CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON
Planning & Management

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:	☐ AM	Lo Temp:	_____	Wind Velocity:	_____ mph
	☐ PM	Hi Temp:	_____	Rain Accumulation:	_____ inches

1. ACTIVITY: By Contractor / Subcontractor

Work in Progress	Contractor / Subcontractor	Equipment	Trade / Craft	Number of Workers	Total Hours Worked
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.

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

5. TOTAL DAILY HOURS WORKED BY ALL TRADES: 0.0

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: _____

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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