

# Tennessee Department of Transportation Program Development Division

Local Programs Construction Phase Overview  
2021 Supplemental Materials



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### CHAPTER 8 - PRE-CONSTRUCTION AND CONSTRUCTION PROCEDURES

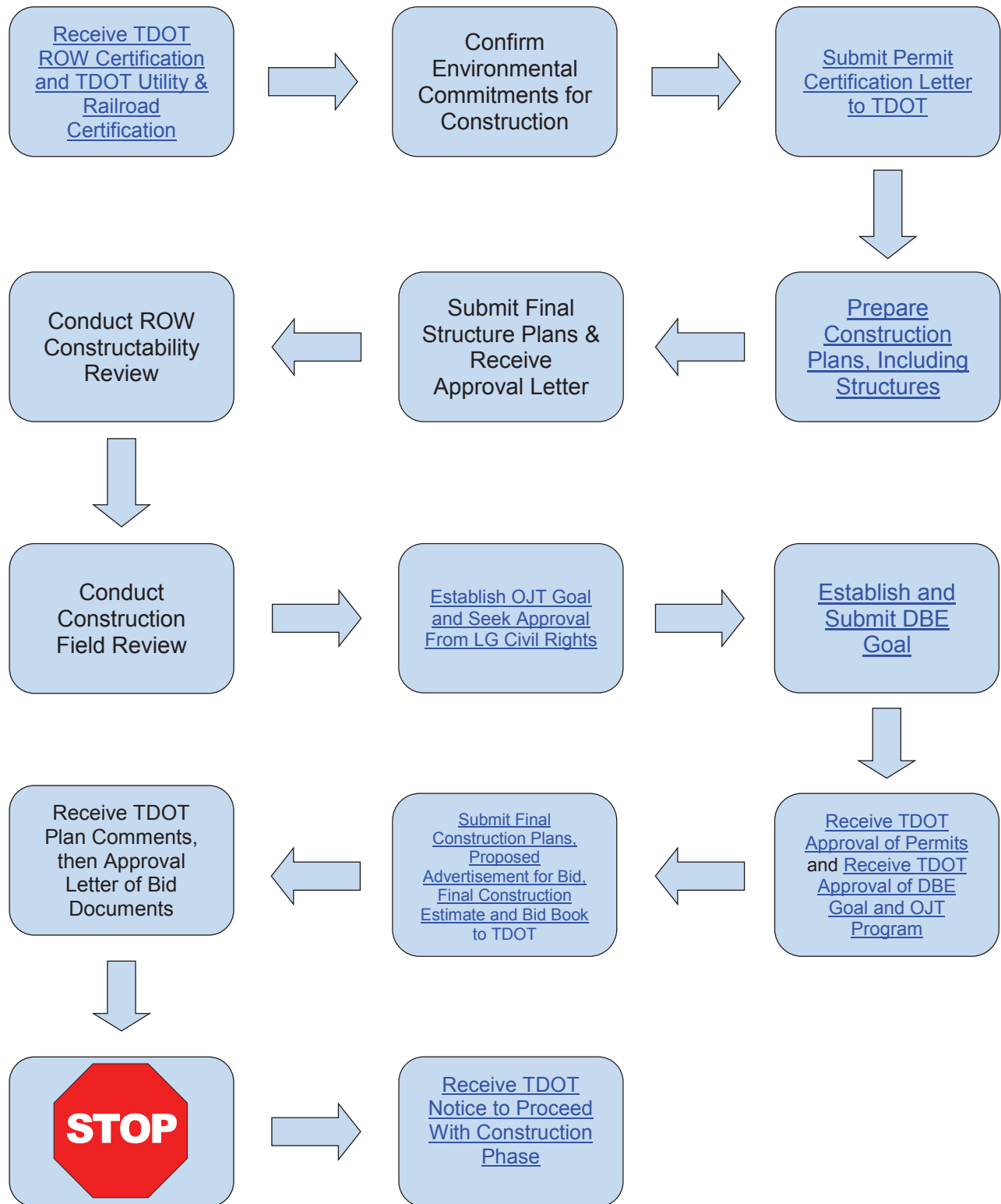
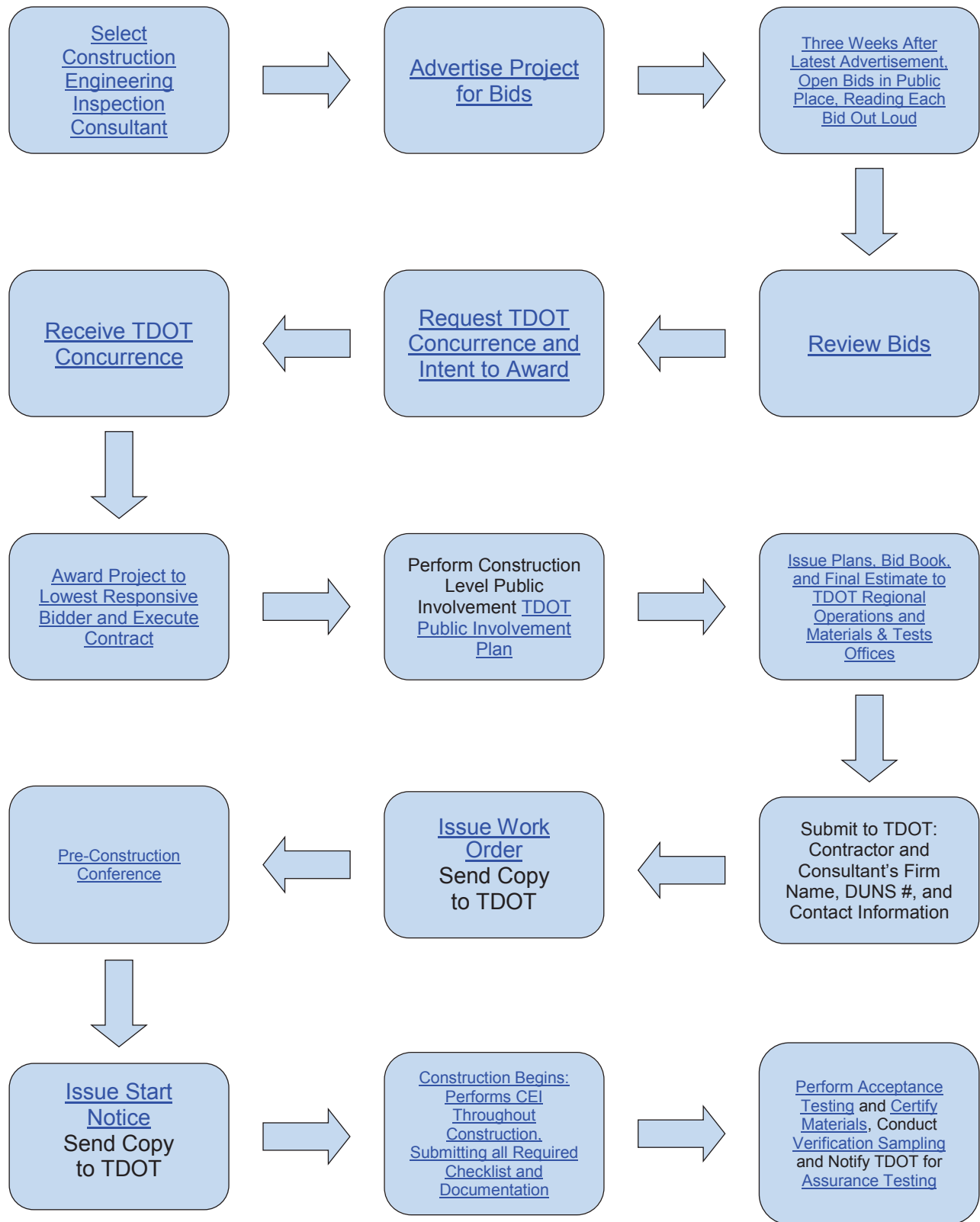
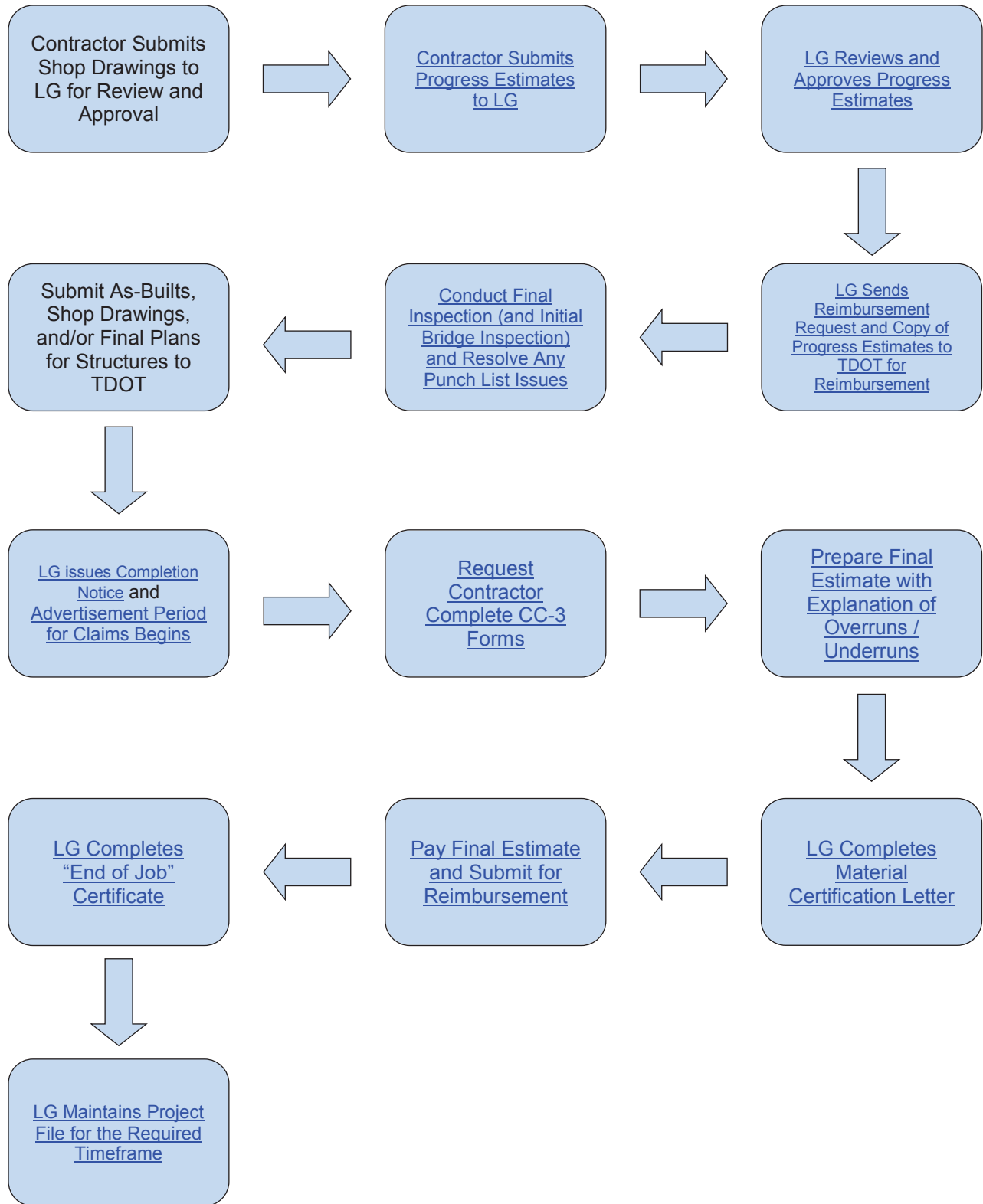


