

DDOT Contract No:		Project Name:			Location:		Date:	
FAP No:		Contractor:			Construction Manager:		Day of Week:	
Ward:	Prepared By:			Title:		<input type="checkbox"/> DDOT	<input type="checkbox"/> Consultant	
High Temp:		AM Conditions:		PM Conditions:		Contract Day No.	Total Contract Days	
Low Temp:		Cloudy		Sunny				
(check most applicable): Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Rain Duration (hours):								

Contractor(s) and Personnel											
#	Company Name	DBE	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs
1.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
2.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
3.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
4.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
5.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
6.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
7.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		
8.	Company Prime <input type="checkbox"/> Sub <input type="checkbox"/> Utility <input type="checkbox"/>	<input type="checkbox"/>	Foremen			Truck Drivers			Operators		
			Finishers			Laborers			Trainees		

Contractor(s) Subcontractor(s) Equipment (Active or Idle)														
Prime	Sub	Equipment	A/Hrs	I/Hrs	Prime	Sub	Equipment	A/Hrs	I/Hrs	Prime	Sub	Equipment	A/Hrs	I/Hrs
		Air Compressor					Dragline					Pumps		
		Arrow Board					Earth Mover					Roller Steel		
		Asphalt Paver					Front End Loader					Roller Rubber		
		Asphalt Distributor					Hand Tamp					Roller Vibrator		
		Backhoe					Generator					Rotary Mixer		
		Bulldozer					Grade-all					Track-Hoe		
		Concrete Saw					Light Plants				1	Truck - Dump		
		Concrete Screed					Mechanical Tamp					Skid Loader		
		Concrete Vibrator					Milling Machine					High Lift		
		Crane Truck					Motor Grader				2	Service Trucks		
		Curb Machine					Pile Driver				1	Deere 85G		
		Drill Rig					Power Broom				1	Deere S10G		

Quantities / Work Performed						
Pay Item #	Item Description	Delivery Ticket # (if applicable)	Load #	Location (Station to Station)	Installed	
					Qty.	Units

Project Name:		Contractor:		Day of Week:	Date:
Work Summary / Remarks					
General:					
Accidents: <input type="checkbox"/> No <input type="checkbox"/> Yes See Accident Report Dated:			Accident Report No (if available):		
VISITORS:					
No.	Name	Representing	Reason for Visit	Time In	Time Out
1					
2					
3					
INSPECTOR'S SIGNATURE:		HOURS AT JOB SITE		TOTAL HOURS	
		FROM:	TO:		
CONSTRUCTION MANAGER'S SIGNATURE					DATE:

DISTRIBUTION: Original – File
Copy – Contractor (as requested)

Project Name:	Contractor:	Day of Week:	Date:
---------------	-------------	--------------	-------

Progress Photographs
