

Periodic Observation Report Check List

Project Name: _____

Owner: _____

Project Job No: _____

Report No: _____

General Contractor: _____

Field Observer: _____

Hours on Site: _____ a.m. p.m. _____

Day _____

Date: _____

Climatic Conditions:

Temperature: _____

Clear: _____

Cloudy: _____

Rain: _____

Snow: _____

Status of Project Elements

Item No.	Description	% complete or floors being constructed	Remarks
A	Site Work		
1	Excavation		
2	Foundations		
3	Foundation Walls		
4	Dampproofing or Waterproofing		
5	Back fill		
6	Subsoil drains		
B	Site Utilities		
1	Gas		
2	Electric		
3	Telephone		
4	Cable		
5	Sewer		