



CONTRACTOR QUALITY CONTROL DAILY REPORT

Contractor Quality Control Representative shall complete each field or item in the CQC Daily Report. If a field or item is Not Applicable - mark it with the symbol 'NA'

Project Name: _____ Report No.: _____
Project No.: _____ Contractor: _____ Date: _____

Location of work: _____

| | | |
|--------------------------------------|----------------|---------------------------------|
| Weather: <input type="checkbox"/> AM | Lo Temp: _____ | Wind Velocity: _____ mph |
| <input type="checkbox"/> PM | Hi Temp: _____ | Rain Accumulation: _____ inches |

1. ACTIVITY: By Contractor / Subcontractor

| <u>Work in Progress</u> | <u>Contractor / Subcontractor</u> | <u>Equipment</u> | <u>Trade / Craft</u> | <u>Number of Workers</u> | <u>Total Hours Worked</u> |
|-------------------------|-----------------------------------|------------------|----------------------|--------------------------|---------------------------|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |
| F. | | | | | |
| G. | | | | | |
| H. | | | | | |
| I. | | | | | |
| J. | | | | | |
| K. | | | | | |
| L. | | | | | |

2. INSPECTIONS: List the specific inspection performed (pre-installation, initial, and follow up) and the results of these inspections (including corrective actions).

3. TESTS: List type and location of the tests performed and the results of these tests.



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4. **CHANGE ORDER WORK:** List Contractor/Subcontractor work done under change order.

| <u>COP or FO in Progress</u> | <u>Contractor / Subcontractor</u> | <u>Equipment</u> | <u>Craft</u> | <u>Number of Workers</u> | <u>Total Hours Worked</u> |
|------------------------------|-----------------------------------|------------------|--------------|--------------------------|---------------------------|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |
| F. | | | | | |
| G. | | | | | |
| H. | | | | | |
| I. | | | | | |
| J. | | | | | |
| K. | | | | | |
| L. | | | | | |

5. **TOTAL DAILY HOURS WORKED BY ALL TRADES:** _____

6. **SAFETY:** Activity Safety Inspection

| <u>A. Safety Deficiencies Observed</u> | <u>Corrective Action Taken</u> |
|--|--------------------------------|
| | |
| | |
| | |

Remarks: _____

B. Safety Statistics

Number of First Aid incidents: _____

Number of Recordable incidents: _____

Number of Lost Time days: _____



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7. **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 Contractor and each Subcontractor, and have determined that materials, equipment, and workmanship are in compliance with the plans and specifications, except as may be noted above.

Signature of Contractor's Quality Control Representative

Date

**Contractor Quality Control Daily Report
END OF FORM**