General Daily Progress Report

Project Information

Project Name (Section) | Contract No.

Highway | Federal Aid No.

Contractor or Subcontractor

Weather

Clear ☐	Fair ☐	Cloudy ☐	Shower ☐	Rain ☐	Snow ☐
TEMP	10-32 ☐	32-50 ☐	50-70 ☐	70-83 ☐	Over 83 ☐
WIND		Still ☐	Low ☐	Med ☐	High ☐
HUMIDITY		Dry ☐	Low ☐	Med ☐	High ☐

Contractor/Subcontractor	Hours

Number of Personnel and Major Equipment

The first four columns are fixed and cannot be changed. In each of the remaining columns, please enter a heading specific to your job (e.g., Trainees, Backhoe, Flaggers) and record the numbers used by each contractor or sub.

Supervisors	Operators	Truck Drivers	Laborers																									

Location	and/or Description of Work	Estimated Quantities		
		Item No.	This Date	Total

Traffic Control (TP & DT)

All TP & DT items have been inspected and found to be satisfactory ☐ Yes ☐ No (if no, explain below)

Equipment

Effects on Work (weather, accidents, breakdowns, delays, personnel, etc.)

Prepared by | Cert No. | Signature

Shift | ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday | Work Date