



**DAILY PRODUCTION**

DATE: \_\_\_\_\_  
 CUSTOMER: \_\_\_\_\_  
 INV: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_  
 JOB ID #: \_\_\_\_\_

DESCRIPTION OF WORK PERFORMED - DAILY

EQUIPMENT USED FOR THE JOB		

ADDITIONAL MATERIALS/EQUIPMENT PURCHASED BY NCS INC. FOR THE JOB		

EMPLOYEE NAME	CHECK DRIVERS	START OF SHIFT	ARRIVE TO JOB SITE	STOP TIME AT JOB SITE	TIME ARRIVED TO THE YARD
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

JOB DELAYS --- INCLUDE REASON FOR THE DELAY AND TOTAL TIME DELAYED