



Auto Accident Report Form

Keep In Your Glove Box

When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none">• Remain calm• Get to a safe place• Check for injuries• Administer First Aid• Call police/EMT	<ul style="list-style-type: none">• It's all my fault, (even if it is).• My insurance will pay for everything.• It's OK, I have full coverage.	<ul style="list-style-type: none">• Get as much information as possible on this report.• Take Pictures• When the police come, cooperate and tell them what you know.

Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	



Passengers/Injuries:

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Sketch The Accident Scene:

Large empty area for sketching the accident scene.



Credit Application (Business Account)

BUSINESS CONTACT INFORMATION			
Contact name :			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
How long at current address?			
Telephone:	Fax:	Federal ID Number :	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS /TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<p>1.! All invoices are to be paid 15 days from the date of the invoice.</p> <p>2.! If payment is received after due date, a 10% late fee may be applied to each month past due. If account remains past due, the account balance will be turned over to a collection agency. The customer agrees to pay reasonable collection and/or attorney fees in addition to the amount owed .</p> <p>3.! By submitting this application , you authorize Griffin Waste Services, LLC to make inquiries into the banking and business/trade references that you have supplied , and that all information is true and correct .</p>			
SIGNATURE			
Name:		Title:	
		Date:	



Credit Card Processing Form

MasterCard _____ Visa _____ Discover _____ AMEX _____

Full Name (As It Appears On Card): _____

Billing Address: _____

City _____ State _____ Postal Code _____

Card #: _____ - _____ - _____ - _____ **Exp. Date:** ___/___ **CVV:** _____

Email: _____

*please ensure to shred this information at end of business day daily.



MasterCard _____ Visa _____ Discover _____ AMEX _____

Full Name (As It Appears On Card): _____

Billing Address: _____

City _____ State _____ Postal Code _____

Card #: _____ - _____ - _____ - _____ **Exp. Date:** ___/___ **CVV:** _____

Email: _____

*please ensure to shred this information at end of business day daily.



MasterCard _____ Visa _____ Discover _____ AMEX _____

Full Name (As It Appears On Card): _____

Billing Address: _____

City _____ State _____ Postal Code _____

Card #: _____ - _____ - _____ - _____ **Exp. Date:** ___/___ **CVV:** _____

Email: _____

*please ensure to shred this information at end of business day daily.



Damage Report

Date: _____

Driver Name: _____

Truck: _____

Reported to Office Immediately? Yes No

Type of Damage: Vehicle Property

Type of Damage (Please describe in DETAIL):

Cause of Damage (Please describe in DETAIL):

Recommended Repair of Damage:

*OFFICE USE ONLY:

Received By: _____

Date: _____



Employee Touch Base

Please provide a brief description & improvement plan regarding this employee's most recent performance.

Date: _____

Employee Name: _____

Cause:

Improvement Plan:

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____



Month End Checklist

The payment processing checklist for Griffin Waste ensures all transactions are accurately recorded and verified. Feel free to list your local landfills below for reference. For additional questions, do not hesitate to speak to your manager.

- Month End Rent
- Month End Customer Statements
- Sales Tax Reporting
- Income Tax Reporting
- Reconcile Landfill Tickets (list landfills below if needed)

Our Landfills (not required):



- Reconcile Credit Card Statement - Manually
- Reconcile Bank Accounts in QBO (QuickBooks® Online)
- Reconcile Credit Card in QBO (QuickBooks® Online)

Additional Duties:

- _____
- _____
- _____



Office Daily Checklist

A great resource for ensuring all essential daily tasks are completed & accounted for.

- Process Landfill Tickets
- Review For Any Overages / Completed Tickets
 - Record any driver bonus (Disposal/Fuel/Google Review)

- Post Expenses to QuickBooks - Reconcile All Banking Expenses
- Review & Respond to New Google Reviews
- Voicemail/Email
- Dispatch Paperwork
 - Clear billing issues in Docket
 - Process invoices / receive all payments
 - Send invoices to Net 15 customers
 - File W/C, RTS and future scheduled paperwork
 - Update board w/ all activity & future tasks

- Sync Invoices
 - Docket Invoices: \$ _____
 - QBO Invoices: \$ _____
 - Research & correct any exceptions

- Create Credit Card Deposit in QuickBooks
 - Docket CC: \$ _____
 - QBO CC: \$ _____
 - Research & correct any exceptions

- Print Payment Report from Docket & QB Bank Deposit Report
- Review Docket Tasks with Activity Board
 - Verify number of tasks in Docket, thn count board - make sure they match

- Verify Check/Check Tickets Have Correct Driver Notes for Next Day Tasks
- Call to Confirm Dumpster Pick Ups in Evening
 - Confirmed: _____
 - Pending: _____

- Organize Office
 - Restock Snacks/Drinks, Supplies, Vacuum, etc.

