

Daily Quality Control Report

Date

YYYY-MM-DD

Project Name

Project Name

Project Number

No.

Location

Site Location

Weather

E.g., Sunny, Rainy

Inspector

Inspector Name

Work Activities Performed

List of construction activities performed today

Materials Delivered / Used

Material	Quantity	Supplier	Remarks

Quality Checks Performed

Describe quality checks and observations

Non-conformance / Defects

Record non-conformances, if any

Corrective Actions Taken

Describe corrective actions, if any

Safety Observations

Safety observations and comments

Inspector's Signature

Project Manager's Signature

Prepared by: _____
Date: _____