



FACILITIES

UNIVERSITY *of* WASHINGTON

## 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).

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

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### CONTRACTOR QUALITY CONTROL DAILY REPORT

**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

A. Safety Deficiencies Observed

Corrective Action Taken


Remarks:


B. Safety Statistics

Number of First Aid incidents: \_\_\_\_\_

Number of Recordable incidents: \_\_\_\_\_

Number of Lost Time days: \_\_\_\_\_

## CONTRACTOR QUALITY CONTROL DAILY REPORT

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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**