

Job# _____ Job Name _____
Fill in Entire Job# - (XX-XXX-XXXXX) ONE JOB PER DAILY TIME SHEET WC# Cost Code

Extra #/Name _____ T&M Extra? Yes ___ No ___ WC CODE _____
 Desc: _____

DATE _____ [___ M ___ T ___ W ___ Th ___ F ___ S] Week Ending Date _____
MO/Day/YEAR X Day of week Saturday's Date

Your Name _____ (who is filling out this sheet?) Foreman _____

DAILY HOURS

NOTE: List job foreman LAST

Office Use	Employee Name	Hrs Worked	Start	Stop	Lunch Time	Comments	Office Use
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

TOTAL HOURS (for office use only)

EQUIPMENT HOURS

Rented EQ? X	EQ ID#	# Hrs	Equipment Description	Office Use
1	TP-		Pick-up Truck	
2	MS-999		Misc Small Hand Tools	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Total Hours (for office use only)



FOREMAN'S DAILY JOB REPORT

Job # _____ Job Name _____

DATE _____ Day of Week _____ (Foreman's) Your Name _____

Location of today's Work Site _____
(ie: SE corner of Staple from Cherry to Iona)

Type of Work: _____
(excavation, water, sanitary, storm, other)

DEPTH of Pipe _____

DESCRIBE TODAYS WORK - Grading/Site Grading/Undercut/Sand/Gravel etc:

Work Ordered BY: Consolidated Inc. PO# 36365

Day's Work Approved by: _____ Date _____
Name /Title

Print Name _____

Job # _____ Job Name _____

DATE _____ Day of Week _____ (Foreman's) Your Name _____

General Daily Information:

Weather conditions _____

General Job Site Conditions _____

Staking (re-staking) comments _____

Inspector on Site? _____ Y _____ N Comments _____

Any injuries/Utility Damage/ etc.: _____ Y _____ N Reports filled out & turned in: _____ Y _____ N
Comments _____

SUBCONTRACTORS ON SITE: (Company Name – foreman (if known))

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

Other Persons On Site: _____ (names & reason)

SKETCHES ON THE BACK OF THIS FORM? _____ Yes _____ No

MORNING DUTIES: - Check box when completed.

_____ Take pictures/videos of site before digging as necessary- especially near residences.

Safety Inspection :

- _____ Power Equipment – guards/safeties/back-up alarms
- _____ Ladders – no broken rungs
- _____ Electrical Equipment – cords are not frayed etc.
- _____ Small Tools – Saws/etc. – guards/safeties etc.
- _____ PPE – (Personal Protection Equipment) – Hard Hats, safety glasses, etc.
- _____ Rope Slings – no breaks, no frays, etc.
- _____ Confined Space Testing EQ – working properly.

END OF DAY DUTIES: - Check box when completed.

Site "Lock Down"

- _____ Housekeeping items – Site Clean Up
 - 1. all tools stored properly
 - 2. trash/junk material disposed of properly
 - 3. Material/Pipe/Fittings - secured from theft

Equipment "Lock Down"

- _____ Lock and secure all equipment – shut & lock doors, close windows
- _____ Lock and secure tool trailers – Protect to prevent theft & vandalism
- _____ Barricade site – take pictures if necessary

General Site Overview

_____ Equipment Repair Cards filled out? (PINK cards)

I acknowledge that SAFETY for the crew and the job site is my responsibility and that the information contained on this Daily Job Report is complete and accurate.

Foreman's signature/(PIN validation) _____ Date _____

Print Name _____

DIVERSCO

CONSTRUCTION

Additional Information/
Describe Time & Material EXTRA
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SKETCHES and/or
work

Fill in job#, date & your name even if no information - Write NONE or N/A under - - - - -

JOB # _____ Date _____ Name _____
