



DAILY REPORT

DATE: _____

Job Name _____ Job Number _____

Weather Conditions _____

Temperature _____

CONSTRUCTION MATERIAL RECEIVED:

EQUIPMENT ON SITE:

MANPOWER ON SITE:

SUPERVISOR _____
FOREMAN _____
OPERATORS _____
LABORERS _____
BLASTERS _____
MECHANICS _____
COMPETENT PERSON(S) _____
Name: _____

SUB CONTRACTORS:

TOTAL: _____

WORK ACCOMPLISHED:

ISSUES/ITEMS HINDERING WORK:

ADDITIONAL WORK APPROVED and/or PERFORMED:

SAFETY:

1. **EQUIPMENT CERTIFICATION:** Competent person is certifying that the equipment used in conjunction with the work has been inspected and is approved for work to be performed by the subcontractor's work force.

Signed: _____

2. Issues Raised: _____

3. Observations: _____
