



DAILY PROGRESS REPORT

Building Address:

Date:

Project Name:

Project Number:

Contractors On Site	No. of Crew	Time in	Time Out	No. of Hours
Other:				

* Bypass Done and Threat Ticket Opened? ☐ Yes ☐ If NO, explain

* Has work deviated from Approved SMOP? ☐ NO ☐ If yes, describe

* Any Injuries or Safety Concerns? ☐ NO ☐ If yes, describe

* Was work delayed for any reason? ☐ NO ☐ If yes, describe

Describe day's activities: Type of Work, Quantities Completed, Location of Work, Contractors Involved, etc.

Remarks or Issues: