

ACCS FORM 6-C

STATEMENT OF FIELD OBSERVATIONS

ACCS PROJECT#:			DATE:				TIME:		
PROJECT	NAME:						-		
Address:									
OWNER E	NTITY:								
Address:					Phone:				
					Email:				
CONTRAC	TOR CO	MPANY:							
Address:					Phone:				
					Email:				
ARCHITEC	TURAL/	ENGINEERING FIRM	M:						
Address:					Phone:				
					Email:				
		THE DATE OF OB	SERVATIO	N					
#OF WORKERS:				START [DATE:				
	ATHER:								
SITE CONDITIONS: CONTRACTOR COMPLETION DATE:									
CONTRACT COMPLETION DATE: SCHEDULED STATE OF COMPLETION:			%		TED ACTUAL COMPLETION:				%
CONTRACTOR'S SUPERINTENDENT:			10				PHONE:		
COMMENT	S/DEFIC	IENCIES:			'				
SIGNATUR	PF:				REPOR'	T#-			
		ct/Engineer, Contrac	tor		KLFOR	· # -			
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VER: 03182025