## CONSTRUCTION QUALITY MANAGEMENT REPORT

Contractor:Date:			
Contract No. DACW38	Daily Report No		
Project Title & Location:			
Weather:	Precipitation:in. Temp.:MinMax		
Work Control Feature:	Portion of Day Suitable for Work:%		
1. Contractor/Subcontractor	rs and Area of Responsibility:		
NUMBER: TRADE HOURS	EMPLOYER LOCATION/DESCRIPTION WORK		
PLANT/EQUIPMENT ARRIVA	TE OF DATE OF HOURS HOURS HOURS L/DEPART SAFETY CHECK USED IDLE REPAIR		
3. Work performed today: (I performed by prime and/or su	ndicate location and description of work bcontractors by number in table (1) above.)		
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CQM REPORT FORM (Cont'd)

Initial, or F - Fol	rol activities: (Indication low-up Phase. When a I-A or I-B, respectively to the second secon	P or I meeting is o	onducted,
5. Tests performed	as required by plans	and/or specificatio	ns:
6. Materials recei	ved:		
	<del></del>		
7. Submittals Revi			
/. Submittals Revi	ewed:		
(a) Submittal No. (	b) Spec/Plan Reference		
<del> </del>			<u> </u>
3. Offsite surveil	lance activities, incl	uding action taken:	
			· • · · · · · · · · · · · · · · · · · ·
). Job safety: (Re Corrective actions	eport violations; Corretaken.)	ective instructions	given;
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CQM REPORT FORM (Con't)		
<pre>10. Remarks: (Instructions received or given. Conflict(s) in P specifications.)</pre>	lans an	nd/or
	<del></del>	
Contractor's Verification: On behalf of the Contractor, I certif portion of the report is complete and correct, and all materials equipment used and work performed during this reporting period arcompliance with the plans and specifications, to the best of my knexcept as noted above.	and e in	e,
Authorized CQM System Manager	Date	
GOVERNMENT QUALITY ASSURANCE REPORT		
1. Do you concur with the Contractor's Report for this period?	Yes	*No
12. Did you observe any QC testing/inspections or perform any QA evaluations or verification of materials?	*Yes	No
3. Were any instructions given to or information received from		
the Contractor?  4. Has anything developed on the work which, in your opinion,	*Yes_	No
might lead to a change order or contract claim?	*Yes_	No
5. Safety Observations and General Comments/Remarks. (Use back of if more space is needed.) Answers to 1-4 above with an asters to be explained below.		
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I certify that this report is complete and accurate to the best knowledge.	of my	     
Government Quality Assurance Representative	Date	