

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

Project Name: _____ Date: _____
 MI Project No.: _____ Report No.: _____
 Location: _____ Superintendent: _____
 Weather: _____ Temperature: _____ Winds: _____
 Hours Worked Today: _____ Accumulated Hours: _____ Total Contract Completion Time: _____

GENERAL HEALTH, SAFETY, AND ENVIRONMENTAL REVIEW:

Items Observed: ✓ = Okay × = Requires Attention N/A = Not Applicable

Site Documentation		Security & Public Safety	
Qualifications/Training		First Aid Requirements	
Tailboard Safety Meeting		Emerg Preparedness & Resp.	
Hazardous Materials (MSDS req'd)		Working at Height	
Personal Protective Equipment		Confined Space (permit req'd)	
		Hot Work (permit req'd)	
Ladders		Blasting	
Scaffolds		Environmental Permits	
Cranes/Hoists		Site-Cleanup/Housekeeping	
Electrical Equipment			
Work Equipment			
Excavation (permit req'd)			

CONTRACTOR'S WORK FORCE

Trade	No. of Workers	Man Hours	Location, Description and Quantity of Work Performed
Foreperson			
Pipefitter			
Labourer			
Operator			
Flagperson			
Other			

Contractors Hours**CONTRACTOR'S EQUIPMENT ON SITE**

Equipment	Machine Hours Worked	Location, Description and Quantity of Work Performed
Excavator		
Loader		
Tandem		
Dozer		
Other		

GENERAL REPORT	
Remarks (covering in detail progress, shortages, requirements, visitors, etc.)	
Delays	
Special instructions received or given or Force Account details	
Site/Progress Photos. Requires at least four (4). Additional photos to be added as required to explain conditions and progress.	

Signature of Site Representative

Date