Construction Management Representative (CMR)

& Contractor Quality Control (CQC) Daily Report

National Park Service (NPS) - Denver Service Center (DSC) | 9-29-22

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| --- | --- | --- | --- |
| **Contract Number:** |  | **Report Number:** |  |
| **PMIS Number:** |  | **Date:** |  |

PMIS: Project Management Information System

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| --- | --- |
| **Park:** |  |
| **Project Title:** |  |
| **Construction Contractor:** |  |
| **CMR Reporting:** |  |

# Weather

| **Moisture Amount** in inches | **Weather Delay** yes or no | **Maximum Temperature** fahrenheit | **Minimum Temperature** fahrenheit |
| --- | --- | --- | --- |
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| **Weather** rain, snow, cloudy, windy |
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| **Weather Delayed Work** |
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| **Ground Conditions** dry, damp, wet, frozen |
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# Prime Contractor

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| --- | --- |
| **Prime Contractor:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Manager (PM) |  |  |  |  |  |  |  |
| Superintendent |  |  |  |  |  |  |  |
| Quality Control (QC) |  |  |  |  |  |  |  |
| Safety Officer |  |  |  |  |  |  |  |
| Laborers |  |  |  |  |  |  |  |

| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
|  |  |  |
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| **Work Performed by Prime Contractor** Provide details on each activity and include location, quantities, and production. |
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| **Special Inspections** Describe inspections performed, results, and corrective actions. Include names of Prime and Sub-prime Contractors. |
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| **Was any testing performed today?** yes or no |  | (Complete and attach Test Report Information Sheets.) |

| **Type & Location of Testing** |
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# Subcontractor 1

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| --- | --- |
| **Subcontractor 1:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
|  |  |  |
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| **Work Performed by Subcontractor 1** Provide details on each activity and include location, quantities, and production. |
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# Subcontractor 2

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| --- | --- |
| **Subcontractor 2:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
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| **Work Performed by Subcontractor 2** Provide details on each activity and include location, quantities, and production. |
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# Subcontractor 3

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| --- | --- |
| **Subcontractor 3:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
|  |  |  |
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| **Work Performed by Subcontractor 3** Provide details on each activity and include location, quantities, and production. |
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# Subcontractor 4

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| --- | --- |
| **Subcontractor 4:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |

| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
|  |  |  |
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| **Work Performed by Subcontractor 4** Provide details on each activity and include location, quantities, and production. |
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# Subcontractor 5

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| --- | --- |
| **Subcontractor 5:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |

| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
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| **Work Performed by Subcontractor 5** Provide details on each activity and include location, quantities, and production. |
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# Subcontractor 6

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| --- | --- |
| **Subcontractor 6:** |  |

Equipment Hours Working

| **Employees** by job categories | **Number** | **Hours** | **Equipment on Job**  Include model, manufacturer, size, year. | **Number of Units** | **Yes** | **Standby** | **Mobilized/ Demobilized Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| **Materials Delivered** | **Quantity** | **Official Visitors** |
| --- | --- | --- |
|  |  |  |
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| **Work Performed by Subcontractor 6** Provide details on each activity and include location, quantities, and production. |
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# Project Status Update

| **Critical Point/Milestone Observations** Describe item inspected, observations, problems, and action items. |
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| **Description of Work Being Monitored on a Time and Material Basis and Why** |
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**Breakdown of Time and Material Work Performed**

|  |  |
| --- | --- |
| **Location:** |  |
| **Labor:** |  |
| **Equipment:** |  |
| **Material:** |  |
| **Production Rates:** |  |

| **Status of Government-Furnished Services and/or Supplies** |
| --- |
|  |

**Safety Comments**

|  |  |
| --- | --- |
| **Accidents/Lost Time:** |  |
| **Incidents:** |  |
| **First Aid Administered:** |  |
| **Housekeeping/Hazardous Material Management-Report on Daily Clean-up Process & Performance:** |  |
| **Other:** |  |

| **Difficulties with Construction Contractor** |
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| **Unforeseen Developments**  Describe conditions, action taken, person contacted, and recommended actions. |
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| **Construction Deficiencies or Re-Testing Required** |
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| **Other Comments or Information**  Describe item inspected, observations, problems, and action items. |
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**Attach pictures to support reported information. Include description of picture and issue or impact.**