

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE Enter Date (DD/MMM/YY)

CONTRACT NO Enter Cnt# Here	TITLE AND LOCATION Enter Title and Location of Construction Contract Here	REPORT NO Enter Report # Here
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CONTRACTOR Enter The Contractor's Company Name Here	SUPERINTENDENT Enter Superintendent's Name Here
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AM WEATHER Enter AM Weather Data Here	PM WEATHER Enter PM Weather Data Here	MAX TEMP (F) Enter Max Temp Here	MIN TEMP (F) Enter Min Temp Here
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WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS

JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.	REMARKS

_____ DATE _____
CONTRACTOR/SUPERINTENDENT

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE	Enter (DD/MMM/YY)
REPORT NO	Enter Rpt # Here

PHASE	CONTRACT NO Enter Cnt# Here	CONTRACT TITLE Enter Title and Location of Construction Contract Here
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PREPARATORY	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

INITIAL	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

DATE

AUTHORIZED QC MANAGER AT SITE

GOVERNMENT QUALITY ASSURANCE REPORT		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
Schedule Activity No.	Description	

DATE

GOVERNMENT QUALITY ASSURANCE MANAGER

GOVERNMENT QUALITY ASSURANCE (QA) REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE Enter Date (DD/MMM/YY)

CONTRACT NO
Enter Cnt# Here

TITLE AND LOCATION
Enter Title and Location of Construction Contract Here

REPORT NO Enter Report # Here

Status	WORKING?	YES	NO	IF NO, WHY NOT: _____
		<input type="checkbox"/>	<input type="checkbox"/>	_____
WEATHER CONDITIONS: _____				

Check Points		YES	NO	REMARKS:
	SUPERINTENDENT ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	
	QC MANAGER ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	
	QC REPORTS CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	
	AS-BUILTS CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	
	SUBMITTALS APPROVED FOR FOR ONGOING WORK	<input type="checkbox"/>	<input type="checkbox"/>	
	DEFICIENCY LIST REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	

WORK OBSERVED/DEFICIENCIES NOTED/SAFETY ISSUES DISCUSSED/QA TESTS AND RESULTS:

Schedule Activity No	DESCRIBE OBSERVATIONS

MEETING/CONFERENCE NOTES (INCLUDING PARTICIPANTS):

Schedule Activity No.	NOTES

INSTRUCTIONS GIVEN OR RECEIVED/CONTROVERSIES PENDING:

Schedule Activity No.	INSTRUCTIONS/CONTROVERSIES

_____ QA REPRESENTATIVE	_____ DATE	_____ SUPV INITIALS	_____ DATE
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INITIAL PHASE CHECKLIST

INITIAL PHASE CHECKLIST		SPEC SECTION Enter Spec Section # Here	DATE Enter Date (DD/MMM/YY)
CONTRACT NO Enter Cnt# Here	DEFINABLE FEATURE OF WORK Enter DFOW Here	SCHEDULE ACT NO. Enter Sched Act ID Here	INDEX # Enter Index# Here
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NAME	POSITION	COMPANY/GOVERNMENT
PROCEDURE COMPLIANCE	IDENTIFY FULL COMPLIANCE WITH PROCEDURES IDENTIFIED AT PREPARATORY. COORDINATE PLANS, SPECIFICATIONS, AND SUBMITTALS. COMMENTS: _____		
PRELIMINARY WORK	ENSURE PRELIMINARY WORK IS COMPLETE AND CORRECT. IF NOT, WHAT ACTION IS TAKEN? _____ _____ _____		
WORKMANSHIP	ESTABLISH LEVEL OF WORKMANSHIP. WHERE IS WORK LOCATED? _____		
RESOLUTION	IS SAMPLE PANEL REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> WILL THE INITIAL WORK BE CONSIDERED AS A SAMPLE? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, MAINTAIN IN PRESENT CONDITION AS LONG AS POSSIBLE AND DESCRIBE LOCATION OF SAMPLE) _____		
CHECK SAFETY	RESOLVE ANY DIFFERENCES. COMMENTS: _____		
OTHER	REVIEW JOB CONDITIONS USING EM 385-1-1 AND JOB HAZARD ANALYSIS COMMENTS: _____		
OTHER	OTHER ITEMS OR REMARKS _____ _____		

