**Construction Observation Report Form**

Project Name:

(As it would appear on the plans)

**Project Numbers:** Sewer Water Recycled Chilled

**CSJ No.** (If applicable)**:**

**Project Type** TxDOT LAM CoSA St. Maint. County Other

**Construction Observation Report for the month of** (Month) (Year)

SAWS Consultant Firm:

Construction Contractor:

SAWS Inspector(s) on Project:

Date of meeting:

Attendees Names: Attendees Title:

Consultant met w/ SAWS inspector & contractor to go over monthly payment Yes No

Comments:

Consultant met w/ SAWS inspector & contractor to go over field redlines Yes No

Comments:

Additional detail summery & photos included Yes No

Prepared By:  Date:

(Signature - **Signed by P.E. ONLY**)

Prepared By:

(Printed Name of P.E) (Registered P.E. Number)