

Today's Date: _____
 Inspection Request #: _____
 DSA File#: **01-117143**

DAILY WORK REPORT

New Haven Unified School District
ALL Daily Reports to be submitted to: facilitiesprojects@nhusd.k12.ca.us

IOR (Company):		IOR Representative:	
Site: James Logan High School		Project Name: Main Bleacher Alterations	
Contractor:		Subcontractor:	
Special Inspector Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Inspector:	
Testing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Testing Agency:	
Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Time of Arrival: _____		Time of Departure: _____	
TOTAL Hours: <input type="checkbox"/> RT ____ hrs <input type="checkbox"/> OT ____ hrs <input type="checkbox"/> DT ____ hrs			
Cancelled IRs ONLY: Time ____ RT/OT/DT (Circle One) Reason for Cancellation: _____			

REPORT

Weather Condition: Clear Wind Cool Temp: _____
 Overcast Fog Warm
 Rain Mud Hot

Description of Work:

Inspection Results: (attach additional page if necessary)

Subcontractor	On-Site	Number of Workers	Subcontractor	On-Site	Number of Workers
1.	<input type="checkbox"/>		6.	<input type="checkbox"/>	
2.	<input type="checkbox"/>		7.	<input type="checkbox"/>	
3.	<input type="checkbox"/>		8.	<input type="checkbox"/>	
4.	<input type="checkbox"/>		9.	<input type="checkbox"/>	
5.	<input type="checkbox"/>		10.	<input type="checkbox"/>	

Need for Re-Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason: _____		

REQUIRED:
Contractor (Representative):
 Name _____ Initials _____
 Date _____

IOR (Representative):
 Name _____
 Signature _____
 Date _____

FOR DISTRICT USE ONLY
 Date: _____
 Approved: Yes No Reason: _____
 Approver Name: _____ Initials _____

Today's Date: _____
 Inspection Request #: _____
 DSA File#: **01-115659**

DAILY WORK REPORT

New Haven Unified School District
ALL Daily Reports to be submitted to: facilitiesprojects@nhusd.k12.ca.us

IOR (Company):		IOR Representative:	
Site: James Logan High School		Project Name: Track & Field Inc. #3 (Bleacher Ramps)	
Contractor:		Subcontractor:	
Special Inspector Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Inspector:	
Testing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Testing Agency:	
Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Time of Arrival: _____		Time of Departure: _____	
TOTAL Hours: <input type="checkbox"/> RT ____ hrs <input type="checkbox"/> OT ____ hrs <input type="checkbox"/> DT ____ hrs			
Cancelled IRs ONLY: Time ____ RT/OT/DT (Circle One) Reason for Cancellation: _____			

REPORT

Weather Condition: Clear Wind Cool Temp: _____
 Overcast Fog Warm
 Rain Mud Hot

Description of Work:

Inspection Results: (attach additional page if necessary)

Subcontractor	On-Site	Number of Workers	Subcontractor	On-Site	Number of Workers
1.	<input type="checkbox"/>		6.	<input type="checkbox"/>	
2.	<input type="checkbox"/>		7.	<input type="checkbox"/>	
3.	<input type="checkbox"/>		8.	<input type="checkbox"/>	
4.	<input type="checkbox"/>		9.	<input type="checkbox"/>	
5.	<input type="checkbox"/>		10.	<input type="checkbox"/>	

Need for Re-Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason: _____		

REQUIRED:

Contractor (Representative):

Name _____ Initials _____

Date _____

IOR (Representative):

Name _____

Signature _____

Date _____

FOR DISTRICT USE ONLY

Date: _____
 Approved: Yes No Reason: _____

Approver Name: _____ Initials _____

Today's Date: _____
 Inspection Request #: _____
 DSA File#: **01-116916**

DAILY WORK REPORT

New Haven Unified School District
ALL Daily Reports to be submitted to: facilitiesprojects@nhusd.k12.ca.us

IOR (Company):	IOR Representative:
Site: James Logan High School	Project Name: Field Entry Structure
Contractor:	Subcontractor:
Special Inspector Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Inspector:
Testing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Testing Agency:
Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Time of Arrival: _____	Time of Departure: _____
TOTAL Hours: <input type="checkbox"/> RT ___ hrs <input type="checkbox"/> OT ___ hrs <input type="checkbox"/> DT ___ hrs	
Cancelled IRs ONLY:	Time ___ RT/OT/DT (Circle One) Reason for Cancellation: _____

REPORT

Weather Condition: Clear Wind Cool Temp: _____
 Overcast Fog Warm
 Rain Mud Hot

Description of Work:

Inspection Results: (attach additional page if necessary)

Subcontractor	On-Site	Number of Workers	Subcontractor	On-Site	Number of Workers
1.	<input type="checkbox"/>		6.	<input type="checkbox"/>	
2.	<input type="checkbox"/>		7.	<input type="checkbox"/>	
3.	<input type="checkbox"/>		8.	<input type="checkbox"/>	
4.	<input type="checkbox"/>		9.	<input type="checkbox"/>	
5.	<input type="checkbox"/>		10.	<input type="checkbox"/>	

Need for Re-Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason: _____		

REQUIRED:

Contractor (Representative):

Name _____ Initials _____
 Date _____

IOR (Representative):

Name _____
 Signature _____
 Date _____

FOR DISTRICT USE ONLY

Date: _____
 Approved: Yes No Reason: _____
 Approver Name: _____ Initials _____