

***APPENDIX 'D'***

***Sample Forms***

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PREPARATORY PHASE CHECKLIST

Date Preparatory Held: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Spec. Section & Paragraph \_\_\_\_\_

Title: \_\_\_\_\_

Drawing Sheet Numbers \_\_\_\_\_

MAJOR DEFINABLE FEATURE OF WORK: \_\_\_\_\_

A. PERSONNEL PRESENT:

<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

(List additional personnel on reverse side)

B. Has each specification paragraph, drawing, and permit requirement been studied: YES \_\_\_ NO \_\_\_

C. TRANSMITTALS INVOLVED:

<u>NUMBER &amp; ITEM</u>	<u>CODE</u>	<u>CONTRACTOR OR GOVERNMENT APPROVAL</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

C(1). Have all items involved been approved? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, list items: \_\_\_\_\_  
\_\_\_\_\_

D. ARE ALL MATERIALS ON HAND? YES \_\_\_\_\_ NO \_\_\_\_\_

Have all materials been checked for contract compliance against approved shop drawings? YES \_\_\_\_\_ NO \_\_\_\_\_

D(1). Items not on hand or not in accordance with transmittals:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

E. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT REQUIREMENTS:

<u>TEST</u>	<u>PARAGRAPH</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

F. ACCIDENT PREVENTION PREPLANNING - HAZARD CONTROL MEASURES:

F(1). Applicable Outlines (Attach complete copies):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

F(2). Operational Equipment and Operator Checklists:

FOR EQUIPMENT:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

FOR OPERATOR:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

G. HAVE PROCEDURES FOR ACCOMPLISHING WORK BEEN REVIEWED WITH APPROPRIATE PEOPLE: YES \_\_\_\_\_ NO \_\_\_\_\_

H. HAS ALL PRELIMINARY WORK BEEN ACCOMPLISHED IN ACCORDANCE WITH CONTRACT REQUIREMENTS AND IS THIS FEATURE OF WORK READY TO START: YES \_\_\_\_\_ NO \_\_\_\_\_

H(1). Explain any problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
QUALITY CONTROL REPRESENTATIVE

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INITIAL PHASE CHECKLIST

Contract No.: \_\_\_\_\_ Date: \_\_\_\_\_

Spec. Section & Paragraph \_\_\_\_\_

Description and Location of Work Inspected: \_\_\_\_\_

\_\_\_\_\_

REFERENCE CONTRACT DRAWINGS: \_\_\_\_\_

A. PERSONNEL PRESENT:

<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

B. MATERIALS AND EQUIPMENT BEING USED ARE IN STRICT COMPLIANCE WITH THE CONTRACT: YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. WORKMANSHIP IS ACCEPTABLE: YES \_\_\_\_\_ NO \_\_\_\_\_ STATE AREAS WHERE IMPROVEMENT IS NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. SAFETY VIOLATIONS AND CORRECTION ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
QUALITY CONTROL REPRESENTATIVE

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**THREE PHASE INSPECTION**

ADVANCE NOTICE OF PREPARATORY, INITIAL OR FINAL FOLLOW -UP INSPECTION:  
(Minimum five working days notice required)

PREPARATORY INSPECTION HELD TODAY:  
Indicate Definable Features of Work. Attach Preparatory Checklist.

INITIAL INSPECTION HELD TODAY:  
Indicate Definable Features of Work. Attach Initial Checklist.

FINAL FOLLOW -UP INSPECTION HELD TODAY:  
Indicate NAS Activity Number. Attach Final Follow-up Checklist.

ACTIVITIES IN PROGRESS: Attach daily CQC follow-up inspection deficiencies/corrections noted.

ACTIVITY NUMBER	S=START C=CONTINUING F=FINISH	DESCRIPTION OF WORK ACTUALLY PERFORMED/MAJOR MATERIAL DELIVERIES TODAY

**CQC TESTING**

ACTIVITY NUMBER	DESCRIPTION OF TESTS PERFORMED	PASSED/FAILED

**USER SCHOOLING CONDUCTED**

ACTIVITY NUMBER	DESCRIPTION OF SCHOOLING

INSTALLED PROPERTY PRICING DATA ATTACHED: YES \_\_\_ NO \_\_\_

TRANSFERRED PROPERTY, DD-1149 ATTACHED: YES \_\_\_ NO \_\_\_

QA COMMENTS CORRECTED TODAY: YES \_\_\_ NO \_\_\_

EQUIPMENT SAFETY CHECKLIST ATTACHED: YES \_\_\_ NO \_\_\_

**GENERAL COMMENTS:**


**CONTRACTOR CERTIFICATION:**

On behalf of the contractor, I certify that this report is complete and correct and all equipment and material used and work performed during this reporting period are in compliance with the contract plans and specifications, to the best of my knowledge, except as noted above.

Authorized Contractor Representative: \_\_\_\_\_

Report Date: \_\_\_\_\_ Date submitted to Government Representative: \_\_\_\_\_

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# REPORT OF OPERATIONS -- HOPPER DREDGES

*RCS: ENGCW-0-13*

TO: COMMANDER/DIRECTOR  
U.S. ARMY WATER RESOURCES SUPPORT CENTER  
ATTN: WRSC-D, FORT BELVOIR, VA 22060

DISTRICT

DREDGE

EXACT LOCATION OF WORK

- MAINTENANCE
- NEW WORK
- CONSOLIDATED
- JOB REPORT

DATE

AV. NUMBER OF PERSONS IN CREW

AV. LENGTH OF CUT	FT.	CHARACTER OF MATERIAL						
AV. WIDTH OF CUT	FT.	ABSOLUTE DENSITY	GMS/LITER	IN PLACE DENSITY	GMS/LITER	WATER DENSITY	GMS/LITER	
AV. DIST. TO DUMP	MILES	VOIDS RATIO		GRAIN SIZES:	D <sub>20</sub> -	MM. D <sub>50</sub> -	MM. D <sub>80</sub> -	MM.
HOPPER CAPACITY	CU. YDS.	AV. VOLUME OF WATER	CU. YDS.	AV. UNFILLED CAPACITY	CU. YDS.			

NAVIGATION AND OTHER AIDS, INCLUDING STATEMENT AS TO ADEQUACY

WORK PERFORMED				DISTRIBUTION OF TIME		
CUBIC YARDS	THIS PERIOD	PREVIOUSLY	TO DATE	EFFECTIVE WORKING TIME <i>(Chargeable to Cost of Work)</i>	HOURS	MINUTES
A. HAULED						
B. AGITATED				DREDGING AND HAULING		
C. PAY PLACE <i>(Credited)</i>				PUMPING		
D. EXCESS				TURNING		
E. NATURAL SHOALING OR SCOURING				TO AND FROM DUMP		
F. TOTAL (C&E)				DUMPING		
NUMBER OF LOADS HAULED		NUMBER OF TEST LOADS		TOTAL		
AV. LOAD	CU. YDS.	AV. ECONOMIC LOAD	CU. YDS.	AGITATION		
AV. PUMPING TIME		AV. ECONOMIC PUMPING TIME	MINS.	PUMPING AND TURNING		
ATTENDANT PLANT				TOTAL EFFECTIVE WORKING TIME		
NAME OF PLANT	TYPE		HOURS	PERCENTAGE OF RENTAL TIME	%	
				NONEFFECTIVE WORKING TIME <i>(Chargeable to Cost of Work)</i>		
				TAKING ON FUEL AND SUPPLIES		
				TO AND FROM WHARF OR ANCHORAGE		
				LOSS DUE TO OPPOSING NATURAL ELEMENTS		
				LOSS DUE TO TRAFFIC AND BRIDGES		
				MINOR OPERATING REPAIRS		
				TRANSFERRING BETWEEN WORKS		
				LAY TIME		
				FIRE AND BOAT DRILLS		
				MISCELLANEOUS		
				TOTAL NONEFFECTIVE WORKING TIME		
OPERATING SUPPLIES				PERCENTAGE OF RENTAL TIME		
COMMODITIES	CONSUMED		INVENTORY		%	
	UNIT	QUANTITY	QUANTITY	VALUE	%	
FUEL (Oil)	BBLS.				PERCENTAGE OF TOTAL TIME	
LUBRICANTS (Oil)	GALS.				LOST TIME <i>(Not Chargeable to Cost of Work)</i>	
LUBRICANTS (Greased)	LBS.				MAJOR REPAIRS AND ALTERATIONS	
WATER	GALS.				CESSATION	
					COLLISIONS	
SUBSISTENCE SUPPLIES				TOTAL LOST TIME		
MISCELLANEOUS SUPPLIES				PERCENTAGE OF TOTAL TIME		
TOTAL				TOTAL TIME IN PERIOD		

### MISCELLANEOUS DATA

NUMBER OF INSPECTIONS BY FIELD SUPERVISORY PERSONNEL	PERCENT OF TOTAL PUMPING TIME GAS EJECTION IN USE
NUMBER OF INSPECTIONS BY OFFICE SUPERVISORY PERSONNEL	HOURS DURING PERIOD RADAR IN USE

