

Progress Report

Project Title:

Project Number:

Document Owner:

Project	Project Name	
	Client Name	
	Industry Sector	
	Project Type	
	Project Manager	
	Week Starting / Ending	
	Date Report Submitted	

Review List	Name	Role

1.0 Week Summary

2.0 Primary Tasks Completed This Week				
No.	Tasks Completed	Task Ref. No. of Project Plan	Person(s) Responsible	On Schedule (Y/N)
1.				
2.				
3.				
4.				
5.				

3.0 Project Dependencies - relevant to forthcoming work (next 3 weeks)				
No.	Description of Dependency	Task Ref. No. of Project Plan	Person(s) Responsible	Internal/External (E/I)
1.				
2.				
3.				
4.				
5.				

4.0 Primary Tasks Planned for Next Week			
No.	Planned Tasks/Deliverables	Person(s) Responsible	Estimated Completion Date
1.			
2.			
3.			
4.			
5.			

4.0 Issues Log

Identify and list the issues that apply to this project.

No.	Description of Issue	Date Raised	Impact of Issue	Action to be Taken	Assigned To	Target Completion Date	Status
1.							
2.							
3.							
4.							
5.							
Describe impact on Project							

Key: Impact of Issue			
C	Cost	Q	Quality
T	Time	Fn	Functionality

5.0 Risks Log

Identify and list the risks that apply to this project and/or provide a link to the Risks Log.

No.	Description of Risk	Date Identified	Likelihood %	Severity	Action to be Taken	Assigned to	Status
1.							
2.							
3.							
4.							
5.							
Describe impact on Project							

6.0 Financial Summary					
Initial Terms Agreed Amount €	Change Control Additions €	Invoice Raised Amount €	Date Raised	Total of Invoices To Date €	Amount Outstanding €

7.0 Documentation				
Documents Requiring Sign-off (Internal/External)	Date Submitted	Signed Off By:	Date of Sign-Off	Written/Verbal
PID				
Requirements Specification				
Design Documentation				
Technical Specification				
Change Request Report				
UAT Report				
User Manuals				
Technical Manuals				
Project Closure Form				
Project Review Form				