

Date: _____

Day of Week: S M T W T F S

Sheet No. of DWR No.

	AM		PM	
Weather				
Temperature				

CONTRACTOR WORK HOURS: _____ TO _____

DESCRIPTION OF WORK AND MATERIAL USED FOR EACH OPERATION, INCLUDING CONTRACTOR/SUB NAME, ITEM NO. AND LOCATION

[illegible][illegible]

I certify that the work described in this report was incorporated into this contract on the date of this DWR, unless otherwise noted.

Inspector's Signature: _____

Date Prepared:

Reviewed by:

☐ Engineer-in-Charge

☐ Resident Engineer

Date Reviewed:

☐ MURK 1-1 CONTINUATION attached for additional narrative.

☐ MURK 1-2 CONTINUATION attached for additional pay items & quantities.

LABOR					EQUIPMENT						
CLASSIFICATION	OP 1	OP 2	OP 3	OP 4	TYPE		ID #	OP 1	OP 2	OP 3	OP 4
FOREPERSON											
LABORER											
EQUIP. OPERATOR											
TRUCK DRIVERS											
IRONWORKERS											
CARPENTERS											
MASONS											
OWN./OPERATORS											
OP 1:		OP 2:			OP 3:			OP 4:			