

**Sponsor**  
**LPA Report of Daily Work Performed**

Job Name: _____	Job No.: _____
FAP No.: _____	Contractor: _____
Date: _____	Hours Worked: _____ – _____
	Report No.: _____

<b>Project Conditions</b>		
<u>Site Conditions</u> <input type="checkbox"/> Useable <input type="checkbox"/> Partly Useable <input type="checkbox"/> Not Useable	<u>Weather</u> <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Rain  Rainfall Amt. (in.) _____	<u>Number of Contractor's Personnel</u> <input type="checkbox"/> Laborers <input type="checkbox"/> Carpenters <input type="checkbox"/> Concrete Laborers <input type="checkbox"/> Equip. Operators <input type="checkbox"/> Electricians <input type="checkbox"/> Plumbers <input type="checkbox"/> Foreman <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Min Temp. (F) _____ Max Temp. (F) _____		
<u>Comments</u>    		

<b>Location and Description of Work Performed</b>

<b>Special Instructions and/or Conversations</b>

Signed: _____ Designated Full-time Employee
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