

Form SA FCR-1
(07-01-2005)

Office of State Aid Road Construction
Mississippi Department of Transportation
Jackson, Mississippi

Place: _____

Date: _____

FIRST CONSTRUCTION REPORT

Project No. _____

_____ County

Contractor and Address: _____

Contract Time Began: _____, 20____ Work Begun: _____, 20____

Date Specified in Construction Work

Order for Contract Time to Begin: _____, 20____

Estimated Labor Required _____ Days Number of Men Employed _____

Nature of Work: _____

Contractor's Superintendent, Address and Telephone Number: _____

County Engineer's Address: _____

Telephone Number: _____ (Office) _____ (Res.)

Location of Office: _____

County Engineer

CC: _____, Division Administrator
Federal Highway Administration
Jackson, Mississippi

_____, State Materials Engineer
Mississippi Department of Transportation
Jackson, Mississippi