



# CONTRACTOR PRODUCTION REPORT

DATE (MM/DD/YYYY)

(Attach additional sheets if necessary)

|  |  |  |                |               |              |
|--|--|--|----------------|---------------|--------------|
| CONTRACT NUMBER  |  | TITLE AND LOCATION (Title and Location of Construction Contract) |                | REPORT NUMBER |              |
| CONTRACTOR   |  |  | SUPERINTENDENT |               |              |
| AM WEATHER (Weather data, include precipitation & winds) |  | PM WEATHER (Weather data, include precipitation & winds)         |                | MAX TEMP (F)  | MIN TEMP (F) |

### WORK PERFORMED TODAY

| SCHEDULE ACTIVITY NO. | WORK LOCATION AND DESCRIPTION | EMPLOYER | NUMBER | TRADE | HOURS |
|-----------------------|-------------------------------|----------|--------|-------|-------|
|                       |                               |          |        |       |       |
|                       |                               |          |        |       |       |
|                       |                               |          |        |       |       |
|                       |                               |          |        |       |       |

### JOB SAFETY

|   |  |   |  |
|---|--|---|--|
| WAS A JOB SAFETY MEETING HELD THIS DATE?<br><i>(If YES, attach copy of the meeting minutes)</i>   | <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CONT SHEETS |  |
| WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?<br><i>(If YES, attach copy of completed OSHA report)</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO | CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT       |  |
| WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE?<br><i>(If YES, attach statement or checklist showing inspection performed)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL WORK HOURS FROM START OF CONSTRUCTION               |  |

| SCHEDULE ACTIVITY NO. | LIST ANY SAFETY ACTION TAKEN TODAY/SAFETY INSPECTION CONDUCTED (Include any safety topic covered during the safety meeting) | SAFETY REQUIREMENTS HAVE BEEN MET |
|-----------------------|---|-----------------------------------|
|                       |   |                                   |
|                       |   |                                   |
|                       |   |                                   |

### EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (Indicate a schedule activity number)

| SCHEDULE ACTIVITY NO. | SUBMITTAL NUMBER | DESCRIPTION OF EQUIPMENT/MATERIAL RECEIVED |
|-----------------------|------------------|--|
|                       |                  |  |
|                       |                  |  |
|                       |                  |  |

### CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY, INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER

| SCHEDULE ACTIVITY NO. | OWNER | DESCRIPTION OF CONSTRUCTION EQUIPMENT USED TODAY (Include Make and Model) |
|-----------------------|-------|---|
|                       |       |   |
|                       |       |   |
|                       |       |   |

| SCHEDULE ACTIVITY NO. | REMARKS |
|-----------------------|---------|
|                       |         |
|                       |         |
|                       |         |

|                           |                                   |
|---------------------------|-----------------------------------|
| CONTRACTOR/SUPERINTENDENT | DATE REPORT PREPARED (MM/DD/YYYY) |
|---------------------------|-----------------------------------|

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0208, and it expires 02/29/2028. Public reporting burden for this collection of information is estimated to average 24 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0208 in any correspondence. Do not send your completed VA Form 10101 to this email address.