

## I/N Craft Assist Form

Name \_\_\_\_\_

Payroll Number \_\_\_\_\_

Hours Worked \_\_\_\_\_

Date \_\_\_\_\_

Area Worked				
<input type="checkbox"/> ASRS	<input type="checkbox"/> CAPL	<input type="checkbox"/> CAPL Delivery	<input type="checkbox"/> CGL	<input type="checkbox"/> Descal
<input type="checkbox"/> EGL	<input type="checkbox"/> KIL1	<input type="checkbox"/> KIL2	<input type="checkbox"/> KWL1	<input type="checkbox"/> KWL2
<input type="checkbox"/> K Receiving	<input type="checkbox"/> K Shipping	<input type="checkbox"/> T Receiving	<input type="checkbox"/> T Shipping	
<input type="checkbox"/> TCM	<input type="checkbox"/> TIL1	<input type="checkbox"/> TWL	<input type="checkbox"/> WWT	
<input type="checkbox"/> Other: _____				

Planned Start Time: \_\_\_\_\_

Actual Start Time: \_\_\_\_\_

Planned Stop Time: \_\_\_\_\_

Actual Stop Time: \_\_\_\_\_

Tasks Performed:
<input type="checkbox"/> Alignment
<input type="checkbox"/> Blow, Wipe, and Check
<input type="checkbox"/> Crane Operator
<input type="checkbox"/> Electrical Clean / Inspect
<input type="checkbox"/> Filter / Strainer Maintenance
<input type="checkbox"/> General Equipt. Clean / Inspect / PM
<input type="checkbox"/> Inspection
<input type="checkbox"/> Lubrication
<input type="checkbox"/> Motor Maint. Assist.
<input type="checkbox"/> Plating / Cooling System Maint.
<input type="checkbox"/> Roll Change
<input type="checkbox"/> Safety / Weld Watchman
<input type="checkbox"/> Spray Nozzle Maint.
<input type="checkbox"/> Strip and Build
<input type="checkbox"/> Other: _____

Comments:

---

---

---

---

---

---

---

---

---

---

- Worked in a Safe Manner
- Work is Satisfactory
- Work is Unsatisfactory

Team Member Requesting Craft Assist:

Resource Review:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)