Form LPA-015

Sponsor LPA Report of Daily Work Performed

Job Name:		Job No.:
FAP No.:	Contractor:	
Date:	Hours Worked: –	Report No.:
Project Conditions		
Site Conditions Useable Partly Useable Not Useable Min Temp. (F) Max Temp. (F) Comments	Weather Sunny Partly Cloudy Rain Rainfall Amt. (in.)	Number of Contractor's Personnel Laborers Carpenters Concrete Laborers Equip. Operators Electricians Plumbers Foreman Other Other

Location and Description of Work Performed

Special Instructions and/or Conversations

Signed:

Designated Full-time Employee