

DAILY REPORT				DATE
CONTRACT NO.		TITLE AND LOCATION		REPORT NO.
CONTRACTOR <i>(Prime or Subcontractor)</i>			NAME OF SUPERINTENDENT OR FOREMAN	
WEATHER			TEMPERATURE	
WEATHER EFFECTS				
PRIME CONTRACTOR/SUBCONTRACTOR WORKFORCE <i>(if space provided below is inadequate, use additional sheets)</i>				LOCATION AND DESCRIPTION OF WORK PERFORMED
NUMBER	TRADE	HOURS	EMPLOYER	
TOTAL WORK HOURS ON JOB SITE THIS DATE				WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", A COPY OF THE COMPLETED OSHA REPORT IS REQUIRED
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT				
TOTAL WORK HOURS FROM START OF CONSTRUCTION				

Daily Report Rev. (07-02)

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