

U.S. Department of Veterans Affairs	<h2 style="margin: 0;">CONTRACTOR PRODUCTION REPORT</h2> <p style="margin: 0;"><i>(Attach additional sheets if necessary)</i></p>	DATE
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CONTRACT NUMBER	TITLE AND LOCATION <i>(Title and Location of Construction Contract)</i>	REPORT NUMBER
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CONTRACTOR	SUPERINTENDENT
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AM WEATHER <i>(Weather data, include precipitation & winds)</i>	PM WEATHER <i>(Weather data, include precipitation & winds)</i>	MAX TEMP (F)	MIN TEMP (F)
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WORK PERFORMED TODAY

SCHEDULE ACTIVITY NO.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HOURS

JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE? <i>(If YES, attach copy of the meeting minutes)</i>	YES	NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CONT SHEETS	
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <i>(If YES, attach copy of completed OSHA report)</i>	YES	NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	
WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE? <i>(If YES, attach statement or checklist showing inspection performed)</i>	YES	NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	

SCHEDULE ACTIVITY NO.	LIST ANY SAFETY ACTION TAKEN TODAY/SAFETY INSPECTION CONDUCTED <i>(Include any safety topic covered during the safety meeting)</i>	SAFETY REQUIREMENTS HAVE BEEN MET

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB *(Indicate a schedule activity number)*

SCHEDULE ACTIVITY NO.	SUBMITTAL NUMBER	DESCRIPTION OF EQUIPMENT/MATERIAL RECEIVED

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY, INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER

SCHEDULE ACTIVITY NO.	OWNER	DESCRIPTION OF CONSTRUCTION EQUIPMENT USED TODAY <i>(Include Make and Model)</i>

SCHEDULE ACTIVITY NO.	REMARKS

CONTRACTOR/SUPERINTENDENT	DATE REPORT PREPARED
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The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will be average 24 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. If your firm does not already have a similar form, this is used to record the data necessary to assure the contractor provides sufficient labor and materials to accomplish the contract work. This form or a similar document is required to guarantee the performance of the work necessary to complete the project.