



Date: 7/18/2011	Contract ID: AP W16
--------------------	------------------------

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
	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 07/18/2011
---	---------------------

DISTRIBUTION: Original – Project Engineer  
 Copy – Contractor (as requested)





Date: 7/19/2011	Contract ID: AP W16
--------------------	------------------------

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
ADA Ramp Repair	<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
R. Beck Inspector	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):  
 DATE:  
07/19/2011





Date: 7/20/2011	Contract ID: AP W16
--------------------	------------------------

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
<i>Pressure Washing</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>Ra Bach Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):  
 DATE:  
07/20/2011







Date: 7/21/2011	Contract ID: AP W16
--------------------	------------------------

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>Re. Bob Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 07/21/2011
---	---------------------

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: 7/22/2011	Contract ID: AP W16	Financial Project ID: 422203-1-A8-01	Inspector: Ron Bach
--------------------	------------------------	---	------------------------

High Temp: 92°	AM Conditions: Clear/Sunny	PM Conditions: Partly Cloudy
Low Temp: 78°		

**Remarks**

General:

#2 Tucker - Punch List Items

Accidents:

No  Yes See Accident Report Dated:

Day of Week:  
Friday

Contract Day:  
267

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 Tucker Paving	Supt			Foreman	1	3	Skilled		
		Semi skilled			Common	3	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		Grey Truck	1	A	1
2		White Truck	1	A	3

Date: 7/22/2011	Contract ID: AP W16
--------------------	------------------------

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
Raise Valve Riser	<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: <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. Bede Inspector</i>	FROM: 7 am	TO: 4 pm	8

ENGINEER IN CHARGE (NAME, RANK AND INITIALS):	DATE: 07/22/2011
---	---------------------

