

DAILY SUPERINTENDENT FIELD MANAGEMENT REPORT

click to clear form



LAZER CONSTRUCTION COMPANY, INC.
 P.O. BOX 5103
 ANDERSON, SOUTH CAROLINA 29623
 (864) 226-3463
 FAX # (864) 224-2025

TODAY'S DATE _____

Lead Project Manager _____	Project Name _____	Project City, State _____	Lead Superintendent _____
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Milestones	Scheduled	Actual	Other Information	
Start Date	<input type="text"/>	<input type="text"/>	Weather	<input type="text"/> Total Working Days <input type="checkbox"/>
U/G Plumbing Rough	<input type="text"/>	<input type="text"/>	Start Time	<input type="text"/> Total Delay Days <input type="checkbox"/>
Wall Framing Complete	<input type="text"/>	<input type="text"/>	Stop Time	<input type="text"/> Total Off Days <input type="checkbox"/>
Wall Rough Complete	<input type="text"/>	<input type="text"/>		Total Calendar Days <input type="checkbox"/>
Start Final Inspections	<input type="text"/>	<input type="text"/>		
CO Date	<input type="text"/>	<input type="text"/>		
Punch Date	<input type="text"/>	<input type="text"/>		
Turnover to Client	<input type="text"/>	<input type="text"/>		

Today's Completed Superintendent Work (Describe Progress of Project Work and Completed Items)

Tomorrow's Superintendent Work Plans

Item(s) Causing a Delay / Extra Costs on the Project Today (Address Any Delays / Extra Costs Incurred Today, Describe Scope, and Who Caused)

Other Notes (Address Issues and Concerns, Safety, Job Site Cleanliness, and Other Matters of Interest)

Materials

	Name of Vendor	Ticket Number	Notes
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Lead Project Manager

Project Name
Project City, State

Lead Superintendent

Today's Completed Subcontractor/Inspector Work

1		(Start - Stop)	(# Men)
2		(Start - Stop)	(# Men)
3		(Start - Stop)	(# Men)
4		(Start - Stop)	(# Men)
5		(Start - Stop)	(# Men)
6		(Start - Stop)	(# Men)
7		(Start - Stop)	(# Men)
8		(Start - Stop)	(# Men)
9		(Start - Stop)	(# Men)
10		(Start - Stop)	(# Men)
11		(Start - Stop)	(# Men)
12		(Start - Stop)	(# Men)
13		(Start - Stop)	(# Men)
14		(Start - Stop)	(# Men)