

**CONTRACTORS QUALITY CONTROL REPORT (QCR)
DAILY LOG OF CONSTRUCTION**

REPORT NUMBER _____ Page 2 of 2

DATE _____

PROJECT _____

CONTRACT NUMBER _____

CONTRACTORS ON SITE (Report first and/or last day contractors were on site)

LABOR HOURS

The following labor hours were Reported today:

| | | | |
|----------------|----------------------------|---------------------------|--------------------|
| Employer _____ | Labor Classification _____ | Number of Employees _____ | Hours Worked _____ |
|----------------|----------------------------|---------------------------|--------------------|

Total hours worked to date: _____ Total _____

EQUIPMENT HOURS

The following equipment hours were Reported today:

| | | | |
|---------------------|-------------------|------------------|-----------------------|
| Serial Number _____ | Description _____ | Idle Hours _____ | Operating Hours _____ |
|---------------------|-------------------|------------------|-----------------------|

Total operating hours to date: _____ Total _____

ACCIDENT REPORTING (Describe accidents)

No accidents reported today

CONTRACTOR CERTIFICATION **On behalf of the contractor, I certify that this Report is complete and correct and all equipment and material used and work performed during this Reporting period are in compliance with the contract plans and specifications, to the best of my knowledge, except as noted above.**

QC REPRESENTATIVE'S SIGNATURE _____

DATE _____

SUPERINTENDENT'S INITIALS _____

DATE _____