**eXHIBIT 16-c Resident aND aSSISTANCE Engineer’s Daily report**

|  |  |
| --- | --- |
| Report No. | Date:    Day: M T W T F S S |
| Shift Hours    Start Stop | Temperature:    MIN. MAX. |

Weather

(Print First/Last name) Signature Date

Distribution: Original local agency project file (field office)

**(Page 1 of 1 form)**

**Daily Inspection Report** Report No.

Date and Shift Began:

NightWork:  Yes  No

Shift Hours: Start Stop

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | | Contract Number | | | Federal Aid Number | | Temperature | | Weather/Precip | | |
| Low | High |
|  |  |
| Hours By Item Number | | | | | | | Contractors  Prime (P)  Sub # 1 (1)  Sub # 2 (2)  Sub #3 (3)  Sub # 4 (4) | | |
|  | Item No. >> |  |  |  |  |  |  | Idle or Down |
| Daily Quantity >> |  |  |  |  |  |  |
| Item Description |  |  |  |  |  |  |
| Equipment  NO. Description | |
| RT/OT | RT/OT | RT/OT | RT/OT | RT/OT | RT/OT | Y/N | Labor  Name Classification | | Prime/ Sub |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Location and Description of Operation, Quality Assurance Actions Preformed, Meetings/Conversations and Quantities Placed Measured

(Print First/Last name) Signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | | Contract Number | | | Federal Aid Number | | Temperature | | Weather/Precip | | |
| Low | High |
|  |  |
| Hours By Item Number | | | | | | | Contractors  Prime (P)  Sub # 1 (1)  Sub # 2 (2)  Sub #3 (3)  Sub # 4 (4) | | |
|  | Item No. >> |  |  |  |  |  |  | Idle or Down |
| Daily Quantity >> |  |  |  |  |  |  |
| Item Description |  |  |  |  |  |  |
| Equipment  NO. Description | |
| RT/OT | RT/OT | RT/OT | RT/OT | RT/OT | RT/OT | Y/N | Labor  Name Classification | | Prime/ Sub |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Daily Inspection Report** **(Page 1 of 2 form)**

Report No.

Date the Shift Began

Nightwork:  Yes  No

Shift Hours: Start Stop

**(Page 2 of 2 form)**

Location and Description of Operation

Quality Assurance Actions Preformed

Meetings and Conversations

Quantities Placed Measured

Employee Interview Preformed Today  Yes  No

Certificate of Compliance Collected Today  Yes  No

Buy America Certificates Collected Today  Yes  No

(Print First/Last name)

Signature Date