

Date: 7/15/2011	Contract ID: AP W16
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Estimated Work Performed							
Contr/ Sub #	Line Item #	Pay Item Code	Location	Time (AM/PM)		Installed	
				Beginning	Ending	Qty.	Units

EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
Work on Ssd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: YES NO

CONFORMANCE WITH CONTRACT DOCUMENTS: YES NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>R. Bed Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):

DATE:
07/15/2011

Date: 7/14/2011	Contract ID: AP W16
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Estimated Work Performed

Contr/ Sub #	Line Item #	Pay Item Code	Location	Time (AM/PM)		Installed	
				Beginning	Ending	Qty.	Units

EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO
CONFORMANCE WITH CONTRACT DOCUMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>R. Dech Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 07/14/2011
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DISTRIBUTION: Original – Project Engineer
 Copy – Contractor (as requested)

Date: 7/13/2011	Contract ID: AP W16
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Estimated Work Performed

Contr/ Sub #	Line Item #	Pay Item Code	Location	Time (AM/PM)		Installed	
				Beginning	Ending	Qty.	Units

EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO
CONFORMANCE WITH CONTRACT DOCUMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>Ron Beck Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 07/13/2011
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DISTRIBUTION: Original – Project Engineer
 Copy – Contractor (as requested)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DAILY REPORT OF CONSTRUCTION

700-010-13
 CONSTRUCTION
 06/09
 Page 1 of 3

Date: 7/12/2011	Contract ID: AP W16	Financial Project ID: 422203-1-A8-01	Inspector: Ron Bach
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High Temp: 90°	AM Conditions: Clear	PM Conditions: Cloudy
Low Temp: 78°		

Remarks

General:

#2 Irrigation Tech - Inspect all zones

Accidents:

No Yes See Accident Report Dated:

Day of Week:

Tuesday

Contract Day:

257

Total Days:

270

Visitors:

Contractor(s) and Personnel

#	Name	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs
1.	Prime Alan Ulrich	Supt	1	1	Foreman			Skilled		
		Semi skilled			Common			Trainee		
2.	Sub/Utility IRR. Tech	Supt			Foreman	1	3	Skilled		
		Semi skilled			Common	1	3	Trainee		
3.	Sub/Utility	Supt			Foreman			Skilled		
		Semi skilled			Common			Trainee		
4.	Sub/Utility	Supt			Foreman			Skilled		
		Semi skilled			Common			Trainee		

Contractor(s) Equipment (Active or Idle)

Contr/Sub #	Equipment ID	Description	# Pieces	# Used	Total Hours Used
1		Gray Truck	1	A	1
2		White Truck	1	A	3

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EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
<i>Inspect Irrigation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: YES NO
 CONFORMANCE WITH CONTRACT DOCUMENTS: YES NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>R. Beck Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):
 DATE:
 07/12/2011

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DAILY REPORT OF CONSTRUCTION

700-010-13
 CONSTRUCTION
 06/09
 Page 1 of 3

Date: 7/11/2011	Contract ID: AP W16	Financial Project ID: 422203-1-A8-01	Inspector: Ron Bach
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High Temp: 90°	AM Conditions: Clear	PM Conditions: Cloudy
Low Temp: 78°		

Remarks

General:			
#2 S+H Carpentry - Remove Pipe Ballards			
#3 Bird Well - Sidewalk Caulk			
Accidents: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes See Accident Report Dated:	Day of Week: Monday	Contract Day: 256	Total Days: 270
Visitors:			

Contractor(s) and Personnel

#	Name	Type	#	Hrs	Type	#	Hrs	Type	#	Hrs
1.	Prime Alan Ulrich	Supt	1	1	Foreman			Skilled		
		Semi skilled			Common	1	2	Trainee		
2.	Sub/Utility S+H Carpentry	Supt	1	2	Foreman			Skilled		
		Semi skilled			Common			Trainee		
3.	Sub/Utility Birdwell	Supt			Foreman	1	3	Skilled		
		Semi skilled			Common			Trainee		
4.	Sub/Utility	Supt			Foreman			Skilled		
		Semi skilled			Common			Trainee		

Contractor(s) Equipment (Active or Idle)

Contr/Sub #	Equipment ID	Description	# Pieces	# Used	Total Hours Used
1		Green Car	1	A	8
1		Gray Truck	1	A	1
2		Gray Trucks	1	A	2
3		Red Truck	1	A	3

Date: 7/11/2011	Contract ID: AP W16
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EFFECTS OF WEATHER ON MAJOR WORK ITEMS (CHECK CONTROLLING ITEMS):

Major and/or Controlling Work Items	No Effect All Day	Affected Less Than 50% of Work Day	Affected More Than 50% Of Work Day	No Work All Day
Paint wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove Bollards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR PAST PERFORMANCE

PURSUIT OF THE WORK: YES NO
 CONFORMANCE WITH CONTRACT DOCUMENTS: YES NO

TECHNICIAN'S SIGNATURE AND RATING:	HOURS AT JOB SITE		TOTAL HOURS
<i>Ray Beck Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):
 DATE:
07/11/2011

