

Owner: _____

Date: _____

Project Name: _____

MI Project #: _____ Contractor: _____

Total contract completion time: _____

To be forwarded to the Contractor for their records on a minimum of a bi-weekly basis.

Date	Hours	Accum. Hours	Resident Inspector Full Name	Contractor Site Rep. Signature	Station, Quantity of Material Installed, Force Account Performed, etc. Additional details on Form 18.