

Report No.:

Date:

Day of Week:

<b>Project Name:</b>	<b>Project Number:</b>
<b>Contractor:</b>	

<b>Weather</b>  <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Light Rain <input type="checkbox"/> Rain <input type="checkbox"/> Rained Out  <b>Temperature</b>  Max: _____ 0F _____ AM/PM  Min: _____ 0F _____ AM/PM	<b>Site Conditions</b>  <input type="checkbox"/> Acceptable <input type="checkbox"/> Partly Useable <input type="checkbox"/> Not Workable <input type="checkbox"/> Other  _____ _____ _____ <b>Workday Charged</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Workers On Job</b>  _____ Carpenters _____ Electricians _____ Ironworkers _____ Laborers _____ Plumbers _____ Welders _____ Operators _____ Drivers _____ Concrete Workers  _____ _____ _____	<b>Equipment Working</b>  _____ Cranes _____ Backhoes _____ Ditchers _____ Scrapers _____ Graders _____ Loaders _____ Dozers _____ Trucks _____ Pumps _____ Rollers  _____ _____ _____	<b>Materials &amp; Equipment Storage</b>  <input type="checkbox"/> Good <input type="checkbox"/> Bad   <b>Hours Worked</b>  _____:_____ AM to _____:_____ PM
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**TESTS**

<b>Density</b>  <table style="width: 100%;"> <tr> <th style="width: 60%;">Location</th> <th style="width: 40%;">Results</th> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Location	Results	_____	_____	_____	_____	_____	_____	_____	_____	<b>Leakage</b>  <table style="width: 100%;"> <tr> <th style="width: 20%;">Line</th> <th style="width: 30%;">Sta. To Sta.</th> <th style="width: 30%;">Pass/Fail</th> <th style="width: 20%;">Retest</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>	Line	Sta. To Sta.	Pass/Fail	Retest	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>Concrete</b>  <table style="width: 100%;"> <tr> <th style="width: 15%;">Cylinder No.</th> <th style="width: 35%;">Location</th> <th style="width: 15%;">Slump</th> <th style="width: 35%;">Air</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>	Cylinder No.	Location	Slump	Air	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>Other</b>  _____ _____ _____ _____														
Cylinder No.	Location	Slump	Air																												
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_____	_____	_____	_____																												
_____	_____	_____	_____																												

**DESCRIPTION OF WORK IN PROGRESS**


**INSTRUCTIONS & COMMENTS**


Signature: \_\_\_\_\_ Date: \_\_\_\_\_