| QUALITY ASSURANCE REPORT (QAR)<br>DAILY LOG OF CONSTRUCTION                                                                                                                      |                                                                                                                       |                                                                                                     |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   | REPORT NUMBER<br>1044<br>DATE                                                           |                                                           |                  |                       | Pag                  | Page 1 of 0                         |                     |               |        |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------|----------------------|-------------------------------------|---------------------|---------------|--------|----------|
| 1                                                                                                                                                                                |                                                                                                                       |                                                                                                     |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         |                                                           |                  |                       |                      | - Wedne                             | esday               |               |        |          |
| PROJECT<br>Durham Meadows Waterline Remedial Design                                                                                                                              |                                                                                                                       |                                                                                                     |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         | CONTRACT NUMBER<br>W912WJ19C0002                          |                  |                       |                      |                                     |                     |               |        |          |
| CONTRACTOR<br>Ludlow Constr                                                                                                                                                      |                                                                                                                       | n Co., Inc.                                                                                         |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         |                                                           |                  | Temp                  | er Caus<br>erature l | ed No De<br>Min 55 °F<br>ition 30 M | Max 61              |               |        |          |
|                                                                                                                                                                                  | PC                                                                                                                    | ORTION OF S                                                                                         | CHEDU                                                                                                                                     | ILED DAY                                                                                                                              | SUITABLE                                                                                                                             | FOR OP                                                                                                   | ERATIC                                                                    | NS                                                                                |                                                                                         |                                                           |                  |                       | TEMPE                | RATURE                              |                     |               | WIND   |          |
| STRUCTURAL EX<br>VATION                                                                                                                                                          | CA-<br>0 %                                                                                                            | BORROW E<br>VATION                                                                                  | EXCA-                                                                                                                                     | EMBANK                                                                                                                                | MENT 0 %                                                                                                                             | CONCR                                                                                                    |                                                                           | S <sup>-</sup>                                                                    | TRUCT                                                                                   |                                                           | 0 %              | MINIMUN               | И<br>55 °F           | MAXIM                               | UM<br>61 °F         |               | 30 MP  | <u> </u> |
|                                                                                                                                                                                  | 0 /9                                                                                                                  |                                                                                                     | 0 /0                                                                                                                                      |                                                                                                                                       | 0 /0                                                                                                                                 |                                                                                                          |                                                                           |                                                                                   |                                                                                         |                                                           | 0 /0             |                       | 00 1                 | 1<br>24 HOUF                        |                     | I<br>PITATION | 00 101 |          |
|                                                                                                                                                                                  |                                                                                                                       | DEVELOPE                                                                                            |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      | GHT                                                                                                      | X                                                                         | 1                                                                                 | (Expla                                                                                  | in)                                                       |                  | INCHES                |                      | 2.00                                |                     | ENDING        | 0900   | . м      |
|                                                                                                                                                                                  |                                                                                                                       | NUME                                                                                                | BER OF                                                                                                                                    | GOVERN                                                                                                                                | IENT EMP                                                                                                                             | LOYEES                                                                                                   |                                                                           |                                                                                   |                                                                                         |                                                           |                  |                       |                      |                                     | VER STA             | GE            |        |          |
| SUPERVISORY                                                                                                                                                                      | OFF                                                                                                                   | FICE                                                                                                | LAYO                                                                                                                                      |                                                                                                                                       | INSPECT                                                                                                                              |                                                                                                          | TOTAL                                                                     | -                                                                                 | LA                                                                                      | BOR                                                       |                  | FEET                  |                      |                                     |                     | TIME          |        |          |
| 0                                                                                                                                                                                |                                                                                                                       | 0                                                                                                   |                                                                                                                                           | 0                                                                                                                                     |                                                                                                                                      | 1                                                                                                        |                                                                           |                                                                                   | 1                                                                                       |                                                           | 0                |                       |                      | 0.0                                 |                     |               |        | М        |