Figure 8-1 – Pre-Construction & Construction Flow Chart



**Figure 8-1 – Pre-Construction & Construction Flow Chart (continued)**



**Figure 8-1 – Pre-Construction & Construction Flow Chart (continued)**

### Construction Advertising and Award Checklist

PIN:  
County:  
Federal Project No.:  
State Project No.:

The following checklist is intended to serve as a guide to assist the Local Government for advertising and award of the Contract. **This Checklist shall be submitted when requesting TDOT Concurrence in AWARD.**

	YES	NO	N/A	COMMENTS
Was the Advertisement for bid posted on TDOT's website at least 3 weeks prior to the public bid opening date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of advertisement:
Did the advertisement state the date, time, and location of public bid opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of bid opening:  Location:
Were bids read aloud at the bid opening?  If not, was the bidders name read and the reason for not reading aloud stated publicly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reason for not reading aloud:
Were only pre-qualified bidders read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If addendums were issued during the advertisement period, were they acknowledged by the bidders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were the bids reviewed for responsiveness and irregularities in accordance with guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the DBE goal been met (must demonstrate within 3 days of bid opening)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the lowest responsive bidder recommended for award?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, why:
Is TDOT provided a list of all bidders and their bid price?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is TDOT provided an electronic bid tabulation of the three lowest bidders at least 14 days prior to the end of award period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date to TDOT for concurrence:  Date of award closing :
Is the pre-bid estimate with quantities included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a request for award or rejection included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a qualified CEI firm been selected properly and with the necessary information submitted to TDOT (or other approved by TDOT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that that ALL necessary requirements have been met.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ATTACHMENT A – Consultant Selection for Locally Managed Projects**

Size of Project	Type of Project	Procurement Requirements
<p><b>SMALL projects</b></p> <ul style="list-style-type: none"> <li>• Must have a full-time employee on staff with experience managing transportation projects.</li> <li>• Must hire consultants for all phases of the project from TDOT’s approved list if the Local Government has not been approved by TDOT to use their own forces. The consultants must be qualified in the required area of expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation Alternatives</li> <li>• intersection improvements without significant ROW (under one acre of disturbance)</li> <li>• Safe Routes to School</li> <li>• resurfacing</li> <li>• striping</li> <li>• signing</li> <li>• guardrail installation</li> <li>• signalization</li> <li>• some bridge replacement projects (under one acre of disturbance)</li> <li>• non-construction/service contracts (as listed in Chapter 10 of the LGG)</li> <li>• low-risk and exempt ITS</li> </ul>	<ul style="list-style-type: none"> <li>• Local Government can use the same consultant for the entire project (planning, preliminary engineering and CEI)</li> </ul>
<p><b>MID-RANGE projects</b></p> <ul style="list-style-type: none"> <li>• Must have a qualified, full-time professional engineer on staff.</li> <li>• Must hire consultants for all phases of the project from TDOT’s approved list. The consultants must be qualified in the required area of expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• roadway widening</li> <li>• realignment of existing roadway</li> <li>• signalization projects with the addition of turn lanes</li> <li>• intersection improvements with significant ROW (over one acre of disturbance)</li> <li>• bridge replacement projects requiring significant land acquisition (over one acre of disturbance)</li> <li>• projects with environmental requirements greater than a categorical exclusion but lesser than an EIS</li> <li>• high-risk ITS</li> </ul>	<ul style="list-style-type: none"> <li>• The selected CEI consultant <b>shall not</b> be associated with any other aspect of the project.</li> </ul>
<p><b>LARGE projects</b></p> <ul style="list-style-type: none"> <li>• Must have a qualified, full-time professional engineer on staff with extensive experience working with federally-funded transportation projects.</li> <li>• Must hire consultants for all phases of the project from TDOT’s approved list. The consultants must be qualified in the required area of expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• construction of new facilities</li> <li>• widening of existing roadways</li> <li>• realignment of existing roadways that require significant land acquisition (over 10 acres)</li> <li>• environmental clearances that require an EIS</li> </ul>	<ul style="list-style-type: none"> <li>• The selected CEI consultant <b>shall not</b> be associated with any other aspect of the project.</li> </ul>



**STATE OF TENNESSEE  
DEPARTMENT OF TRANSPORTATION**

**MATERIALS & TESTS DIVISION**  
6601 CENTENNIAL BOULEVARD  
NASHVILLE, TENNESSEE 37243-0360  
(615) 350-4100

**JOHN C. SCHROER**  
COMMISSIONER

**BILL HASLAM**  
GOVERNOR

**Local Government information**

**PIN:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Federal Project No:** \_\_\_\_\_  
**State Project No:** \_\_\_\_\_  
**Contract No:** \_\_\_\_\_  
**Description:**

\_\_\_\_\_

The Tennessee Department of Transportation’s Materials & Tests Division requires payment for any materials testing done on construction projects. Local Governments should expect a monthly invoice for payment when material testing is performed by TDOT. This includes material mixture design review and approval.

In order to ensure proper distribution of invoices, please complete the following information and send to the Materials & Tests Division office via e-mail [TDOT.MaterialsTests@tn.gov](mailto:TDOT.MaterialsTests@tn.gov) or by mail using the address above.

The following information is where the invoices for test charges should be sent for payment.

**Local Government Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_  
**Contact E-mail:** \_\_\_\_\_

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



March 15, 2019

LOCAL GOVERNMENT CONSTRUCTION COSTS INVOICE

INVOICE DATE \_\_\_\_\_ TO \_\_\_\_\_ FINAL INVOICE FOR THIS PHASE? YES NO [ ] [ ]
SERVICE PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

INVOICE # \_\_\_\_\_
PIN # \_\_\_\_\_
STATE PROJECT # \_\_\_\_\_
FED PROJECT # \_\_\_\_\_
CONTRACT # \_\_\_\_\_
PROJECT DESCRIPTION \_\_\_\_\_

LOCAL GOVERNMENT AGENCY: \_\_\_\_\_
REMIT TO ADDRESS: \_\_\_\_\_
COUNTY: \_\_\_\_\_

Type project description here.

COSTS PER ENGINEER'S ESTIMATE OR LOCAL FORCES INVOICE
CONSTRUCTION ENGINEERING COSTS
SUBTOTAL
LESS: LOCAL GOVERNMENT SHARE 0%
BALANCE
LESS: AMOUNTS PREVIOUSLY INVOICED
AMOUNT DUE THIS INVOICE

Table with 3 columns: CURRENT COSTS, COST SHOWN ON PRIOR INVOICES, TOTAL COSTS. Rows include calculations for subtotal, local government share, and balance.

I CERTIFY UNDER PENALTY OF LAW THAT THIS CERTIFICATION/ESTIMATE AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED INFORMATION PRESENTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, I HEREBY CERTIFY THAT THIS SUBMITTAL IS ACCURATE AND CORRECT. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. I FURTHER ACKNOWLEDGE THAT FAILURE TO FOLLOW FEDERAL DIRECTIVES, GUIDELINES, AND REGULATIONS WILL RESULT IN THE LOSS OF FEDERAL FUNDING.
(PROJECT SUPERVISOR) (LOCAL GOVERNMENT OFFICIAL)

FOR TDOT USE ONLY

DIVISION ID # 4036330040
INVOICE RECEIVED \_\_\_\_\_
I HEREBY ACKNOWLEDGE RECEIPT OF THE APPROPRIATE DOCUMENTATION FOR PAYMENT OF THIS ESTIMATE/INVOICE WHICH INCLUDES CERTIFICATION SIGNED BY THE LOCAL GOVERNMENT ENTITY. BASED ON THE ATTACHED DOCUMENTATION AND IN ACCORDANCE WITH THE LOCAL PROGRAM GUIDELINES THIS INVOICE IS SUBMITTED FOR PAYMENT.
TDOT OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ STAMP \_\_\_\_\_

Table with 4 columns: Description, Amount, Unit, PO LINES. Rows include APPROVED PAY, LOCAL MATCH \$, VENDOR NAME, VENDOR ID, LOCATION, EDISON CONTRACT ID, PURCHASE ORDER ID.

