

# Subcontractor's Daily Activity Report

*Subcontractor*

<b>Date:</b>		<b>Weather:</b>	
<b>Project Title:</b>			
<b>Project #:</b>			
<b>QC Inspector:</b>			
<b>Superintendent:</b>			

**1. Performance:**

#	Name	Trade / Level	Hours	Description of Work	Location of Work
1					
2					
3					
4					
5					
Change Order Work Performed	Trade / Level	Hours		Description of Work	Location of Work
1					
2					
3					
4					
5					
6					

**2. Equipment On Site Data:**

Equipment Type/Size/etc.	Owned/Rented	Hours Used	Hours Standby
	Owned / Rented		
	Owned / Rented		
	Owned / Rented		
	Owned / Rented		
	Owned / Rented		

**3. Safety**

- a. Weekly Safety Talk Topic: \_\_\_\_\_
- b. On site subcontractor First Aid/CPR trained person: \_\_\_\_\_
- c. All employees have read and signed the Centennial Site Safety Rules.
- d. A safety inspection of the following items has been conducted by the subcontractor Competent Person and the jobsite is in compliance:
 

1. First Aid kit onsite and inventory checked completed	6. Scaffolding inspected and inspection sheet
2. SDS's for all materials onsite and in Centennial office	7. Equipment inspected
3. Fire extinguishers inspected and tag current	8. Material properly stored
4. GFCIs in use (connected at power source)	9. Job site clean-up conducted
5. Ladders properly rated, inspected and properly used	10. Electrical Equipment and Cords Inspected

**Signed**

**Print Name**

\_\_\_\_\_  
*Subcontractor On-Site Competent Person*

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