Manual handling, moving parts, pinch points
- b. Splashes, sprays
- c. Slips, trips, falls
- d. Working above ground level
- e. Lock-out, electrical hazards, vehicle traffic
- f. Waste materials, dust, fumes
- g. Weather, environmental conditions
- h. MSHA citable conditions

#### 3. ASSESS THE RISK

- a. Can the hazards hurt me?
- b. Have I assessed consequence level?
- c. Have I assessed probability of the consequences?

#### 4. CONTROL THE HAZARDS

- a. Remove any hazards
- b. Substitute with less hazardous
- c. Isolate the hazard
- d. Use safe work procedure
- e. Use appropriate work permits
- f. Use all required PPE
- g. Communicate hazard controls and learnings to team members

#### 5. DO THE JOB SAFELY

- a. Continue thinking about the task
- b. Ask "What if...what could go wrong?"
- c. Re-assess if conditions change

- ⇒ Have I made sure my work area is safe?
- ⇒ Have I made sure my work tasks will be undertaken safely?
- ⇒ Am I personally committed to continue working without incident/injury today?
- ⇒ My personal act of safety for today is: \_\_\_\_\_



TILDEN MINING COMPANY, L.C.

THIS DOCUMENT CONSTITUTES MY REQUIRED WORKPLACE EXAMINATION TO TAKE PLACE BEFORE WORK BEGINS. ADVERSE CONDITIONS AFFECTING SAFETY OR HEALTH ARE RECORDED BELOW.

• Work Area: \_\_\_\_\_

Description of adverse conditions corrected: \_\_\_\_\_

Date of correction: \_\_\_\_\_

• Work Area: \_\_\_\_\_

Description of adverse conditions "not" corrected: \_\_\_\_\_

Date of correction: \_\_\_\_\_

• Work Area: \_\_\_\_\_

Description of adverse conditions "not" corrected: \_\_\_\_\_

Date of correction: \_\_\_\_\_

• Work Area: \_\_\_\_\_

Description of adverse conditions "not" corrected: \_\_\_\_\_

Date of correction: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Shift #: \_\_\_\_\_

Name (print): \_\_\_\_\_

Employee #: \_\_\_\_\_

Signature: \_\_\_\_\_

Reviewer Initials: \_\_\_\_\_