COMMENTS: \_\_\_\_\_

### DUNS Number and Authorized Signature Form

DUNS Number	
DUNS Number	Address (must include 9-digit zip code)
Physical Address of Project (must include 9-digit zip code)	PIN #:
Authorized Signatures	
<b>A minimum of two (2) signatures must be shown to permit flexibility in making requests for reimbursement.</b>	
Typed Name and Title	Signature
Typed Name and Title	Signature
Typed Name and Title	Signature
Typed Name and Title	Signature
<b>I certify that the signatures of the above individuals are only those persons authorized to sign for the reimbursements requests.</b>	
Signature of Highest Elected Official	Date

*A new form must be submitted whenever authorized signers change*

# City of Fayetteville

John Ed Underwood, Jr. Mayor  
Gwen Shelton, Vice Mayor  
Scott Collins, City Administrator



Alderman:  
Danny Bryant  
Marty Pepper  
Dorothy Small  
Michael Whisenant  
Tom Young

Phone (931) 433-6154

Fax (931) 433-2557

110 Elk Avenue South \* Fayetteville, TN 37334 \* [www.fayettevilletn.com](http://www.fayettevilletn.com)

September 19, 2014

Lincoln Paving, LLC  
P.O. Box 1034  
Fayetteville, TN 37334

**RE: Notice to Proceed with Work**

PIN: 118545.00

State Project No: 52LPLM-F3-013

County: Lincoln


Contract No: 130035

Federal Project No.: STP-M-3310 (10)

Description: **Roadway Resurfacing Along Washington Street**

You are hereby notified to commence work in accordance with the above-referenced contact on **Tuesday September 23, 2014** and you are to complete all work on or before **Friday November 21, 2014**.

CITY OF FAYETTEVILLE, TENNESSEE

By:   
John Ed Underwood, Mayor

Cc: Regional Construction Engineer  
Regional Materials and Tests Engineer  
Regional Environmental Coordinator  
Manager, Comprehensive Inspections  
Manager, Natural Resources Office  
Director, Materials and Tests Division  
Director, Small Business Development Office  
Manager, Program Dev. & Sch. Office  
Manager, Operations Office  
Director, Labor Standards Division  
HQ Finance (Contract Payments Section)  
Zachary Dufour, Kimley-Horn  
Jackie Hunter, CEI, Smith Seckman Reid  
Scott Collins, City Manager  
Jeff Siefert, Codes Director  
Eddie Plunkett, Public Works Director

**CONSTRUCTION AWARD INFORMATION FOR CONTRACTORS  
ON LOCALLY LET FEDERAL AID CONTRACTS**

County: _____	PIN: _____
State Project No.: _____	Federal Project No.: _____
Start Date: _____	Completion Date: _____
DBE Goal (%): _____	DBE Goal Amount (\$): _____

**Prime Contractor Information**

Company Name: _____	Contact Name: _____
Street Address: _____	Contact E-mail: _____
City, State, Zip: _____	Contact Phone: _____
DUNS No.: _____	Contract Amount: _____
DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Sub-Contractor Information**

Company Name: _____	Contact Name: _____
Street Address: _____	Contact E-mail: _____
City, State, Zip: _____	Contact Phone: _____
DUNS No.: _____	Contract Amount: _____
Tier: 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	Material Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>
DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name: _____	Contact Name: _____
Street Address: _____	Contact E-mail: _____
City, State, Zip: _____	Contact Phone: _____
DUNS No.: _____	Contract Amount: _____
Tier: 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	Material Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>
DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name: _____	Contact Name: _____
Street Address: _____	Contact E-mail: _____
City, State, Zip: _____	Contact Phone: _____
DUNS No.: _____	Contract Amount: _____
Tier: 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	Material Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>
DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 DUNS: \_\_\_\_\_  
 Tier: 2nd  3rd  4th   
 DBE: Yes  No

Contact Name: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Material Supplier: Yes  No

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 DUNS: \_\_\_\_\_  
 Tier: 2nd  3rd  4th   
 DBE: Yes  No

Contact Name: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Material Supplier: Yes  No

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 DUNS: \_\_\_\_\_  
 Tier: 2nd  3rd  4th   
 DBE: Yes  No

Contact Name: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Material Supplier: Yes  No

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 DUNS: \_\_\_\_\_  
 Tier: 2nd  3rd  4th   
 DBE: Yes  No

Contact Name: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Material Supplier: Yes  No

*\*If any sub-contractors change, please resubmit this form to Local Programs.*

Local Government Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Construction Project Files

Project files shall be neatly organized to adequately document and record all project correspondence, and provide full support for all payments and decisions made including material certifications and test reports, calculations, invoices, etc.

Project files shall consist of the contract applicable files listed below. Additional project files may be added as deemed necessary.

**Correspondence incoming & outgoing** - Two project-specific Correspondence Files shall be maintained throughout the life of the project. The files consist of all project related correspondence received and sent. This includes all meeting minutes, letters, printed emails, fax documents, etc.

**Pay Item** file – A project folder shall be maintained per item. Folders shall contain Material Certifications/Test Reports and any support documentation (worksheets/calculations) for the specific item.

**Engineer's Estimate** file- Copies of the Engineer's Estimate and all the supporting documents submitted to the Finance Department for payment.

**Sub-Contract** file – contains all Approved Sub-Contract forms.

**Plans Revisions** file – contains copies of all requested plans revisions. Also, a copy of the approved request shall be placed in this folder.

**Shop Drawings** file – One copy of approved shop drawings shall be placed in this folder.

**DBE** file– contains any Disadvantage Business Enterprise related documents. Also, contains copies of the actual contract agreements between the Prime Contractor and the DBE sub-contractor.

**Utility file** – contains all general correspondence in regard to Utility work.

**Utility Name** files – A folder per Utility Name shall be created. This folder will contain any related documents concerning the specific Utility. Also, this file will contain the Utility Specific Utility Diary Sheets.

**Trainee** file – consists of all trainee program supporting documents.

**Environmental** file – consists of environmental related documents, including copies of the Notice of Coverage (NOC) and Notice of Termination (NOT).

**Environmental (Construction Storm Water Inspection Certification)** file – contains copies of all Construction Storm Water Inspection Certification.

**Environmental (EPSC)** file – contains copies of all EPSC reports including the Rainfall Data Log.

**Safety (Accidents)** file – contains copies of all official Police Reports of all accidents that occurred within the project limits.



**Contractor Name Payroll** file – A folder per Contractor Name shall be created. This folder will contain copies of all the specific contractor payrolls submitted conforming to the requirements.

**Employee Interviews** file – consists of all original Employee Interviews.

**Change Orders** file – contains copies of the submitted Supplemental Agreement with supporting documents attached and a copy of the approved Supplemental Agreement (with all required signatures).

**Job Mix Formulas** file – contains copies of all approved Asphalt Job Mix Formulas for the appropriate asphalt mixes included in the project.

**Concrete Designs** file – contains copies of all approved Concrete Designs for the appropriate types of concrete included in the project.

**TCD Checklist** file – This folder contains all original Traffic Control Devices Checklist submitted by the Project Inspector.

**Prompt Payment** file – consists of all original Prompt Payment forms submitted by the Contractor.

**Monthly Construction Report** file – contains copies of all Monthly Construction Reports mailed to the Prime Contractor.

**Attestation of Illegal Immigrants** file – contains the original form submitted by the Prime Contractor,

**Contractor Performance Evaluation** file – contains the original form completed by the Project Manager

**End of Job** file – contains copies of all project documents related to the completion of the project.

## Subcontract Form

*Insert Local Government Name*

*Insert Local Government Address*

*Insert Phone #*

Prime Contractor			Contract No.
Street Address			Project No.
City			PIN No.
State	Zip Code		County

Subcontractor		
Street Address		
City		
State	Zip Code	

The following items are to be subcontracted in accordance with Subsection 108.01 of the Tennessee Department of Transportation's Standard Specifications, Special Provisions, and other applicable forms.

Item No.	Quantity	Description	Unit Measure	Unit Price	Check if Partial	Amount
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
<b>Total This Page</b>						
<b>Total Additional Pages</b>						
<b>Overall Total</b>						

Prime Contractor \_\_\_\_\_

Contract No. \_\_\_\_\_



Date

Signature

Print Name and Title

**Signature by the prime contractor is certifying: (1) that a written subcontract exists containing the items and quantities listed herein and all requirements and pertinent provisions of the prime contract, and (2) that no work included in the written subcontract has or will be performed prior to approval by the Department. (3) If the project is federally funded, then form FHWA 1273 must be physically included in all sub-contracts, including 2nd tier, and cannot be referenced.**

Subcontractor \_\_\_\_\_

The above statement of Subcontract is presented with my knowledge and consent:

The subcontractor named on this form is (CHECK ONE)

A Certified DBE

Woman-owned  Minority-owned

Minority-owned, not certified DBE

Woman-owned, not certified DBE

Is not a Minority Subcontractor

as defined in Section 101 of the Tennessee Department of Transportation Standard Specifications.

Subcontractor's Telephone Number: \_\_\_\_\_

Subcontractor's Employee Identification Number: \_\_\_\_\_

Date

Signature (Subcontractor)

Print Name and Title

**The Subcontractor is advised that they must comply with all applicable labor requirements of this contract. Copies of the labor requirements and wage rates can be obtained from the Prime Contractor.**

**THE FOLLOWING IS TO BE COMPLETED BY THE LOCAL GOVERNMENT PROJECT SUPERVISOR.**

This Subcontract \_\_\_\_\_ %

Subcontracted to Date \_\_\_\_\_ %

Date

Approved By Signature

Print Name

**Submit Form:**

By Mail to: \_\_\_\_\_

or

By E-mail to: \_\_\_\_\_

**2nd Tier Subcontract Form**  
**Insert Local Government Name**

*Insert Local Government Address*

*Insert Phone #*

Subcontractor				Contract No.	
Street Address				Project No.	
City				PIN No.	
State		Zip Code		County	

2nd Tier Subcontractor			
Street Address			
City			
State		Zip Code	

The following items are to be subcontracted in accordance with Subsection 108.01 of the Tennessee Department of Transportation's Standard Specifications, Special Provisions, and other applicable forms.

Item No.	Quantity	Description	Unit Measure	Unit Price	Check if Partial	Amount
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
				<b>Total This Page</b>		
				<b>Total Additional Pages</b>		
				<b>Overall Total</b>		

Subcontractor \_\_\_\_\_ Contract No. \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Subcontractor Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**Signature by the subcontractor is certifying: (1) that a written subcontract exists containing the items and quantities listed herein and all requirements and pertinent provisions of the prime contract, and (2) that no work included in the written subcontract has or will be performed prior to approval by the Department. (3) If the project is federally funded, then form FHWA 1273 must be physically included in all sub-contracts, including 2nd tier, and cannot be referenced.**

Prime Contractor \_\_\_\_\_

2<sup>nd</sup> Tier Subcontractor \_\_\_\_\_

The following is to be completed by the 2<sup>nd</sup> Tier Subcontractor:

The above statement of Subcontract is presented with my knowledge and consent:  
 The 2<sup>nd</sup> Tier subcontractor named on this form is (CHECK ONE BELOW):

A Certified DBE  
 Woman-owned  Minority-owned  
 Minority-owned, not certified DBE  
 Woman-owned, not certified DBE  
 Is not a Minority Subcontractor

as defined in Section 101 of the Tennessee Department of Transportation Standard Specifications.

2<sup>nd</sup> Tier Subcontractor's Telephone Number: \_\_\_\_\_

2<sup>nd</sup> Tier Subcontractor's Employee Identification Number: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature (2<sup>nd</sup> Tier Subcontractor) \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**The Subcontractor is advised that they must comply with all applicable labor requirements of this contract. Copies of the labor requirements and wage rates can be obtained from the Prime Contractor.**

**THE FOLLOWING IS TO BE COMPLETED BY THE LOCAL GOVERNMENT CIVIL RIGHTS OFFICE.**

\_\_\_\_\_ Date \_\_\_\_\_ Reviewed By Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE LOCAL GOVERNMENT PROJECT SUPERVISOR.**

\_\_\_\_\_ Date \_\_\_\_\_ Approved By Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Submit Form:**

**By Mail to:** \_\_\_\_\_ **or** **By E-mail to:** \_\_\_\_\_

**3rd Tier Subcontract Form**  
**Insert Local Government Name**

*Insert Local Government Address*

*Insert Phone #*

2nd Tier Subcontractor				Contract No.	
Street Address				Project No.	
City				PIN No.	
State		Zip Code		County	

3rd Tier Subcontractor			
Street Address			
City			
State		Zip Code	

The following items are to be subcontracted in accordance with Subsection 108.01 of the Tennessee Department of Transportation's Standard Specifications, Special Provisions, and other applicable forms.

Item No.	Quantity	Description	Unit Measure	Unit Price	Check if Partial	Amount
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
				<b>Total This Page</b>		
				<b>Total Additional Pages</b>		
				<b>Overall Total</b>		

2nd Tier Subcontractor \_\_\_\_\_

Contract No. \_\_\_\_\_

Date \_\_\_\_\_

2nd Tier Subcontractor Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**Signature by the subcontractor is certifying: (1) that a written subcontract exists containing the items and quantities listed herein and all requirements and pertinent provisions of the prime contract, and (2) that no work included in the written subcontract has or will be performed prior to approval by the Department. (3) If the project is federally funded, then form FHWA 1273 must be physically included in all sub-contracts, including 3rd tier, and cannot be referenced.**

Prime Contractor \_\_\_\_\_

3<sup>rd</sup> Tier Subcontractor \_\_\_\_\_

The following is to be completed by the 3<sup>rd</sup> Tier Subcontractor:

The above statement of Subcontract is presented with my knowledge and consent:

The 3<sup>rd</sup> Tier subcontractor named on this form is (CHECK ONE BELOW):

- A Certified DBE
  - Woman-owned
  - Minority-owned
- Minority-owned, not certified DBE
- Woman-owned, not certified DBE
- Is not a Minority Subcontractor

as defined in Section 101 of the Tennessee Department of Transportation Standard Specifications.

3<sup>rd</sup> Tier Subcontractor's Telephone Number: \_\_\_\_\_

3<sup>rd</sup> Tier Subcontractor's Employee Identification Number: \_\_\_\_\_

Date \_\_\_\_\_

Signature (3<sup>rd</sup> Tier Subcontractor) \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**The Subcontractor is advised that they must comply with all applicable labor requirements of this contract. Copies of the labor requirements and wage rates can be obtained from the Prime Contractor.**

**THE FOLLOWING IS TO BE COMPLETED BY THE LOCAL GOVERNMENT CIVIL RIGHTS OFFICE.**

Date \_\_\_\_\_

Reviewed By Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE LOCAL GOVERNMENT PROJECT SUPERVISOR.**

Date \_\_\_\_\_

Approved By Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**Submit Form:**

**By Mail to:** \_\_\_\_\_

**or**

**By E-mail to:** \_\_\_\_\_

### DBE Company Profile

*(To be completed by the Local Government DBE Liaison or Civil Rights Coordinator on DBE Goal Projects, provide a copy to the Local Government Project Supervisor)*

