



DAILY MANPOWER / MANHOUR REPORT

Contractor :

Date:

Date:

TRADE : Work Description:	Day Shift		Night Shift	
	Manhour	Manpower	Manhour	Manpower
DIRECT MANPOWER				
DESIGNATION	HRS	NO.	HRS	NO.
Sub Total (A)				
INDIRECT MANPOWER				
DESIGNATION	HRS	NO.	HRS	NO.
Sub Total (B)				
Sub Total (A)				
Sub Total (B)				
Sub Total (A) + (B)				
Prepared By : _____	OMC SAFETY USE			
Email : _____	Received Date : _____			
Contact No. : _____	System Updated Date : _____			
Date : _____	Other Remarks			
Checked By : _____	Signature : _____	Name & Signature : _____		