MURK 1
(06/08)

DAILY WORK REPORT

JOB STAMP

Date: _____

Day of Week: S M T W T F S

Sheet No. ____ of ____ DWR No. _____

	AM		PM	
Weather				
Temperature				

CONTRACTOR WORK HOURS: _____ TO _____

DESCRIPTION OF WORK AND MATERIAL USED FOR EACH OPERATION, INCLUDING CONTRACTOR/SUB NAME, ITEM NO. AND LOCATION

CONTRACT PAY ITEM NO	FS	ES	INTERIM QUANTITY	UNITS	FINAL QUANTITY	QTY CHK	LOCATION OF WORK	CEES	
								ENT	CHK

I certify that the work described in this report was incorporated into this contract on the date of this DWR, unless otherwise noted.

Inspector's Signature: _____ Date Prepared: _____

Reviewed by: _____ ☐ Engineer-in-Charge ☐ Resident Engineer Date Reviewed: _____

☐ MURK 1-1 CONTINUATION attached for additional narrative. ☐ MURK 1-2 CONTINUATION attached for additional pay items & quantities.

LABOR					EQUIPMENT					
CLASSIFICATION	OP 1	OP 2	OP 3	OP 4	TYPE	ID #	OP 1	OP 2	OP 3	OP 4
FOREPERSON										
LABORER										
EQUIP. OPERATOR										
TRUCK DRIVERS										
IRONWORKERS										
CARPENTERS										
MASONS										
OWN./OPERATORS										

OP 1:	OP 2:	OP 3:	OP 4: