

REPORT No.:
DATE:

**STATE OF VERMONT
AGENCY OF ADMINISTRATION
BUILDINGS AND GENERAL SERVICES
GENERAL SUPERVISION REPORT**

PROJECT NAME: PROJECT LOCATION:
INSPECTOR: TIME ARRIVED: TIME DEPARTED:
START OF CONSTRUCTION: CONFORMANCE WITH SCHEDULE:
ORIGINAL COMPLETION DATE: REVISED COMPLETION DATE:
WEATHER: TEMPERATURE: °F @ AM / °F @ PM
GROUND CONDITION: QUALITY OF WORK:
VISITORS:
MATERIALS DELIVERED: C - Contractor, O - Owner, S - Subcontractor EQUIPMENT ON SITE: C - Contractor, O - Owner, S - Subcontractor

			WORKERS ON SITE					
NUMBER	HOURS	COMPANY	TRADE	NUMBER	HOURS	COMPANY	TRADE	

REASON FOR DELAY, UNFORESEEN OBSTRUCTIONS AND THE LIKE:

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NARRATIVE REPORT: