

# Resident Inspector Daily Inspection Report Form

LOUISIANA DEPARTMENT OF HEALTH • OFFICE OF PUBLIC HEALTH

Date: \_\_\_\_\_

Project Number: \_\_\_\_\_

BORROWER INFORMATION:

\_\_\_\_\_

Water System Name and Address

PROJECT INFORMATION:

\_\_\_\_\_

Contract Name and Location

\_\_\_\_\_

Contractor(s) Name(s)

\_\_\_\_\_

Superintendent(s)

Weather Conditions: \_\_\_\_\_

Description of Work Accomplished:

\_\_\_\_\_

Items of Interest to Note:

\_\_\_\_\_

Delays or Work Restraining Orders:

\_\_\_\_\_

Change Orders:

\_\_\_\_\_

Additional Remarks (problems, delays, controversies, etc.):

**BABA/AIS Requirement** (Whichever is applicable to the project):

Were any materials delivered to the job site that must meet the BABA/AIS Requirement? If so, please list:

\_\_\_\_\_

Were any materials delivered to the site that must be placed on the BABA/AIS De Minimis Waiver list? If so, please list:

\_\_\_\_\_

Were BABA/AIS Manufacturer Certifications obtained for materials delivered to the site that must meet the BABA/AIS Requirement? \_\_\_\_\_

Were Invoices obtained for materials that must be placed on the BABA/AIS De Minimis Waiver list, as well as for all other materials delivered to site? \_\_\_\_\_

BY \_\_\_\_\_  
(Inspector's Name), Resident Inspector

**NOTE: Daily Inspection Reports shall be submitted to the Consultant Engineer, who shall submit copies of these reports to DWRLF with Payment Requests that include Resident Inspection services.**