



Daily Diary Report by Bid Item

Contract No.: 04-0120F4

Diary #: 010 Const Calendar Day: 178 Date: 05-Mar-2010 Friday
 Inspector Name: Hart, Grady Title: Transportation Engineer
 Inspection Type: Intermittent
 Shift Hours: 07:00 AM 15:30 PM Break: Over Time: 02:00
 Federal ID:
 Location:
 Reviewer: Shedd, Bill Approved Date: 17-Mar-10 Status: Approved

04-0120F4
 04-SF-80-13.2/13.9
 Self-Anchored
 Suspension Bridge

Weather

Temperature 7 AM 12 PM 4PM
 Precipitation no Condition cool morning and afternoon . Temp. 60's F

Working Day If no, explain:

Diary:

Dispute

General Comments

In the office, I answered emails, and worked on office reports. During an afternoon walk through pier 7 I took several photos. Photo 178 shows a clean roadway on warehouse Dr. Photo 179 shows good housekeeping on the dock along the roadway side. Photo 181 shows the clean roadway within the warehouse. Photo 182 shows a confined space entry permit (class - D) from the same day.

Attachment



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Job Name: 04-0120F4

Inspector Name: Hart, Grady

Diary #: 010

Date: 05-Mar-2010 Friday

San Francisco - Oakland Bay Bridge Project

AD American Bridge FLUOR A JOINT VENTURE

Confined Space Entry Permit

SFORBP Project

State: San Francisco - Oakland Bay Bridge Project

Location: *1000*

Date Issued: *3-5-10*

Date Expires: *3-5-10*

Purpose of Entry: *Painting*

Entry Supervisor: *[Signature]*

Foreman: *[Signature]*

Time Issued: *6:30 am*

Time Expired: *2:30 pm*

Confined Space Classification (Class): *Class-D*

See flow chart on back for Assistance

Class-A Class-B Class-C Class-D

Communication System Used: *Radio*

Radio: Voice Rope Signals

HSE Department Contacted? Yes No

Date: *3-5-10* Person: *[Signature]*

Requirement	YES	NO	Requirement	YES	NO
Work Activity Fully Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Full Body Harness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lock Out / Tag Out / No-Start	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical Isolation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foot Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Air Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Working Safely	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Fall Arrest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rescue Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hot Work Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spill Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Continuous Air-Monitoring

Hazard	Time Spent in Confined Space	Time Spent Outside	Time Spent in Confined Space	Time Spent Outside
None				
Low				
High				

NAME OF AUTHORIZED PERSONNEL

Time IN	Time OUT	Time IN	Time OUT

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