

FWR SURVEILLANCE REPORT

ALL INFORMATION TO BE COMPLETED BY FACILITIES OFFICE

DELIVERY ORDER NUMBER: H- _____ D

FWR NUMBER: _____

NEW

MODIFICATION

1. SURVEILLANCE PERFORMED BY (NAME):

2. PHONE NUMBER:

3. SURVEILLANCE COMPLETION DATE:

4. DETAILED SURVEILLANCE FINDINGS:

5. LIQUIDATED DAMAGES IN ACCORDANCE WITH CONTRACT CLAUSE E.5:

Failure to satisfy FWR/DO requirements by completion dates specified on FWR/DO.	*Subtract _____% from total FWR/DO amount.
Failure to avoid unplanned disruptions to building occupants during work performance.	*Subtract _____% from total FWR/DO amount.
Failure to provide FWR/DO submittals per contract requirements.	*Subtract _____% from total FWR/DO amount.
Failure to provide adequate reporting per requirements listed in contract.	*Subtract _____% from total FWR/DO amount.

TOTAL AMOUNT DEDUCTED FROM CONTRACTOR'S INVOICE: \$ _____

6. COSS TECHNICAL MONITOR:

7. PHONE NUMBER:

8. DATE:

FUNDING INFORMATION

9. BLANKET DELIVERY ORDER NUMBER:

10. AMOUNT TO BE ADDED BACK INTO BLANKET DELIVERY ORDER:

11. PROJECT MANAGER/RESIDENT MANAGER:

12. PHONE NUMBER:

13. DATE:

14. FACILITIES REVIEW:

15. PHONE NUMBER:

16. DATE:

APPROVAL

16. APPROVED
 DISAPPROVED

17. SIGNATURE OF APPROVING OFFICIAL:

18. DATE:

19. REASON FOR DISAPPROVAL: