

Form C-9	Missouri Department of Transportation Construction Daily Utility Report <small>(Note: Use Extra Sheets as Necessary)</small>	Report No.
(Rev. 08/2016)		Date
Weather		Route
County		Job No.

Name of Utility or Railroad _____
(Same as shown in agreement)

Utility's Approved Contractor *

LABOR						
CLASSIFICATION	UTILITY PERSONNEL			CONTRACTOR PERSONNEL *		
	No. of Men	Total Regular Hours	Total Overtime Hours	No. of Men	Total Regular Hours	Total Overtime Hours

EQUIPMENT									
TYPE	NO. OF UNITS	CAPACITY	TOTAL		TYPE	NO. OF UNITS	CAPACITY	TOTAL	
			Miles	Hours				Miles	Hours

MATERIAL			
ITEM	LOCATION	ITEM	LOCATION

RETIREMENTS	
SALVAGED	SCRAPPED

GENERAL REMARKS
(i.e., Location of Work, Agreed % on R.R. Salvage, etc.)

Signed: _____

Name: _____
Utility Representative or Contractor

Title

Signed: _____

Name: _____
MoDOT Inspector

Title

Electronic Distribution: Contractor or RR Representative; Save to eProjects