

**RPR DAILY REPORT**

Date

Project Title: Contractor: LCHTD Project No: Contractor Rep: State Project No: Inspector (RPR): A&E Design Firm: Total RPR Hours: A&E Rep: Contractor Operations *Start* *End* Hours RPR Shift #1 *Start* *End* Hours RPR Shift #2 *Start* *End* Hours Weather Conditions: Temp: °**Weather Impact:**☐ No☐ YesSubcontractors Onsite: **Safety Issues/Concerns:** ☐ No ☐ Yes**Field Problems (Note Potential Delay or Claim):** ☐ No ☐ Yes**Current / Follow Up Issues:** ☒ None ☐ DCVR's ☒ Change Order Req. ☐ Plan Change Directive**Contractor Work Activities:****RPR Activities: (Time: Event)****Click In the Boxes to Insert Picture**

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