**TO: ACCS Facilities Division**

**ACCS Form 6-C**

**STATEMENT OF FIELD OBSERVATIONS**

**Date:**

|  |
| --- |
| **ACCS #**  |
| **PROJECT NAME AND LOCATION:** | **OWNER ENTITY NAME & ADDRESS:****Phone No.** |
| **CONTRACTOR COMPANY NAME & ADDRESS:****Phone No.** | **ARCHITECTURAL/ENGINEERING FIRM NAME & ADDRESS:****Phone No.** |
| **PROJECT DATA ON THE DATE OF OBSERVATION: Site Conditions** | **No. of Workers** |
| **Weather** |
| **Starting Date Contract Completion Date** |
| **Scheduled State of Completion % Estimated Actual Completion %** |
| **Contractor’s Superintendent Job Phone #** |
|   |
| **COMMENTS / DEFICIENCIES:** |
| **Signature Report No.** |
| **cc: Owner, Architect/Engineer, Contractor,**  |