OFFICE OF RISK MANAGEMENT
HURRICANE ISAAC

Monthly Project Progress Form

Please return by the 15th of the month following the Progress Report Period

Progress Report Period: _____to_____

Project Description: _____ PW #: _____

State Agency: _____

Physical Location of Site: _____ Parish: _____

State Building ID #: _____

Person Completing Report: _____ Title: _____

Phone: (_____) _____ Email: _____

Estimated Project Cost: $_____

1. **Start date of the project: _____**

2. **Anticipated completion date: _____**

3. **Percentage of project completed on this structure/building: _____**

4. **Problems encountered (Change Orders this Reporting Period, etc): _____**
   _____
   _____
   _____

5. **What assistance does your agency need from ORM: _____**
   _____
   _____
   _____

Project Status **(Select One)**

(1) ☐ **Project on schedule**
(2) ☐ **Project completed**
(3) ☐ **Project delayed**
(4) ☐ **Project canceled**

Select the Submit Button Below for Transmittal

Submit by Email

For Questions Contact:
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Office Of Risk Management
225-342-6031