- Schedule Any Truck Maintenance
 - Update Maintenance Board - Make sure it is up to date with precise details
 - Log completed truck maintenance in Google Drive

- Verify All Docket Tasks Dispatched & Completed
- Verify Available Dumpster Counts & Lot Counts
- Review Next Day Activity for Proper Staffing & Dispatch Opportunities



Payroll Timesheet



Week of: _____

Employee: _____



	Mon	Tue	Wed	Thur	Fri	Sat
Time In						
Time Out						
TOTAL						



Week of: _____

Employee: _____



	Mon	Tue	Wed	Thur	Fri	Sat
Time In						
Time Out						
TOTAL						



Week of: _____

Employee: _____



	Mon	Tue	Wed	Thur	Fri	Sat
Time In						
Time Out						
TOTAL						



Temporary Waste Container Agreement

Dispatch Location: _____

Delivery Date: _____ Return Date: _____

Customer Name: _____ Phone: _____

Billing Address: _____

Payment Method: _____ Amount Received: \$ _____

Delivery & Haul: _____

Includes _____ day(s), then: _____ per day

Includes _____ ton(s), then: _____ per ton

1. Griffin Waste Services, LLC (GWS) will provide a container onsite for the expressed purpose of containing waste and for transport to a disposal location. Customer will be responsible for damage to container beyond reasonable wear and tear and agrees not to overload container.
2. Customer agrees to place only material in the container that is suitable for disposal. The waste placed in the container will NOT be liquid including paint, used oil, antifreeze, or lead acid batteries. Any barrels or drums placed in the container must have ends removed or be flattened. Excessive amount of yard waste, cardboard, electronics and other recyclables can only be handled as separate loads and cannot be mixed with waste for disposal. Customer will assume and be responsible for any fine, violation, or penalty arising from the content of additional charge.
3. GWS is **not** responsible for any surface or subsurface damage created by the container or by the truck used to haul or handle container. Customer should mark and advise driver of possible crush hazards such as septic tanks, drain lines or pipes.
4. GWS is **not** responsible for any injury sustained while loading or using container. GWS will only be responsible for injury while servicing or hauling container.
5. All invoices are to be paid 15 days from the date of the invoice. If payment is received after due date, a 5% late fee may be applied to each month past due. If account remains past due, the account balance will be turned over to a collection agency. The customer agrees to pay reasonable collection and/or attorney fees in addition to the amount owed.

Delivery Location: _____

Directions & Instructions:

CUSTOMER SIGNATURE

DELIVERY DATE



Employee Time Off Request Form

Employee: This form should be completed and turned into management for review/approval at least 7 days prior to requested day off. Consecutive days off (vacation time) should be scheduled 30 days prior to requested days off.

Date: _____

Employee Name: _____

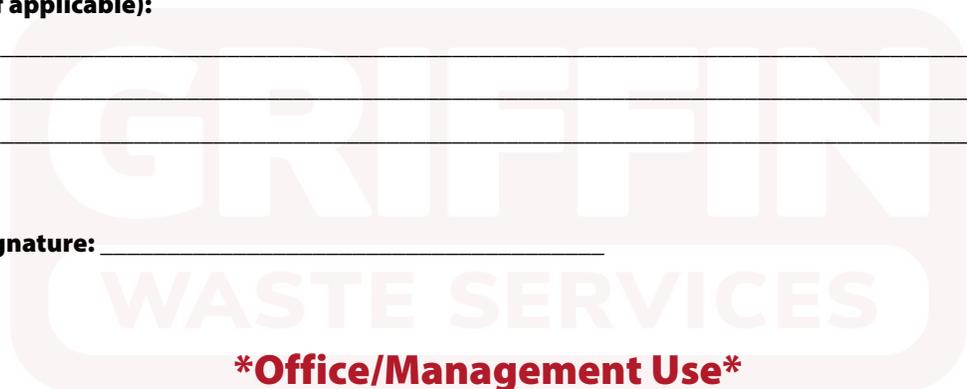
Requested Date(s) Off: _____

Requested Hours Off to Apply: _____

Reason for Time Off (please check one): Personal/Vacation Sick/Wellness Unpaid

Comments (if applicable):

Employee Signature: _____



Office/Management Use

- Time off granted as personal/vacation leave
- Time off granted as sick/wellness leave
- Time off granted without pay
- Time off not granted

SIGNATURE

DATE



Weekly Truck Inspection Report

ITEM	OK	PROBLEM
Clean Exterior		
Mirrors		
Scratches / Dents		
Leaks (Oil, Fuel, Coolant)		
Hook Lift / Arm		
Hydraulic Hoses		
Windshield Wipers		
Tire Condition		
Tire Pressure (actual)		
LF:		
RF:		
LRI:		
LRO:		
RRI:		
RRO:		
INTERIOR		
Clean Interior		
Air Conditioner		
Heater		
Instrument Gauges		
Seat Belts		
ELECTRICAL		
Head Lights		
Brake Lights		
Turn Signals		
Back Up Lights		
TRUCK OPERATION		
Steering		
Engine Oil		
DEF		
Hook Lift System		
General Engine Operation		
Cooling System		
Belts		
Starter & Ignition		
Fuel System		
Battery Operation & Condition		
Brakes		
Horn		
TRUCK/SAFETY EQUIPMENT		
Safety Vest		
Safety Hat		
Fire Extinguisher		
Triangles		
Chain		
Tarp		

Date: _____

Driver: _____

Truck: _____

Mileage: _____ miles

Comments:

DRIVERS SIGNATURE



Employee Written Warning

Date: _____

Employee: _____

First _____ **Second** _____ **Final** _____

Cause:

Improvement Plan:



Additional Comments:

By signing below, both parties acknowledge receipt and understanding of this written warning, including the identified cause and agreed-upon improvement plan, and understand that failure to comply may result in further disciplinary action, up to and including termination.

Employee Signature: _____

Manager Signature: _____