

CDOT Construction Manual

APPENDIX B EXAMPLE LETTERS, NOTICES, AND FORMS

March 2014

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APPENDIX B

EXAMPLE LETTERS, NOTICES, AND FORMS

Appendix B presents examples of the most common letters, notices, and forms (i.e., CDOT Forms, FHWA Forms) Project Engineers and Project Inspectors will be involved with on a day-to-day basis. The Contractor may be responsible for submitting some items. The completion of other items will be the responsibility of either the Project Inspector or the Project Engineer. Regardless, the Project Engineer is responsible for ensuring the items are properly reviewed and distributed.

Completion instructions are provided for each form example presented in Appendix B. See Appendix C for guidance on preparing change orders (i.e., Form 90 and Form 94).

Most of the forms are self-explanatory. Computer generated forms will be accepted if they contain the exact verbiage and statute references.

CDOT Forms are available at Forms Management on the Intranet Web Site, and FHWA Forms are available at <http://www.fhwa.dot.gov/programadmin/contracts/index.htm>. Consultants may obtain forms from their CDOT contact.

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STATE OF COLORADO

DEPARTMENT OF TRANSPORTATION

Loveland Residency
2207 East Highway 402
Loveland, CO 80537
Phone: 303-750-7436



May 26, 2013

Acme Industries
Attn: Mr. Superintendent
1707 Copper Road
Golden, CO 80401

Project # ES4 0253-206
I-25 Rubblization N of SH 34
Project Code 17167

Subject: Final Acceptance

Gentlemen,

The Colorado Department of Transportation has accepted your Project ES4 0253-206, I-25 Rubblization North of State Highway 34, as of May 26, 2013. A final inspection has been made and the work found acceptable to the Department of Transportation as of the close of business on May 25, 2013. A total 426.5 days of a planned 460 calendar days of Time Count were used.

Please remove any remaining signs, materials or equipment from the project. Please submit the following items as soon as possible to expedite final payment and release of any retainage.

Acme Industries:

- Form 17, Certificate listing all MBE's that engaged in this contract and report the full dollar amount paid to each.
- Buy America certification compliance letter for steel pipe used in storm drain.
- FHWA Form 47.
- COC for emulsified asphalt quantities from 3/10/2013 through completion of the project.
- Response on concrete price adjustment for tensioned cable barrier, see Form 105 dated January 26, 2013.
- Truck tare sheet for ABC (Cl. 6) (Special) for 5-20-13.
- Certified Invoice for purchase of Pavement Sensors, once these have been delivered as per Form 105 of 5/5/11.
- Payrolls for weeks ending 5-15-13, 5-22-13, and 5-29-13. On the final week's payroll, please indicate "**Final Payroll**".

Ready-to-Roll Traffic Control:

- Payrolls for weeks ending 5-15-13, 5-22-13, and 5-29-13.

Heavy Duty Construction Company:

- COC's for 7-foot wooden guardrail posts.
- Payrolls for weeks ending 5-15-13 and 5-22-13.

Highway Safety Services, Inc.:

- Payrolls for weeks ending 5-15-13 and 5-22-13.

AAA Land Surveyors:

- Final survey billing and the field books, stamped.

Semi-final estimate quantities are attached. You have two weeks to review these documents, after which time all quantities will be final. Please contact Adam Brown at 303-123-4567 if you have any questions concerning the final estimate.

Acme Industries can be proud of this major effort toward meeting the transportation needs of Northern Colorado. Thank you very much for your effort and cooperation.

Sincerely,

John Smith,
Project Engineer

cc: Region 4 Finals Engr.	Region 4 Program Engr.	Loveland Resident Engr.
Contracts & Market Analysis	Projects and Grants	Region 4 Traffic
Materials & Geotech Br.	Region 4 Materials Engr.	Region 4 Business Office
Region 4 Area Engr. Proj. File	R-4 Maintenance Supt.	Region 4 EEO

Buy America Certification Sample

The specification requires the Contractor to certify that he has obtained all the correct certifications from the manufacturers and suppliers. These Buy America certifications are to be received and approved by CDOT before the materials are incorporated into the project. Once the Contractor receives the Buy America certification from manufacturers and suppliers, the Contractor provides CDOT with a Buy America certification such as the example below. CDOT does not accept blanket Buy America letters covering all materials.



Kryptonite Construction Inc.

**13369 W. Rocky Rd. Smallville, Colorado 91130
Phone 999-123-4567**

Attn: Project Engineer

Date: July 10, 2014

Re: CDOT Contract ID: 53124

Re: CDOT Project No. CC 00-0000-00

Subject: Buy America Certification

Kryptonite Construction hereby certifies that the materials and quantities represented below, to be incorporated into the project, meet the contract Buy America requirements. We also certify that the Buy America paperwork and certifications required by Section 106.11 are on file at the project.

- 1.) 550 LF of 24" culvert pipe for bid item 603-01180

Respectfully,

Clark Kent
Construction Manager
Kryptonite Construction Inc.

EXAMPLE
(Per requirements of Subsection 106.11)
(Original Signatures Required,
No Facsimiles Accepted)

Note 1: The Buy America Certification is to always be received by the Project Engineer prior to the steel or iron being incorporated into the project.

Note 2: The delivery date and/or the incorporation date may be included in the letter.

Summary of Buy America Quantities

This is a suggested format for the reconciliation of the Buy America Certification quantities with Installed Quantities. The Contractor shall submit this summary on a monthly basis to the Project Engineer for material incorporated during the previous month. The Project Engineer will verify the information in the Summary and all Buy America certifications provided by the Contractor. Before approving a progress payment, the Resident Engineer will verify that the quantities in the Contractor's summary document match the quantities in the progress payment.



Kryptonite Construction Inc.

Summary of Buy America Certifications Received for Installed Steel / Iron Products

CDOT Project No.: CC000-000-00
 CDOT Contract ID: 53124
 Summary for the Period Ending: October 2014

Item	Item Description	Quantity Delivered to Project	Unit	Delivered Cost*	Delivery Date	Installed Quantity	Unit	Installation Month	BUY AMERICA CERTIFICATION Date	BUY AMERICA CERTIFICATION Quantity
603-01180	24" culvert pipe	550	LF		11-Jul-14	300	LF	Aug-14	10-Jul-14	550 LF
						250	LF	Oct-14	10-Jul-14	550 LF
Total	603-01180 24" culvert pipe	550	LF			550	LF			

Prepared by: _____ Title: _____ Date: _____

* If there is any foreign steel or iron permanently incorporated into the project the Contractor shall provide documentation of the project delivered cost of that foreign steel or iron.

EXAMPLE

Suggested format for the reconciliation of the Buy America Certification quantities with Installed Quantities. The Contractor shall submit this summary to the Project Engineer.

Subsection of the Field Material Manual 4.1.G:

"The Contractor shall maintain a document summarizing the date and quantity of the material utilizing CDOT Item Number(s) and Item Description(s) delivered to the project, along with the quantity of material installed during the month."

Example of Exceptions

The specification requires the Contractor to document the project delivered costs of any foreign steel or iron permanently incorporated into the project. This is an example of the requirement.



Kryptonite Construction Inc.

**13369 W. Rocky Rd. Smallville, Colorado 91130
Phone 999-123-4567**

Attn: Project Engineer

Date: November 28, 2014

Re: CDOT Contract ID: 53124

Re: CDOT Project No. CC 00-0000-00

Subject: Buy America Certification

Kryptonite Construction Inc. hereby certifies that throughout the entirety of the above referenced project there was one acquisition of steel / iron from a non-American source. The Minor Exemption documentation is on file at the project's Contractor's trailer as required by Section 106.11 of the contract.

 No Exception

 X Minor Exceptions: Value less than 1/10 of 1% of the total contract cost or \$ 2,500.00 whichever is greater. Documentation is in our Project Files.

1.) 16 panels of ADA Truncated Domes which were imported from China were incorporated into the project. The total contract cost to date of imported steel or iron is \$1,831.66.

Respectfully,

Clark Kent
Construction Manager
Kryptonite Construction Inc.

EXAMPLE
(Per requirements of Subsection 106.11)
(Original Signatures Required, No Facsimiles Accepted)

To Whom It May Concern:

Re: Stockpiled Material Letter of Vested Interest

It is hereby understood that the Colorado Department of Transportation fully intends to reimburse

_____ (Contractor-Purchaser)

for materials owned by said Contractor-Purchaser and intended for incorporation into Colorado Department of Transportation Project No. _____.

Said materials, as described below, are now stored on property owned

by _____ and leased by _____ (if applicable).

Said storage property is located as follows:

_____ (Address and/or Description of Property)

Said stored materials are described as follows:

(Detailed Description of Materials)

It is hereby recognized that once reimbursement has been accomplished, the Colorado Department of Transportation will have a vested interest in the materials. Access to and possession of the materials will be granted to the Colorado Department of Transportation upon demand and providing that acceptable proof is offered substantiating that reimbursement to the named Contractor-Purchaser was, in fact, accomplished.

Owner _____ Phone Number _____ Lessee (if applicable) _____ Phone Number _____

Owner _____ Phone Number _____ Lessee (if applicable) _____ Phone Number _____

Attachments: (When existing)
Warehouse Receipt of Contract for Storage

This letter is a legal document, must be an original, and must clearly identify the materials either in the body or by specifically identifiable attachments.

PROMPT PAYMENT

Notice to all subcontractors and suppliers

The Colorado Department of Transportation (CDOT) is committed to the principle that all members of the construction team are entitled to prompt payment for work properly performed. It is CDOT's intention to work in partnership with all Contractors, Subcontractors, and Suppliers to improve the prompt payment of all parties involved in CDOT contracts.

This notice is provided to explain to all parties how CDOT makes payments for work in progress.

PARTIAL PAYMENTS

Monthly Partial Payments. The Prime Contractor will be paid based on estimates prepared by the Engineer. The Prime Contractor establishes the estimate cut-off date at the Preconstruction Conference. This date is used for estimating the partial payment of work performed through that date. CDOT does not require the Prime Contractor to bill for normal contract work other than force account or stockpiled materials.

Delayed Partial Payments. The Engineer shall notify the Prime Contractor, in writing, of the reason for any delay to a partial payment. All Prime Contractor requests to delay a partial payment to permit inclusion of a specific amount of work shall be made in writing. The Prime Contractor shall notify each Subcontractor who has performed work during the payment period of the reason for the delay.

Copies of Partial Payment Estimates. The Project Engineer will provide the Prime Contractor with a copy of all monthly partial payment estimates. The Prime Contractor should provide a copy of the monthly estimate to each Subcontractor that has performed work during the period covered by the estimate. If the Contractor requires the Subcontractor to bill for their work the Subcontractors may need the quantities of work paid by CDOT to prepare their billing. The Subcontractors should get a copy of the monthly estimate from the Prime Contractor. CDOT will assist Subcontractors in obtaining a copy of the monthly estimate. Copies of the monthly estimate may be found at the following website:

<http://www.coloradodot.info/business/payestimates>

Electronic Funds Transfer (EFT). The Prime Contractor can authorize CDOT to electronically transfer funds. Forms are available from Accounts Payable by calling 303-757-9569 or 303-757-9996. Funds are normally available in 4 to 5 days after the Resident Engineer authorizes the estimate. Funds are immediately available after the deposit is made via EFT. With EFT, the Contractor avoids waiting on the mail and does not have to deposit the warrant.

3/23/10

PROMPT PAYMENT LAW

Standard Specification section 109.06(a) requires all Contractors to comply with the existing Prompt Payment Law (CRS 24-91-103(2)). This law requires the Contractor to pay all Subcontractors within seven days providing the Subcontractor complies with the Prompt Payment law. Failure by the Contractor to comply with the prompt payment law may be reason to debar the Contractor.

The citation for Colorado's Prompt Payment Act is 24-91-103(2), C.R.S. (1991), relating to public works. Following is an exact quote:

(2) Whenever a contractor receives payment pursuant to this section, the contractor shall make payments to each of his subcontractors of any amounts actually received which were included in the contractor's request for payment to the public entity for such subcontracts. The contractor shall make such payments within seven calendar days of receipt of payment from the public entity in the same manner as the public entity is required to pay the contractor under this section if the subcontractor is satisfactorily performing under his contract with the contractor. The subcontractor shall pay all suppliers, sub-subcontractors, laborers, and any other persons who provide goods, materials, labor, or equipment to the subcontractor any amounts actually received which were included in the subcontractor's request for payment to the contractor for such persons, in the same manner set forth in this subsection (2) regarding payments by the contractor to the subcontractor. If the subcontractor fails to make such payments in the required manner, the subcontractor shall pay said suppliers, sub-subcontractors, and laborers interest in the same manner set forth in this subsection (2) regarding payments by the contractor to the subcontractor. At the time the subcontractor submits a request for payment to the contractor, the subcontractor shall also submit to the contractor a list of the subcontractor's suppliers, sub-subcontractors, and laborers. The contractor shall be relieved of the requirements of this subsection (2) regarding payment in seven days and interest payment until the subcontractor submits such list. If the contractor fails to make timely payments to the subcontractor as required by this section, the contractor shall pay the subcontractor interest as specified by contract or at the rate of fifteen percent per annum whichever is higher, on the amount of the payment which was not made in a timely manner. The interest shall accrue for the period from the required payment date to the date on which payment is made. Nothing in this subsection (2) shall be construed to affect the retention provisions of any contract.

Form 7 – Weekly Report on Miscellaneous Pay Items Completion Instructions

Use Form 7 to document daily quantities for miscellaneous pay items such as dozing, blading, roller, wetting, flagging, traffic control supervision, pilot car, and trainee. See Section 120 and Section 121.2.1 of this *Manual* for additional information. Complete Form 7 as follows:

1. Project No., Project Code (SA#), and Location. Fill in as appropriate.
2. Week Ending. Enter month, day, and year of the last day represented by the Form 7 being completed.
3. Calendar Day. Enter the month and day for each day of the week represented by the Form 7 being completed.
4. Reference No. and Item No. Enter the appropriate Computer Reference Number and Item Number for the items not listed on Form 7.
5. Description. Enter a description of the added item.
6. Unit. Enter the unit of measurement for the added item.
7. Daily Quantities. Enter the item quantity for each day. The person that is preparing Form 7 will determine the daily quantities. The following additional information may be useful in determining quantities:
 - Traffic Control Supervision Diaries,
 - Form 20 – Daily Water Report, and
 - Project Diaries.
8. Weekly Total. The weekly total is the sum of the daily quantities.
9. Previous Total. Provide the total to date from the previous Form 7.

10. Total to Date. The total to date is the sum of the weekly total (#8) and the previous total (#9).
11. Remarks. Note any unusual or special conditions that may clarify this week's quantities. Additional space is available on the second page of Form 7.
12. Signature and Title. Signature and title of the person completing Form 7.
13. Checked By. Must be signed or initialed and dated by the person who checked the calculations and quantities on Form 7. This check must be performed by an individual other than the person who determined the quantities. This check should be completed in accordance with Section 121 of this *Manual*.
14. Posted By. Must be signed or initialed and dated by the person who transferred the total quantity from Form 7 to Daily Work Report in SiteManager®.
15. Contractor's Representative Signature. The Contractor is not required to sign and date the completed Form 7, but it is a best management practice to get the Contractor to agree to the quantities on a weekly basis.
16. Sequential No. Enter the sequential number of the Form 7. Start with number one and continue sequentially numbering each Form 7 throughout the project.

Form 10 – Inspector’s Report for Force Account Work Completion Instructions

The documentation requirements presented in Section 120 of this *Manual* should be reviewed before using Form 10. Complete Form 10 as follows:

1. Project No., Project Code (SA#), and CMO or F/A No. Enter the project number, project code, and CMO or F/A number.
2. Contractor’s Name, Subcontractor’s Name, and Description of Work. Enter the Contractor and subcontractor names, and provide a description of the work.
3. Date. Enter the dates when the force account work was performed. The dates need not be consecutive.
4. Employee Name, Occupation, and Hours. Enter the employee name, occupation, and number of hours worked. The Project Inspector must check the payrolls against the billing and Form 10 data and then sign and date the Form 10.
5. Equipment Code No. and Rate. Equipment code numbers and rental rates shall be as listed on Form 580 – Equipment Rental Rate Determination Request. Completion instructions for Form 580 are included in Appendix B.

The Contractor must submit a certified invoice for rental equipment.

If the rental equipment was used for bid item work as well as force account work, the portion of the rental cost that will be paid for on force account shall be determined by prorating the total number of hours the equipment was operated to the number of hours it was operated on the force account work.

If the rental agreement does not include operating costs, hourly operating costs shall be calculated in accordance with the *Rental Rate Blue Book for Construction Equipment*. The *Blue Book* hourly operating costs will be paid for the actual hours that the equipment was used on the force account work. The hourly operating cost calculation can be shown on the rental invoice.

In accordance with subsection 109.04 of the *Standard Specifications*, an additional 10 percent of the total rental cost, including operating cost, will be added to the Contractor's payment.

6. Material. List all material used for the force account work.
7. Contractor/Subcontractor Initials. The Contractor representative shall initial the Form 10 daily. For subcontract work, the initials of the subcontractor who performed the force account work and the Prime Contractor's initials must be shown.
8. Signature and Title. The Project Inspector of the force account work must sign and date the Form 10.

Other items that require review include:

- a. Use of correct wage rates and fringe benefits per payrolls.
 - i. If a State-funded project, the Contractor will need to furnish a copy of the payroll for rate verification.
 - ii. If a specialty firm, a certified invoice that may include wages, etc., is required.
- b. 67 percent loading applied to wage rates including fringe benefits when paid directly to the employee.
- c. Check the mathematics. Minor errors can be corrected. Copy the Contractor on corrected billings.
- d. Materials invoices must be certified in accordance with Section 120 of this Manual.
- e. The Contractor's force account billings must be reviewed and approved by the Project Engineer prior to authorizing payments and submittal to the Region for final checking. Sample billings follow the Form 10 example.

COLORADO DEPARTMENT OF TRANSPORTATION INSPECTOR'S REPORT FOR FORCE ACCOUNT WORK	Project No.: NH 1111-111 <hr/> Project Code (SA#): ① 99999 <hr/> CMO or F/A No.: CMO #2
--	--

Contractor's Name: Jones Excavating, Inc.
Subcontractor's Name: Smith Construction Company ②
Description of Work: Repair Bridge Approach

LABOR ④ Employee Name	Occupation ③	Date:												Total Hours	
		10/21/13		10/23/13		10/24/13		10/25/13		/ /					
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT		
David Sands	Operator	4				4	2							8	2
Jim Strong	Laborer	3		2	1			3	1					8	2
John Palmer	Laborer	2		3	1			3	1					8	2
Sam Hill	Truck Driver					4	2							4	2

The hours shown here were checked against the certified payrolls. Checked By: *Alex Dubois* Date: 11/04/13

EQUIPMENT Code No. ⑤	Shift		Rate ⑤	Hours												Total Hours	
	1 st	SB		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT				
Demo Saw (Small tool)	x		2.00			2		2								4	
Tandem 02184	x		38.80			4						6				10	
Backhoe 04294	x		73.25									6				6	
Carbon Steel Saw Blade - used 50%			Invoice														

MATERIAL Type ⑥	Unit	Number of Units												Total Units	
Note: A Certified Invoice for Materials is required as part of billing.															
HMA	Ton													42	42

Contractor/Subcontractor Initials ⑦ *DFIQC DFIQC DFIQC DFIQC* 1

Billing procedures shall conform to applicable project specifications.
 I certify that this is a correct record of employee & equipment hours and material units on the above project as authorized by the above modification order or agreement.
 Signed: *Bill Lindsay* ⑧ Title: *EIT-I*

Distribution: Region Finals Engineer (original) Project File Contractor
 DOT Form 10 07/02
 Previous editions may be used until supplies exhausted

**BILLING EXAMPLE
CONTRACTOR BILL TO CDOT**

CONTRACTOR LETTERHEAD

To: Colorado Department of Transportation Re: NH1111-111/ 99999
 4201 East Arkansas Avenue CMO #2
 Denver, CO 80222 Repair Bridge Approach

Attn: Alex White
 Project Engineer

Billing for force account work performed on 10/21/13 through 10/25/13:

Labor:

Foreman 12 hrs @ 480.00/wk	\$144.00
Operator 14 hrs @ 14.10	197.40
Truck driver 4 hrs @ 13.36	53.44
Labor 10 hrs @ 10.50	<u>105.00</u>
Total Labor	\$499.84

Equipment:

Hyd. Tamper rental @invoice	\$112.90
Plus Rental Rate Overhead (10% of 112.90)	11.29
Tandem 04429 4 hrs @ 34.65	138.60
04850 2 hrs @ 5.95	11.90
04862 3 hrs @ 8.45	<u>25.35</u>
Total Equipment	\$300.04

Fringe Benefits:

Operator 14 hrs @ 3.2	\$44.80
Truck driver 4 hrs @ 2.64	10.56
Labor 10 hrs @ 2.59	<u>25.90</u>
Total Fringe Benefits	\$81.26

Summary (Total this billing)

Labor	\$499.84
+67% Labor	334.89
Equipment	300.04
Fringe Benefits	81.26
+67% Fringe Benefits	54.44
Billings from Subcontractor	3,540.97
Admin. Loading per 109.04(e)	<u>227.05</u>
TOTAL BILLING	\$5,038.49

Attachments:

Billing and invoice from Subcontractor
 Certified invoices (materials and equipment rentals)

**Form 17 – Contractor DBE Payment Certification
Completion Instructions**

Form 17 is required even when no Disadvantaged Business Enterprises are used.
Complete Form 17 as follows:

1. Project No. and Project Code (SA#). Fill in as appropriate.
2. Amount. Amount paid to the tier 1 Disadvantaged Business Enterprise firm by the Prime Contractor.
3. Amount. Amount paid to the tier 2 Disadvantaged Business Enterprise firm by the tier 1 subcontractor.
4. Amount. Amount paid to the Disadvantaged Business Enterprise supplier subcontractor.
5. Tier. This is the tier number of the Disadvantaged Business Enterprise subcontractor.
6. Tier. A tier number is not required for supplier subcontractors.
7. Section II. Section II must be completed if the amount paid was 10% or greater less than the amount shown on Form 715.
8. Signature. Add the Prime Contractor's Name, sign and date the form.

