YOUR BUSINESS NAME OR LOGO

DAILY REPORT

Fill out and sign the same day

PROJECT	OWNER / CLIENT	PROJECT ADDRESS	JOB NO.
DATE	DAY M T W T F S S	PREPARED BY (NAME AND ROLE)	REPORT NO.

WEATHER

MORNING	AFTERNOON	TEMP. LOW / HIGH	WIND	RAIN	GROUND AND SITE

CREW ON SITE

TRADE / COMPANY	WORKERS	HOURS	TOTAL HRS
Total			

EQUIPMENT

EQUIPMENT	QTY	HOURS	WORKING / IDLE

WORK PERFORMED what, where and how far

DELIVERIES note anything short, damaged or late

MATERIAL	SUPPLIER	TICKET / PO NO.	CHECKED / NOTES

DELAYS AND HOURS LOST

weather · owner · design info / RFIs · other trades · materials · access · equipment · other

CAUSE	WHAT HAPPENED	FROM – TO	HOURS LOST	PEOPLE AFFECTED

Total hours lost _____

INSTRUCTIONS AND EXTRA WORK

who asked for what, and when

TIME	FROM (NAME AND ROLE)	INSTRUCTION	CHANGE ORDER NO.

VISITORS AND INSPECTIONS

TIME	NAME	COMPANY AND PURPOSE

PHOTOS TAKEN

NO.	TIME	WHAT IT SHOWS, AND WHERE

SAFETY

INCIDENTS OR INJURIES ☐ None ☐ Yes: _____

NEAR MISSES ☐ None ☐ Yes: _____

TOOLBOX TALK TOPIC _____ GIVEN BY _____ ☐ Sign-in sheet kept

SAFETY ISSUES AND ACTIONS _____

NOTES

SIGN-OFF

I confirm this is a true record of the day.

NAME _____ ROLE _____

DATE AND TIME _____

RECEIVED BY (OWNER OR GENERAL CONTRACTOR)

NAME _____

DATE _____