Reset Form Print Form

## CONTRACTOR DAILY CONSTRUCTION REPORT

| DAILY REPORT NO.:          |                  |                      | DATE:              |                        |                     |
|----------------------------|------------------|----------------------|--------------------|------------------------|---------------------|
| CONTRACTOR:                |                  | PROJECT NO.:         |                    |                        |                     |
| PROJECT NAME:              |                  |                      |                    |                        |                     |
| WEATHER:                   |                  | SITE CONE            | DITIONS:           | DAY:                   |                     |
| ☐ Clear ☐ Windy            | Cool             | Clear                | ☐ Dusty            | ☐ Monday               | ☐ Thursday          |
| Overcast Fog               | ☐ Warm           | ☐ Muddy              |                    | ☐ Tuesday              | ☐ Friday            |
| Rain Cold                  | ☐ Hot            | Temperatur           | e Range:           | ☐ Wednesda             | у                   |
| REMARKS: (Describe sig     | nificant events  | work accomplishe     | d materials & ed   | uinment on site sn     | ecial instructions  |
| of subcontractors, and nur |                  |                      |                    | quipinioni on oito, op | odar motradiono,    |
|                            | o. count of po   |                      | <i>γ</i> .         |                        |                     |
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|                            |                  |                      |                    |                        |                     |
| PROJECT LEADER CO          | DMMENTS:         |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
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|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
| NATURE OF EXCEPTION        | ON / DEFECTS     | S (include specifica | ations and/or drav | wing numbers, loca     | tion, description): |
|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
|                            |                  |                      |                    |                        |                     |
| CONTRACT DATE:             | COMPLETION DATE: |                      |                    |                        |                     |
| ACTUAL WORK COMP           | LETED %          |                      | PROBABLE C         | COMPLETION DA          | TE:                 |
| NUMBER OF WORKER           | RS:              |                      |                    |                        |                     |
| SUPERVISOR'S SIGNA         | ATURE:           |                      |                    |                        |                     |
| T ATTACHMENTS:             |                  |                      |                    | page                   | of page             |