

**OFFICE OF CITY ENGINEER
CITY OF SIOUX FALLS**
BIWEEKLY PROGRESS REPORT NO. _____

Contract No. _____

PROJECT

PERIOD ENDING _____

CONTRACT TIME _____

(working days or calendar days)

TYPE OF WORK _____

WORKING DAYS THIS PERIOD _____

PRIME CONTRACTORS

WORKING DAYS TO DATE _____

PERCENT COMPLETE _____

WORK IN PROGRESS THIS PERIOD

GENERAL COMMENTS:

CONTRACTORS WORKING: (Indicate after each: 1-1st Week; 2-2nd Week; 3-Both Weeks)

WORK STARTED _____

WORK SUSPENDED _____

WORK RESUMED _____

FIELD WORK COMPLETED _____

DAY	DATE	WORKING DAY NO.	WEATHER AND COMMENTS
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

Daily Sanitary Sewer Checklists Attached: Yes No

PREPARED BY: _____

SUBMITTED BY: _____

PROJECT ENGINEER

(Copy to Contractor)