DAILY REPORT TO INSPECTOR

DATE

CONTRACT NO.	TITLE AND LOCATION	REPORT NO.

CONTRACTOR *(Prime or Subcontractor)*	NAME OF SUPERINTENDENT OR FOREMAN
WEATHER	TEMPERATURE °F
WEATHER EFFECTS	

PRIME CONTRACTOR/SUBCONTRACTOR WORKFORCE
(If space provided below is inadequate, use additional sheets)

NUMBER	TRADE	HOURS	EMPLOYER	LOCATION AND DESCRIPTION OF WORK PERFORMED

TOTAL WORK HOURS ON JOB SITE THIS DATE		WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? ☐ YES ☐ NO
CUMULATIVE TOTAL OF WORK HOURS FROM PREV. REPORT		
TOTAL WORK HOURS FROM START OF CONSTRUCTION		IF "YES", ATTACH SUMMARY OF INCIDENT OR OSHA REPORT

CONSTRUCTION AND PLANT EQUIPMENT LEFT ON JOB SITE UNTIL USE IS COMPLETED

DESCRIPTION	DATE FIRST ON JOB *(First time only)*	HOURS WORKED THIS DATE	HOURS IDLED	DATE OF FINAL REMOVAL FROM JOB SITE

CONSTRUCTION AND PLANT EQUIPMENT NOT LEFT ON JOB SITE PERMANENTLY
(This will include pickup trucks and mobile mounted items, such as compressor, that are also used for transportation to and from the job)

DESCRIPTION	HOURS WORKED	HOURS IDLED