

Agency _____	Date _____
Project Title _____	
Federal Aid Project Number _____	Contract Number _____
Reviewers _____	
Prime Contractor _____	
<b>Table of Organization and CA Agreement Review (Approving Authority)</b>	
Design Approval _____	
PS&E Approval _____	
Contract Award _____	
Contract Administration _____	
<b>Preliminary Engineering</b>	
Design approved by _____ PS&E approved by _____	
Commitment File	<input type="checkbox"/> Yes <input type="checkbox"/> No
NEPA approval	Date _____
Were wage rates included in the contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a Value Engineering Study completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Interest Findings (PIF)	
Patented/Proprietary items <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Mandatory use of borrow or disposal site <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Agency supplied material <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Agency supplied equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Local Agency Force work <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Two-week advertisement <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Tied bids <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
<b>Right of Way</b>	
25 Right of Way acquired <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Right of Way certification	Date _____
<b>Consultant Agreements</b>	
31 Agreement renewed prior to expiration date <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee type _____	
Advertisements on file <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did advertisement include Title VI language <input type="checkbox"/> Yes <input type="checkbox"/> No	
Selection process on file <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Consultant Agreements

Agency	Date
Project Title	
Federal Aid Project Number	
Consultant	

<b>Agreements</b>	<b>Execution</b>	<b>Comp. Date</b>
Original Agreement		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		
Supplement #		

**Advertising and Award**

- 46.21 FHWA construction authorization Date \_\_\_\_\_
- 46.24 Advertising Dates \_\_\_\_\_ to \_\_\_\_\_
- 46.24 Three week advertising period  Yes  No
- 46.25 Affidavits of publication in file  Yes  No
- Did publication include Title VI language  Yes  No
- 46.25 Bid opening Date \_\_\_\_\_
- Were bid analysis conducted prior to award on unbalanced Bid Items  Yes  No
- If yes, is justification on file  Yes  No
- 46.27 Award \$ \_\_\_\_\_ Date \_\_\_\_\_
- 46.26 Award to lowest bidder  Yes  No
- If not, explain: \_\_\_\_\_

**26 DBE Compliance and SBE Compliance**

- 26.2 DBE goal set % \_\_\_\_\_  Yes  No
- 26.2 DBE condition of award amount \$ \_\_\_\_\_
- 26.2 Is there concurrence to award from WSDOT/FHWA prior to a ward (projects containing DBE goal and full oversight projects only)  Yes  No
- 52.5 Did change orders affect DBE's  Yes  No
- If so, explain: \_\_\_\_\_
- 26.2 DBE goal changes approved by WSDOT LP  Yes  No
- 26.2 Were quarterly report of amounts credited as DBE participation sent to region local programs engineer  Yes  No
- Complaints regarding DBE's or from DBE  Yes  No
- If yes, were the complaints submitted to WSDOT  Yes  No
- Were complaints received from subcontractors for prime's failure to pay promptly or return retainage  Yes  No
- Did Prime Contractor submit a Small Business Enterprise Plan  Yes  No  N/A

**Training**

- Training goal set: Hours \_\_\_\_\_  Yes  No
- Training plan approved by agency  Yes  No
- Non-union training plan approved by FHWA  Yes  No
- Training goal met: Hours \_\_\_\_\_  Yes  No
- Comments: \_\_\_\_\_
- Were trainee interviews conducted  Yes  No
- Comments: \_\_\_\_\_
- Training start date \_\_\_\_\_ Training end date \_\_\_\_\_
- Were good faith efforts provided when minority/female were not submitted  Yes  No
- If yes, is there documentation in the file  Yes  No

**Contract Administration**

52.101 First working day \_\_\_\_\_ Number of working days \_\_\_\_\_

Number of working days complete \_\_\_\_\_

Were liquidated damages assessed  Yes  No

Preconstruction conference minutes review  Yes  No

Preconstruction Meeting held  Yes  No

Preconstruction Meeting minutes/documentation  Yes  No

Do the minutes reflect discussion regarding DBE & EEO requirements  Yes  No

Were there changes

Scope  Yes  No

Project Limits  Yes  No

Cost  Yes  No

If yes, is the NEPA still valid  Yes  No

If yes, is the design still in compliance with ADA requirements  Yes  No

52.51 Were any claims settled by administrative settlement  Yes  No

If yes, were claims submitted to local programs engineer  Yes  No

Comments \_\_\_\_\_

52.1 Project diaries and inspector's daily reports signed and reviewed  Yes  No

44.22e TCP in contract  Yes  No

Adopted by contractor  Yes  No

44.22e Detour included in contract  Yes  No

44.22e If yes, agreements included in contract  Yes  No

27.32 PR-1391 on file and PR1392 sent to region local programs  Yes  No

Comments \_\_\_\_\_

**Contract Completion**

52.83 End of project materials certification from project engineer to approving authority Date \_\_\_\_\_

# Local Agency Project Prime & Subcontractor Information

Agency Name	Federal ID Number	Contact	Date
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Project Title \_\_\_\_\_

	Name	Amount	Date of Request to Sublet 421-012	DBE	Fed. Aid Certification 420-004	Statement of Intent to Pay Prev. Wages F700-029-000	Wage Rate Interview 424-003	DBE Review 272-051	Affidavit of Wages Paid F700-007-000	Payroll
Prime										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Total Amount Sublet \$ _____	% of Contract Sublet = (Maximum 70%) _____
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Payroll: Certified by the contractor  Yes  No      Checked and initialed by the agency  Yes  No

How often were payrolls reviewed \_\_\_\_\_

Notes



# Electrical

Agency		Date
Project Title		Federal Aid Project Number
Reviewed By		
Bid Item	Material	
CMO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Quantity _____
Lump Sum Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Quantity _____
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified
Comments		
Acceptable <input type="checkbox"/> Deficiency as Needed <input type="checkbox"/>		

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan Quantity	_____
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Quantity	_____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	RAM#	_____
Certificate of Material Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Codes	_____
Qualified Products List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Shop Drawing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Mfg. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Test Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Approved for Shipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Lading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Fabrication Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Approved Source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Sign Acceptance Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Comments			
Acceptable	<input type="checkbox"/>	Deficiency as Needed	<input type="checkbox"/>



# Aggregate Item

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Small Quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan Quantity	_____
Certified Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Paid Quantity	_____
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	RAM#	_____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Codes	_____
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved Source-Pit #	_____
Scale Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Maximum Density Curve	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Scaleman's Daily Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Preliminary Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Acceptance Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Compaction Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Is this project on a NHS Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, is the tester certification on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments			
Acceptable	<input type="checkbox"/>	Deficiency as Needed	<input type="checkbox"/>

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan Quantity	_____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Paid Quantity	_____
Scale Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	RAM#	_____
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Codes	_____
Scaleman's Daily Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved Source-Pit #/Agg	_____
Prelim. Sample-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Acceptance Test-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Verified Mix Design Number	_____		
Qualified Products List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Compaction Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Landing-Emulsified Asphalt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Landing-Asphalt Binder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Certified Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Small Quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Is this project on a NHS Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, is the tester certification on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments			
Acceptable	<input type="checkbox"/>	Deficiency as Needed	<input type="checkbox"/>

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Lag Exception Noted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Plan Quantity _____
ROM Maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid Quantity _____
Conc. Pipe Acc. Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Small Quantity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	RAM# _____
Certified Ticket	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Codes _____
WSDOT Inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Acceptance Test-Agg.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mix Design # _____
Prelim. Sample-Agg.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cylinder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Plant Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mill Test Report-Bulk PC _____
Qualified Products List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cert. of Material Origin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Visual Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved Source-Pit #/Agg. _____
Field Note Record Date	Quantity on Field Note Record		Field Note Record Verified
Is this project on a NHS Rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the tester certification on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments			
Acceptable <input type="checkbox"/>		Deficiency as Needed <input type="checkbox"/>	

# Mobilization

Agency _____	Date _____
Project Title _____	Federal Aid Project Number _____

**Standard Specification 1-09.7**

Contract Bid Amount _____	Mobilization Bid Amount _____
5% of Contract Bid Amount _____	50% of Mobilization Bid Amount _____
10% of Contract Bid Amount _____	

Mobilization Paid on Estimate No. _____	Mobilization Paid That Estimate _____
Contract Items Paid That Estimate _____	
Contract Items Paid To Date _____	

Mobilization Paid on Estimate No. _____	Mobilization Paid That Estimate _____
Contract Items Paid That Estimate _____	
Contract Items Paid To Date _____	

Mobilization Paid on Estimate No. _____	Mobilization Paid That Estimate _____
Contract Items Paid That Estimate _____	
Contract Items Paid To Date _____	

Mobilization Paid After Substantial Completion \_\_\_\_\_

**Notes:**

1. When 5 percent of the total original contract amount is earned from other contract items, excluding amounts paid for materials on hand, 50 percent of the amount bid for mobilization, or 5 percent of the total original contract amount, whichever is the least, will be paid.
2. When 10 percent of the total original contract amount is earned from other contract items, excluding amounts paid for materials on hand, 100 percent of the amount bid for mobilization, or 10 percent of the total original contract amount, whichever is the least, will be paid.
3. When the substantial completion date has been established for the project, payment of any amount bid for mobilization in excess of 10 percent of the total original contract amount.

Acceptable                       Corrections Needed

