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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAILY CONSTRUCTION ACTIVITIES** | | | | | | | |
| Overhead Piping In Penthouse.  Level 10 Misc. Pick Up.  Level 9 Installing Finish.  Level 7-8 Waste & Vent Testing @ Mechanical Rooms.  Level 1 D.I. In wall East Side  B-10 DI Testing West and Center.  Level A Rough In Plumbing.  Basement Mechanical Room D.I.  Basement Overhead Water  T&M OPAT Re-work  T&M Stair 7, Level A 5” Vent Tie in. | | | | | | | |
| **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** | |
| 18 | 144 | **PSI’S: 5** | **AUDIT’S:** |



**SUB/TRADE CONTRACTOR DAILY REPORT**

**PROJECT NAME** UCLA-CHS

Kreit Mechanical               05/27/14

**SUB/TRADE CONTRACTOR NAME:**

**DATE:**