

Contractor's Quality Control (CQC) DAILY REPORT



REPORT NO:		PMIS No:			
PROJECT			CONTRACT NO.		DATE
PARK			CONTRACTOR		CONTRACTORS REPRESENTATIVE
WEATHER (Rain, Snow, Cloudy, Windy, etc.)	MOISTURE AMOUNT (INCHES)	TEMPERATURE MIN. MAX.	WEATHER DELAY Yes No	DESCRIBE WEATHER DELAYED WORK	GROUND CONDITIONS (Dry, Damp, Wet, Frozen, etc.)

PRIME CONTRACTOR:

EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS	EQUIPMENT ON JOB (inc. model, manufacture, size, year)	NO. UNITS	EQUIPMENT HOURS WORKING		
					YES	STANDBY	MOB/DEMOB DATE
Project Manager							
Superintendent							
Quality Control Officer							
Safety Officer							
Laborers							

MATERIALS DELIVERED	QUANTITY	OFFICIAL VISITORS

WORK PERFORMED BY PRIME: (Include detail description per each activity including location, quantities, production, etc.)

SPECIFIC INSPECTIONS: (Inspections performed, results, and corrective actions, Primes & Subs)

TESTING:

Was any testing performed today YES / NO . (Complete and attach Test Report Information Sheets.)

Type and Location of Testing:

SUBCONTRACTOR(S):	PMIS No:	Date:	
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1 SUBCONTRACTOR NAME

EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS	EQUIPMENT ON JOB (Inc. model, manufacture, size, year)	NO. UNITS	EQUIPMENT HOURS WORKING		
					YES	STANDBY	MOB/DEMOB DATE

MATERIALS DELIVERED	QUANTITY	EQUIPMENT MOBILIZED/DEMOBILIZED

WORK PERFORMED BY SUBCONTRACTOR: Include detail description per each activity Inc. location, quantity, production, etc.

2 SUBCONTRACTOR NAME

EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS	EQUIPMENT ON JOB (Inc. model, manufacture, size, year)	NO. UNITS	EQUIPMENT HOURS WORKING		
					YES	STANDBY	MOB/DEMOB DATE

MATERIALS DELIVERED	QUANTITY	EQUIPMENT MOBILIZED/DEMOBILIZED

WORK PERFORMED BY SUBCONTRACTOR: Include detail description per each activity Inc. location, quantity, production, etc.

3 SUBCONTRACTOR NAME

EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS	EQUIPMENT ON JOB (Inc. model, manufacture, size, year)	NO. UNITS	EQUIPMENT HOURS WORKING		
					YES	STANDBY	MOB/DEMOB DATE

MATERIALS DELIVERED	QUANTITY	EQUIPMENT MOBILIZED/DEMOBILIZED

WORK PERFORMED BY SUBCONTRACTOR: Include detail description per each activity Inc. location, quantity, production, etc.

PMIS No:		Date:	
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CRITICAL POINT/MILESTONE OBSERVATIONS *(Describe item inspected, observations, problems, action items)*

DESCRIPTION OF WORK BEING MONITORED ON A TIME & MATERIAL BASIS AND WHY

BREAKDOWN OF TIME & 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

Other:

DIFFICULTIES WITH SUBCONTRACTOR

UNFORESEEN DEVELOPMENTS *(Describe conditions, action taken; person contacted, recommended actions)*

CONSTRUCTION DEFICIENCIES OR RE-TESTING REQUIRED:

OTHER COMMENTS

CERTIFICATION:

I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the prime contractor and each subcontractor and determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications except as may be noted above. I have reconciled all differences found when comparing this CQC daily diary with the CMR's daily diary. All unresolved issues are described under "Other comments" above.

SIGNATURE	TITLE: CONTRACTOR'S REPRESENTATIVE
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