

Name of Contractor: \_\_\_\_\_  
 Grass Cutting Session : \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )  
 \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )  
 \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )

Protocol and Non-Protocol

Road Sweeping Session : \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )  
 \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )

Protocol and Non-Protocol

Drain Cleaning Session: \_\_\_\_\_ : ( \_\_\_\_\_ TO \_\_\_\_\_ )

Protocol and Non-Protocol

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 Cleaning Works	(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:** (x) Not Started  
 (-) Ongoing  
 ( / ) Done  
 ( o ) No Activity  
 Sunday  
 Public holiday

CHECK BY

CERTIFY BY

REMARKS (If Any):

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

\_\_\_\_\_  
 SUPERINTENDING OFFICER REPRESENTATIVE  
 ( KB IMT / AE )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_