CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO N40085-14-D-7745-0013	TITLE AND LOCATION Electrical upgrade bld. AS3905	DATE 11/2/2024 REPORT NO 90
CONTRACTOR TA Woods	SUPERINTENDENx xxx Name	
AM WEATHER	PM WEATHER	MAX TEMP F / MIN TEMP F

WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
A1120,1240,	no work performed	TA Woods	0	Electrical	0

JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	☐ YES ☑ NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	0
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	☐ YES ☑ NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	3534.5
WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	☐ YES ☑ NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	3534.5
WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)	☐ YES ☑ NO		

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	☑ SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	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 (incl Make and Model)	Hours Used
A1470	TA Woods	one man lift	0

Schedule Activity No.	REMARKS

XXXXName 11/2/2024

CONTRACTOR/SUPERINTENDENT DATE

COMBINED FORM 01450-1 (11/24)

EXAMPLE