|                                                                                                                                                                                  |                                                                                                                       | CONTRACTO                                                                                           |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   | OF SHI                                                                                  | TS                                                        | [                | 1                     |                      | 2                                   |                     | 3             |        |          |
| SUPERVISORY                                                                                                                                                                      | SKI                                                                                                                   | LLED                                                                                                | LABO                                                                                                                                      | RERS                                                                                                                                  | TOTAL                                                                                                                                |                                                                                                          | FROM                                                                      |                                                                                   | то                                                                                      |                                                           | FR               | OM                    | то                   |                                     | FROM                | Л             | то     |          |
| 0                                                                                                                                                                                |                                                                                                                       | 0                                                                                                   |                                                                                                                                           | 0                                                                                                                                     |                                                                                                                                      | 0                                                                                                        |                                                                           | 0700                                                                              |                                                                                         | 1530 N                                                    |                  |                       | М                    |                                     | М                   | М             |        | М        |
| Atta<br>NO                                                                                                                                                                       | ach a<br>TE: if                                                                                                       | list of the follo<br>the contracto                                                                  | owing. (a<br>or's Qual                                                                                                                    | a) Major ite<br>itv Control                                                                                                           | ms of equip<br>Report (Q0                                                                                                            | oment eith<br>CR) conta                                                                                  | ner idle o<br>ins the i                                                   | or work<br>nforma                                                                 | ing, and<br>tion it n                                                                   | d (b) Numl<br>eed not be                                  | ber ar<br>e repe | nd classifi<br>eated. | cation of            | contracto                           | or personr          | nel onsite.   |        |          |
| QA NARRA                                                                                                                                                                         |                                                                                                                       |                                                                                                     |                                                                                                                                           | .,                                                                                                                                    |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         |                                                           |                  |                       |                      |                                     |                     |               |        |          |
| Work Perfor                                                                                                                                                                      | rmed                                                                                                                  | Today:                                                                                              |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         | Unre                                                      | solve            | ed Issue:             | No                   | S                                   | hift: 1             |               |        |          |
| 3. Install a<br>of the PVC<br>4. back fill<br>5. Loam &<br>Installed -2<br>25' LF of 4<br>208 Main I<br>run up driv<br>Install - 42<br>Encounter                                 | 1" co<br>were<br>and s<br>Seec<br>28LF<br>" SD<br>Exter<br>reway<br>' of 1<br>ans<br>Unite                            | of 1" coppe<br>R gasketed<br>ior connecti<br>y - will need<br>" copper<br>remove .74<br>ed Concrete | over the<br>sleeve<br>on:<br>HMA<br>CY led<br>at the                                                                                      | ith a PVC<br>ne excava<br>with foar<br>ge<br>AAV insta                                                                                | iliner arou<br>ation area.<br>n on the e<br>alling wirin                                                                             | ends                                                                                                     |                                                                           |                                                                                   |                                                                                         | fier and t                                                | he lig           |                       |                      |                                     | ections.<br>hift: 1 | The ends      | 3      |          |
| United Co                                                                                                                                                                        | ncret                                                                                                                 | e electriciar<br>de of the AA                                                                       |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          | for the                                                                   | AAV                                                                               | PER                                                                                     | MIKE PIO                                                  | ) ang            | yday. Th              | ere will             | be addit                            | ional ex            | cavation      |        |          |
| Safety:                                                                                                                                                                          |                                                                                                                       |                                                                                                     |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         | Unre                                                      | solve            | ed Issue:             | No                   | S                                   | hift: 1             |               |        |          |
| 2. Traffic p<br>3. Working<br>4. Situation<br>5. Proper I<br>6. COVID<br>7. Ladders<br>8. Equipm<br>9. Face Ma<br>10. Hearin<br>11. Crane<br>12. Tank a<br>NOTE - LU<br>REVIEW V | Good<br>atter<br>i ne :<br>ifting<br>ifting<br>ifting<br>ifting<br>ifting<br>ask /<br>g pro<br>Activ<br>ask /<br>JDLC |                                                                                                     | onnel wo<br>Flagger<br>YES - r<br>/hile wo<br>a - lift wi<br>r the wo<br>Needed<br>on road<br>hile cut<br>d during<br>ess - N/<br>d respo | ere in pro<br>r onsite w<br>eview ree<br>rking aro<br>th knees<br>ork day -<br>for trenc<br>ds - have<br>ting reba<br>g ledge re<br>A | hile worki<br>quirement<br>und heavy<br>not low ba<br>Agreed th<br>hing activi<br>a truck be<br>r. NO reb<br>emoval op<br>or the har | ng in 20.<br>s for trer<br>/ equipm<br>ack<br>at worke<br>ty - revi<br>shind wit<br>ar today<br>erations | 2 & 208<br>ach wor<br>ent. tri<br>ewed w<br>h flashi<br>- NO le<br>hat go | 3 Main<br>k with<br>enchir<br>wear a<br>vith cre<br>ing ligh<br>edge n<br>with th | Streed<br>crew a<br>ag and<br>a mask<br>a mask<br>ew & S<br>nts. YI<br>emova<br>ne tank | & SSHO<br>back fill :<br>when er<br>SHO<br>ES<br>I today. | nterin<br>Peddi  | ng someo<br>cord)     |                      |                                     |                     |               |        |          |
|                                                                                                                                                                                  |                                                                                                                       | adder fall p<br>adder. While                                                                        |                                                                                                                                           |                                                                                                                                       |                                                                                                                                      |                                                                                                          |                                                                           |                                                                                   |                                                                                         |                                                           |                  |                       |                      |                                     |                     |               |        |          |

event I informed him we do have two harness systems for that purpose. KEEP OPEN for further discussion.

| QA REPRESENTATIVE'S SIGNATURE | DATE | RE/PROJECT ENGR'S INITIALS | DATE |
|-------------------------------|------|----------------------------|------|
|                               |      |                            |      |
|                               |      |                            |      |
|                               |      |                            |      |