



GROSSMONT HEALTHCARE DISTRICT PROPOSITION G DESIGN & CONSTRUCTION SERVICES

*Monthly Project Construction Report
For the month of _____*

Project: _____

Updated: _____

Contractor: _____

Architect: _____

Construction Budget Status	\$	Work In Place % Complete	Schedule Status	
Award Amount:			Contract Award:	
			Executed Contract:	
Approved CO's:			Original Completion:	
			Duration % Complete:	
Revised Contract:			Approved Time Extension:	
Invoiced to Date:			New Completion:	
Balance			Project Scheduled Variance:	
Total Forecast Pending CO's:			Actual Completion:	
Forecast Adjusted Budget			% Complete per forecast:	

RISK STATUS	Budget: _____	Schedule: _____
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Incident Dashboard						
Month	Safety - CAL OSHA Incident		Regulatory Compliance / OSHPD (Notice of Non-Compliance)		Infection Control Breach	
	Yes	No	Yes	No	Yes	No
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						