PLMT Pty Ltd
PO Box 964
Caringbah NSW 1495
Phone: 0439 080 472 / 0417 044 630
Fax: 02 9545 2184
Email: info@plmt.com.au

DAILY WORKSHEET

This sheet must be faxed or email to PLMT Pty Ltd on a daily basis. Ensure all items are completed or marked N/A if not applicable. Sheet must be signed off by client.

Customer: _____ Location: _____ Date: _____

Team Member Details:

Last Name:	Initial:	Job Role:	Start Time:	Finish Time:	Total Hours:

Work Details

Container Reference	Container Size 20′ or 40′	Customer Job #	# of Cartons	Start Time	Finish Time	Forklift Time Hours	Waiting Time Hours *	Shrink Wrap # Pallets	# of Sku	Palletised Container Yes/No

* Please ensure details of why you waited in comments below

Client Comments	Team Comments

Client Signature: Date: Team Signature: