

Daily Log

Date: _____		Day of the Week: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
Job Number: _____	Project/Job Name: _____	Contractor: _____	
Work Performed At: _____			
STREET ADDRESS		CITY	STATE
ZIP CODE			
Description: _____			
Extra Work: _____	Authorized By: _____	Cost \$: _____	Weather: _____
			TEMP AM: _____ TEMP PM: _____
			START TIME: _____ END TIME: _____
			Safety Meeting: <input type="checkbox"/> Y <input type="checkbox"/> N
			Topic: _____
Special Tasks: _____		Schedule: _____	
		<input type="checkbox"/> Days Ahead _____	
		<input type="checkbox"/> On Schedule _____	
		<input type="checkbox"/> Days Behind _____	
Problems: _____		Permits/Testing: _____	
Accidents or Incidents / Safety Issues:		Sub-Contractor Progress: _____	
If accidents/incidents occurred, were pictures taken? <input type="checkbox"/> Y / <input type="checkbox"/> N			
Was more than first aid required? <input type="checkbox"/> Y / <input type="checkbox"/> N Was the incident reported? <input type="checkbox"/> Y / <input type="checkbox"/> N			
(If yes, provided pictures and a copy of this daily log to the claims department.)			
		Production Goals: _____	
		<input type="checkbox"/> Exceeded _____	
		<input type="checkbox"/> Met _____	
		<input type="checkbox"/> Not Accomplished _____	

Workforce	Workforce Amount	Hours		Workforce	Workforce Amount	Hours	
		Straight	OT			Straight	OT
<input type="checkbox"/> Superintendent				<input type="checkbox"/>			
<input type="checkbox"/> Clerk				<input type="checkbox"/>			
<input type="checkbox"/> Bricklayers				<input type="checkbox"/>			
<input type="checkbox"/> Carpenters				<input type="checkbox"/>			
<input type="checkbox"/> Cement Masons				<input type="checkbox"/>			
<input type="checkbox"/> Electricians				<input type="checkbox"/>			
<input type="checkbox"/> Iron Workers				<input type="checkbox"/>			
<input type="checkbox"/> Laborers				<input type="checkbox"/>			
<input type="checkbox"/> Operating Engine				<input type="checkbox"/>			
<input type="checkbox"/> Plumbers				<input type="checkbox"/>			
<input type="checkbox"/> Pipe Fitters				<input type="checkbox"/>			
<input type="checkbox"/> Sheet Metal				<input type="checkbox"/>			
<input type="checkbox"/> Truck Drivers				<input type="checkbox"/>			

Total Workers: _____

Equipment	Rental	# of Pieces	Hours		Rate
			Straight	OT	
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				

Materials Purchased	Invoice #	Quantity	Price \$

Remarks: _____

Contractor's Name: _____ Contractor's Signature: x