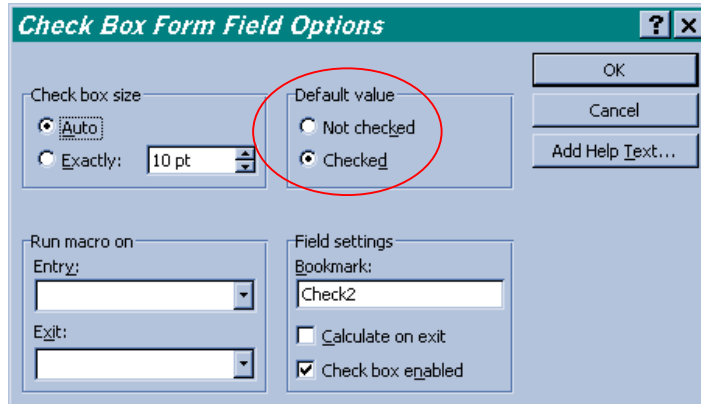
QC MANAGER

DATE

Instructions for Using Report Forms in MS-Word

In the Report Header, fields that have instructional text such as “Enter Title and Location of Construction Contract Here” prompt the user to enter the information in a specific location, governed by the field. Single mouse click anywhere in the field and the field will darken. Entry of text/data at this point will delete the instructional text in the field and will be replaced with entered text/data.

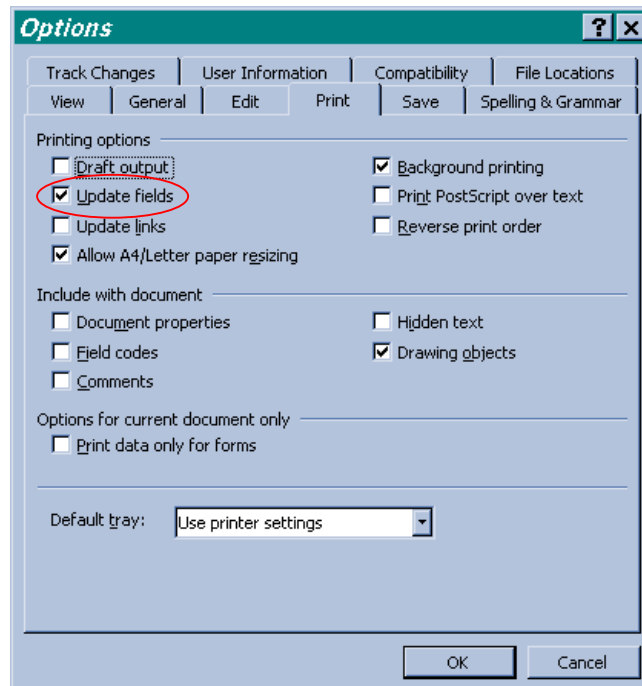
All check boxes are all defaulted as unchecked (i.e.;). To check the box (i.e.;) , double click the box and the “Check Box Form Field Options” box will appear. In the “Default value” section of the box, click in the Radio Button for “Checked”, then click on the “OK” button and the box will be checked.



The “Hour” fields were intentionally not programmed to total. If the Contractor deleted the formula in a field within the range that was to be totaled, the total would be wrong.

With the ability to [unlimitedly] expand the Contractor Production Report and Contractor Quality Control Representative Report, their Continuation Sheets are obsolete.

In the footer of each form are data fields for the Sheet number and the total number of sheets in the report (Sheet 1 of 2). The first number will generate itself when pages of the report are added. But MS-Word will not automatically update the second number. To update the NumPages field, click the field or the field results and then press F9. You can also click **Options** in the **Tools** menu, click the **Print** tab, and then select the **Update fields** check box.



