FORM WFLHD-472 (revised 5/17)



Project Name:

Project Number: \_\_\_\_\_

Date Stamp

Date of Inspection:

**Contractor Daily Quality Control Report** 

Weather:

Work Reviewed/Inspected:

Testing/Measurement Activities:

Deficiencies Found:

Corrective Action Taken:

Narrative:

Pre-Work/QC Meeting Topics/Attendees:

I certify that the information contained in this record is accurate, and that all work documented herein complies with the requirements of the contract. Any exceptions to this certification are documented as a part of this record.

FHWA Use Only	
Reviewed By:	Reviewed By:
Construction Inspector	FHWA Representative

(j) Contractor Representative