2.4.2A CMR DAILY DIARY

REPORT NO:		PMIS No:							
PROJECT	<u> </u>				CONTRACT	NO.		DATE	
PARK					CONTRACTOR			CM REPRESE	NTATIVE REPORTING
WEATHER (Rain, Snow, Cloudy, Windy, etc.)		MOISTURE TEMPER AMOUNT (INCHES)		RATURE	WEATHER DELAY	DESCRIB	CRIBE WEATHER DELAY WORK		GROUND CONDITIONS (Dry, Damp, Wet, Frozen, etc.
		THICH IS	MAX.	MIN.	Yes No	1			
PRIME CONT	RACTOR	R:							
EMPLOYEES BY JOB CATEGORIES		NUMBER	HOURS (inc. model		NT ON JOB manufacture,	NO. UNITS			OURS WORKING MOB/DEMOB DATE
Project Manager				Size,	, year)		YES	STANDBY	MOD/DEMOD DATE
Superintendent									
Quality Control Officer								1	
Safety Officer									
Laborers									
MATERIALS DEI	IVERED				QUA	NTITY		OFFICIAL	VISITORS
WORK PERFORN	1ED BY PR	IME: (Includ	le detail des	cription per	each activity	y including lo	ocation, qua	antities, produ	ction, etc.)
SPECIFIC INSPEC	CTIONS: (In	spections pe	rformed, 1	results, and	corrective	actions, Pri	mes & Sul	bs)	
TECTING									
TESTING:	od todov VEC /)	VO (Complete	and attack Ta	at Danast Info	mation Chasts)			
Was any testing perform Type and Location of Te		NO. (Complete	and attach Te	st Report Infoi	mation Sneets)			

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SUBCONTRACTOR(S):	PMIS No:				Date:				
SUBCONTRACTOR NAME									
ELEN OWEEG DW IOD CATECODIEG		T ON JOB (Inc.		F	EQUIPMENT HO	OURS WORK	ING		
EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS	model, manufacture, size, year)		NO. UNITS	YES	STANDBY	MOB/DE	EMOB DATE
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						·	+		
							†		
			<u> </u>						<u> </u>
MATERIALS DELIVERED				QUAN	TITY	EQUIF	PMENT MOBILI	IZIED/DEMC)BILIZED
						<u>-</u>			
WORK PERFORMED BY SUBCONT	TRACTOR: Inc	lude detail de	escription per	each activity In	nc. location, q	uantity, proc	luction, etc.		
SUBCONTRACTOR NAME									
EVAN OVERS BY IOD CATEGORIES	NII IMDED	TIOTIDG		T ON JOB (Inc.		EQUIPMENT HOURS WORKING			
EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS		nufacture, size, rear)	NO. UNITS	YES	STANDBY	MOB/DE	EMOB DATE
			<u> </u>	our j					
						<u> </u>	+		†
			<u> </u>				<u> </u>		
MATERIALS DELIVERED				QUAN	TITY	EQUIF	PMENT MOBILI	IZIED/DEMC)BILIZED
						<u> </u>			
			_			_		_	
WORK PERFORMED BY SUBCONT	TRACTOR: Inc	lude detail de	escription per	each activity In	ıc. location, qı	uantity, prod	luction, etc.		
SUBCONTRACTOR NAME									
THE OWNER BY TOP GATEGORIES	AHII (DED			T ON JOB (Inc.	NO IDUE	EQUIPMENT HOURS WORKING			
EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS		nufacture, size, rear)	NO. UNITS	YES	STANDBY	MOB/DE	EMOB DATE
			<u>, , , , , , , , , , , , , , , , , , , </u>	zai j			+		Т
			+						†
					 	<u> </u>	+	 	+
			-		 	 I	+	 	
MATERIALS DELIVERED			' 	QUAN	TITY	EQUII	PMENT MOBILI	IZIED/DEMC	ORILIZED
111. 1. 22					1111		1,111		
				<u> </u>					
WORK PERFORMED BY SUBCONT	FRACTOR: Inc	lude detail d	escription per	each activity I	nc. location, q	uantity, pro	duction, etc.		
			* * *	•			<u> </u>		-

