MAJLIS…… **LAMPIRAN 2**

Site Daily Progress Record for Drain Cleaning, Grass Cutting and Road Sweeping by Contract

Name of Contractor:

Grass Cutting Session : Protocol and Non-Protocol _____ : (_____ TO _____)
_____ : (_____ TO _____)
_____ : (_____ TO _____)

Road Sweeping Session : Protocol and Non-Protocol _____ : (_____ TO _____)
_____ : (_____ TO _____)

Drain Cleaning Session: Protocol and Non-Protocol _____ : (_____ TO _____)

Contract no :

ZONE :

Commercial Area as per Plan

Jetting, Flushing and Desilting Session (If Any) : _____ : (_____ TO _____)

AREA	LOCATION	ACTIVITY	DRAIN CLEANING, GRASS CUTTING AND ROAD SWEEPING WORKS (DATE AND DAYS)																												Nos. of Days Completed / Month	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Protocol	Non-Pro
1		DRAIN CLEANING																																
		GRASS CUTTING																																
		ROAD SWEEPING																																
2		DRAIN CLEANING																																
		GRASS CUTTING																																
		ROAD SWEEPING																																
3		DRAIN CLEANING																																
		GRASS CUTTING																																
		ROAD SWEEPING																																
4		DRAIN CLEANING																																
		GRASS CUTTING																																
		ROAD SWEEPING																																
5		DRAIN CLEANING																																
		GRASS CUTTING																																
		ROAD SWEEPING																																
WORKS CERTIFY BY SOR																															Total Of Working Days	
No of Non-Compliance for Drain CleaningWorks		(QUALITY OF WORKS)																																
		(ENV, SAFETY AND HEALTH)																																
No of Non-Compliance for Grass Cutting Works		(QUALITY OF WORKS)																																
		(ENV, SAFETY AND HEALTH)																																
No of Non-Compliance for Road Sweeping Works		(QUALITY OF WORKS)																																
		(ENV, SAFETY AND HEALTH)																																
																															Total of Non-Compliance :		

Note:

Remarks of Activity

(x) Not Started
(-) Ongoing
(/) Done
(o) No Activity
Sunday
Public holiday

CHECK BY

_____

SUPERINTENDING OFFICER REPRESENTATIVE
(AE /JTB /PT[O])

CERTIFY BY

_____

SUPERINTENDING OFFICER REPRESENTATIVE
(KB IMT / AE)

REMARKS (If Any):

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_____

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