	C		RODUCTION R NAL SHEETS IF NECESSARY)	EPORT		DATE			
CONTRACT NO: TITLE AND LOCATION					REPORT NO				
CONTRACTOR				SUPERINTENDENT					
AM WEATHER	M WEATHER PM WEATHER		PM WEATHER			MAX TEMP (F) M		N TEMP (F)	
				ORMED TODAY					
Schedule						TRADE		1100	
Activity No.		WORK LOCATION AND E	DESCRIPTION	EMPLOYER	NUMBER	TRADE		HRS	
	la dha inadallad	CODE COMP							
	If it is code co	ion of equipment and material of mpliant what specific requirement							
	meet?								
	1	WAS A JOB SAFETY MEET	ING HELD THIS DATE?			TOTAL WORK HOURS ON	JOB		
JC		(If YES attach copy of the me		YES	NO	SITE, THIS DATE, INCL CON'T SH			
SAFETY		WERE THERE ANY LOST TIME ACCIDENTS THIS DAT (If YES attach copy of completed OSHA report)		YES	🗌 NO	CUMULATIVE TOTAL OF W HOURS FROM PREVIOUS	/ORK		
WAS CRANE/MA DONE?	ANLIFT/TRENC	HING/SCAFFOLD/HV ELEC/H	IGH WORK/ HAZMAT WORK	S YES		REPORT			
(If YES attach sta		klist showing inspection perform				TOTAL WORK HOURS FRO			
		WASTE RELEASED INTO THI dent and proposed action.)	E ENVIRONMENT?	YES	NO	START OF CONSTRUCTIO	N		
Schedule Activity No.								AVE BEEN MET.	
			DRATED IN JOB (INDICATE SC						
Schedule	1	1		HEDULE ACTIVITY NUM	BER)				
Activity No.	Submittal #	Description of Equipment/N	Naterial Received						
	N AND PLANT	EQUIPMENT ON JOB SITE TO	DAY. INDICATE HOURS USE	O AND SCHEDULE ACTIV	/ITY NUMBER.			1	
Schedule Activity No.	Owner Description of Construction Equipment Used Today (incl Make and Model)						Hours Used		
Schedule Activity No.	REMARKS								
	<u> </u>								
			ations and information in this repo						
have been inspection 01-40-01		mpliant with the contract docum	nents, specific code requirements	and Specification					
				CONTRACTOR/SUPERI	NTENDENT	DATE			

CONTRACTOR QUALITY CONTROL REPORT (ATTACH ADDITIONAL SHEETS IF NECESSARY)										
PHASE	CONT	RACT NO	CONTRACT TI			NO				
	WAS PREPARATORY PHASE WORK PREFORMED TODAY? YES NO									
OR		IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.								
PREPARATOR Y		hedule ivity No.	Definable Feature of Work				Index #			
<u>ш</u>										
		AS INITIAL PHASE WORK PREFORMED TODAY? YES NO YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.								
	Sc	hedule	Definable Feature of Work				Index			
INITIAL	Act	ivity No.					#			
Ī										
	WORK	COMPLIES	WITH CONTRACT AS APPROVED DURING INITIAL PHASE?		YES	NO D				
			WITH SAFETY REQUIREMENTS?		YES					
		Schedule Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Activity No. Section, Location and List of Personnel Present								
٩										
FOLLOW-UP										
PO I										
FOL										
REWORK Sched		1	TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS Schedule	CORRECTED TODAY (FROM REW	ORK ITEMS LIST)				
Activity	/ No.	Description		Activity No.	Description					
REMARK Sched		· ·	Follow-Up Phase Checklist Item From Above That Was Answered "	NO"), Manuf. Rep Or	n-Site, etc.					
Activity	/ No.	Description								
On behal	f of the c	ontractor, I ce	rtify that this report is complete and correct and							
equipmer	nt and ma	terial used an	d work performed during this reporting period is in awings and specifications to the best of my knowledge							
except as DATE	noted in	this report.		AUTHORIZED QC	MANAGER AT SITE					
GOVERNMENT QUALITY ASSURANCE REPORT DATE										
Scheo	lule	1	ESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPO	DRT						
Activity		Description								
		l								
				GOVERNMENT Q	UALITY ASSURANCE MANAGER		DA TE			

CONTRACT DISCREPANCY REPORT							
Contract Number:			Report No. for this Discrepancy:				
To: (Contractor/Manager's Na		From: (Name of COR)					
5. Dates							
5a. Prepared:		5b. Returned by	Contractor:	5c. Action Complet	e:		
Discrepancy or Problem: (Des	cribe in detail	I. Include reference	to PWS Directive	e; attach additional she	et if necessary.)		
Signature of Contracting Offic	er or COR:						
8a. To: (Contracting Officer and/or COR)   8b. From: (Contractor)							
9. Contractor Response as to necessary.)	Cause, Corre	ective Action and A	ctions to Prevent	Recurrence: (attach ac	lditional sheet if		
10a. Signature of Contractor Representative: 10b. Date:							
11. Government Evaluation: (Acceptance, partial acceptance, reflection; attach additional sheet if necessary.)							
12. Government Actions: (Re	educed payme	ent, cure notice, sho	ow cause, other)				
13. Close Out		1			-		
	Name	Title		Signature	Date		
Contractor Notified							
b. COR							
c. CO							