

Construction Daily Report Form

Project Details

Project Name: _____

Location: _____

Project Number: _____

Date: _____

Prepared By: _____

Weather Information

Weather Conditions: Sunny Cloudy Rainy Snowy Windy

Temperature: _____

Humidity Level: _____

Workforce Details

Number of Workers Present: _____

Key Personnel On-Site: _____

Daily Activities

Task/Activity	Start Time	End Time	Status (Complete/In Progress)
			<input type="checkbox"/> Complete <input type="checkbox"/> In Progress
			<input type="checkbox"/> Complete <input type="checkbox"/> In Progress
			<input type="checkbox"/> Complete <input type="checkbox"/> In Progress

Equipment Used

Equipment Name: _____

Duration of Use: _____

Condition: _____

Incidents and Observations

- Safety Incidents: _____
- Delays or Challenges: _____

Signature: _____

Date: _____