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACTOR DBE PAYMENT CERTIFICATION	Project No.: I 25-5 (100) 1
	Project Code (SA#): 11111

Section I.
 Prime Contractor:
 • List the DBE firms and the amount you have paid or will pay for work performed and materials used on this project
 • Return both copies to the Project Engineer.
 • Retain supporting documentation for a minimum of seven years from the project acceptance date.
 • The contractor is required to provide written explanation(s) for final pay amounts that are less than the amount committed on CDOT Form 715 when the difference is 10% or greater. Use space below in **Section II.**

DBE FIRM NAME	AMOUNT	TIER
Colorado Construction Company	2 45,898.42	5 1
Jones Construction Inc.	3 20,100.22	5 2
B & B Supply Company	4 10,425.50	6 NA

Section II.
 Explain why your company paid less to the project's DBE(s) subcontractors than was shown on CDOT Form 715:

7

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made in this document are true and complete to the best of my knowledge.

Prime Contractor's Name: Brown Construction Company 8	Date: 10/21/13
Authorized Representative's Signature and Title: <i>John Smith, owner</i>	

Distribution: Contracts and Market Analysis Branch (original) CDOT Form 17 05/06
 Project Engineer
 Region EEO Manager
 Previous editions may be used until supplies are exhausted

Form 46 – Concrete Truck Mixer Inspection Certification Completion Instructions

Form 46 is used to document inspection and certification of the concrete supplier's truck mixers for compliance with subsection 601.07(c) of the *Standard Specifications*. Form 46 should be completed by the concrete supplier and returned to the Project Engineer prior to delivery of concrete to the project site. Each mixer hauling to the project site is required to be inspected. Complete Form 46 as follows:

1. Project No., Date, Project Code (SA#), Project Location, and Concrete Company. Enter the project number, date, project code, project location, and concrete supplier's name in the appropriate cells of Form 46.
2. Unit Number. Enter the unit number of each mixer truck delivering to the project.
3. Inspection Requirements. Each unit hauling to the project must be inspected for the requirements listed on Form 46.
4. Inspected By. The employee of the concrete supply company that performed the inspection must initial Form 46 in these cells.
5. Concrete Company Principal Executive Signature. The principle executive of the concrete supply company signs this cell to certify the inspection of the listed concrete truck mixers.
6. Batch Plant. The Project Inspector enters the batch plant certifier's name, date of certification, and date of meter certification and then signs the form.

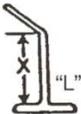
COLORADO DEPARTMENT OF TRANSPORTATION CONCRETE TRUCK MIXER INSPECTION CERTIFICATION		Project code (SA#)		Date	
		Project No. ①			
		Proj. location			
		Concrete company			

Unit number	②						
Rated mixing capacity (1)	③						
Blade wear (2)							
Free of Hardened concrete (3)							
Revolution counter							
Water gauges							
Meets operating speed requirements							
Date inspected							
INSPECTED BY (company employee)	④						

(1) Rated mixing capacity cannot exceed 63% of gross volume of drum

(2) Blade wear cannot exceed more than 25 mm (one inch) of the original height. For typical blade configurations see "x" dimensions below.

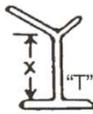
Mixer blade types:



"L"



"Straight"



"T"

(3) The drum cannot have an appreciable accumulation of hardened concrete inside.

I certify the truck mixers listed above were inspected and met the requirements for conformance with the AASHTO M157 specifications.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Concrete company's principal executive, signature and title

⑤

Completed and checked by CDOT personnel

Batch plant scale certification (Certifiers name and date)	Batch plant water meter certification date
⑥	
Signed	Title
Remarks:	

Distribution:

original - Region laboratory

1st copy - Resident/Project Engineer

2nd copy - Concrete company

CDOT Form #46 3/04

Form 103 – Project Diary Completion Instructions

Form 103 may be used to log the project diary. A project diary contains general information that the Project Engineer deems to be relevant to the project. Complete Form 103 as follows:

1. Project No. and Date. Fill in as appropriate.
2. Time, Employee, and Weather Information. Enter the total days charged to date, elapsed days, hours worked, approximate number of employees, supervisory personnel, time lost and reason, weather condition, and temperature range.
3. Diary Entry. The following are suggested topics that the diary entry should address:
 - a. changes in weather conditions during working hours;
 - b. type of work performed;
 - c. location where work was performed;
 - d. materials delivered to the project;
 - e. equipment deliveries, breakdowns, and equipment stored on the project;
 - f. access to site or work area;
 - g. traffic incidents, detour shifts, etc.;
 - h. visitors to the project site;
 - i. conversations with and directives to the Contractor;
 - j. potential or developing problems; and
 - k. any other topic deemed important by the Project Engineer.

Additional space is provided on the second page of Form 103.

4. Signing and Barricading and Traveled Roadway Condition. Fill in as appropriate.
5. Signature and Title. Form 103 is signed and dated in these cells.

COLORADO DEPARTMENT OF TRANSPORTATION PROJECT DIARY		Project No.: Sample	①
		Date: 7/XX/20XX	
Total Days Charged to Date: 37	Elapsed Days: 48	Hours Worked: 10	
Approximate Number of Employees: 14	Weather: Partly Cloudy	Temperature Range: 70° - 84° F	
Time Lost and Reason: ②		Supt.:	

Began clearing and grubbing removal at Station 125+50 right to 127+40 right. Three laborers with tandem and skid loader for clean up.

Traffic signal poles and mast arms delivered and stockpiled. Certificates of Compliance to be sent later. Minor paint touch up needed on two mast arms. Supt. will do.

Detector loops on northbound approach installed as per plan. All traffic control for this operation in accordance with approved Method of Handling Traffic "E." ABC, Inc. doing work as subcontractor.

Tech I Inspector and Temporary Ticket Taker on project. Tester at Region Laboratory for today.

PSCO contacted at 1:15 PM – will be on site tomorrow morning to connect power service link and install meter.

Traffic control subcontractor made night inspection. See Traffic Control Supervisor Diary for this date.

③

Signing and Barricading: Traffic Control Plan in place in accordance with Method of Handling Traffic "B2."	④
Traveled Roadway Condition: Class 6 detour for ramp to eastbound State Highway 2.	

Signed: <i>Joe Walsh</i>	⑤	Title: <i>Project Engineer</i>
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Form 105 – Speed Memo Completion Instructions

Form 105 may be used for intradepartmental correspondence or to provide timely or immediate written communication between the Project Engineer and the Contractor. The following instructions apply when the form is used for communicating with the Contractor (i.e., construction distribution):

1. Project No., Project Code (SA#), and Location. Enter the appropriate project number, project code, and location.
2. Contractor Information and Date. Enter the name of the Contractor's designated Superintendent, the Contractor's name, and the date.
3. Subject and Message. Form 105 may be used for any of the following purposes:
 - a. issue direction to the Contractor;
 - b. accept, approve, or reject submittals;
 - c. document an agreed unit price, method of measurement, or basis of payment for extra work;
 - d. accept or reject specific work items;
 - e. delete bid items;
 - f. document verbal agreements; and
 - g. document Region preapproval for change orders.

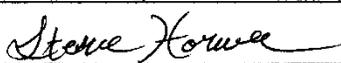
See Section 120 of this *Manual* to determine when a change order is required.

4. CDOT Personnel Signature and Title. The Project Engineer, or assigned designee, should sign Form 105 at this location.
5. Contractor Personnel Signature and Title. The Contractor's Superintendent should sign and date the Form 105 to document receipt. If the Contractor's Superintendent refuses to sign the Form 105, the Project Engineer should write the following information on the bottom half of the form and give the Superintendent a copy:
 - a. "Contractor's Superintendent refused to sign," and

- b. date and time.
6. Reply. The lower half of Form 105 allows for a reply by the Contractor's Superintendent.
 7. Contractor Personnel Signature and Title. The Contractor's Superintendent or other individual replying to the memo should sign and date the Form 105.
 8. Distribution. When communicating with the Contractor, retain the original Form 105 with the Contractor's signature in the project file.

**Form 200 – OJT Training Questionnaire
Completion Instructions**

Form 200 is used to monitor the Contractor's compliance with the Training Special Provision by interviewing the trainee. It is normally completed by project personnel or by the Region Civil Rights Office. Upon completion, it is forwarded to the Civil Rights and Business Resource Center and placed in the labor interview file.

COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINING QUESTIONNAIRE		Project No.: IR 70-1 (30)	Project Code (SA#): 11111
		Project Location: Idaho Springs	Date: 5/11/80
Contractor's Name: XYZ Construction			
Trainee's Name: Jose Gonzales		Worker Classification: Carpenter	
Trainee's Address: 2355 1 st Ave., Denver CO 80122		Telephone No.: 426-0009	
Trainee's Social Security No.: 527-82-0052	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic	<input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian Am. <input type="checkbox"/> Other
Have you ever received any apprenticeship training under any type of program before beginning this program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, where?			
When did you enter the current program? Month: May Year: 1980			
In what type of training program are you enrolled? <input type="checkbox"/> Colorado Contractor's Association <input checked="" type="checkbox"/> Contractors OJT Program <input type="checkbox"/> Union Apprenticeship Program <input type="checkbox"/> Other:			
How did you learn about the program? <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Community Based Organization <input type="checkbox"/> Union <input type="checkbox"/> Other:			
When you entered your training, did anyone explain the program to you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Reviewed program with Supervisor.			
Did you receive a copy of your training program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Which of the following aspects of the training program were explained to you? <input checked="" type="checkbox"/> Training Hours <input type="checkbox"/> Type of Training <input checked="" type="checkbox"/> Training Wages <input type="checkbox"/> Job Choices <input type="checkbox"/> Entry Wages			
Did you understand the training program discussed with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
What is your current stage of training? <input type="checkbox"/> 25% <input type="checkbox"/> 80% <input checked="" type="checkbox"/> 60% <input type="checkbox"/> 90%			
How many hours of training do you receive each week? On-Job-Site Training: 40 hours/week Classroom Training: 0 hours/week			
Are you keeping a record of your training hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you believe proper training is being given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Does the job superintendent, trainer, or foreman show interest in helping you reach your goal of journeyman? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any problems that may interfere with your training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Have you ever received any type of counseling from the apprenticeship counselor or another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Do you know the name of your trainer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your trainer? Mike Barrett			
Interviewer's Signature: 		Date: 5/11/80	
Trainee's Signature: 		Date: 5/11/80	

Form 205B – Sublet Permit Application Completion Instructions

Sublet Permit Application (CDOT Form 205B) Steps

In accordance with CDOT’s Standard Specifications for Road and Bridge Construction subsection 108.01 and the FHWA 1273 (Required Contract Provision – Federal Aid Construction Projects, Section VI), the Contractor shall not sublet, sell, transfer, assign or dispose of the Contract or Contracts, or any portion thereof without the written permission of the Engineer. This is accomplished by submitting completed CDOT Form 205B – Sublet Permit Application for all subcontracted work. No contract work may begin until the Contractor has received the Engineer’s written permission.

The Contractor’s organization shall perform work amounting to 30 percent or more of the total original contract amount. Subletting of the contract does not relieve the Contractor of any liability as defined by the Contract and Bond.

The Form 205B is an Excel spreadsheet with the calculations hard coded in the spreadsheet. After opening the document, be sure to click on the “Enable editing” box on the top of the spreadsheet.

Header Information

Colorado Department of Transportation		Prime Contractor Name:	Project Number:
SUBLET PERMIT APPLICATION			
Total Original Contract Amount:		Contact Name & Phone #:	Project Code:
Total Percent Sublet to date (in hundredths):	%		

The header information contains project related information. Complete the Total Original Contract Amount cell. This will aid the spreadsheet with the calculations.

The Total Percent Sublet to date (in hundredths) will automatically calculate when the work item detail lines are completed.

Subcontractor Information

Subcontract Information			
Subcontract Name, Address, Phone:	Subcontract #:	Tier:	If Tier, to what subcontract:
	Substitute Contract: (Y/N)		
	Substitute DBE:		
	If Substitute, to what subcontractor:		
Subcontract Information (check all that apply)			
<input type="checkbox"/> DBE <input type="checkbox"/> ESB			

The above section informs CDOT of the status of the subcontractor. CDOT utilizes this section to track information relating to the utilization of the DBE’s listed on the CDOT Form 1415, and possible ESB contractors.

Complete the information for the subcontractor including the name, address and phone.

Sublet Permit Application (CDOT Form 205B) Steps

Location (D/B Only)

For Design Build projects, list location for the item within the limits of the project.

Quantity

Plan quantity, as shown on the proposal.

Subcontractor Unit Price

This shall be completed utilizing the price shown on the agreement between the Contractor and the subcontractor.

\$ Amount

The spreadsheet will calculate the amount sublet based on the quantity and subcontract unit price entered. The spreadsheet is password protected and if any attempt is made to enter any information in this column, the user will get an error message.

Percent's & Totals

	Total amount of above items:	\$	-
	Total from page 2 (if applicable):	\$	-
	Previous amount sublet under the Contract:		
	Total amount sublet:	\$	-
	Percent of contract of the above items:		#DIV/0!

This section will calculate all necessary information. The line for "Previous amount sublet under the contract" will be zero for the first subcontract. All following subcontracts will auto populate based on the total from the previous Form 205B. If more than 15 subcontracts are needed, the Contractor must enter the total amount previously sublet on the first tab of the workbook. By doing this the workbook will continue to calculate the total amount sublet for all future subcontracts.

Sublet Permit Application (CDOT Form 205B) Steps

Certification section and signatures

Prime Representative Signature: _____	Name: _____	Date: _____
Tier #1 Subcontractor Signature: _____	Name: _____	Date: _____
Tier #2 Subcontractor Signature: _____	Name: _____	Date: _____

The Contractor and subcontractor(s) shall sign in the appropriate areas. If this is a tier subcontract the Contractor shall sign along with the both the tier 1 subcontractor and the tier 2 subcontractor.

Subcontract approval

Subcontract Approval - The application is approved subject to the terms of the Prime Contractor's Contract with CDOT. Nothing in this application shall create a contractual relationship between CDOT and the subcontractor. CDOT approval of this application is not an endorsement of the subcontractor and does not relieve the Prime Contractor of any responsibilities under the Contract with CDOT.		
Project Engineer Signature: _____	Name: _____	Date: _____
Region Civil Rights Office: _____	Name: _____	Date: _____

This is for CDOT use only. This does not imply endorsement of the subcontractor. The Engineer and Region Civil Rights Manager will sign. Once the form has been signed by the CDOT representative(s), the subcontractor may begin work on the project.

NOTE: *All signatures emailed, scanned or faxed are to be considered originals and are binding on the parties.*

Sublet Permit Application (CDOT Form 205B) Steps

If this is a Tier 2 subcontractor complete the Form 205B labeled Tier 2 subcontractor (last tab of the workbook). The CDOT Form 205B is completed in the same manner as the tier 1 Form 205B. However, there are some differences:

1. the tier section and the associated first tier information shall be completed
2. the totals for percent of sublet and sublets dollars are shown as N/A (since the dollars were already considered in the first tier Form 205B)

Naming the tabs

Each tab may be named in any convention that the Contractor chooses. The following procedures will allow the user to rename the tabs. First, double click the tab which should highlight the tab with a black highlight. Type the name or whatever convention and hit enter.

Printing instructions

There are multiple ways for printing the Form 205B.

First, you can select Print and only print the current (active) form.

Second, you may select to print the entire workbook.

And third, you may select multiple tabs, and then print the active forms.

For any questions or assistance, please call BethAnn Wieder at 303-757-9541, Erin Evans at 303-757-9287, Jason Kelly at 303-757-271 and/or Tracie Benton at 303-757-9354.

Form 262 – Weekly Time Count Report – Work Days Completion Instructions

Form 262 is used to record project time charges when the Contract specifies a working day basis. Time charges should be made in accordance with the *Project Special Provisions* or subsection 108.08 of the *Standard Specifications*. A Form 103 – Project Diary should substantiate the daily assessment of Contract time. An automated version of Form 262 is available in SiteManager[®]. See Section 120 of this *Manual* for additional information on Contract time and Form 262. One Form 262 will be completed by the Project Engineer and should be signed by the Contractor weekly as follows:

1. Project #. Fill in as appropriate
2. Project Code (SA#). Fill in as appropriate.
3. No. Enter the sequential number. Begin with number one and continue numbering sequentially throughout the project.
4. To. Enter the Contractor name.
5. Date. Enter the date the form was generated.
6. Week Ending. Enter the month and date of the last day of the week the Form 262 represents.
7. Date. Enter the date for each weekday.
8. Day. Enter the Day of the week.
9. Weather, weather conditions or other causes. Describe the weather conditions for each day of the week. Also document any cause that explains why you charged or did not charge time. This is important to document if a dispute about time occurs.
10. Workable days. Mark each day the Contractor could prosecute work.

11. Unworkable Days (weather). Mark each day that adverse weather conditions prevented the Contractor from performing work.
12. Days not chargeable other causes. Mark each day that is not chargeable or the Contractor did not work due to other causes such as weekends, holidays, free time, or time suspension.
13. Days charged this week. Enter totals for the week.
14. Days previously reported. Enter the total days charged to date from the previous week's Form 262.
15. Total days charged to date. Enter the sum of Days charged this week (13.) and Days previously reported (14.).
16. Work days allowed by original contract. Enter the work days allowed by the original Contract.
17. Extra days approved by Change Orders. Enter the additional days added by change orders. Enter as participating if added days have been approved for Federal participation, otherwise enter as nonparticipating.
18. Total revised contract days. Enter the sum of Work days allowed by original contract (16.) and Extra days added by Change Orders (17.).
19. Total days charged to date. Enter the sum of all workable days charged to date.
20. Total days remaining. Enter the difference between Total revised contract days (18.) and Total days charged to date (19.).
21. Elapsed Time. Enter the sum of all days, workable and unworkable, and not chargeable to other causes, since the start of Contract time. This should be equal to calendar days.

22. Remarks. Note any unusual conditions or problems, and provide further explanation of any time charges or non-charges, suspensions, etc.
23. Project Engineer. Project Engineer signs here.
24. Contractor's Comments. The Contractor can enter comments here. The Contractor is to acknowledge receipt by signing and dating the completed Form 262. The Contractor should indicate if the company intends to submit a written request for an extension of time or correction of the time count. The Contractor has 30 days to file the written protest. See subsection 108.08 of the *Standard Specifications*. If the Contractor refuses to sign the completed Form 262, the original copy should be sent immediately by registered mail to the Contractor's permanent address.

Form 263 – Weekly Time Count Report – Calendar Days Completion Instructions

Form 263 is used to record project time charges when the Contract specifies a calendar day basis. Calendar day, as defined in subsection 101.09 of the *Standard Specifications*, is defined as follows: “Each and every day shown on the calendar, beginning and ending at midnight.” All time charges should be made in accordance with the *Project Special Provisions* or subsection 108.08 of the *Standard Specifications*. Form 103 – Project Diary should substantiate the daily assessment of Contract time. An automated version of Form 263 is available in SiteManager[®]. See Section 120 of this *Manual* for additional information on Contract time count and Form 263. One Form 263 will be completed by the Project Engineer and should be signed by the Contractor weekly as follows:

1. Project #. Fill in as appropriate.
2. Project Code (SA#). Fill in as appropriate.
3. No. Enter the sequential number. Begin with number one and continue numbering sequentially throughout the project.
4. To. Enter the name of the Contractor.
5. Date. Enter the date the Form 263 was generated.
6. Week Ending. Enter the month and date of the last day of the week the Form 263 represents.
7. Date. Enter the date for each weekday.
8. Day. Enter the Day of the week.
9. Weather, weather conditions, or other causes. Describe the weather conditions for each day of the week. Also document any cause that explains no time was charged. This is important to document if a dispute about time occurs.

10. Calendar Days. Mark each day that is classified as a calendar day.
11. Worked/Not Worked. Mark each day the Contractor worked with "W" and each day no work was performed with "NW."
12. Days not chargeable other causes. Mark each day not charged.
13. Days charged this week. Enter totals for the week.
14. Days previously reported. Enter the total days charged to date from the previous week's Form 263.
15. Total days charged to date. Enter the sum of Days charged this week (13.) and Days previously reported (14.).
16. Calendar days allowed by original contract. Enter the calendar days allowed by the original Contract.
17. Extra days approved by Change Orders. Enter the additional days added by change orders. Enter as participating if added days have been approved for Federal participation, otherwise enter as nonparticipating.
18. Total revised contract days. Enter the sum of Work days allowed by original Contract (16.) and Extra days added by Change Orders (17.).
19. Total days charged to date. Enter the sum of all workable days charged to date.
20. Total days remaining. Enter the difference between Total revised Contract days (18.) and Total days charged to date (19.).
21. Elapsed Time. Enter the sum of all days, workable and unworkable, and not chargeable to other causes, since the start of Contract time. This should be equal to calendar days.
22. Remarks. Note any unusual conditions or problems, and provide further explanation of any time charges or non-charges, suspensions, etc.

23. Project Engineer. Project Engineer signs here.
24. Contractor's Comments. The Contractor can enter comments here. The Contractor is to acknowledge receipt by signing and dating the completed Form 263. The Contractor should indicate if the company intends to submit a written request for an extension of time or correction of the time count. The Contractor has 30 days to file the written protest. See subsection 108.08 of the *Standard Specifications*. If the Contractor refuses to sign the completed Form 263, the original copy should be sent immediately by registered mail to the Contractor's permanent address.

COLORADO DEPARTMENT OF TRANSPORTATION WEEKLY TIME COUNT REPORT- CALENDAR DAYS			Project # ER 0241-059	Project Code (SA#) 19222	No. 3
			To HAYWARD BAKER, INC.	Contractor	Date 12/17/13

The following statement shows the number of calendar days charged to your contract for the week ending August 4, 2012

Date	Day	Weather, weather conditions or other causes	Calendar days	Worked (W) No Work (NW) by Contractor	Days not chargeable other causes
07/29/12	sun	High - 58 Low - 30 Cloudy Light Rain in PM	1.0	NW	0.0
07/30/12	mon	High - 55 Low - 38 Cloudy Rain PM	1.0	NW	0.0
07/31/12	tue	High - 42 Low - 25 Cloudy Rain PM	1.0	NW	0.0
08/01/12	wed	High - 65 Low - 45 Sunny Dry	1.0	W	0.0
08/02/12	thur	High - 67 Low - 48 Mostly Clear Dry	1.0	W	0.0
08/03/12	fri	High - 65 Low - 45 Sunny Dry	1.0	W	0.0
08/04/12	sat	High - 67 Low - 48 Mostly Clear Dry	1.0	W	0.0
Days charged this week			7.0		0.0
Days previously reported			11.0		0.0
Total days charged to date			18.0		0.0
Calendar days allowed by original contract					20.0
Extra days approved by Change Orders - Participating					4.0
Nonparticipating					
Total revised contract days					24.0
Total days charged to date					18.0
Total days remaining					6.0
ELAPSED TIME					18.0

Remarks

Project Engineer

Contractor's comments

Date _____ Contractor _____

Contractor Region Program Engineer Central Files Resident Engineer Project Engineer CDOT Form #263a 06/00

Form 266 – Inspector’s Progress Report Completion Instructions

Form 266 is used for source documentation of interim and final quantities. Form 266 must contain the required data for the pay item being documented. For documentation requirements of individual Contract pay items and further information on Form 266, see Section 120 of this *Manual*. The following describes how to complete Form 266:

1. Project No., Project Code (SA#), Date, No. of Workers, and Equipment. Enter the project number, project code, date (must not be later than date of project acceptance), number of workers, and the equipment utilized by the Contractor to complete the work.
2. Location, Comments, and Supporting Calculations. Information to be provided in this section of Form 266 includes location of the work, quantity calculations, and total quantity being paid on Form 266. The second page of Form 266 may be used for additional calculations and sketches, as appropriate, to support the pay quantity. Additional supporting documents may be attached to the form. The total pay quantity should be rounded to the appropriate significant figures as discussed in Section 121 of this *Manual*. All calculations should be checked and a mark placed next to each checked value.
3. Interim/Final. Check the appropriate box for interim measurement or final measurement for that pay quantity or portion of the item.
4. Calculated By. This cell of Form 266 should be signed or initialed by the person who performed the calculations.
5. Measured By. This cell of Form 266 should be signed or initialed by the person who performed the field measurements or counted the item.
6. Posted By. This cell of Form 266 should be signed or initialed by the person who transferred the total quantity from the Form 266 to the Item Summary Report.
7. Checked By. This cell of Form 266 should be signed or initialed by the individual who checked the calculations and quantities on the Form 266. This check must --

be performed by an individual other than the person who determined the quantity. This check should be completed in accordance with Section 121 of this *Manual*.

8. Reference and Item Number. Enter the computer reference number and the item number for the pay item. Entering the computer reference number is optional as determined by the Region.
9. Item Description. Enter the description of the item. The description should match the description on the Summary of Approximate Quantities on the plans, if appropriate. The location may be entered if it is not shown in the location, comments, and supporting calculations section of Form 266.
10. Quantity. Enter the total quantity this Form 266 represents.
11. Unit. Enter the appropriate unit of measurement for the item.
12. Signed and Title. The signature and title cells are for the individual who is responsible for the inspection and documentation of the pay item. This is usually performed by the person completing the Form 266.
13. No. Enter the sequential number of the Form 266 in the series of source documents for the pay items. This is usually performed by the person who posted the quantity.

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares. The grid is intended for writing or drawing.

CDOT Form 266 07/02

Form 279 – Inspector’s Report of Reinforcing Steel Placed Completion Instructions

Form 279 is an optional form that may be used for source documentation of interim and final quantities of reinforcing steel or for revisions to plan quantities. See Section 121.2.1 of this *Manual* for additional information on requirements for Basis of Payment Documentation. The following describes how to complete Form 279:

1. Project No., Project Code (SA#), and Date. Enter the project number, project code, and date. The date must not be later than date of project acceptance.
2. Equipment and No. of Workers. Enter the equipment utilized by the Contractor to complete the work and the number of workers.
3. Station, Structure, and Portion. Enter the station, left or right, structure number, and portion of structure, if applicable (e.g., deck, abutment, structure wall, approach slab).
4. Mark, Bar No., and Length. Enter the mark, bar number, and length. If the plans or supplier’s bar list or bending diagram do not designate a mark (e.g., 401, 523), show the shape of the bar. Inspection should be made to ensure compliance with the plans.
5. No. of Bars. Enter the number of bars of this type placed for this Form 279.
6. Total Length, Weight per Unit Length, Total Weight. Enter the total length, weight per unit length, and total weight. Be sure to use the correct unit of measurement. Either multiply bar length times weight per foot for each bar or add the total length for each size and then multiply by the proper weight per foot.
7. Space and Clear. Enter the plan bar space and clearance. This information may be used to inspect the in-place rebar.
8. Total. Enter the total quantity this Form 279 represents.

9. Remarks. Any comments or information supporting the item may be made in this section. Additional supporting documents, calculations, or sketches may be attached to the Form 279.
10. Interim/Final. Check the appropriate box for an interim or a final measurement for the portion of the pay item represented by this Form 279.
11. Calculated By, Measured By, Posted By, and Checked By. These cells must be signed or initialed by the individual who performed the functions.
12. Computer Reference No. Enter the computer reference number for the item. This is an optional entry.
13. No. Enter the sequential number of the Form 279 in the series of source documents for the pay item. This is usually performed by the person posting the quantity.

COLORADO DEPARTMENT OF TRANSPORTATION INSPECTOR'S REPORT OF REINFORCING STEEL PLACED																																																								
Project No.: CX XX-0000 (1)			Project Code (SA#): 11111 (1)			Date: 7/XX/XX (1)																																																		
Equipment: Flatbed with Crane, Cutting Torch, Handtools (2)						No. of Workers: 4 (2)																																																		
Station: 291+40 right (3)			Structure: Noname CBC Ext. (3)			Portion: Floor, Apron and Toe (3)																																																		
Mark	Size		No. of Bars	Total Length	Weight per Unit Length	Total Weight	Space	Clear																																																
	Bar No.	Length																																																						
401 ---	5	6'-8"	14	93.33	1.043	97.3	8"	3"																																																
403 ---	5	6'-8"	8	53.33	55.6	55.6	8"	---																																																
407 ---	6	6'-8"	8	53.33	80.1	80.1	1'-0"	3"																																																
402 L	6	5'-3"	16	84.00	126.2	126.2	1'-0"	2"																																																
404 L	4	5'-3"	16	84.00	56.1	56.1	8"	2"																																																
☐	5	4'-6"	9	40.50	42.2	42.2	1'-6"	---																																																
(4)		(5)		(6)		(7)																																																		
						457.5																																																		
(8) TOTAL						458																																																		
Remarks: Portion paid checks with plan quantity. (9)						<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Metric</th> <th colspan="2">English</th> </tr> <tr> <th>Bar No.</th> <th>kg/m</th> <th>Bar No.</th> <th>lb/ft</th> </tr> </thead> <tbody> <tr><td>3</td><td>.376</td><td>4</td><td>.668</td></tr> <tr><td>10m</td><td>.785</td><td>5</td><td>1.043</td></tr> <tr><td>15m</td><td>1.570</td><td>6</td><td>1.502</td></tr> <tr><td>20m</td><td>2.355</td><td>7</td><td>2.044</td></tr> <tr><td>25m</td><td>3.925</td><td>8</td><td>2.670</td></tr> <tr><td>30m</td><td>5.495</td><td>9</td><td>3.400</td></tr> <tr><td></td><td></td><td>10</td><td>4.303</td></tr> <tr><td>35m</td><td>7.850</td><td>11</td><td>5.313</td></tr> <tr><td>45m</td><td>11.775</td><td>14</td><td>7.65</td></tr> <tr><td>55m</td><td>19.825</td><td>18</td><td>13.60</td></tr> </tbody> </table>			Metric		English		Bar No.	kg/m	Bar No.	lb/ft	3	.376	4	.668	10m	.785	5	1.043	15m	1.570	6	1.502	20m	2.355	7	2.044	25m	3.925	8	2.670	30m	5.495	9	3.400			10	4.303	35m	7.850	11	5.313	45m	11.775	14	7.65	55m	19.825	18	13.60
Metric		English																																																						
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<input checked="" type="checkbox"/> Interim (10) <input type="checkbox"/> Final		Calculated By: SM 7-X-XX (11)		Measured By: SM 7-X-XX (11)																																																				
		Posted By: HK 8-X-XX (11)		Checked By: HK 8-X-XX (11)																																																				
The above bars were placed into the structure in a manner which is in accordance with C.R.S.I recommendations. THE ITEM(S) AND MATERIAL(S) LISTED ABOVE WERE INSPECTED AND FOUND TO CONFORM REASONABLY WITH THE CONTRACT PLANS AND SPECIFICATIONS EXCEPT AS NOTED.						Computer Reference No.: 110-602 (12)																																																		
Signed:						No.: 3 (13)																																																		
Title: ETI																																																								

Form 280 – EEO and Labor Compliance Verification Completion Instructions

Form 280 is used to interview employees of Contractors and subcontractors to verify that employees are aware of each company's Equal Employment Opportunity (EEO) requirements and that they are receiving the correct wages for the classification in which they are working. Form 280 should be completed by CDOT project site personnel as addressed in Section 107.1.3 of this *Manual* and when labor or EEO violations are suspected. The Region EEO/Civil Rights Specialists may also use this form during compliance reviews and investigations. Complete Form 280 as follows:

1. Project No., Project Code (SA#), Project Location, and Contractor Name. Fill in as appropriate. Note if the name is for a subcontractor.
2. Employee Name and Job Classification. Enter the name of the employee interviewed and the worker's job classification.
3. Equal Employment Opportunity. The Equal Employment Opportunity section of Form 280 includes the questions that should be asked of the employee regarding his knowledge of the equal employment policies and procedures of his employer.
4. Labor Compliance. The Labor Compliance section of Form 280 includes questions that should be asked of the employee regarding wage rate, fringe benefit plan, and pay frequency. It allows the interviewer to verify the type of work being performed by the employee. The employee is requested to look over the interview and sign and date the form.
5. Verification Section. The interviewer completes the verification section by referring to the appropriate payroll for information on the hourly rate and classification of the employee and verifying from the Contract wage decision that the employee is paid correctly. Errors in classification, hourly wage, or fringe benefit must be corrected and back wages calculated as necessary. The interviewer completes the form with the individual's signature and date.

Should interviews reveal a pattern or lack of knowledge by employees, the Region's EEO/Civil Rights Specialist should be notified immediately.

Employer requests to review interviews should be referred to the Contracts and Market Analysis Branch.

COLORADO DEPARTMENT OF TRANSPORTATION EQUAL EMPLOYMENT OPPORTUNITY AND LABOR COMPLIANCE VERIFICATION <small>(COLORADO DEPARTAMENTO DE TRANSPORTACION OPORTUNIDAD Y EMPLEO IGUAL VERIFICACION DE CONFORMIDAD DE TRABAJO)</small>		PROJECT # (Numero De Proyecto) ①
		LOCATION ①
		Project code (SA#) ①
Contractor's name (Nombre De Contratista) ①		
Employee's name (Nombre De Empleado) ②		Job classification (Clasificacion De Trabajo) ②

JOB SITE INTERVIEW SECTION (SECCION DE INVESTIGACION DE TRABAJO)

EQUAL EMPLOYMENT OPPORTUNITY (EEO) La Igualdad De Oportunidades de Empleo

- Have you seen the EEO posters posted by this contractor? (¿Ha visto los cartelones de EEO puestos por el contratista?)
 yes (si) no ③
- Do you know the EEO policy of your contractor? (¿Usted conoce la politica de EEO del contratista?)
 yes (si) no
- Do you know who the project EEO officer is? (¿Usted sabe, quien es el oficial de EEO del proyecto?) yes (si) no
 Who is he/she? (¿Si sabe, digame el nombre del oficial del EEO?) _____
- Have you ever been requested by the contractor or any of his/her staff to refer minorities and women when job openings are available? (¿Le han preguntado el contratista o empleados del contratista que envíe a gente de las poblaciones minoritarias o a mujeres, para que apliquen para oportunidades del empleo?) yes (si) no
- Has the contractor advised you of training or apprenticeship programs available to upgrade your skills? (¿Le ha ofrecido el contratista entranamiento o programas de aprendizaje para mejorar sus habilidades?) yes (si) no
- How long have you been employed by this contractor? (¿Cuanto tiempo ha estado empleado por este contratista?)
 _____ years (años) _____ months (meses) _____ days (dias)
- How did you get this job? (¿Como consejio este trabajo?) union other (otro modo): _____
- Have you attended any meetings on this project where EEO was discussed? (¿Ha atendido una reunion en este proyecto cuando EEO fue discutido?) yes (¿Si si, cuando fue la reunion?), date (fecha) ____/____/____ no
- Do you feel the contractor has discriminated against you in any way? (¿Siente que el contratista ha discriminado contra usted en algun modo?) yes (si) no

LABOR COMPLIANCE (CUMPLIMIENTO DE TRABAJO)

- Have you seen the wage posters posted by the contractor? (¿Ha visto los cartelones de sueldo puesto por el contratista?)
 yes (si) no ④
- 2a. What is your wage rate? (¿Cuál es su sueldo por hora?) \$ _____ hr. (por hora)
 b. What is your fringe benefit amount? (¿Cuanto le dan por hora como pago por sus beneficios complementarios?)
 \$ _____ hr. (por hora)
 total wage (¿SUELDO completo POR HORA?) \$ _____ hr. (por hora)
- Are fringe benefits paid to you in cash or does the contractor save them in approved plans, funds or programs? (¿Como le pagan los beneficios?)
 cash (dinero) funds (otro modo, planes, fondos, programas) Have you experienced any problems? (¿Ha tenido problemas con el pago de su beneficios? Si ha tenido problemas, describa por favor como:) _____
- How often are you paid? (¿Cada cuando le pagan?) weekly (por semana) other (otro modo) _____
- Describe work you are performing today. (Describa su asignacion corriente en su trabajo) _____

Employee signature (Firma del Empleado)	Date (Fecha)
---	--------------

VERIFICATION SECTION (SECCION DE VERIFICACION) (use the contractors payroll to answer the questions in this section)

- Are the employee's wages correct? yes no
- What is the total hourly amount? \$ _____ hr. ⑤
- What is the employee's worker classification? _____
- What is the payroll date? ____/____/____

COMMENTS

interviewer signature	Date
-----------------------	------

Form 282 – Asphalt Paving Inspector’s Daily Report Completion Instructions

Form 282 may be used to document daily asphalt paving operations. Its use is optional in lieu of other acceptable recording methods, as determined by the Project Engineer, to record loads delivered, location placed, spread yield, and asphalt temperatures.

Complete Form 282 as follows:

1. Weather, Air Temperature, and Date. Enter the date and enter the weather conditions and maximum and minimum air temperatures for that date.
2. Project No. and Project Code (SA#). Fill in as appropriate.
3. Load No. Record the load number from the Contractor’s load ticket. The load number will indicate the sequential loading order from the plant. If a load arrives to the project site out of sequence according to the load number, the truck may have been substantially delayed and the Hot Bituminous Pavement temperature should be checked against allowable minimum temperature, as per specification.
4. Ticket No. Enter the ticket number from the Contractor’s load ticket for each load delivered to the project.
5. Ticket Weight. Enter the net weight (tons) from the load ticket of each load.
6. Cumulative Weight. Enter the cumulative weight of asphalt by adding the net weight for each ticket to the previous cumulative total.
7. Station to Station. Record the beginning and ending station of the placement location for each load of asphalt.
8. Location. Enter the lane and direction being paved.
9. Paver Pass. Record the thickness (inches) and width (feet) of asphalt being placed.

10. Course. Check the appropriate box for bottom or top lift.
11. Spread Yield. Any method to calculate spread yield is acceptable as long as the calculation results in an accurate comparison between the actual application rate and the plan application rate.

The following method provides a relative comparison of actual-to-plan application rates. A calculated result over 1.00 indicates that the actual application rate is exceeding the plan application rate. For example, a spread yield rate of 1.05 indicates that the plan quality is being overrun by five percent for the asphalt quantity placed.

First determine the correct plan application rate factor as follows:

$$\frac{2,000 \times 9}{\text{Plan Application Rate (pounds/square yard/inch)}}$$

The plan application rate can be found in the General Notes of the plans. In this example, use 112 pounds/square yard/inch.

$$\text{Factor} = \frac{2,000 \times 9}{112} = 160.7$$

Calculations can be completed for a single load, any portion of the day, or the entire day's run as follows:

$$\text{Factor} \times \text{Actual Tons/Thickness/Width/Station - Station Length}$$

- A. Single Load: $160.7 \times 12.88/2/12.5/75 = 1.10$
- B. Partial Day: $160.7 \times (109.04 - 26.83)/2/12.5/(52,680 - 52,160) = 1.02$
- C. Entire Day: $160.7 \times 146.1/2/12.5/(52,915 - 52,000) = 1.03$

12. Mix Temp. Record the delivered mix temperature.

13. Remarks. Provide any appropriate remarks.
14. Signed and Title. The Form 282 needs to be signed by the person who completed the form.

CDOT DEPARTMENT OF TRANSPORTATION ASPHALT PAVING INSPECTOR DAILY REPORT

Weather: Clear, Warm		Date: 9/1/95		Project Code (SA#): 11111		Project No.: 11111	
Air Temperature: Maximum: 80°		Minimum: 72°		Project No.: 11111		Project No.: 11111	
		Sample		Date: 9/1/95		Project Code (SA#): 11111	

Load No.	Ticket No.	Ticket Weight	Cumulative Weight	Station to Station		Location	Paver Pass		Course		Spread Yield	Mix Temp.	Remarks
				520+00	520+75		Thk.	Width	Bot.	Top			
1	8680	12.88	12.88	520+00	520+75	SB Lane	2"	12.5	✓	✓	1.10	255°	North Approach
2	8681	13.95	26.83	520+75	521+60	SB Lane	2"	12.5	✓	✓	1.10	260°	To Str. F-15-OP
3	8683	14.14	40.97	521+60	522+55	SB Lane	2"	12.5	✓	✓	1.10	265°	
4	8685	23.02	63.99	522+55	524+00	SB Lane	2"	12.5	✓	✓	1.02	260°	
5	8686	22.92	86.91	524+00	525+45	SB Lane	2"	12.5	✓	✓	1.02	260°	
6	8682	22.13	109.04	525+45	526+80	SB Lane	2"	12.5	✓	✓	1.02	250°	
7	8687	14.00	123.37	526+80	527+70	SB Lane	2"	12.5	✓	✓	1.02	260°	
8	8688	22.73	146.10	527+70	529+15	SB Lane	2"	12.5	✓	✓	1.03	260°	<--- Overhaul Yield (SE)
③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮	

Signed: *J. Smith* ⑭

Title: EPST II

This item and the materials used were inspected and found to conform reasonably with the Contract Plans and Specifications as noted.

Distribution: Project File (original)

CDOT Form 282 0702

**Form 568 – Authorization and Declaration of Temporary Speed Limits
Completion Instructions**

A Form 568 must be completed, approved, and signed whenever the speed limit is reduced on a construction project, even if the speed limit reduction is shown on the plans.

The Project Engineer is responsible for initiating and completing the Form 568 when a reduced speed limit is appropriate.

Fill in the appropriate project information such as city, reduced speed limit, regular speed limit, and direction of traffic.

The Region Traffic Engineer should sign and approve the Form 568.

See instructions on pages 3 and 4 of Form 568.

COLORADO DEPARTMENT OF TRANSPORTATION
**AUTHORIZATION AND DECLARATION OF
 TEMPORARY SPEED LIMITS**

The Colorado Department of Transportation *(in cooperation with the City (Town) of North Fork) has conducted a traffic investigation or survey for speed zoning within and at the approaches to Construction

Project & Code No. CL(09) 99-0000-00, between MP XX.XX and MP XX.XX on State Highway 000

As a result of this investigation or survey and in accordance with 42-4-1102(1) Colorado Revised Statutes IT IS, THEREFORE, DETERMINED, AND DECLARED that the following are reasonable and safe prima facie speed limits for the named State Highway route or portion thereof during the project period when traffic is not otherwise regulated by special work area controls (flagger's warnings, etc.) and that said speed limits shall supersede any and all previous declarations in conflict therewith when official signs are posted giving notice thereof:

Reduced Speed Limit	Regular Speed Limit	Direction of Traffic	From MP **	To MP **	From Date/Time	To Date/Time
25 MPH	40 MPH	EAST & WEST	100.00	101.00	7-1-0X 7:00 AM	7-31-0X 5:00 PM

IT IS FURTHER DETERMINED AND DECLARED that upon completion of the road project or when work operations are suspended or when other conditions do not exist that the regular speed limit(s) as previously authorized for this road section shall be effective when official signs give notice thereof.

Temporary speed limit(s) approved for sign posting on or after July 31, 200X

For Chief Engineer By: Signal A. Head
 REGION TRAFFIC ENGINEER

Previous editions are obsolete and may not be used

DISTRIBUTION:

- Colorado State Patrol Division Office
- Local Law Enforcement (if applicable)
- City (Town) of _____
- Central Files (Projects Only)
- HQ Safety and Traffic Engineering Branch

REGION DISTRIBUTION:

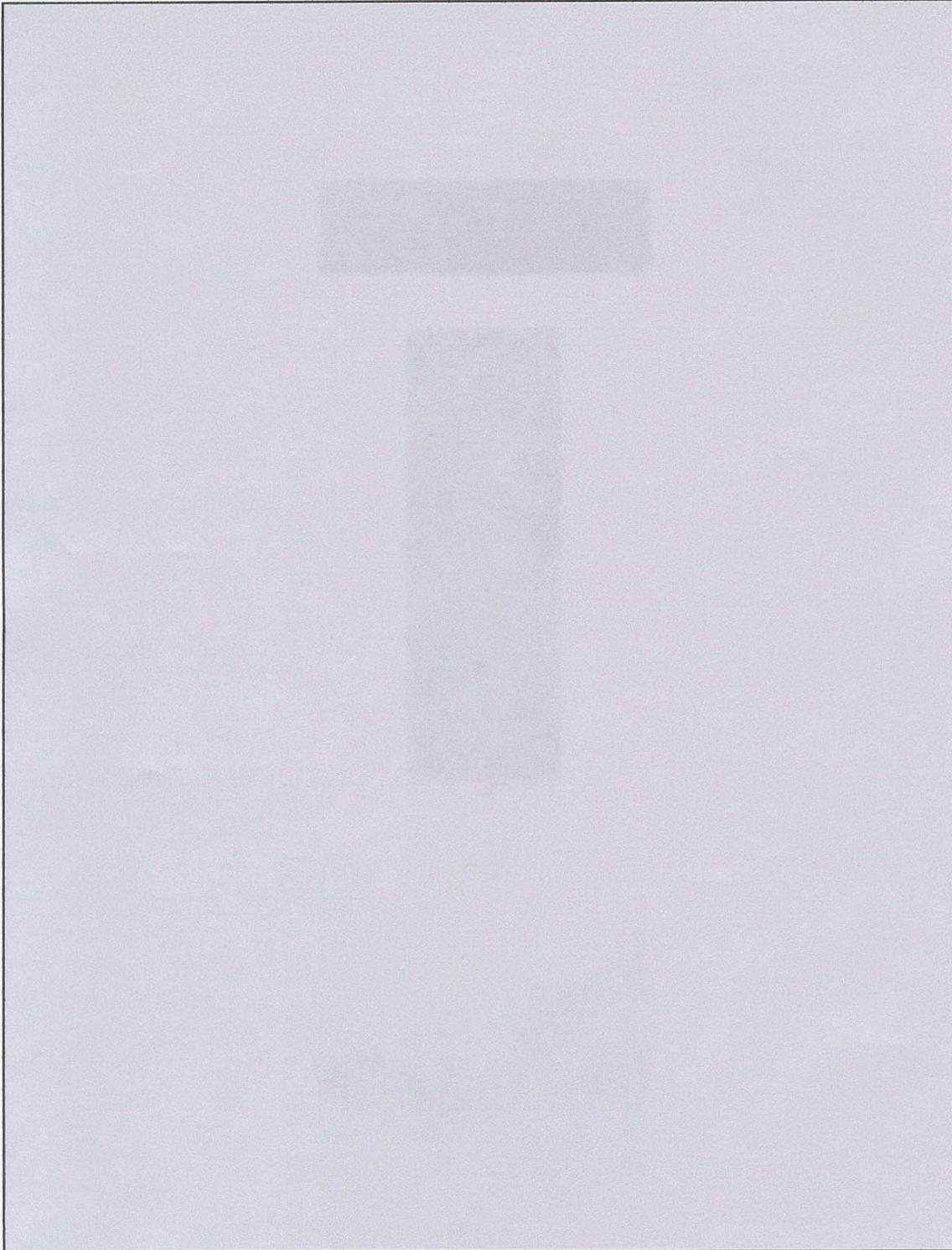
- RTD
- Traffic Engineer (Original)
- Maintenance Superintendent _____
- Maintenance Foreman _____
- Resident Engineer _____
- Project Engineer _____

* Strike phrase, if applicable

** Milepoint, Logpoint, Street, Feature, etc.

Check boxes as applicable

Additional Comments



**COLORADO DEPARTMENT OF TRANSPORTATION
TRANSPORTATION SAFETY AND TRAFFIC ENGINEERING BRANCH
PROCEDURE FOR DETERMINING WORK ZONE SPEED LIMITS
April 4th, 1997**

INTRODUCTION: As required by State law, CDOT provides traffic control devices (signs, signals and pavement markings) in accordance with the guidelines and standards set forth in the federal Manual on Uniform Traffic Control Devices (MUTCD). Although the MUTCD contains guidelines for establishing permanent speed limits it contains no uniform guidelines for determining specific, temporary work zone speed limits. The purpose of this document is to establish a philosophy and a uniform method of determining work zone speed limits in an effort to improve the credibility of such limits with the motoring public, enhance work zone safety, and help support speed limit enforcement activities.

Numerous scientific studies of and practical experience with both permanent and temporary work zone speed limits have repeatedly shown that motorists will not voluntarily comply with posted speed limits they deem to be unrealistic. It seems obvious that effective speed limits rely on voluntary compliance. Since the majority of drivers will select a speed that they believe to be suitable for the conditions that exist at any given place and time, and since the behavior of the majority should be considered legal, realistic speed limits must reflect real-world circumstances. What is clear is that artificially low speed limits do not affect the speed of most drivers to any significant degree.

Any procedure to establish realistic work zone speed limits must recognize the difference between such realistic limits and a desire to significantly affect the driving speeds of motorists; these are in fact separate issues. The procedure that follows is intended to be a guide for those charged with the establishment of realistic speed limits for both contract and maintenance work zones.

PROCEDURE: The following steps leading to the establishment of realistic work zone speed limits are listed in order of priority:

1. From the standpoint of overall safety and public mobility, speed limit reductions in work zones should be avoided whenever possible. To accomplish this goal, work zone designs that can safely allow traffic to operate at the permanently-posted speed limit should be considered whenever practical. In any case, the speed limit in effect at any given time must reflect the real world conditions that exist at that time. This may require that the speed limits be changed on a project or at a work site as the nature and location of the work changes.
2. No speed limit reduction is recommended when the distance to the work is over 10 feet from the edge of the traveled way, or when the work area is protected by concrete barrier and lane widths are not reduced.
3. Establish work zone speed limits in accordance with the recommendations contained in Table I (attached).
4. Work zone speed limits for those unique circumstances not described in 1. through 3. above shall be determined by the Region Traffic Engineer or Staff Traffic Engineer.

In establishing such limits, consideration should be given to the intent and "philosophy" outlined in the Introduction to this document. Standard traffic engineering techniques shall be used to establish all work zone speed limits.

TABLE I
RECOMMENDED MINIMUM WORK ZONE SPEED LIMITS

POSTED SPEED LIMIT	MINIMUM WIDTH AVAILABLE TO TRAFFIC *	WORK DISTANCE FROM EDGE OF TRAVELED WAY **	NORMAL WORK ZONE SPEED LIMIT	THRU AREAS WHERE ACTIVE WORK IS UNDERWAY	APPROACHING A POTENTIAL STOP CONDITION
75 MPH	14 FT	2-10 FT	65 MPH	40-65 MPH	40 MPH
70 MPH	14 FT	2-10 FT	60 MPH	40-60 MPH	40 MPH
65 MPH	14 FT	2-10 FT	55 MPH	40-55 MPH	40 MPH
60 MPH	14 FT	2-10 FT	50 MPH	40-50 MPH	40 MPH
55 MPH	14 FT	2-10 FT	45 MPH	40-45 MPH	40 MPH
50 MPH	12 FT	2-10 FT	40 MPH	40 MPH	40 MPH
45 MPH	12 FT	2-10 FT	40 MPH	40 MPH	40 MPH

No Reduction Recommended in Posted Speed Limits of 40 MPH or Less.

* Minimum width available to traffic shall include any combination of designated lane width and shoulder width available for traffic to use.

** No speed limit reduction recommended if more than 10 feet.

NOTES:

- A. The speed limit on one side of a freeway/expressway operating as a two-lane, two-way roadway should be 65 MPH or the normally posted speed limit for that freeway/expressway, whichever is lower.
- B. On roadways having three or more lanes normally available for a given direction of travel, Table I should be used to determine the work zone speed limit if the minimum width in the traffic lane available to traffic directly adjacent to the work is 10 feet or more.

Form 580 – Equipment Rental Rate Determination Request Completion Instructions

Form 580 is used when an hourly rate for Contractor owned equipment is required for payment under force account or for performing a force account analysis for a change order price justification. Equipment rental rates and standby rates are calculated on the Form 580 using the current *Rental Rate Blue Book for Construction Equipment*. The Project Engineer completes the top half of the form (#'s 1-15) and, generally, the Region Finals Administrator completes the bottom portion (#'s 16-23). The information is required for force account billings. Form 580 should be prepared as follows:

1. Project No. and Project Code (PCN) – Fill in the project number and project code number, as appropriate.
2. Contractor and F/A, CMO, MCR No. – Enter the Contractor's name and the force account, contract modification order number, or MCR line number.
3. Equipment Description – Describe the equipment as completely and accurately as possible (e.g., there is a difference between a backhoe and a hydraulic excavator).
4. Year, Make, Model – Enter the year, make and model of the equipment. The year of manufacture is important as it is used to determine the adjustment factor used in calculating the rental rates.
5. Series, Serial No. – Enter the series and serial number of the piece of equipment (e.g. model 320CL. In this case, 320 is the model and CL is the series). If the year of manufacture is not available, the serial number may aid in determining the age of the equipment. The serial number may also contain the model number.
6. HP, GVW – Some types of equipment fall under a “generic” category and these are key pieces of information. The HP (horsepower) and GVW (gross vehicle weight) of motorized equipment affect the hourly operating costs. (e.g., On Highway Light Duty Trucks)..
7. EROP, ROPS, None – Indicate whether the equipment has Enclosed Roll-Over Protection, Roll-Over Protection or none.

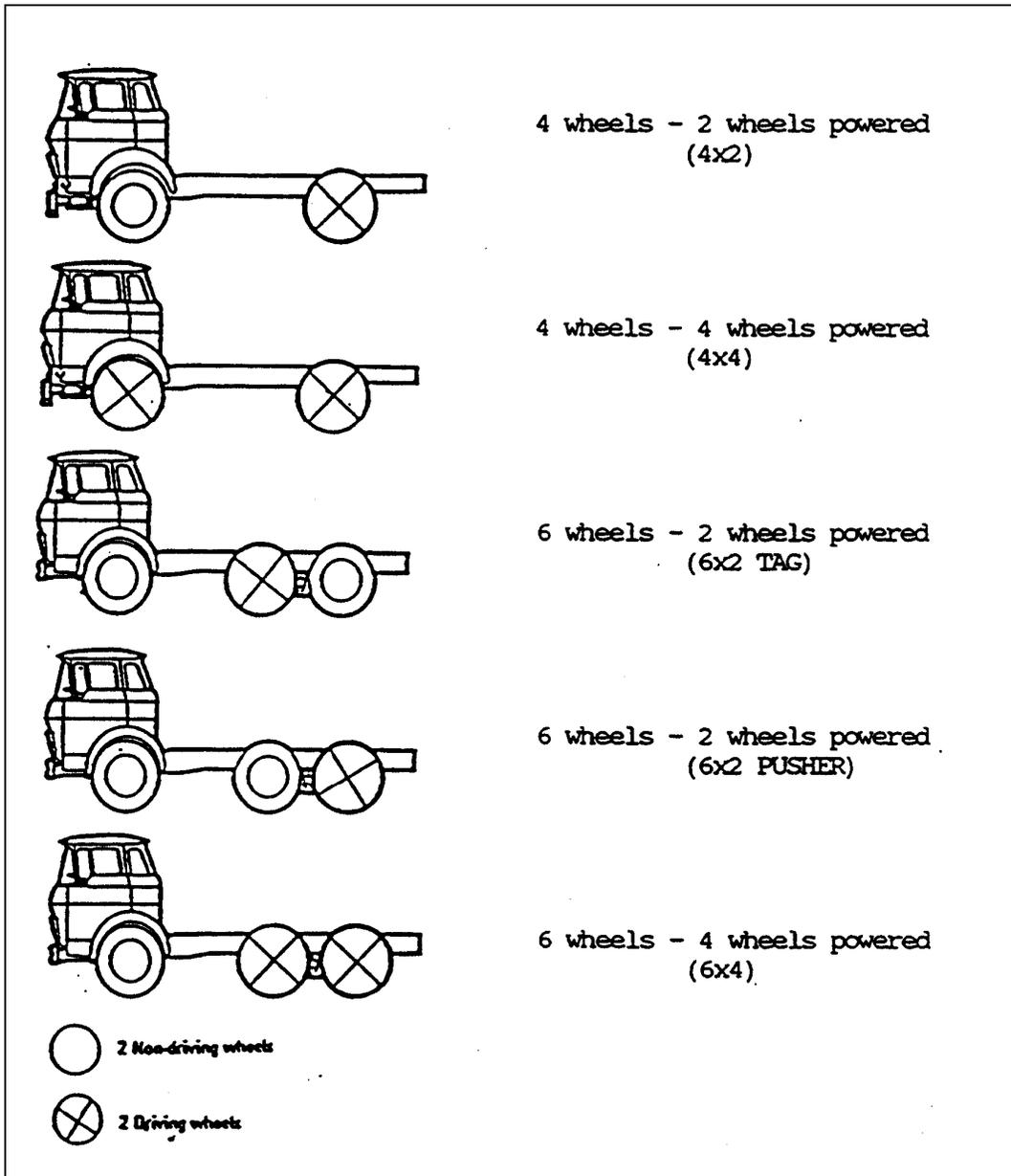
8. Trucks: Wheel Combination & Cab Type. – Indicate the type of wheel power used for all pickups, semis, dump trucks, etc. Wheel power is defined as the number of wheels times the number of wheels powered. Dual wheels are counted as single wheels (see diagram). Also indicate the cab type on pickups.
9. Fuel Type – Indicate the type of fuel the equipment uses.
10. Trailers – Indicate the trailer length, number of axles, deck and hitch type.
11. Dump Trucks & Dump Trailers – Indicate the direction the truck bed dumps and number of axles on trailers.
12. Capacity – Indicate equipment capacity or size (e.g., bucket size, lift or tower height, lift extension, PSI, # lights on light tower, etc.).
13. Equipment Owner Name, Phone No. & Equipment ID. Enter the equipment owner's name, phone number and equipment ID, if available
14. Remarks – Enter any additional information that should be considered.
15. Submitted By, Region No., and Date – After reviewing the form, the CDOT Project Engineer should sign the Form 580 and enter the Region number and date.

The remainder of the form will be completed by the Finals Administrator:

16. Equipment No. – The Region will assign an equipment number to be used to identify the specific piece of equipment and its hourly rates.
17. Blue Book Reference – Enter the volume, section, page and date from the current *Rental Rate Blue Book for Construction Equipment*.
18. Bare Rate – See the current *Rental Rate Blue Book for Construction Equipment* for information on calculating the Bare Rate and Adjusted Bare Rate (Federal Participating).
19. Operating Cost – The hourly operating cost is taken directly from the appropriate column in the *Rental Rate Blue Book for Construction Equipment* for the specific piece of equipment.
20. Total Shift Rate Per Hour – Enter the sum of the Bare Rate (#18) and the Operating Cost (#19).

21. Adjusted Bare Rate – The adjusted bare rate per hour for standby is calculated as 50 percent of the shift bare rate per hour calculated in #18 above.
22. Standby Rate Per Hour – The standby rate per hour is the adjusted bare rate determined in #18 above.
23. Signed, Title and Date. The person who calculated the rates signs and dates the Form 580.

Examples of some common usages are shown below:



COLORADO DEPARTMENT OF TRANSPORTATION EQUIPMENT RENTAL RATE DETERMINATION REQUEST		Project No.: XX 1111-111 (1)	Project Code (PCN): 11111 (1)
		Contractor: Smith Construction Company (2)	
		F/A, CMO, MCR No.: CMO #2 (2)	
Equipment Description: Excavator (3)	Year: 2010 (4)	Make: Caterpillar (4)	Model: 320CL (4)
Series: CL (5)	Serial No. PAB06281 (5)	HP: 138 (6)	GVW(Loader weight): (6)
Trucks: Wheel Combination: (8) <input type="checkbox"/> 4x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 4x6 <input checked="" type="checkbox"/> Other		Fuel Type: (9) <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	
Cab Type: (8) <input type="checkbox"/> Conventional <input type="checkbox"/> Crew		Dump Trucks & Dump Trailers: (11) <input type="checkbox"/> Rear Dump <input type="checkbox"/> Single axle <input type="checkbox"/> Bottom Dump <input type="checkbox"/> Double axle <input type="checkbox"/> Side Dump <input type="checkbox"/> Triple axle	
Equipment Owner Name: KIPCO (13)		Owner Phone No. (13)	
Remarks: (any additional information that should considered?) (14)		Capacity (cubic yards, gallons, PSI, lift height, extension, # lights on tower, etc) 2 1/2 cu yd bucket (12)	
Equipment Owner Name: KIPCO (13)		Owner Equipment ID (if available): K15 (13)	
Submitted By: <i>John Smith</i> (15)		Region No.: 1 (15)	Date: 6/15/14 (15)

RATE DETERMINATION

Equipment No. (Assigned by CDOT and may be used on CDOT Form 10 – Inspector’s Report for Force Account Work): R1-14-107 (16)				
BLUE BOOK REFERENCE	Volume: 1 (17)	Section: 10 (17)	Page: 21 (17)	Date (Blue Book Section): 2H13 (17)
SHIFT RATE PER HOUR				
		Bare Rate (Federal Participating):	\$ 49.85 (18)	
		Operating Cost (Federal Participating):	\$ 51.25 (19)	
		TOTAL	\$ 101.10 (20)	
STANDBY RATE PER HOUR				
		Adjusted Bare Rate (Federal Participating):	\$ 24.90 (21)	
		TOTAL	\$ 24.90 (22)	
These rates will apply to the above entire F/A, CMO or MCR Line situation. If used on any other force account situation, new rates will be needed to determine if rates have changed per Blue Book Revisions.				
The Colorado Department of Transportation maintains procedures for determining equipment rental costs which are reimbursable to contractors performing force account work on CDOT construction projects. These rates do not include profit or operator’s wages or fringe benefits. These rates have no legal status beyond CDOT contracts.				
Signed: <i>Matt Wilson</i> (23)	Title: EPST III (23)	Date: 6/17/14 (23)		

Distribution: Project Engineer (copy) Previous editions are obsolete and should not be used CDOT Form 580 6/14
 Contractor (copy)
 Finals Administrator File (original)

**Form 713 – Contractor DBE Subcontractor,
Supply and Service Contract Statement
Completion Instructions**

Form 713 is an Equal Employment Opportunity form. Form 713 is used to report the actual dollars that are sublet to Disadvantaged Business Enterprise subcontractors on a project. It is also used to report Disadvantaged Business Enterprise suppliers, manufacturers, and service contracts. Form 713 is completed by the Contractor and must be attached to Form 205 – Sublet Permit Application, if Form 205 is for a Disadvantaged Business Enterprise. Form 713 is confidential and should be placed in an envelope.

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACTOR DBE SUBCONTRACT, SUPPLY AND SERVICE CONTRACT STATEMENT	Project No.:
	Project Code (SA#):
	Location:

Prime Contractor: Complete this form and return in a sealed envelope marked "confidential" to the Project Engineer.

1. If you are submitting supply or service/broker information:
 - You must obtain verbal approval from the Region EEO/Civil Rights Specialist before making service or supply expenditures.
 - You must submit supply and service/broker information during the month the Contract is executed.
2. If you are submitting subcontract information:
 - You must attach this form to a completed CDOT Form 205 – Sublet Permit Application.
 - You may submit information on this form for more than one CDOT Form 205 – Sublet Permit Application.

Prime Contractor Name: _____ Date: ____/____/____

(NOTE: See 49 CFR part 26, and the "DBE - Definitions and Requirements" in the *Standard Special Provisions*, for further information.)

PART ONE – SUBCONTRACT

NAME OF DBE FIRM	Subcontract Number	Tier	Replacement	Total Amount Of This Subcontract Per CDOT Form 205	ELIGIBLE DBE SUBCONTRACT AMOUNT (Actual Amount On Subcontract)

PART TWO – SUPPLY CONTRACT

If the supplier is a DBE "Manufacturer" of the item(s):

- ACTUAL DBE AMOUNT = Entire expenditure for materials and supplies including cost of any delivery services provided by the firm
- ELIGIBLE DBE SUPPLY AMOUNT = [(ACTUAL DBE AMOUNT) X 100%]

If the supplier is a DBE "Regular Dealer" of the item(s):

- ACTUAL DBE AMOUNT = Entire expenditure for materials and supplies including cost of any delivery services provided by the firm
- ELIGIBLE DBE SUPPLY AMOUNT = [(ACTUAL DBE AMOUNT) X 60%]

If the supplier is neither a "Manufacturer" nor a "Regular Dealer" of the item(s) see PART THREE – SERVICE / BROKER CONTRACT.

NAME OF DBE FIRM	MATERIALS SUPPLIED	ACTUAL DBE AMOUNT	ELIGIBLE DBE SUPPLY AMOUNT

PART THREE – SERVICE / BROKER CONTRACT

Transportation service (hauling) fees/commissions are to be counted toward contract goals in this section (provided the trucker is NOT classified as a "Manufacturer" or a "Regular Dealer" for the materials supplied). Examples of other services to include in this section would be brokering, bonding, consulting, security guards, and insurance.

For a DBE "Service/Broker Contract":

- ACTUAL DBE AMOUNT = Entire expenditure for services rendered including cost of any materials/supplies provided by the firm
- ELIGIBLE DBE SERVICE FEE AMOUNT = [(ACTUAL DBE AMOUNT) – (Cost of any materials and supplies)]

(NOTE: The amounts that count toward DBE goals are limited to the compensation retained by the DBE broker/agent for services rendered, provided the fee/commission is determined by CDOT to be reasonable and not excessive as compared with fees customarily charged for similar services.)

NAME OF DBE FIRM	SERVICES RENDERED	ACTUAL DBE AMOUNT	ELIGIBLE DBE SERVICE FEE AMOUNT

Distribution: _____ Previous editions may not be used CDOT Form 713 12/03
 Contracts and Market Analysis Branch –Central Files (original)
 Region EEO/Civil Rights Specialist
 Contractor

**Form 715 – Certificate of Proposed
Underutilized DBE (UDBE) Participation
Completion Instructions**

If the Contractor is meeting the contract goal, a Form 715 is to be filled out by the low bidder and turned in to the Business Programs Office for each UDBE used to meet the contract goal. If the Contractor is not meeting the contract goal, he must submit a Form 715 for each UDBE he is using toward the goal when he submits his Good Faith Efforts documentation.

The dollar amount of the DBE's subcontract is confidential, and should be treated appropriately. It is acceptable, however, to tell people which DBEs are listed on Form 715s and the type of work they will be doing. This form is due in the Business Programs Office by 4:30 p.m. the day following bid opening. The Business Programs Office will send project personnel a copy of the Form 719 and all 715s for the project. The Form 719 summarizes the Form 715s, lists the project's UDBE goal and lists the Contractor's total UDBE commitment. If an original is inadvertently received by project personnel, please notify the Business Programs Office at 303-757-9234, and forward the original form, sealed appropriately to preserve confidentiality, to them immediately.

COLORADO DEPARTMENT OF TRANSPORTATION CERTIFICATE OF PROPOSED UNDERUTILIZED DBE (UDBE) PARTICIPATION	Project No.:	
	Project Code (SA#):	
	Location:	Form # of

Prime Contractor – Send completed/signed form to the Business Programs Office (instructions on second page). The "Eligible UDBE Amounts" submitted on this form must equal or exceed the commitment(s) documented on the CDOT Form 714 you submitted with your bid. For the complete list of certified DBE/UDBE firms and their DBE work codes go to http://www.dot.state.co.us/app_ucp/

NOTE: See 49 CFR part 26.55, and the "DBE - Definitions and Requirements" in the *Standard Special Provisions*, for further information concerning counting DBE participation of truckers, subcontractors, suppliers and service providers toward the project's UDBE goal.

PART 1a – TRUCKING CONTRACT

If the UDBE is being used as a trucker for one or more "trucking" DBE work codes (25500, 25505 etc.) then:

- ACTUAL UDBE AMOUNT = Actual contract amount for the transportation services provided by the UDBE firm and any UDBE lessees.
- ELIGIBLE UDBE TRUCKING AMOUNT = [(ACTUAL UDBE AMOUNT) – (Any non-UDBE lessee amounts in this contract)*]

* For work done on this UDBE contract with non-UDBE lessees, credit toward the project UDBE goal is given only for the broker fees or commissions the UDBE trucker receives for arranging the transportation services, because the services themselves are being performed by non-UDBEs.

NAME OF UDBE FIRM	CERTIFICATION #	EXPIRATION DATE	ELIGIBLE UDBE TRUCKING AMOUNT
		/ /	\$
DBE WORK CODE NUMBER(S) THIS UDBE IS BEING USED FOR : <i>Complete list of work codes is at http://www.dot.state.co.us/app_ucp/</i>			

PART 1b – SUBCONTRACT

- ELIGIBLE UDBE SUBCONTRACT AMOUNT = [(Actual UDBE contract amount) – (Any non-UDBE lower tier amounts in this contract)*]

* Work that a UDBE subcontracts to a lower tier non-UDBE firm does not count toward the project UDBE goal.

NAME OF UDBE FIRM	CERTIFICATION #	EXPIRATION DATE	ELIGIBLE UDBE SUBCONTRACT AMOUNT
		/ /	\$
DBE WORK CODE NUMBER(S) THIS UDBE IS BEING USED FOR : <i>Complete list of work codes is at http://www.dot.state.co.us/app_ucp/</i>			

PART 1c – SUPPLY CONTRACT

If the supplier is a UDBE with a "Type" field of "Manufacturer" for the item(s):

- ELIGIBLE UDBE SUPPLY AMOUNT = [(Actual UDBE contract amount) X 100%]

If the supplier is a UDBE with a "Type" field of "Regular Dealer" for the item(s):

- ELIGIBLE UDBE SUPPLY AMOUNT = [(Actual UDBE contract amount) X 60%]

NOTE: If the supplier is a UDBE with a "Type" field of "Broker" for the item(s) use PART 1d – BROKER / SERVICE CONTRACT.

NAME OF UDBE FIRM	CERTIFICATION #	EXPIRATION DATE	ELIGIBLE UDBE SUPPLY AMOUNT
		/ /	\$
DBE WORK CODE NUMBER(S) THIS UDBE IS BEING USED FOR : <i>Complete list of work codes is at http://www.dot.state.co.us/app_ucp/</i>			

PART 1d – BROKER / SERVICE CONTRACT

If purchasing materials or supplies through a UDBE with a "Type" field of "Broker", count only the amount of brokerage commission and/or delivery service fees included in the contract. Other examples of services to include in this section are bonding, brokering, consulting, security guards, and insurance etc.

- ELIGIBLE UDBE SERVICE FEE AMOUNT = Actual compensation retained by the UDBE broker/agent for services rendered*

* The amounts that count toward UDBE goals are limited to the compensation retained by the UDBE broker/agent for services rendered, provided the fee/commission is determined by CDOT to be reasonable and not excessive as compared with fees customarily charged for similar services.

NAME OF UDBE FIRM	CERTIFICATION #	EXPIRATION DATE	ELIGIBLE UDBE SERVICE FEE AMOUNT
		/ /	\$
DBE WORK CODE NUMBER(S) THIS UDBE IS BEING USED FOR : <i>Complete list of work codes is at http://www.dot.state.co.us/app_ucp/</i>			

PART 2 – UDBE PARTICIPATION SUMMARY

<p>A) What is the total dollar value of this proposed trucking, subcontract, supply, OR broker/service contract that is eligible for counting toward contract goals? A = [TOTAL FROM "ELIGIBLE" COLUMNS IN PART 1] NOTE: Provide in actual subcontractor dollars and not prime contract prices.</p>	<p>A> \$</p>
<p>B) What is the total dollar value of proposed subcontracts that are eligible for counting towards contract goals from prior sheets/forms?</p>	<p>B> \$</p>
<p>C) What is the accumulative value of proposed subcontracts that are eligible for counting towards contract goals? C = [A + B]</p>	<p>C> \$</p>
<p>D) What is the original contract bid total?</p>	<p>D> \$</p>
<p>E) What is the accumulative percent of contract bid total subcontracted to all underutilized DBEs? E = [(C ÷ D) X 100]</p>	<p>E> %</p>

PART 3 – UDBE CONFIRMATION

I confirm that my company is participating in this contract as documented in the Prime Contractor's commitment(s) in PART 1 of this form. Only the value of the work that my company is actually performing is being counted on this form.

UDBE Firm Name:	Date: / /
UDBE Representative Signature and Title:	

PART 4 – PRIME CONTRACTOR CERTIFICATION

I certify that:

- my company has met the contracted UDBE goals or has submitted a completed CDOT Form #718.
- my company has accepted a proposal from the UDBE named above.
- my company has notified the proposed UDBE of the contracted UDBE commitment.
- my company has ensured that the proposed UDBE has signed PART 3 of this form.
- my company's use of the proposed UDBE for the items of work listed above is a condition of the contract award.
- my company will invite the proposed UDBE to attend the preconstruction conference.
- my company will not use a substitute UDBE for the proposed UDBE's failure to perform under a fully executed subcontract, unless my company complies with the definitions and requirements section of the DBE Special Provisions.
- I understand that failure to comply with the information shown on this form will be considered grounds for contract termination.

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.

Prime Contractor Name:	Date: / /
Officer Signature and Title:	

FORM INSTRUCTIONS

<p>Prime Contractor:</p> <ol style="list-style-type: none"> 1. An officer of the contractor(s) must complete this form. 2. Include only DBE firms which meet the underutilized criteria in the contract goal specification for this project (i.e., UDBE firms). 3. Complete only relevant section(s) for PART 1. 4. Ensure that the proposed UDBE has signed PART 3 of this form. 5. Complete ALL sections of PART 2 and PART 4. 6. Submit a separate CDOT Form #715 for EACH proposed UDBE. 	<ol style="list-style-type: none"> 7. Retain a photocopy for your records. 8. Send original to: Colorado Department of Transportation Business Programs Office 4201 E. Arkansas Ave. Denver, Colorado 80222 FAX: (303) 757-9019
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Form 832 – Trainee Status and Evaluation Completion Instructions

Form 832 is used to monitor the project progress and status of both standard and pilot program trainees. Every month the Contractor shall complete and submit to the Project Engineer a Form 832 for every active trainee. The Contractor shall also submit a Form 832 when any change in the employment status of a trainee occurs while the trainee is working on a project. The Project Engineer will not accept incomplete forms.

Form 832 provides space for listing the hours of on-the-job training received by a trainee on several projects. This permits CDOT to monitor the hours of trainees enrolled in the pilot program. The Project Engineer should pay only for the hours a trainee worked on the project. Trainee hours can be verified, if necessary, by comparison with certified payrolls.

The Contractor shall complete Form 832 as follows:

1. Type of Program. Indicate the type of program.
2. Contractor's Name, Project Number and Project Code (SA#). Fill in as appropriate.
3. Reporting Month. Enter the month being reported.
4. Trainee's Name, Classification, and Social Security Number. Enter the trainee's name, work classification, and the last four digits of his social security number.
5. Date Enrolled in Program and Hourly Rate. Enter the date the trainee enrolled in the program and the trainee's hourly rate.
6. Percent of Journeyman Scale. Enter the trainee's hourly rate as a percentage of the journeyman scale.
7. Total Hours Required in Program. Enter the total hours required in the program.
8. Status of Trainee. Indicate the status of the trainee.

9. Days and Hours Worked by Trainee this Month. Enter the hours the trainee worked each day, broken down per CDOT project. Round the hours to the nearest half-hour.
10. Non-CDOT Project Descriptions. Enter the hours, if any, the trainee worked on non-CDOT projects.
11. Total Training Hours Worked this Month. Enter the total hours worked by the trainee this month.
12. Previous Training Hours Worked. Enter the total hours completed in the program prior to this Form 832. Include any hours credited for previous experience.
13. Total Training Hours Worked to Date. Enter the total hours completed in the program including this Form 832 and any credit for previous experience.
14. Trainee's Primary Job Duties. Provide a description of the trainee's primary job duties this month.
15. Trainee's Overall Job Performance. Indicate the trainee's job performance this month.
16. Supervisor's Comments. This entry reflects any comments the trainee's supervisor provides.
17. Trainee's Signature. If available, the trainee should sign in this cell.
18. Supervisor's Signature. The trainee's supervisor should sign in this cell.
19. Contractor's Certification.
20. Project Engineer's Certification.

COLORADO DEPARTMENT OF TRANSPORTATION		Type of Approved Program Check all that apply:	
TRAINEE STATUS AND EVALUATION		<input type="checkbox"/> Standard	<input type="checkbox"/> Union
		<input type="checkbox"/> U.S. DOL-F	<input type="checkbox"/> Other: _____
Contractors Name: (2)		Project Number: (2)	Project Code (SA#): (2) Reporting Month: (3)
Trainee's Name: (4)		Trainee's Classification: (4)	
Last 4 of SSN (4)	Date Enrolled in Program: (5)	Hourly Rate: (5)	
Percent of Journeyman Scale: (6)	Total Hours Required in Program: (7)		
Status of Trainee (8) <input type="checkbox"/> Working <input type="checkbox"/> Graduated <input type="checkbox"/> Temporarily Laid Off <input type="checkbox"/> Dropped Out <input type="checkbox"/> Transferred to Another Project <input type="checkbox"/> Terminated			
Federal Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	CDOT Project No.: (9)	Project Code:	Location: Hours Worked this Month:
Federal Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	CDOT Project No.:	Project Code:	Location: Hours Worked this Month:
Federal Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	CDOT Project No.:	Project Code:	Location: Hours Worked this Month:
Federal Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	CDOT Project No.:	Project Code:	Location: Hours Worked this Month:
Non-CDOT Project Descriptions and Locations: (10)			Hours Worked this Month: (10)
Total Training Hours Worked This Month: (11)	Previous Training Hours Worked: (12)	Total Training Hours Worked to Date: (13)	
What were the trainee's primary job duties this month: (14)			
The trainee's overall job performance for this month is: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (15)			
Supervisor's Comments: (16)			
Trainee's Comments:			
Trainee's Signature (if available): (17)		Supervisor's Signature: (18)	
CONTRACTOR:			
The undersigned contractor hereby certifies that the listed employee is a bona fide trainee as required by the On-the-Job Training Special Provision, that s/he has worked the hours reported on this form, and the hours worked on CDOT and Federal Aid Projects reported are eligible for reimbursement. The information provided above is reasonably correct to the best of my knowledge. (19)			
Contractor Signature/ Title			Date
PROJECT ENGINEER:			
I hereby certify that the On-the-Job training hours reported above have been reviewed and found reasonable.			
Engineer Signature/Title (20)		Date	

Distribution: REGION CIVIL RIGHTS MANAGER – 3 copies (one for BPO, one for Sponsor)
 Project Engineer
 Trainee
 Records Center (original)

Previous editions are obsolete and may not be used. CDOT Form # 832 12/11

**Form 838 – OJT Trainee/Apprentice Record
Completion Instructions**

Form 838 provides demographic data about individual trainees. The Contractor shall complete and submit Form 838 to the Project Engineer. The Project Engineer will not accept an incomplete Form 838. The Project Engineer will forward the Form 838 to the Region EEO/Civil Rights Specialist for review and approval. The Region EEO/Civil Rights Specialist will return an approved copy to the Project Engineer. The Project Engineer should not make payment for trainee hours until an approved Form 838 has been received from the Region EEO/Civil Rights Specialist.

After the Project Engineer receives an approved copy from the Region EEO/Civil Rights Specialist, the Contractor is eligible for reimbursement under the on-the-job training force account item, for each hour of training the approved trainee receives on the project. It is important that the Contractor provide information on all previous experience in the field for the trainee's previous construction work experience.

The Contractor shall complete Form 838 as follows:

1. Type of Program. Indicate the type of program.
2. Contractor's Name, Project No., Location, and Project Code (SA#). Fill in as appropriate.
3. Name and Title of Trainee's Supervisor.
4. Trainee Information. Enter the following information for the trainee:
 - a. name,
 - b. date,
 - c. job classification,
 - d. wage decision number,
 - e. sex,
 - f. last four digits of social security number,
 - g. veteran status,
 - h. education status,

- i. training hours credited, and
 - j. ethnic or racial background.
5. Previous Construction Work Experience. It is important that the Contractor provide information on all the trainee's previous work experience.
 6. Employment Dates. Enter the date the trainee was first employed by your company and the date you anticipate employment through.
 7. Anticipated Employment Time. Enter the length of time anticipated.
 8. Trainee's Beginning Wage Rate. Indicate the trainee's beginning wage rate.
 9. Trainee's Preference to Travel. Indicate whether or not the trainee is willing to travel to continue employment.
 10. Signature of Authorized Contractor Representative. Signature of Contractor or Designee.
 11. Region Civil Rights Manager Signature. Signature and approval decision of the Region Civil Rights Manager.

COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINEE/APPRENTICE RECORD			
Contractor Instructions: 1) Complete this form for each trainee or apprentice on the project that will be used to meet OJT requirements 2) Submit one form for each trainee/ apprentice for each project 3) Retain a copy for your records 4) Submit original to CDOT Project Engineer 5) Incomplete submittals will be rejected 6) Attach training program certificate 7) Attach training enrollment certificate			
Type of Program (check all that apply): <input type="checkbox"/> Union <input checked="" type="checkbox"/> Standard OJT Program <input type="checkbox"/> Other _____ <input type="checkbox"/> U.S. DOL - BAT			
Contractor's Name: <i>XYZ Construction</i>	Project No.: <i>IR 70-1 (30)</i>	Location: <i>Idaho Springs</i>	Project Code (SA#): <i>80115</i>
Name of Trainee's Supervisor: <i>John Smith</i>		Title:	
Trainee's Name: <i>Jose Gonzales</i>		Date this form submitted: <i>10/29/2013</i>	
Trainee's Job Classification and CODE from the wage decision: <i>Carpenter 1010</i>		Wage Decision number, include modifications: <i>CO 2010004 M005</i>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 of SSN <i>0002</i>	Veteran: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which branch:	
Education – Check the last year of school completed: Highest Grade Completed _____ <input type="checkbox"/> GED <input checked="" type="checkbox"/> High School Diploma <input type="checkbox"/> College Technical Training or Certifications: Special Licenses:		Training Hours Credited: Accumulated: On-the-Job Training <i>120</i> (hours) Classroom Training _____ (hours)	
Ethnic or Racial Background: <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Trainee's Previous Construction Work Experience:			
Name of Company	Location City / State	Job Classification	Dates of Employment: From: To:
<i>ABC Construction</i>	<i>Grand Junction / Colo.</i>	<i>Laborer</i>	<i>3/1/2011 8/1/2011</i>
Were any previous jobs at the journeyman level? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain:			
Date Trainee First employed by Your Company: <i>9/1/2013</i>		How long do you anticipate employing this trainee/apprentice? <i>3 months</i>	
Date Enrolled in Training Program: <i>9/1/2013</i>			
Trainee's wage (% of journeyman work) at this time? <input checked="" type="checkbox"/> 60% <input type="checkbox"/> 75% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		Trainee willing to travel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Trainees current wage rate \$ <i>19.27</i> /hr			
Signature of Authorized Contractor Representative: <i>John Smith</i>		Title:	Date: <i>10/29/13</i>
Region Civil Rights Manager Signature: <i>Stuart Little</i>		Region: <i>3</i> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not-Approved	Date: <i>10/29/2013</i>
Comments or reason not approved:			

Project Engineer (2) Project Engineer will provide one copy to the contractor
 Region Civil Rights Manager (3 copies – one for BPO, one for the sponsor if applicable)
 Records Center (Original)

CDOT Form # 838 12/11

Form 859 – Project Control Data Completion Instructions

Review Section 108.8 of this *Manual* and the current Standard Specification Subsection 108.08, Determination and Extension of Contract Time before completing Form 859. Distribution of Form 859 should be completed two weeks prior to the scheduled advertisement date. The first page of Form 859 lists features for consideration when determining contract time. Complete the first page of Form 859 as follows:

1. Project No., Project Code (SA#), Location, and Region. Enter the project number, project code, location, and Region number.
2. Date. Enter the date that information on the Form 859 is considered accurate. Any changes made after this date must be re-approved by the Program Engineer.
3. Advertisement Period. Enter the advertisement period, with three weeks being typical. The advertisement period may be adjusted to suit individual project requirements; however, the Chief Engineer must approve advertisement periods of less than three weeks.
4. CDOT Personnel. Enter the names of the individuals associated with the project.
5. Floating Start Date. Typically this is No. If the project is to have a floating start date, select yes and enter the appropriate period in this cell.
6. Lead Time. Enter the lead time period in calendar days from the award date to the date shown on the Notice to Proceed Letter. This is typically 20 days, however, additional lead time may be allowed for individual project considerations such as material fabrication and delivery (e.g., traffic signals, luminaires, and steel fabrication), obtaining permits, and development of Contractor material sources, or scheduling partnering sessions. If a lead time is necessary it will be included in the Project Special Provisions.

7. Time Specification Considerations. You will always select Yes for Critical Path. Check the applicable boxes for time considerations relative to contract time to be used on the project.
8. Work Items that may Impact Contract Time. Provide information in this section on the work items that may impact contract time. For example, ensure that the following issues are considered:
 - a. Lead time for construction survey work,
 - b. Utility relocations completed during construction,
 - c. Seasonal considerations including winter months, or winter shutdown,
 - d. Local events and traffic issues,
 - e. Temporary detour installation and removal, and
 - f. Planting season limitations.
9. Flagging and Traffic Control. Enter the estimate for flagging and traffic control management quantities after completing a CPM schedule (see description below).
10. Construction Type, Special Requirements, and Comments. Describe the type of construction and any special construction requirements or comments in this section of Form 859. This information is included to document the thought process for developing the contract Time.
11. Days or Fixed Completion Date. Enter the number of contract days determined from a CPM Schedule or indicate the fixed completion date as appropriate.
12. Months Time Not Charged. Subsection 108.08 of the *Standard Specifications* does not allow free time. Any time period that time is not to be charged must be indicated in this cell and addressed in the Contract.
13. Minor Contract Revisions. Enter the estimated dollar amount of minor Contract revisions to be reflected with project plan force accounts.
14. Region Program Engineer Signature and Date. Form 859 will be signed and dated by the Region Program Engineer in these cells.

15. Resident Engineer Signature and Date. Form 859 will be signed and dated by the Resident Engineer in these cells.

Instructions for Completing a CPM Schedule

A Critical Path Method (CPM) schedule will be used to determine the contract time and attached to the Form 859. Microsoft Project is the software CDOT uses to develop the CPM schedule. The example below is a widening and Hot Mastic Asphalt overlay project. The following items of work are included in the project. The schedule begins when the Notice to Proceed is issued to the Contractor.

Bid Item Quantities:

- a. Construction Signing (ground mounted)20 each
- b. Construction Surveying lump sum
- c. Clearing and Grubbing 10 acres
- d. Erosion Control installation 2 days #
- e. Utility Work (relocate power lines) 1 week
- f. Minor Structures (pipe extensions) 800 linear feet
- g. Unclassified Excavation (CIP)..... 40,000 cubic yards
- h. HMA (Grading SX)(100)(64-22) 15,000 tons
- i. Emulsified Asphalt (slow setting) 2,000 gallons
- j. Aggregate Base Course (Class 6) 6,000 tons
- k. Guardrail 5,000 linear feet
- l. Topsoil (H) 5,000 cubic yards
- m. Seeding (Native) 10 acres
- n. Mulching 10 acres
- o. Flagging * hours
- p. Traffic Control Management * days
- q. Traffic Control Inspection * days
- r. Pavement Marking Paint..... 170 gallons

While Erosion Control Installation is not a bid item, it is included to determine how it affects the Contract time.

* To be determined by the Resident Engineer and entered on Form 859.

1. List the items of work to be prosecuted. Listing these items of work in the logical sequence in which they must be performed will assist with completion of the CPM schedule.
 - a. Utility Locates
 - b. Mobilization and Construction Signing
 - c. Construction Surveying
 - d. Clearing and Grubbing
 - e. Utility Work
 - f. Minor Structures
 - g. Unclassified Excavation
 - h. HMA (Emulsified asphalt can be omitted, because it is controlled by HMA)
 - i. ABC (ABC is for shouldering)
 - j. Guardrail
 - k. Topsoil
 - l. Seeding (Mulching can be omitted, because it is controlled by seeding)
 - m. Pavement Marking Paint.

Flagging, Traffic Control Management and Traffic Control Inspection are concurrent with the other work and do not affect project completion.

2. Determine which items are anticipated to be controlling items of work. A controlling item of work and a salient feature are not synonymous. A controlling item of work is an item of work that may extend the overall completion of the project if the duration of this item is increased. A salient feature is an item of work that may be of special interest in coordinating the project schedule because of the volume, complexity, or nature of the work, but may not affect the overall completion of the project.

In order to produce the schedule, the project should be constructed in theory to determine the sequence of the work, especially when phasing is required. Items of work can often be constructed concurrently which will also impact the duration of the project. Creating the CPM schedule will determine which items are controlling items of work for the project.

In this example, the following items are predicted to be controlling items of work:

- a. Utility Locates
- b. Construction Signing
- c. Construction Surveying
- d. Clearing and Grubbing
- e. Erosion Control Installation
- f. Minor Structures
- g. Unclassified Excavation
- h. HMA
- i. ABC
- j. Guardrail
- k. Topsoil
- l. Seeding and Mulching
- m. Striping
- n. Punch List

Construction signing is included as a controlling item to consider time for initial installation of ground-mounted advance warning signs, as indicated by the Traffic Control Plan. The construction signing work item is ongoing throughout the life of the project; however, initial placement of advance warning construction signs and required devices will be necessary prior to beginning construction surveying and other bid item work. In this example, mobilization is presumed to be completed in conjunction with construction signing and; therefore, time is not specifically addressed.

Lead time to initiate Construction Survey work should be considered to allow for checking of monuments and benchmarks and for slope staking to begin in advance of earthwork operations.

The remaining items are the primary work items required for completion of the project.

The utility work is anticipated to take five working days and is required to be completed in conjunction with unclassified excavation work, as the lines to be relocated are under ground. However, the utility company must be notified and

the relocation completed in a timely manner to avoid delays. Therefore, these items are not controlling items of work, but rather are salient features. Final Striping (Pavement Marking Paint) can be completed while placing ABC, Topsoil, Seeding and Mulching.

3. Determine durations for items of work. Determine an estimated daily production rate for each controlling item of work, considering any factors that will impact completion as indicated on the first page of Form 859.

The estimated daily production rates used in the example below are specific only to this project and are not to be used for actual projects. Actual project production rates will vary based on location, accessibility, weather restrictions, working hour limitations, and traffic conditions.

To determine the number of work days required to complete each controlling item of work, divide the quantity of work for each item by the estimated daily production rate. Production rate calculations should be documented in the notes for each activity in the Microsoft Project file.

Computing Work Days for Controlling Items of Work			
<u>Item</u>	<u>Quantity</u>	<u>Estimated Daily Production Rate**</u>	<u>Work Days</u>
Utility Locates			1 day
Construction Signing	20 signs	10 signs/ day	2 days
Construction Surveying			15 days
Clearing and Grubbing	10 acres	1 acre/ day	10 days
Erosion Control Installation			2 days
Minor Structures (pipe ext. w/ end sections)	800 linear feet	50 linear feet/ day	16 days
Unclassified Excavation	40,000 cubic yards	2,000 cubic yards/ day	20 days
HMA	15,000 tons	1,000 tons/ day	15 days
ABC	6,000 tons	600 tons/ day	10 days
Guardrail	5,000 linear feet	300 linear feet/	17 days

		day	
Topsoil	5,000 cubic yards	500 cubic yards/ day	10 days
Seeding	10 acres	5 acres/ day	2 days
Striping			1 day
Punch List			3 days

***Notes on Production Rates:*

- a. *One work day for Utility Locates is considered reasonable.*
 - b. *Fifteen days for Construction Surveying is considered reasonable, with three days lead time provided for checking of control monuments and initial slope stake placement in advance of clearing and grubbing, minor structure, and earthwork operations.*
 - c. *Determination of the Construction Surveying duration and appropriate lead-time for actual projects will be based on survey complexity, engineering judgment, and experience with actual progress of survey work.*
 - d. *Two days is considered reasonable for installing the first set of Erosion Control items.*
 - e. *One work day is reasonable to perform final striping of the project.*
 - f. *Three days is typical for completing Punch List items.*
4. Create a CPM schedule. Create a new project in MS Project and enter the items of work as tasks. Adding the Notice to Proceed and Project Acceptance as milestones is helpful. Next add the estimated production rates and quantities in the notes, and the calculated durations in the appropriate box for each task. Finally add relationships between activities. If using relationships other than Finish to Start with zero lag, note the reasoning for using the different relationships and lags. All tasks or activities will have predecessor and successor activities except for the first activity (no predecessor), and the last activity (no successor).
5. It is helpful to create a summary activity that includes all project activities to calculate the number of days required to complete all project work.

6. The completed CPM Schedule shows that the contract time for this project should be 79 working days. Enter 79 working days in the proper box on the first page of Form 859.

7. In accordance with *Section 630*, a Traffic Control Management (TCM) day is paid for every calendar day on which there is active traffic control. In this example, the appropriate number of TCM days is 79 days. The elapsed time for the project which starts April 14, 2014 and ends August 7, 2014 is 117 days. In order to determine the Traffic Control Inspection (TCI) days, subtract the TCM days from the Elapsed time. In this example the difference is 38 days. Enter the TCM and TCI days in the comments section on the first page of Form 859.

8. To estimate the number of Flagging hours that will be required, estimate how many hours that will be required each day and multiply by the number of working days.

In this example, it was estimated that 948 hours of flagging would be required. Enter this amount on the first page of Form 859.

COLORADO DEPARTMENT OF TRANSPORTATION PROJECT CONTROL DATA	Project No.: EXAMPLE (1)	Project Code (SA#): 12345 (1)
	Location: Colorado (1)	
	Region: (1)	

The data on this form is valid for project advertisement before: Date: **03/06/14** (2) Advertisement Period: **3 weeks** (3)

Region Program Engineer: M. Wallace (4)	Project Engineer: J. Winnfield (4)
Resident Engineer: B. Coolidge (4)	Project Inspector: V. Vega (4)
Floating Start Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No / / to / / (5)	Time Specification Considerations: Yes No
Lead Time-Award Date to Notice-to-Proceed Date (typically 20 days): 20 days (6)	Material Delivery: (7) <input type="checkbox"/> <input checked="" type="checkbox"/>
	A+B: <input checked="" type="checkbox"/> <input type="checkbox"/>
	Critical Path: <input checked="" type="checkbox"/> <input type="checkbox"/>
	Completion Incentive/Disincentive: <input type="checkbox"/> <input checked="" type="checkbox"/>

Provide information below for work items that may impact Contract time. (8)

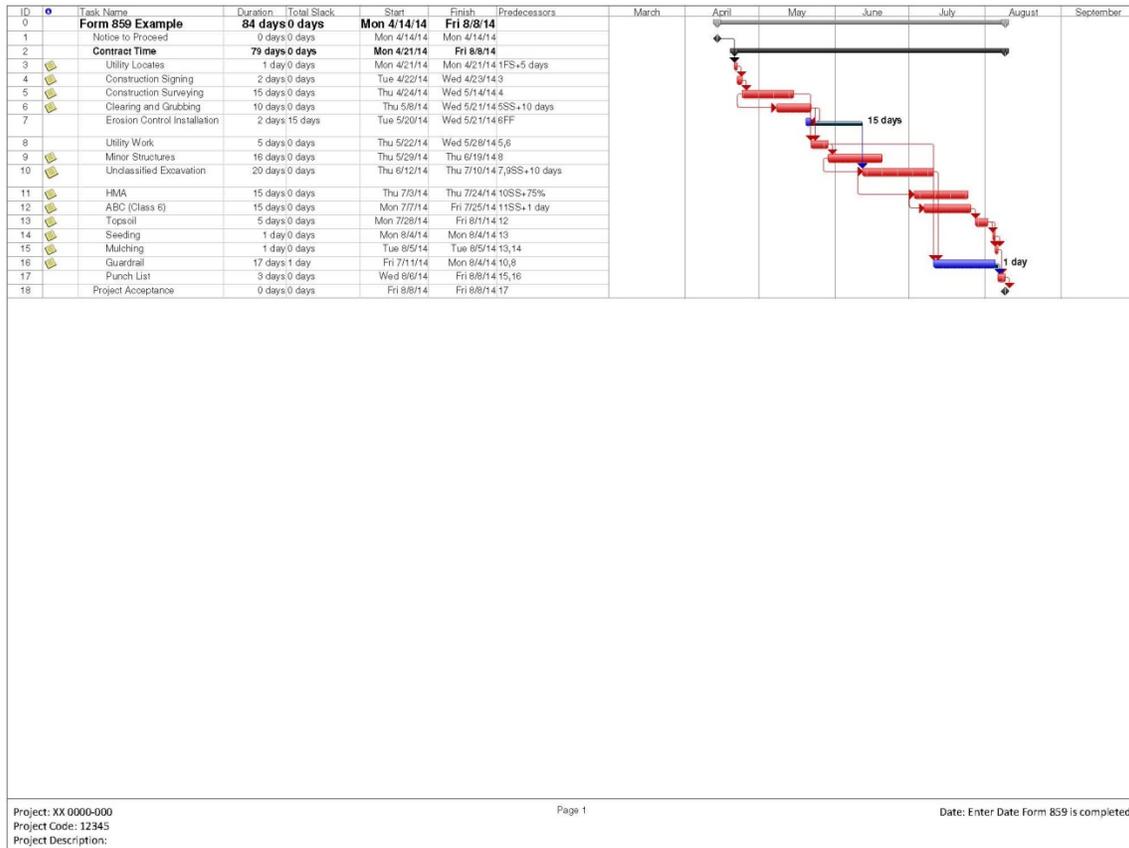
Mobilization/Construction Signing: No Phasing Required	Construction Surveying: Salient Feature: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clearing and Grubbing: Dense Tree Population	Utilities: Relocate buried power lines.
Minor Structures: pipe extensions only	Detours – Installation: -----
Earthwork: <input type="checkbox"/> Contractor Furnished <input type="checkbox"/> Available Source 40,000	Detours - Removal: -----
Concrete Pavement: <input type="checkbox"/> Contractor Furnished <input type="checkbox"/> Available Source	Major Structures: -----
QC/QA Specifications: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	Borrow: <input type="checkbox"/> Contractor Furnished <input type="checkbox"/> Available Source -----
Guardrail: Several Long Runs	Hot Bituminous Pavement: <input type="checkbox"/> Contractor Furnished <input type="checkbox"/> Available Source 15,000 ton
Topsoil/Seeding/Mulching: Mountainous terrain	Smoothness Specifications: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, Category #: 3
Flagging: 948 hours (9)	HBP only: <input type="checkbox"/> % improvement <input checked="" type="checkbox"/> inches/mile
Uniform Traffic Control: 0 hours (9)	Traffic Signals/Lighting: -----
	Permanent Signing/Striping: Standard Pavement Marking
	Other Items: ABC Shouldering 6,000 tons
	Traffic Control Manager: <input type="checkbox"/> No If no, attach explanation. <input type="checkbox"/> Yes If yes, days: See Comments (9)

Construction Type, Special Requirements and Comments:
79 TCM days
38 TCI days (10)

Days: 79 (11) <input checked="" type="checkbox"/> Working <input type="checkbox"/> Calendar	Or Fixed Completion Date: / / (11)	Months Time Not Charged (free time): NA (12)	Minor Contract Revisions: 10,000 (13)
Region Program Engineer Signature: (14)	Date: 02/24/14 (14)	Resident Engineer Signature: (15)	Date: 02/25/14 (15)

Distribution: Previous editions may be used until supplies exhausted CDOT Form 859 Page 1 of 2 07/02
 Records Center (original)
 Region Program Engineer
 Resident Engineer

Note: Page 2 of Form 859, when printed from SiteManager®, is marked “Do Not Use.” As per the instructions, a Critical Path Method (CPM) schedule will be used instead of the second page of Form 859 to determine the Contract time. Microsoft Project is the software used to develop the CPM schedule.



Form 1186 – Contract Funding Increase/Decrease and Approval Letter Completion Instructions

Form 1186 must be submitted and approved prior to payment of any interim estimate that will cause the cumulative total of Contractor payments to exceed the project commitment amount. Form 1186 must be coordinated through the Region Business Office. See Section 120 of this *Manual* for additional information on when it is necessary to submit a Form 1186. Complete Form 1186 as follows:

1. Contracts/Situations. Indicate the contracts or situations that are applicable (e.g., CDOT construction, sum of contract modification orders, utility/railroad, underestimated total cost).
2. Section 1 Information. Enter the date, project code, project number, Region, office address of the requesting Business Office or residency, and the phone number and fax number of a contact person who can provide additional information concerning the request to increase or decrease funding.
3. Vendor Information. Enter the vendor's name, vendor's address, SAP vendor number, and the Contract routing number. The Contract routing number can be obtained from a copy of the signed Contract.
4. SAP Purchase Order Number, Fund, Functional Area:, GL Account Number, WBS Element or Functional Center. All information regarding SAP coding can be obtained from the Contract.
5. Original Contract Amount. Enter the original Contract amount, which can be obtained from the Contract.
6. Budget Request Processing. Indicate whether or not a budget request has been made through OFMB to cover the increased amount.
7. Previous Funding Letter(s) Total. Enter the previous funding letter(s) total, which is available from the project file.
8. Funding Letter Total. Enter the amount of this request.

9. Adjusted Contract Amount. Enter the adjusted Contract amount, which is the original Contract amount, plus any previous funding letters, plus this funding letter.
10. Contract Administrator's/Business Manager's Approval. The Region Business Manager must sign and list a phone number.
11. CDOT Designee Approval. The CDOT designee approval is no longer necessary.
12. Local Agency Approval. If it is a Local Agency Contract, the Region determines if the Local Agency approves.

The original must be sent to Accounting before the funds will be encumbered. Retain a copy of Form 1186 for the project file.

The Controller will sign and make the distribution as requested by the Region.

COLORADO DEPARTMENT OF TRANSPORTATION CONTRACT FUNDING INCREASE/DECREASE & APPROVAL LETTER		Authority: State Controller Policy letter on June 12, 1996 CDOT Controller letter on May 23, 1996	
Region: Complete section 1 and submit to CDOT Controller's office			
This form to be used for the following contracts/situations only (check the appropriate situation): 1			
<input checked="" type="checkbox"/> Indefinite quantity, order more/add more	<input type="checkbox"/> utility/railroad, underestimated total cost		
<input checked="" type="checkbox"/> CDOT construction, sum of CMO's	<input type="checkbox"/> LA construction, underestimated cost		
<input type="checkbox"/> CDOT Construction, underestimated total cost	<input type="checkbox"/> CDOT Consultant, underestimated cost		
SECTION 1 (Region use)			
Date: 11/21/2013		Project code: 18070	
To: CDOT Controller {FAX# (303) 757-9573 or e-mail CONTROLLER}		Project #: FBR 0761-209	
From Region #: 1	Office: Region 1 Business Office	Phone #: 303-757-9913	FAX #: 303-757-9149
CDOT has executed a contract with: Sema Construction Inc. 3			
Address: 7353 S. Eagle Street, Centennial, CO 80112-4223 3			
CDOT Vendor #: 1004005 3	Contract routing #: 12 HA6 34522 3	SAP Purchase Order #: PO #261000871 PR #140002980 4	
Fund: 538	Functional Area: 3300	GL Account Number: 4231100011	WBS Element or Functional Center: 18070.20.10 4
Original contract amount: \$ 11,677,190.15 5	Has a Budget Request been processed to cover the contract amount of increase? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6		
Previous Funding Letter(s) total: \$ -721,312.20 7	Funding letter: #1 thru # 1	Preparer's name: Kiersten Williams <i>K Williams</i>	Preparer's phone #: 303-757-9913
This Funding Letter total: \$ 107,749.00 8	Funding letter: # 2	Contract Administrator's/Business Manager's approval: Lillian Bourne <i>L Bourne</i> 10	Approver's phone #: 303-757-9912
Adjusted contract amount: \$ 11,063,626.95 9	CDOT Designee approval: Masoud Ghaeli (Acting PE III) <i>M. Ghaeli</i> 11		Local Agency approval: 12
SECTION 2 (Controller's Office use)			
Total allotment amount: \$		Commission budget: \$	
If construction: <input type="checkbox"/> CE pool eligible	CE charges: \$	Indirect charges: \$	Adjusted contract amount plus total CE & Indirect charges Calculation: \$
I have reviewed the financial status of the project, organization, grant and have determined that sufficient funds are available to cover this increase, effective as of (show date):			
State Controller or Delegates:			Date signed:

CDOT Form #1186 6/07

Form 1212 – Final Acceptance Report Completion Instructions

Form 1212 is used to document the final inspection of the project by the Resident Engineer, as required by FHWA on all Federal-Aid projects. The final inspection of the project should be completed in advance of project acceptance to permit any necessary corrective work to be completed before the Contractor vacates the project site. To facilitate coordination of the final inspection prior to project acceptance, the Resident Engineer will use transaction ZJ11 in SAP to complete items in Form 1212. SAP will execute the workflow and email a pdf copy to the Resident Engineer and the Finals Administrator. See Section 100 of this *Manual* for additional information on the use of Form 1212.

1. Project No., Project Code (SA#), and County. Fill in as appropriate.
2. Federal Oversight. Check the appropriate response indicating whether or not the project has Federal-Aid oversight.
3. Contractor's Name. Enter the Contractor's name.
4. Location. Enter the project location.
5. Original Contract Amount. Enter the original Contract amount.
6. Description of Improvement as Advertised. Provide a description of the project improvement as advertised.
7. Inspection Date. Show the date that the project inspection was completed.
8. Acceptance Date. Enter the project acceptance date.
9. Percent Time Elapsed. Enter the percent of authorized Contract time elapsed as of the project acceptance date.

10. Original Contract Time. Input the number of original Contract days or the Contract completion date for the original Contract time.
11. Checklist. The Resident Engineer must check each box after verifying that the listed items are completed and correct. If any of the items on the checklist are not required for the project, the box should be left blank and an explanation entered on the form as to why the item was not required. In addition to the listed items that are discussed below, dollar amounts and time extensions associated with the claim resolutions may also be indicated as remarks.
12. Name, Title, Signature, and Date. The Resident Engineer's name and signature and the date are required.

A hard copy with original signature must be forwarded to the FHWA via the Region Final's Engineer and a copy included in the project files even when using the electronic version of the form.

COLORADO DEPARTMENT OF TRANSPORTATION FINAL ACCEPTANCE REPORT FOR FEDERAL-AID PROJECTS		Project No.: STE M320-068 ①	Federal Oversight: ② <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Project Code (SA#): 18071 ①	County: DENVER ①
Contractor's Name: ABCO ③	Location: 1st Ave./Cherry Creek: Trail (Combined) ④	Original Contract Amount: \$ 0.00 ⑤	
Description of Improvement as Advertised: RECONSTRUCT AND WIDEN EXISTING TRAIL AND CONSTRUCT RETAINING WALL ⑥			
Inspection Date: 11/08/2012 ⑦	Acceptance Date: 11/21/2012 ⑧	Percent Time Elapsed: 0.00 % ⑨	Original Contract Time: 00000 days ⑩
Checklist--Verify the following items as complete and/or correct: ⑪ <input checked="" type="checkbox"/> The project has been completed in reasonably close conformity with the Contract Plans and specifications including authorized changes. <input checked="" type="checkbox"/> The Form 473 - Letter of Materials Certification has been completed <input checked="" type="checkbox"/> The project right-of-way appears to be free of unauthorized encroachments. <input type="checkbox"/> The completed project has been reviewed for obvious safety deficiencies. Select one of the following: <input checked="" type="checkbox"/> 1. The project did not include construction of a major bridge. <input type="checkbox"/> 2. The project included construction of one or more major bridges. If you selected 2 above verify the following: <input type="checkbox"/> Staff Bridge has conducted an inspection of all major bridges constructed on this project.			
Remarks: This project was combined with BRO M320-066, SA 17606 and was advertised by City and County of Denver. Contract time and amount were extended by change orders, and all change orders were funded by Denver.			
Name: KEVIN BROWN		Date: 12/19/2013 ⑫	
Title: Resident Engineer ⑫			

Distribution: FHWA(original)
CDOT Project and Grants
Records Center
Finals Engineer
Resident Engineer
Local Agency (if a Local Agency Project)

Previous editions are obsolete and may not be used CDOT Form 1212 09/09

**Form 1318 – Dispute and Claim Status Report
Completion Instructions**

The Project Engineer is responsible for completing the Dispute and Claim Status Report. See Section 105.22 of this *Manual* for additional information on claims. Complete the Claims Status Report as follows:

1. Date of Report. Date of first instance.
2. Claim No. Number consecutively on the project. Enter both claim number and dispute number as per the example. You may have had four disputes on the project, but this is the first dispute that went to claim status; the Claim No. would be “1-D4” to tie the claim to the dispute.
3. Project No., Project Code (SA#), and Project Description. Fill in as appropriate.
4. Final Acceptance Date. Date the project was accepted.
5. Contractor Information. Fill in as appropriate.
6. CDOT Contacts. Fill in as appropriate.
7. Work Category. As instructed, enter the Standard Specification which addresses the disputed item (i.e. 203.06 Embankment.)
8. Primary Basis of Dispute. Enter the primary reason for the dispute (i.e. CDOT and the Contractor could not agree on time allowance, cost, interpretation of plans, etc.).
9. Brief Description of Dispute. Fill in as appropriate.
10. Amount of Contractor’s Dispute. If amount of dispute is unknown at the time of notice, put “unknown” until amount is determined. Amount of Contractor’s dispute must be determined when their Request for Equitable Adjustment (REA) is submitted.

11. Amount of Contractor's Dispute. If time of dispute is unknown at the time of notice, put "unknown" until the number of days is determined. Amount of time related to Contractor's dispute must be determined when their Request for Equitable Adjustment (REA) is submitted.
12. Event. Fill in the dates as each item transpires. The days listed after each line item denote the time frame when that line item is due based on the preceding process completed. Schedule of dispute is critical, dispute may be granted or denied is CDOT or the Contractor fail to follow the schedule outlined in subsection 105.22 of the *Standard Specifications*.
13. Level. Level denotes the level the dispute/claim was resolved.
14. Comments. Fill in as appropriate.

COLORADO DEPARTMENT OF TRANSPORTATION DISPUTE AND CLAIM STATUS REPORT (STANDARD SPECIFICATION 105.22)		Date of Report: 1 Dispute No.: _____ Project Code: _____ Project Number: _____ Project Description: _____ Final Acceptance Date: _____		Region: _____ Claim No.: 2 (Claim – Dispute) (i.e. Claim #1 Dispute #4, 1-D4)																
Contractor: _____		Contract Amount: _____																		
Address: 5		Contractor Contact: _____																		
Phone: _____		Cell: _____		Fax: _____																
CDOT Contacts: 6 Region Program Engineer: Resident Engineer: Project Engineer: Area Engineer:		Phone Numbers <table border="1"> <thead> <tr> <th>Office</th> <th>Mobile</th> <th>Field</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Office	Mobile	Field												
Office	Mobile	Field																		
Work Category (which section of Standard Specifications, ie 203.06): 7 Primary Basis of Dispute: 8 Unanticipated Condition: Brief Description of Dispute: 9 Any Additional Information:																				
Amount of Contractor's Dispute: 10		Time Disputed: 11 days																		
Event		Date Completed	Date Scheduled																	
Immediate Oral Notice of Project Issue Impasse CDOT Rep. Notified: _____																				
Written Notice of Dispute [105.22(b)]			12																	
Contractor's Submittal of Request for Equitable Adjustment(REA)[105.22(b)] 15 days																				
Project Engineer Furnishes Complete REA Package to Area Engineer		ASAP																		
Project Engineer and Contractor Discuss merit of dispute [105.22(c)] 15 days after submittal																				
Project Engineer's Written Decision [105.22(c)]		7 days																		
PE determines dispute has merit																				
Merit granted Quantum negotiations [105.22(c)]		30 days																		
Contractor Agrees __ or Disagrees__ on Quantum (Check appropriate item) 7 days			If Agrees GOTO	Dispute Resolved																
Contractor rejects PE denial __ or Disagrees on Quantum __ (Check appropriate item)																				
Contractor provides written notice to Resident Engineer [105.22(d)] 7 days																				
PE/RE & Supt/PM & Contractor's rep with decision authority above the project level to meet regularly to discuss dispute [105.22(d)] Up to 30 days																				
Contractor Agrees __ or Disagrees __ (Check appropriate item) 7 days			If Agrees GOTO	Dispute Resolved																
Project Engineer initiates Dispute Resolution Board (DRB) process [105.23(a)] 5 days																				
DRB Agreement Signed [105.23(b)]		30/45 days																		
DRB Prehearing Submittal [105.23(e)]		20 days																		
DRB Hearing [105.23(f)]		10 days																		
DRB Renders a Recommendation [105.23(g)]		30 days																		
Request for Clarification and Reconsideration [105.23(h)]		10 days																		
Either Party Rejects __ or Accepts __ Recommendation (Check appropriate item) [105.23(i)]		14 days																		

DRB Recommendations Accepted		If Agrees GOTO	Dispute Resolved
Contractor Files Notice of Intent to File a Claim to the Region Transportation Director (RTD) [105.24(a)]	30 days		
Contractor submits claim package w/RTD (and Audit Unit if Over \$250K) [105.24(b)]	60 days		
RTD Renders a Decision [105.24(d)]	60 days		
Contractor Accepts __ or Rejects __ RTD Decision (Check appropriate item) [105.24(d)]	30 days		
RTD Recommendations Accepted		If Agrees GOTO	Dispute Resolved
Contractor Rejects and Appeals RTD decision to Chief Engineer (CE)			
Chief Engineer Renders Decision [105.24(e)]	60 days		
Or - Contractor May Request Hearing with CE [105.24(e)]	15 days		
Chief Engineer Renders Decision After Hearing [105.24(e)]	45 days		
Contractor Accepts __ or Rejects __ CE Decision (Check appropriate item) [105.24(e)]	30 days		
CE Recommendations Accepted		If Agrees GOTO	Dispute Resolved
Contractor Initiates one of the following based on Form 1378 at time of pre-construction meeting	180 days		
Merit Binding Arbitration			
De Novo Litigation			
Dispute Resolved: Adjustment of Payment/Schedule in Consultation with Program Engineer			
Claim Settled for \$ _____ Time Claimed: _____ days Level: 13			
Comments: (Please furnish all new information about the claim since the last report.)			
14			
Partnering/Dispute Resolution in place (yes/no)		If yes, was it attempted (yes/no)	
Reason CDOT believes agreement not achieved:			
Project Being Audited (yes / no)		Completion Date	

**FHWA Form 1391 – Federal-Aid Highway Construction
Contractors Annual EEO Report
Completion Instructions**

A blank copy of FHWA Form 1391 is presented on the next page for reference.

An electronic version of the Excel workbook is embedded here:



FHWA_1391_2013.xl
sx

FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT																						
1. MARK APPROPRIATE BLOCK (Click in lower half of box for selection)			2. COMPANY NAME, CITY, STATE: Name: City: State:			3. PROJECT NUMBER:			4. DOLLAR AMOUNT OF CONTRACT:			5. PROJECT LOCATION: (County and State)										
This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March, 2013.																						
6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING WEEK OF JULY 21-27, 2013.																						
TABLE A																						
JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL/ETHNIC MINORITY		BLACK or AFRICAN AMERICAN		HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPRENTICES		ON THE JOB TRAINEES	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
OFFICIALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUPERVISORS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FOREMEN/WOMEN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLERICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT OPERATORS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MECHANICS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TRUCK DRIVERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IRONWORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARPENTERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CEMENT MASONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ELECTRICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PIPEFITTER/PLUMBERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAINTERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS-SEMI SKILLED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS-UNSKILLED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TABLE B																						
TABLE C (Table B data by racial status)																						
APPRENTICES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OUT TRAINEES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. PREPARED BY: (Signature [typed] and Title of Contractors Representative)													8. DATE		9. REVIEWED BY: (Signature and Title of State Highway Official)			10. DATE				

Form FHWA-1381 (Rev. 06-10)

PREVIOUS EDITIONS ARE OBSOLETE

Form 1401 – Block Faced MSE Wall Submittal Checklist

A blank copy of Form 1401 is presented.

COLORADO DEPARTMENT OF TRANSPORTATION BLOCK FACED MSE WALL SUBMITTAL CHECKLIST	Project No.:
	Project Code (SA#):
	Date:

Instructions for shop drawing submittal and approval:

- This form is to be used on projects that require construction of Concrete Block Facing MSE Walls or alternate hybrid walls. The Contractor is to fill out this form and submit it with the shop drawings.
- Yes = Yes, the required submittal is included in this submittal package.
- No = No, the required submittal is not included in this submittal package. Provide the reason why the required submittal is not included in this submittal package in the space below the requirement. This may result in the rejection of the submittal package.
- NA = The required submittal does not apply. In lieu of required submittal provide alternative documentation as needed. Provide reason why in the space below the requirement.
- Add = The required submittal is not available at this time. Provide planned date when test results will be provided in the space below the requirement.
- (1) = An explanation is required and has been provided in the space below the requirement.

Contractor's Name:
Subcontractor's Name:
Description of Wall(s):

Standard Special Provision Reference	Requirement Description (see Standard Special Provision for complete description and requirements)	Enter Yes, No (1), NA (1) and/or Add (1)
MATERIALS, (f) 1	Certification of TULT (MARV) conforming to the requirements of ASTM D4595, ASTM D6637 or other methods as appropriate.	
MATERIALS, (f) 1	Ultimate Tensile Strength, a mill test report containing the ultimate tensile strength and/or of yield strength of the steel.	
MATERIALS, (f) 2	Report of the block/reinforcement connection test conforming to the requirements of ASTM D6638, NCMA Methods SRWU 1 or other methods as appropriate.	
MATERIALS, (f) 3	Report for block/block connection test conforming to the requirements of NCMA Methods SRWU 2 or other methods as appropriate.	
MATERIALS, (f) 4	Report for soil to reinforcement interface pullout test conforming to the requirements of ASTM D6706 or other methods as appropriate.	
MATERIALS, (f) 5	Certification of facial block to reinforcement long-term connection strength.	
MATERIALS, (f) 6	Certification of reinforcement pullout.	
MATERIALS, (f) 7	Report and certification for Concrete block 28 days compression strength and water absorption rate conforming to the requirements of ASTM C90 and ASTM C140. Multiple submittals may be required per frequency of tests.	
MATERIALS, (f) 8	Efflorescence, Freeze and Thaw Test conforming to the requirements of ASTM C1262 or other methods as appropriate. Multiple submittals may be required per frequency of tests.	

I certify that the Block Faced MSE Wall Certifications, Calculations and Testing Reports Submittal is complete and correct.	
Authorized Prime Contractor Representative Signature:	Title:

Form 1402 – Panel Faced MSE Wall Submittal Checklist

A blank copy of Form 1402 is presented.

COLORADO DEPARTMENT OF TRANSPORTATION PANEL FACED MSE WALL SUBMITTAL CHECKLIST	Project No.:
	Project Code (SA#):
	Date:

Instructions for shop drawing submittal and approval:

- This form is to be used on projects that require construction of Concrete Panel Facing MSE Walls or alternate hybrid walls. The Contractor is to fill out this form and submit it with the shop drawings.
- Yes = Yes, the required submittal is included in this submittal package.
- No = No, the required submittal is not included in this submittal package. Provide the reason why the required submittal is not included in this submittal package in the space below the requirement. This may result in the rejection of the submittal package.
- NA = The required submittal does not apply. In lieu of required submittal provide alternative documentation as needed. Provide reason why in the space below the requirement.
- Add = The required submittal is not available at this time. Provide planned date when test results will be provided in the space below the requirement.
- (1) = An explanation is required and has been provided in the space below the requirement.

Contractor's Name: _____

Subcontractor's Name: _____

Description of Wall(s): _____

Standard Special Provision Reference	Requirement Description (see Standard Special Provision for complete description and requirements)	Enter Yes, No (1), NA (1) and/or Add (1)
MATERIALS, (f) 1	Certification of T _{ULT} (MARV) conforming to the requirements of ASTM D4595, ASTM D6637 or other methods as appropriate.	
MATERIALS, (f) 2	Ultimate Tensile Strength, a mill test report containing the ultimate tensile strength and/or of yield strength of the steel.	
MATERIALS, (f) 3	Report of the Panel/Reinforcement Connection Test.	
MATERIALS, (f) 4	Report for soil to reinforcement interface pullout test conforming to the requirements of ASTM D6706 or other methods as appropriate.	
MATERIALS, (f) 5	Certification of facial panel to reinforcement long-term connection strength	
MATERIALS, (f) 6	Certification of reinforcement pullout	
MATERIALS, (f) 7	Certification of the initial concrete compression strength and Report of shipping and handling stress calculations	
MATERIALS, (f) 8	Design calculations and/or pull out test report for soil reinforcement embedment in the concrete panel	
MATERIALS, (f) 9	Air Content Test conforming to the requirements of ASTM C173 or ASTM C231. Multiple submittals may be required per frequency of tests.	

I certify that the Panel Faced MSE Wall Certifications, Calculations and Testing Reports Submittal is complete and correct.

Authorized Prime Contractor Representative Signature:	Title:

Piling Form Completion Instructions

Complete the Piling Form as follows:

1. Project No. and Project Code (SA#). Fill in as appropriate.
2. Date. Enter the date the piling was driven into the ground.
3. Piling Site No. Make a copy of the piling layout from the plans. The sites of the piling will be numbered beginning with Abutment 1, continuing to Pier 2. Write the piling site number corresponding to the piling to be driven.
4. Pile No. Record a number if a cutoff is being spliced to the pile. The pile number to be used will be the piling site number followed by an "A" of the site it was cut from.
5. Heat No. Enter the heat number. The heat number is the number recorded on the piling.
6. Linear Feet. Enter the data for linear feet as follows:
 - a. In Lead. The length of the piling that has been driven.
 - b. Cut Off. The length of the piling that has been cut off.
 - c. In Place (a). The lead length minus the cutoff length.
7. Splices. Enter the data for splices as follows:
 - a. No. Enter the total number of splices on the piling. Check the specifications for the total number of splices allowed for payment.
 - b. X. Enter the length allowed for splices per the *Standard Specifications*.
 - c. Linear Feet (b). Enter the number of splices multiplied by the X length.
8. Item 502 Total Linear Feet (c). Enter the sum of column (a) and column (b).

9. Item 900 *Cutoff $L \leq 10$ feet. Enter the cutoff length not used that is less than or equal to 10 feet. Add a new item to the Contract. The unit price for the new item is based on using 80% of the Contract unit price per subsection 502.13 of the *Standard Specifications*.
10. Calculated By. The initials of the Project Inspector who is documenting the piling quantities are entered in this column.
11. Checked By. The initials of the Project Inspector who checks the piling quantities are entered in this column.

COLORADO DEPARTMENT OF TRANSPORTATION PILING FORM												
		Project No.: ① Example Project Code (SA#): ① 11111										
② Date	③ Piling Site No.	④ Pile No.	⑤ Heat No.	⑥ Linear Feet			⑦ Splices		⑧ Item 502 Total Linear Feet (c)	⑨ Item 900 *Cutoff L ≤ 10 feet	⑩ Calculated By	⑪ Checked By
				In Lead	Cut Off	In Place (a)	No.	X				
6/1/95	11		245810	42.4		42.4			42.4			
6/1/95	11		245810	36.3	17.2	19.1	1	2	21.1			
6/1/95	12		245810	42.4		42.4			42.4			
6/1/95	12	11A	245810	17.2	5.6	11.6	1	2	13.6	5.6		
/ /												
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									TOTAL:	119.2	5.6	Sheet No.:

*Paid as a new item per subsection 502.13 of the Standard Specifications.

Distribution: Project File (original)

CDOT Piling Form 07/02

Traffic Control Review Form Completion Instructions

An example of Traffic Control Review Form is presented.

The seven-page printed version that follows is a sample. The fillable Excel spreadsheet is embedded below.



Master TCR -
REVISED 10-28-13.xls

Project: FBR114A-010 Date: May 22, 2014
 Subaccount: 12345 Time: 10:15am
 Location: SH 114 over Jacks Creek

Project Engineer: S. Standard Prime Contractor: W.R. Bridges
 Resident Engineer: P. Manning Traffic Control Contractor: TC Specialists
 Reviewer: TC Review Team Traffic Control Supervisor: S. Stripes

Use Yes, No, NA (Not Applicable), or NC (Not Checked)

[NOTE: References are to CDOT's current Standard Specifications, standard special provisions (SSP), Construction Bulletins (CB), M&S standards (M- or S-xxx-x), Construction Manual (CM), Manual on Uniform Traffic Control Devices (MUTCD), AASHTO Roadside Design Guide (RDG), or Work Zone Safety and Mobility Rules Procedural Document (MRPD), Flagger Manual. Lighter shaded items indicates part of the office review.]

I. TRAFFIC CONTROL MANAGEMENT (Wt. = 1)	Yes / No / NA / NC	Score	Total Poss.
A. TCS's Traffic control daily diaries on file (630.11(5)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
B. Discrepancies...noted in diary, CDOT Form 7 & corrected (630.11(5)(viii)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
C. Night inspections conducted weekly, documented (630.11(6)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
D. MUTCD (Current) in CDOT field office (CM 630.3.1 #1).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
E. Public Info. Spec implemented as required, including up-to-date phone message, daily phone call log, fliers, etc. (Project Special Provision 626).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	0	1
F. Manufacturer's written NCHRP 350 certification for each work zone device before it is first used on the project.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
G. Transportation Management Plan (630.10) on file and includes TCP, TO, and PI.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
H. Contingency Plans included that are consistent with Traffic Incident Management Plan (MRPD, Section 7, P. 19).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
I. Flagger and TCS Certifications on file in Field Office (630.11, 630.14).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
Section Score (Sum X Wt)		8	9

Section I Comments.

E.	Public Information message was not current. Please note: message was updated prior to leaving the project.

II. METHOD OF HANDLING TRAFFIC (MHT) (Wt. =2)	Yes / No / NA / NC	Score	Total Poss.
A. MHT on file in project records, for each work zone operation (630.10(a)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
B. All CDOT Personnel and superintendents have received TCS training (Policy Memo 22).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
C. Current active MHT(s) in compliance per 630.10(a).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
D. MHT reviewed and initialed by Prime contractor (CM 630.2.4 #1).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
E. MHT approved and initialed by proper CDOT person (630.10(a)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
F. MHT sufficiently detailed per 630.10.			
1. Detailed diagram (630.10(a)(1)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
2. Tabulation of devices for each phase (630.10(a)(2)).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	0	2
3. MUTCD, Plans, Specs & other sources referenced (630.10(a)(3)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
4. Estab. access mtce. plan, turn around locs., equip. storage, etc. (630.10(a)(5)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
5. Pedestrian (ADA), bicycle & non vehicular access addressed (630.10(a)(6)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
6. Plan for emergency vehicle access (630.10(a)(7)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
G. Vert. and horiz. clearances verified by field survey by Contractor, CM 630.2.4, #7a, 7b & 7c, (630.10(8)&(9)).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
Section Score (Sum X Wt)		20	22

Section II Comments.

F2.	No tabulation of devices for "all" phases. Phase III didn't have a tabulation of devices.

III. WORKSITE TRAFFIC CONTROL SUPERVISOR (TCS) (Wt. =1)	Yes / No / NA / NC	Score	Total Poss.
A. Current ATSSA or CCA Certification on file in project records (630.11).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
B. TCS has current flagger card (630.11).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
C. TCS available on project (630.11, last paragraph).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
D. TCS has current MUTCD (630.11(8)). (Electronic copy acceptable if internet access is not required to access it.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
E. TCS has current TCP, MHT, M&S-Standards and revisions (630.11(8)). (Electronic copy acceptable if internet access is not required to access it.)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
F. TCS appropriately dressed (fluorescent orange-red or yellow-green hardhat, vest, reflectorization at night, sturdy boots - appropriate PPE)(630.14).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
Section Score (Sum X Wt)		6	6

Section III Comments.

IV. FLAGGERS (Wt. = 1) (see MUTCD Chapter 6E)	Yes / No / NA / NC	Score	Total Poss.
A. Current flagger card (630.14(a))	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input checked="" type="radio"/> NC		
B. Appropriately dressed (fluorescent orange-red or yellow-green hardhat, vest, reflectorization at night, sturdy boots). (630.14) (appropriate PPE).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
C. Proper flagging methods used (630.14, MUTCD 6E.07).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
D. Flagger location (630.14, MUTCD 6E.08).			
1. Visible to traffic.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
2. Proper distance in advance of work.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
3. Station illuminated at night (630.14).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC		
E. "STOP/SLOW" Paddle (630.14, MUTCD 6E.03).			
1. Correct size and shape.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
2. Satisfactory condition.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	0	1
3. Correct sheeting (Type III or fluorescent).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	1	1
Section Score (Sum X Wt)		6	7

Section IV Comments.

E2.	Stop/Slow paddle was past it's useful life, terrible condition. TCS replaced and put the old paddle out of service at the time of notification.

V. CONSTRUCTION/MAINTENANCE SIGNING (Wt. = 3)	Yes / No / NA / NC	Score	Total Poss.
A. Placement (spacing/mounting height/angle/offset/sight distance) conforms to approved MHT/MUTCD/S-Stds.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	0	3
B. Conforms to MUTCD/S-Standards/TC plans (size, layout, color).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
C. Temporary Signs.			
1. 1' minimum above pavement elevation (S-630-1, Sheet 1, note 12).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
2. Stored out of clear zone (630.13).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	0	3
D. Satisfactory condition (clean, readable, no wear/tear/wrinkling/bowing).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
E. Satisfactory breakaway posts or NCHRP 350 compliant (630.02, 614.02, 630.09, SSP 630, CM 630.3.4).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
F. Correct signing for situation.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
G. Conflicting signs properly treated (masked, turned, removed) (630.12,630.13).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
H. Appropriate fluorescent & reflective sheeting on all signs. (630.02).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
I. Flashing beacons installed/working properly (S-614-14)(S-630-3).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input checked="" type="radio"/> NC		
J. VMS message/placement (MUTCD 6F.60, MUTCD 1A.15).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
Section Score (Sum X Wt)		18	24

Section V Comments.

VA.	Signs out of order. NB SH 114 at MM 22 are out of order. G20-11 should be placed prior to W20-1. Note: Project Engineer notified us and showed us photos that signs were properly placed at 2:30 pm the day of inspection.
C2.	Signs staged in the clear zone for utility work SH 114 at MM 24.5 SB for work later in the afternoon can not be stored in the clear zone. TCS picked up and put on truck after they were informed they could not store unused signs in the clear zone.

VI. TRAFFIC CONTROL DEVICES (Wt. =3)	Yes / No / NA / NC	Score	Total Poss.
A. Arrow panel (MUTCD 6F.61, 630.03).			
1. Correct size, number of lights etc.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
2. Correct mounting height.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
3. Correct placement.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
4. All lights working.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
5. Correct operating mode.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
6. Auto dimmer for night use operational.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input checked="" type="radio"/> NC		
B. Channelizing devices (barricades, cones, drums, etc.) (630.05, 630.06, MUTCD 6F.63 to 6F.68):			
1. Correct dimensions.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
2. Clean, adequately maintained, and functional (upright, etc.).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
3. Correct taper length.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
4. Correct spacing between devices.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
5. Warning lights working.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
C. Concrete barrier (temporary):			
1. Correctly pinned. (630.08, M-606-14, RDG 9.2.1.1).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
2. Proper reflector spacing. (S-630-2 Note 9, max 50 feet).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
3. Proper reflector color (S-612-1, Note 2).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
4. End treatment installed, or "Clear zone" established. (S-630-2, Note 9).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
5. Correct Taper (RDG 9.2.1.2, 4:1 to 8:1, S-630-1, Sht 1, Note 17).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
Section Score (Sum X Wt)		27	27

Section VI Comments.

Nice work!

VII. PAVEMENT MARKINGS (Wt. =2)	Yes / No / NA / NC	Score	Total Poss.
A. Pavement marking plan on file. (627.03).			
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC		2	2
B. Conflicting markings properly removed. (627.03(d), 202.05, MUTCD 6F.77).			
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC			
C. Pavement markings placed correctly (full compliance, width, length, location, waviness) (627.03) (per plans, specs, and MUTCD).			
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC		2	2
1. No passing zones in full compliance. (627.03).			
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC			
D. Satisfactory condition (not overly faded, damaged or obscured).			
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC		2	2
Section Score (Sum X Wt)		6	6

Section VII Comments.

VIII. MISCELLANEOUS ITEMS (Wt. = 3)	Yes / No / NA / NC	Score	Total Poss.
A. "Clear Zone" free of obstructions. (per plans or RDG 9.1.1).			
1. Construction materials/equipment out of clear zone or protected.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
2. Hazards in clear zone (other than barrier) delineated or protected.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
3. Pavement edge drop-offs minimized, marked if present (MUTCD 6F.44).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	3	3
B. Impact attenuators:			
1. Installed per specifications (proper array and pad).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
2. Lids in place, dry sand, good condition.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
3. Other attenuator types installed properly and maintained.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
C. Pilot car operation correct. (630.14).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
D. Temporary Traffic Signals (630.04, 614).			
1. Timing adequate.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
2. Vertical clearance adequate/Proper location of heads.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
Section Score (Sum X Wt)		9	9

Section VIII Comments.

IX. TRAFFIC IMPACTS (Wt. = 2)	Yes / No / NA / NC	Score	Total Poss.
A. Adequate driver guidance (Drivers understand where to go).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
B. Traffic delays being mitigated (Alt Rte, delays advertised etc.).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
C. Accidents documented (630.11(5)(viii)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
D. Work Zone speed limit.			
1. Form 568 on file (CM, Appendix B).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
2. Speed reduction appropriate for operation (not too slow/not too fast).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
3. "Fines Doubled" and return to speed limit properly placed (S-630-1, Sht 11).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
See CE Memo 10/12/04.			
Section Score (Sum X Wt)		12	12

Section IX Comments.

X. WORK ZONE AREA AND WORKER SAFETY (Wt. = 2)	Yes / No / NA / NC	Score	Total Poss.
A. Safe entrance/exit to work zone for equipment and workers (630.10(5)).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
B. Work zone buffer adequate (MUTCD 6C.06).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> NC	2	2
Section Score (Sum X Wt)		4	4

Section X Comments.

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XI. UNIFORM TRAFFIC CONTROL (For Information Only) (Wt. = 2)	Yes / No / NA / NC	Score	Total Poss.
A. Current Training Card on File (Policy Memo 29).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
B. Proper Safety Vest (Class II or III).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> NC		
Section Score (Sum X Wt)		0	0

Section XI Comments.

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SUMMARY	Score	Total Poss.	Perc.
I. TRAFFIC CONTROL MANAGEMENT	8	9	89%
II. METHOD OF HANDLING TRAFFIC (MHT)	20	22	91%
III. WORKSITE TRAFFIC CONTROL SUPERVISOR (TCS)	6	6	100%
IV. FLAGGERS	6	7	86%
V. CONSTRUCTION/MAINTENANCE SIGNING	18	24	75%
VI. TRAFFIC CONTROL DEVICES	27	27	100%
VII. Pavement Markings	6	6	100%
VIII. Miscellaneous Items	9	9	100%
IX. Traffic Impacts	12	12	100%
X. Work Zone Area and Worker Safety	4	4	100%
XI. Uniform Traffic Control (see item XI above.)	0	0	--
Overall Score:	116	126	92%

Overall Comments: Nice project, thanks for making correction immediately

Retroreflectivity test results: approved

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Project Final Submittal Checklist

An example of the Project Final Submittal Checklist is presented.

An electronic version (PDF file) was distributed with CB 2016-1, Revised July 26, 2016.

Project Final Submittal Checklist

Contract ID: _____

Project Number: _____

Reference: Section 121 of the *Construction Manual*

	Included	N/A	Needed
1. Acceptance Letter - Timely submittal is EMPHASIZED . Itemize all documentation still outstanding from Contractor. Be specific. See <i>Construction Manual (CM)</i> 109.9.1 and 120.3.2 for distribution; Appendix B for example.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CDOT Form 1212 (Final Acceptance Report). Required on ALL projects. RE will print form from SAP and submit to Region Finals office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pay Documentation</u>			
3. Engineering Personnel Roster. Must be complete with all project personnel names and initials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Books/Electronic files with CDOT Form 266/DWR's, CDOT Form 7's, and all original source documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Printed/Electronic copies of all Item Summary reports (305's), initialed by the PE/PM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Scale Checks and Scale/Weighers Certifications for all weighers, valid during material placement, including concrete scales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Asphalt & Concrete Scale tickets in envelopes, with totaled tapes or totaled spreadsheet and completed stamp on front of envelope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Haul vehicle ID sheets. (Used to check for overweight loads).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Field Books (Piling, grade stakes, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Survey documentation w/ Professional Land Surveyor stamp, signed Survey control data sheets and/or Monumentation records or previously submitted to ROW on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Force Account Billings. Please note if still outstanding from Contractor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All Change Orders w/Letters of Explanation & attachments that have not been previously submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Seeding Tickets w/PLS calculations if not submitted with material documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. CDOT Form 105's (Speed Memo), that effect Contractor payments (i.e. work zone violations, deleted/unused items), if not already submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Signed copies of First & Last Form 262's/263's (Time Counts), if not already submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Water Quality</u>			
16. Water Quality Notebook (inspection reports, memos, etc.) turned over to Water Quality Manager on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 404 Permit transferred to _____ on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Included	N/A	Needed
<u>Civil Rights</u> - Send original forms to CRO. Keep Copy in project file.			
18. Checked Payrolls to Region Civil Rights office (all Federal Aid Projects and F/A work). (CM 107.1.1.2; 121.2.8). Payrolls submitted on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. OJT Documentation - copies of CDOT Form 832's, 838's, 1337 & 266/DWR showing payments. (Note: CDOT 832's should be submitted monthly to the CRO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. DBE Documentation - (CDOT Form 1419 should be submitted quarterly to the CRO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Final CDOT Form 1419 with PE/PM and Prime Contractor signature. Required on all Projects. If subs were not used submit form with statement "none used".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Copies of CDOT Form 205 - Permit to Sublet (Should be submitted to the CRO when received for CRO approval).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Copies of CDOT Form 1418 - Monthly Payment Summary (payments to subcontractors) per §109.06e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Copy of updated CDOT Form 1425 - Suppliers list. (§106 revised 1-30-14).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Miscellaneous</u>			
25. "As Constructed" plans completed per CM 121.2.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Contractor Performance Evaluation Completed & Submitted on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Buy America Certifications received and included in Inspector's Book(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. CDOT Form 513 -RSAR (Roadway Surface Accomplishment Report) form completed online on _____ . Printed copy included. Form available at https://www.codot.gov/library/forms/fhwa-other-forms/rsar.pdf/view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of this checklist with Final box to Region Finals Administrator			
Date: _____			
Submitted By: _____ (Name)			
			Clear Form
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Final Materials Submittal Checklist

An example of the Final Materials Submittal Checklist is presented.

An electronic version (PDF file) was distributed with CB 2016-1, Revised July 26, 2016.

Final Materials Submittal Checklist

Contract ID: _____

Project Number: _____

Reference: Field Materials Manual for specification year of the project

	Included	N/A	Needed
1. CDOT's Application for Reporting (CAR) Final Materials Documentation and Checklist (Form 473). With page 2-Letter of Exceptions with attachments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CAR Owner Acceptance Sampling Checklist (Form 250). Signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CAR Certification Checklist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CAR Project Independent Assurance Sampling Checklist w/supporting documentation (Form 379).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CAR Incentive/Disincentive Report. (Asphalt, Voids, or Concrete 03). (Signed Final Report).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other Price Reductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Random Sample Schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CDOT Form 1324 (Evaluation of Materials Testing) per CP 16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PC Data (Contractor's Notebook(s)).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. OA Data (Notebook(s) containing Field Materials Work Sheets).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hazardous Material Certification (§106.02b).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copy of this checklist with Final to Region Materials Documentation Coordinator

Date: _____

Submitted By: _____
(Name)

Clear Form

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