

## DAILY REPORT ON LAW ENFORCEMENT FORCE ACCOUNT WORK

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| County:                       | Project:                        | CSJ:                                  | Highway:                             |
|-------------------------------|---------------------------------|---------------------------------------|--------------------------------------|
|                               |                                 | SSN (Last 4 Numbers):                 | Badge No:                            |
|                               |                                 |                                       | License/Car No:                      |
| David Datas                   | i i                             |                                       |                                      |
| Day/Date:                     |                                 |                                       |                                      |
| Start Time:                   |                                 |                                       |                                      |
| End Time:                     |                                 |                                       |                                      |
| Total Hours:                  | _                               |                                       |                                      |
| Check if officer time was ut  | tilized for non-pay item and e  | xclude non-pay hours. Indicate r      | eason in remarks below.              |
| Non-Pay Hours:                | <u> </u>                        |                                       |                                      |
| Pay Hours:                    |                                 |                                       |                                      |
| Mark Bains Dorformed/Ba       | mada.                           |                                       |                                      |
| Work Being Performed/Re       | marks:                          |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
| Cancellation (if applicable)  |                                 |                                       |                                      |
| Time: am/pm                   | Name of Person Who              | Cancelled:                            |                                      |
| Reason for Cancellation:      |                                 |                                       |                                      |
| _                             |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
| T Law Enforcement Officer     | portifice that they have every  | fully completed the National Highw    | ay Institute online course "Safe and |
| Effective Use of Law Enfo     | rcement Personnel in Work Zo    | nes" or other applicable course liste | ed on TxDOT's Material Producers Lis |
| Certification of training has | s been provided to the contract | or and is available upon request.     |                                      |
|                               |                                 |                                       |                                      |
| Law Enforcemen                | t Officer's Signature           | TxDOT                                 | Representative's Signature           |
|                               |                                 |                                       |                                      |
|                               |                                 |                                       |                                      |
| Contractor's or Subcor        | ntractor's Company Name         | Contractor's or S                     | Subcontractor's Signature and Title  |

This form is used to monitor and report traffic control officer's time and equipment. The Contractor/Subcontractor shall obtain the officer's signature and provide TxDOT the original report. Contractor/Subcontractor invoice must be based on this form.

Distribution: Original to TxDOT Copy to Contractor or Subcontractor

Copy to Officer