

**QUALITY ASSURANCE REPORT (QAR)
DAILY LOG OF CONSTRUCTION - CIVIL**
(ER 1180-1-6)

THE OCR WILL BE ATTACHED TO
OR FILED WITH THE QAR.

REPORT NUMBER

TO

DATE

PROJECT

CONTRACT NUMBER

CONTRACTOR *(Or hired labor)*

WEATHER

PORTION OF SCHEDULED DAY SUITABLE FOR OPERATIONS

TEMPERATURE

STRUCTURAL EXCAVATION	BORROW EXCAVATION	EMBANKMENT	CONCRETE	STRUCTURE
%	%	%	%	%

MINIMUM	MAXIMUM
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HAS ANYTHING DEVELOPED ON THE WORK WHICH MIGHT
LEAD TO A CHANGE ORDER OR FINDING OF FACT? NO YES *(Explain)*

24 HOUR PRECIPITATION

INCHES	ENDING
	M

NUMBER OF GOVERNMENT EMPLOYEES

RIVER STAGE

SUPERVISORY	OFFICE	LAYOUT	INSPECTION	TOTAL	LABOR
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FEET	TIME
	M

NUMBER OF CONTRACTOR'S EMPLOYEES

NUMBER OF SHIFTS 1 2 3

SUPERVISORY	SKILLED	LABORERS	TOTAL	FROM	TO	FROM	TO	FROM	TO
				M	M	M	M	M	M

FROM	TO
M	M

Attach list of the following: (a) Major items of equipment either idle or working, and (b) Number and classification of contractor personnel onsite.
Note: If the contractor's Quality Control Report (QCR) contains the information it need not be repeated.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

WORK PERFORMED TODAY: *(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)*

Days of no work and reasons for same:

Information on progress of work, causes for delays and extent of delays, Plant, material, etc.

CQC CONTROL PHASES ATTENDED AND INSTRUCTIONS GIVEN:

RESULTS OF QA INSPECTIONS AND TESTS, DEFICIENCIES OBSERVED, ACTIONS TAKEN AND CORRECTIVE ACTION OF CONTRACTOR. INCLUDE COMMENT PERTAINING TO CONTRACTORS CQC ACTIVITIES

VERBAL INSTRUCTIONS GIVEN TO CONTRACTOR: *(Include names, reactions and remarks)*

CONTROVERSIAL MATTERS IN DETAIL:

INFORMATION, INSTRUCTIONS OR ACTIONS TAKEN NOT COVERED IN QCR REPORT OR DISAGREEMENTS:

REMARKS: *(Include visitors to project and miscellaneous remarks pertinent to work)*

SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Government personnel. Specify corrective action taken.)*

QA REPRESENTATIVES SIGNATURE	DATE	SUPERVISOR'S INITIALS	DATE
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