

| | | | | | | | | | | | | | |
|---|---------|---------------------|------------|--------------|--|------------|-----------------------------|-------------|--------|----------------------------|----------------------------|----------------------------|--|
| QUALITY ASSURANCE REPORT (QAR) DAILY LOG OF CONSTRUCTION - CIVIL For use of this form see ER 1180-1-6; the proponent agency is CEMP-CE | | | | | THE OCR WILL BE ATTACHED TO OR FILED WITH THE QAR. | | | | | | | | |
| | | | | | REPORT NUMBER | | | | | | | | |
| TO | | | | | DATE (YYYYMMDD) | | CONTRACT NUMBER | | | | | | |
| | | | | | CONTRACTOR (or hired labor) | | | | | | | | |
| PROJECT | | | | | WEATHER | | | | | | | | |
| | | | | | PORTION OF SCHEDULED DAY SUITABLE FOR OPERATIONS | | | | | TEMPERATURE °F | | | |
| STRUCTURAL EXCAVATION % | | BORROW EXCAVATION % | | EMBANKMENT % | | CONCRETE % | | STRUCTURE % | | MINIMUM | | MAXIMUM | |
| HAS ANYTHING DEVELOPED ON THE WORK WHICH MIGHT LEAD TO A CHANGE ORDER OR FINDING OF FACT? | | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | | 24 HOUR PRECIPITATION | | | |
| | | | | | | | | | INCHES | | ENDING M | | |
| NUMBER OF GOVERNMENT EMPLOYEES | | | | | RIVER STAGE | | | | | | | | |
| SUPERVISORY | OFFICE | LAYOUT | INSPECTION | TOTAL | LABOR | | FEET | | TIME M | | | | |
| NUMBER OF CONTRACTOR'S EMPLOYEES | | | | | NUMBER OF SHIFTS | | | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | |
| SUPERVISORY | SKILLED | LABORERS | TOTAL | FROM M | TO M | FROM M | TO M | FROM M | TO M | FROM M | TO 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 AND SUBCONTRACTORS 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, ACTION 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 ON QCR REPORT OR DISAGREEMENTS.

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

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

PRINTED NAME AND TITLE *(First MI. Last)*

DATE (YYYYMMDD)

QA REPRESENTATIVE SIGNATURE

PRINTED NAME AND TITLE *(First MI. Last)*

DATE (YYYYMMDD)

SUPERVISORS SIGNATURE