**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,** | |