LAWRENCE UTILITIES
CITY OF LAWRENCE

INSPECTOR'S DAILY REPORT

Sun Mon Tue Wed Thu Fri Sat Date: _____

Name: _____ Project No.: _____

Operation: _____ Road/Line: _____

Weather Lo: _____ Hi: _____ Clear P. Cloudy Cloudy Rain Snow

Contractor: _____ Foreman's Name: _____

Crew: Foremen _____ Skilled _____ Common _____ Operators _____ Trucks _____

Equipment: _____

Item No.	Description	Str. No.	Stations		Pay Quantity	Units	Line
			From	To			

REMARKS

Contractor Hours Worked: _____ Contractor Worked Over: Yes No

Inspector Hours On-Site: _____ Inspector Worked Over: Yes No

Inspector's Signature: _____ Over: Yes No