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|--|--|---|----------------|------------------------------|---|--|
| <b>- CONTRACTOR PRODUCTION REPORT</b> (ATTACH ADDITIONAL SHEETS IF NECESSARY)  |  |   |                | DATE                         |   |  |
| CONTRACT NO:   |  | TITLE AND LOCATION  |                |                              | REPORT NO   |  |
| CONTRACTOR   |  |   | SUPERINTENDENT |                              |   |  |
| AM WEATHER   |  | PM WEATHER  |                | MAX TEMP (F)                 | MIN TEMP (F)  |  |
| <b>WORK PERFORMED TODAY</b>  |  |   |                |                              |   |  |
| Schedule Activity No.  | WORK LOCATION AND DESCRIPTION                                |   | EMPLOYER       | NUMBER                       | TRADE   | HRS  |
|  |  |   |                |                              |   |  |
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|  |  |   |                |                              |   |  |
|  |  | CODE COMPLIANT  |                |                              |   |  |
|  |  | Is the installation of equipment and material code complaint?   |                |                              |   |  |
|  |  | If it is code compliant what specific requirement (section, number) does it meet?   |                |                              |   |  |
|  |  |   |                |                              |   |  |
| <b>JOB SAFETY</b>  |  | WAS A JOB SAFETY MEETING HELD THIS DATE?<br>(If YES attach copy of the meeting minutes)   |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                 | TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS |
|  |  | WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?<br>(If YES attach copy of completed OSHA report)  |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                 | CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT        |
|  |  | WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?<br>(If YES attach statement or checklist showing inspection performed.) |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                 | TOTAL WORK HOURS FROM START OF CONSTRUCTION                |
|  |  | WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?<br>(If YES attach description of incident and proposed action.)                       |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO                                 |  |
| Schedule Activity No.  | LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED |   |                |                              | <input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET. |  |
|  |  |   |                |                              |   |  |
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|  |  |   |                |                              |   |  |
| EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)  |  |   |                |                              |   |  |
| Schedule Activity No.  | Submittal #  | Description of Equipment/Material Received  |                |                              |   |  |
|  |  |   |                |                              |   |  |
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| CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.  |  |   |                |                              |   |  |
| Schedule Activity No.  | Owner  | Description of Construction Equipment Used Today (incl Make and Model)  |                |                              | Hours Used  |  |
|  |  |   |                |                              |   |  |
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| Schedule Activity No.  | REMARKS  |   |                |                              |   |  |
|  |  |   |                |                              |   |  |
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|  |  |   |                |                              |   |  |
| By signing this report the signee is in agreement that the installations and information in this report are accurate, have been inspected and are compliant with the contract documents, specific code requirements and Specification Section 01-40-01 1.5 |  |   |                |                              |   |  |
| _____  |  |   |                | _____                        |   |  |
| CONTRACTOR/SUPERINTENDENT  |  |   |                | DATE                         |   |  |