



Contractor's Daily Quality Control Report

Project No. and Name: _____

Contractor: _____

Date: _____ Day: _____

Weather: _____

Temperature Range: _____ to _____

Date Stamp

Work Reviewed/Inspected/Narrative:

[Large empty box for Work Reviewed/Inspected/Narrative]

Pre-Work Meeting Held: Yes, Attach completed Form WFLHD 473.
No

Test Results: Have been submitted prior to this report
Are included with this report (separate file)
Will be submitted upon completion
No samples tested today

New Certifications*: Have been submitted prior to this report
Are included with this report (separate file)
Will be submitted upon receipt and review
*submit on Form WFLHD 87

Testing/Measurement Activities:

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Deficiencies Found:

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Corrective Action Taken:

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SIGNATURE (Contractor Representative*): _____ Date: _____	SIGNATURE (FHWA Representative) _____ Date: _____
SIGNATURE (Quality Control Manager*) _____ Date: _____	SIGNATURE (FHWA Representative) _____ Date: _____
<small>* "I certify that the information contained in this record is accurate and that work documented herein complies with the contract. Exceptions to this certification are documented as a part of this record."</small>	