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| **DAILY CONSTRUCTION ACTIVITIES** | | | | | | | |
| Kreit was working on Level B Mechanical Room & Basement Overhead.. | | | | | | | |
| Kreit was on 2-10 plumbing Mop Sinks & Restrooms. | | | | | | | |
| Kreit was working on 2-10 W&V stacks, pipe and supports. | | | | | | | |
| Kreit was plumbing & installing pipe supports on Levels A and 1. | | | | | | | |
| Kreit was coring. Kreit was working on Restroom Finish level 1 ,2 and 3. Plumbing Mechanical Room OPAT. | | | | | | | |
| Kreit was plumbing the DI system. Kreit was working on: Basement DI Rack, Water Rack, L7 Finish, L10 Waste & Vent, L6 Testing W&V, Penthouse Air & Vac. Level A&1 W&V, LW, LV and Water. Kreit was chipping and adjusting riser clamnps to fit in wall levels 3-5. | | | | | | | |
| **SCHEDULED DELIVERY OF MATERIALS OR EQUIPMENT** | | **DELIVERY INSPECTION FORM COMPLETED** | | | | | |
|  | |  |  | **YES** |  | **NO** | |
|  | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
| **CONSTRUCTION ISSUES ADDRESSED W/ PCL** | **WHO**  **INITIALS** | **QUALITY CONTROL ISSUES ADDRESSED W/ PCL** | | | | | **WHO**  **INITIALS** |
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| **INCIDENT REPORTING** | | | | |
| **Near Miss** | **First Aid** | **Recordable** | **Lost Time** | **Equipment Damage** |
| **Property Damage** |
| **DESCRIBE INCIDENT BELOW** | | | | |
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| --- | --- | --- |
| **TIER SUB/TRADE COMPANY NAME** | **TOTAL # OF WORKERS ON SITE** | **TOTAL NUMBER HOURS WORKED** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |
| --- | --- |
| **PRINT NAME** | **SIGNATURE** |
| Jonathan Rubin | Jonathan Rubin |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL # OF WORKERS ONSITE** | **TOTAL NUMBER HOURS WORKED** | **# OF PSI’S & AUDITS COMPLETED** | |
| 20 | 160 | **PSI’S:** 5 | **AUDIT’S:** |



**SUB/TRADE CONTRACTOR DAILY REPORT**

**PROJECT NAME** UCLA-CHS

Kreit Mechanical               04/17/14

**SUB/TRADE CONTRACTOR NAME:**

**DATE:**