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| DDOT Contract No:  DCKA -       - C | | Project Name: | | | | Location: | | | Date: | |
| FAP No: | | Contractor: | | | Construction Manager: | | | | Day of Week: | |
| Ward: | Prepared By: | | Title: | | | | DDOT  Consultant | | | |
| High Temp: | | AM Conditions: | | PM Conditions: | | | | Contract Day No. | | Total Contract Days |
| Low Temp: | |
| *(check most applicable):* Sunny  Partly Cloudy  Cloudy  Rain  Rain Duration (hours) | | | | | | | | | | |

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| **Daily Work Summary / Remarks** | Number of Inspector Daily Reports (IDRs) attached to this Diary: |
| **General:** | |
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| **Progress / Schedule Issues:** | |
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| **Quality Issues:** | |
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| **Potential Changes and Conditions:** | |
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| Project Name: | Contractor: | Day of Week: | Date: |

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| **Key Communications with Prime Contractor:** | | | | | | |
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| **Other Communications (Public Involvement, EEO, Audit, etc.):** | | | | | | |
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| **Traffic Conditions & Maintenance of Traffic Issues:** | | | | | | |
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| **Utility Issues:** | | | | | | |
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| Accidents:  No Yes See Accident Report Dated: | | | Accident Report No (if available): | | | |
| **VISITORS:** | | | | | | |
| No. | Name | Representing | | Reason for Visit | Time In | Time Out |
| 1 |  |  | |  |  |  |
| 2 |  |  | |  |  |  |
| 3 |  |  | |  |  |  |
| SIGNATURE: | | | | | | |
| TITLE: | | | | DATE: | | |

DISTRIBUTION: Original – File