



FMS ID #:

Date:

Project Name:

Report #:

Project Address:

Architect:

Project Description:

Program Unit:

General Contractor:

Project Manager:

General Construction (Use blank page for more detail on items listed below)

Estimate % of Completion: [___] %

Report Prepared By

Schedule Conformance [on time] [late] [early]

Name of Architect:

Work in Progress: [GC] [mech] [elec] [plbg]

Name of Firm:

Present at Site: [___] persons

Signature:

1. Items to Verify

2. Sitework

3. Concrete & Masonry

4. Metals & Carpentry

5. Roofing & Insulation

6. Doors & Windows

7. Finishes

8. Furnishings & Equipment

9. Other