

HOUSTON CONTROLS

*Instrument, Electrical,
Analytical Specialists*

Foreman: _____

Date: _____

Weather Conditions: Morning _____ Afternoon _____

Start Time: _____ End Time: _____ Job# _____ Area: _____

Crew	Work Description	Delays / Manhours delayed	Notes
		<input type="checkbox"/> Permits MHrs _____ <input type="checkbox"/> Material MHrs _____ <input type="checkbox"/> Operations MHrs _____ <input type="checkbox"/> Evacuations MHrs _____ <input type="checkbox"/> Information MHrs _____	

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