PREPARATORY PHASE CHECKLIST

(CONTINUED ON SECOND PAGE)

		SPEC SECTION	DATE
		Enter Spec Section # Here	Enter Date (DD/MMM/YY)
CONTRACT NO	DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.	INDEX #
Enter Cnt# Here	Enter DFW Here	Enter Sched Act ID Here	Enter Index# Here
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE:		YES <input type="checkbox"/> NO <input type="checkbox"/>
	NAME	POSITION	COMPANY/GOVERNMENT
SUBMITTALS	REVIEW SUBMITTALS AND/OR SUBMITTAL REGISTER. HAVE ALL SUBMITTALS BEEN APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED? _____		
	ARE ALL MATERIALS ON HAND? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ITEMS ARE MISSING? _____		
MATERIAL STORAGE	ARE MATERIALS STORED PROPERLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ACTION IS TAKEN? _____		
SPECIFICATIONS	REVIEW EACH PARAGRAPH OF SPECIFICATIONS. _____		
	DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK. _____		
	CLARIFY ANY DIFFERENCES. _____		
PRELIMINARY WORK & PERMITS	ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE ON FILE.		
	IF NOT, WHAT ACTION IS TAKEN? _____		

TESTING	IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM. _____
	WHEN REQUIRED? _____
	WHERE REQUIRED? _____
	REVIEW TESTING PLAN. _____
	HAS TEST FACILITIES BEEN APPROVED? _____
SAFETY	ACTIVITY HAZARD ANALYSIS APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REVIEW APPLICABLE PORTION OF EM 385-1-1. _____
MEETING COMMENTS	NAVY/ROICC COMMENTS DURING MEETING.
OTHER ITEMS OR REMARKS	OTHER ITEMS OR REMARKS:
	_____ QC MANAGER
	_____ DATE

RESPONSIBILITIES/AUTHORITY OF THE QC MANAGER

1. Appointing letter to the QC manager shall detail his/her authority and responsibility to act for the contractor and outline his/her duties, responsibilities and authority. He/she shall have no job-related responsibilities other than QC unless specifically permitted in the specification.
2. He/she shall be on the site at all times during progress of the work, with complete authority to take any action necessary to ensure conformance with the contract requirements. In the event of his/her absence, approved backup shall be on the site.
3. Authority to immediately stop any segment of work which does not comply with the contract plans and specifications and direct the removal and replacement of any defective work.
4. Conduct daily inspection of work performed for compliance with plans and specifications.
5. Certify daily that all materials and equipment delivered/installed in the work comply with contract plans and specifications. Certify daily that all work performed on the construction site and off the construction site conforms to plans and specifications. Report any deficiencies and remedial action planned and taken.
6. Supervise and coordinate the inspection and tests made by the members of the Quality Control Organization, including subcontractors.
7. Assure QC staff is adequate to meet its responsibilities.
8. Maintain a copy of the ROICC approved QC Plan on file at the jobsite complete with up-to-date approved revisions/filled-in log of submittals. Maintain at the jobsite an up-to-date QC Submittal Register (provided in the specification) showing the status of all submittals required by the contract.
9. Maintain at the jobsite a testing plan showing status of all tests required by the contracts. Ensure that all tests required are performed and report the results of same. Indicate whether test results show the item tested conforms to contract requirements or not.
10. Authority to remove any individual from the site who fails to perform his/her work in a skillful and workmanlike manner or his/her work does not comply with the contract plans and specifications.
11. QC manager does not have authority to deviate from plans and specifications without prior approval, in writing, from the ROICC.
12. Ensure that the contractor's Quality Control Organization is adequately staffed with qualified personnel to perform all the detailed inspections and testing specified in the plans and specifications.
13. Maintain at the jobsite the up-to-date QC Rework Items List.