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SUBCONTRACTOR NAME	•		1 1/11	S No:			Date:			
EMBLOVEES DV IOD CATECODIES	MIMDED	HOUDE		ON JOB (Inc.	NO LIMITO	Е	QUIPMENT HO	URS WORK	ING	
EMPLOYEES BY JOB CATEGORIES	BBY JOB CATEGORIES NUMBER HOURS model, manufacture, size year)			NO. UNITS	YES	STANDBY	MOB/DE	MOB DATE		
			y	Jui)						
MATERIALS DELIVERED	-			QUAN	TITY	EOUIF	MENT MOBIL	ZIED/DEMO	BILIZED	
<u> </u>						<u> </u>	· · ·	· · ·		
WORK PERFORMED BY SUBCONT	TRACTOR: Inc	lude detail de	escription per	each activity I	nc. location, qu	antity, prod	luction, etc.			
SUBCONTRACTOR NAME			FOLIDMENT	Γ ON JOB (Inc.		E	OLUDMENT HO	N IDC WODV	INC	
EMPLOYEES BY JOB CATEGORIES	NUMBER HOUR	HOURS		nufacture, size, year)	NO. UNITS	EQUIPMENT HOURS WORKING				
						YES	STANDBY	MOB/DE	MOB DATE	
MATERIALS DELIVERED				QUAN	TITY	EQUIP	PMENT MOBIL	ZIED/DEMO	BILIZED	
WORK PERFORMED BY SUBCONT	ED A CTOD. I	1 1 1.4.9.1		I T.	1 (4*4	1 -4*4-			
			• •	V	, ,	771	,			
SUBCONTRACTOR NAME			EOUIPMENT	ON JOB (Inc.	N JOB (Inc.		EQUIPMENT HOURS WORKING			
EMPLOYEES BY JOB CATEGORIES	NUMBER	HOURS			NO. UNITS	YES	STANDBY		MOB DATE	
					TES	STANDBI	WODIDE	I I		
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			-						-	
	MATERIAL C DEL NIEDED					EOLIII		GVED (DEL 10	DH IZED	
AATEDIAI Ç DEI WEDED				OTTANT	TITV		NAEVIL VAUDIL I			
MATERIALS DELIVERED				QUAN	TITY	EQUIP	MENT MOBIL	ZIED/DEMO	BILIZED	
MATERIALS DELIVERED				QUAN	TITY	EQUIP	MENT MOBIL	ZIED/DEMO	BILIZED	
MATERIALS DELIVERED			3	QUAN	TITY	EQUIP	PMENT MOBIL	ZIED/DEMO	BILIZED	
MATERIALS DELIVERED WORK PERFORMED BY SUBCONT	PDACTOR: I.	ludo dot-21 3	on a win ti an an an					ZIED/DEMO	BILIZED	

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	PMIS No:	Date:	
CRITICAL DOINT/MILECTONE ODCEDVATIONS (Describe item i			
CRITICAL POINT/MILESTONE OBSERVATIONS (Describe item i	aspected, observations, problems, асион не	ems)	
DESCRIPTION OF WORK BEING MONITORED ON A TIME & M	MATERIAL BASIS AND WHY		
BREAKDOWN OF TIME & MATERIAL WORK PERFORMED			
Location:			
Labor:			
Equipment:			
Material:			
Production Rates:			
STATUS of GOVERNMENT FURNISHED SERVICES AND/OR S	UPPLIES		
SAFETY COMMENTS			
Accidents / Lost Time:			
Incidents:			
First Aid Administered:			
Other:			
DIFFICULTIES WITH CONTRACTOR			
UNFORESEEN DEVELOPMENTS (Describe conditions, action taken	; person contacted, recommended actions)		
CONSTRUCTION DEFICIENCIES OR RE-TESTING REQUIRED:			
CONSTRUCTION DETERMINED			
OTHER COMMENTS			
CERTIFICATION:			
CERTIFICATION:			
I certify that the above report is complete and correct and that I, or my			
subcontractor and determined that all materials, equipment, and works	nanship are in strict compliance with the	he plans and specifications except as	s may be noted above.
I certify that I or my authorized representative have reviewed and reco			
found, the contractor was notified and an acceptable revision was con contractor, explain nature of disagreement in "Other Comments" above		oth parties within this document. 11	unable to agree with
SIGNATURE		TITLE:	
SIGNATURE		CM INSPECTOR	

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DDITIONAL COMMENTS OR INFORMATION (Describe item inspected, observations, problems, action items)						

PMIS No:

Date:

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PMIS No:	Date:	

IMAGES IN SUPPORT OF REPORT INFORMATION

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