

3.2

WORK REPORT

Report Date:

APN Number:

To:

From:

Project Location or Address:

Summarize below and attach supplementing reports where called for:

A. WORK PERFORMED

Contractor/Vendor	Total Men	Total Hours	Time Arrive	Time Departed	Work Performance/Remarks

B. VISITORS OF IMPORTANCE: NONE YES Who:

C. ACCIDENTS, DAMAGE OR POSSIBLE CLAIMS: NONE YES See Continuation Page

D. ANY WORK BEHIND SCHEDULE: NO YES Why? When and how will we get back on schedule (See Continuation Page)

E. EXTRAS, BACK CHARGES, CHANGE ORDERS, TIME EXTENSIONS, ETC.: NONE YES See Continuation Page

F. ANY RFI'S (Requests for Information): NONE YES See Continuation Page

G. ANY OVERTIME AUTHORIZED: NO YES Why? and by who. (See Continuation Page)

H. WEATHER: Clear Sunny Cloudy Windy Raining Other:

I. ANY BUILDING DEPT SIGN OFF'S: NO YES What:

J. COMPLETION: Substantial Completion Date: Final Inspection Date: Actual Completion Date:

Report Prepared by: Continuation Page Attached: NO YES

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