Date:  
Contract No.:  
Project No.:  
PIN No.:  
County:  
Contract Description:  
Prime Contractor:  
DBE Firm:  
Areas of Certification:

#### Type of Operation:

Contractor  Trucker  Regular Dealer  Manufacturer

	YES	NO	N/A
Is the business' primary function to manufacture construction products? <b>(If no, this is a red flag)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the regular dealer have an established storage facility and inventory? <b>(If no, this is a red flag)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal contract executed by the DBE to perform a distinct element of work is on file in the Civil Rights Office (DBE Goal Contracts Only)? <b>(If no, this is a red flag)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no, has construction field office been contacted?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontract Date:			
Has the Regional Construction Office submitted an approved TDOT Subcontract Form? <b>(If no, this is a red flag)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no, has construction field office been contacted?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DBE on-site representative/contact for hiring, firing, or modifying the contract:			
Has a two party/joint check been approved by the Civil Rights Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has a 2nd-Tier Subcontract been approved by the Civil Rights Office?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DBE MATERIAL SUPPLIER/TRUCKER CONTRACT CERTIFICATION**

1. To be completed by the Prime Contractor, Subcontractor (if 2<sup>nd</sup> Tier agreement), and DBE Material Supplier/Trucker **immediately following the award of project**
2. Submit the completed form to the HQ Civil Rights Office (CRO) Small Business Development Program (SBDP) with actual Subcontract Agreement and/or purchase order **prior to pre-construction conference for project.**

Contract No.: \_\_\_\_\_ Project No.: \_\_\_\_\_ County: \_\_\_\_\_

Contract Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Sub Contractor (if 2<sup>nd</sup> Tier agreement): \_\_\_\_\_

DBE Firm: \_\_\_\_\_

Describe the type of work to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Regular Dealers/Suppliers**

- ❖ The DBE dealer shall be an established, regular business that engages, as its principle business and under its own name, in the purchase and sale or lease of the products being supplied
- ❖ The DBE dealer shall maintain a store, warehouse, or other establishment, where the products are brought, kept in stock, or sold or leased to the public in the usual course of business (A firm may be a dealer in bulk items such as petroleum products, steel, cement, gravel, stone, or asphalt without owning or operating a place of business, if the firm owns and operates the distribution equipment for the products)
- ❖ 60% of the cost of materials supplied will be counted towards DBE Goal credit only

**Transportation or Hauling of Materials**

- ❖ As allowed by 49 CFR Part 26 as interpreted by the SBDP. This regulation allows for DBE goal hauling-credit in either DBE trucks or in trucks leased to DBE firms. Leases cannot be TDOT contract-specific and must be approved by the SBDP Staff. The verification of truck drivers employed by DBE firms will continue to be by submission of payrolls independent from any Davis-Bacon regulations.
- ❖ DBE receives credit for the total value of the transportation services it provides on the contract using trucks it owns, insures, and operates using drivers it employs.
- ❖ The DBE may lease trucks from another DBE firm, including an owner-operator who is certified as a DBE. The DBE who leases trucks from DBE receives credit for the total value of the transportation services the lessee DBE provides on the contract.
- ❖ The DBE may also lease trucks from a non-DBE firm, including an owner-operator. The DBE who leases trucks from a non-DBE is entitled to the total value of transportation services provided by non-DBE lessees not to exceed the value of transportation services provided by DBE-owned trucks

on the contract. The DBE is entitled to credit only the fees or commission it receives for all other non-DBE trucks used.

**DBE Responsibilities:**

- ❖ Does the DBE supply materials to non-DBE goal projects: Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ Does the DBE supply materials to other contractors not working on TDOT contracts:  
Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ Does the DBE own and operate distribution equipment for the materials supplied:  
Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ The DBE will be responsible for:
  1. Obtaining materials/supplies Yes \_\_\_\_\_ No \_\_\_\_\_
  2. Negotiating the price Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Ensure that quality and quantity of materials are per TDOT requirements Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Purchasing & making payment for the materials Yes \_\_\_\_\_ No \_\_\_\_\_
  5. Make arrangement and schedule for delivery of materials Yes \_\_\_\_\_ No \_\_\_\_\_
  6. Supplying invoices & cancelled checks verifying purchase of materials Yes \_\_\_\_\_ No \_\_\_\_\_
  7. Control over methods of work on their contract items Yes \_\_\_\_\_ No \_\_\_\_\_

By completing and signing this certification, the Prime Contractor, Subcontractor (if 2<sup>nd</sup> Tier agreement), and DBE firm agree to and acknowledge the responsibilities of the DBE as stated herein and in accordance with SP1247 of the Contract Proposal. The individual signing this certification must be an authorized company representative.

**Prime Contractor Authorized Representative:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Subcontractor Authorized Representative (if 2<sup>nd</sup> Tier agreement):**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DBE Material Supplier/Trucker Authorized Representative:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TDOT DBE Truck List**

Project No.: \_\_\_\_\_ County: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_

Contract No.: \_\_\_\_\_ DBE Hauling Firm: \_\_\_\_\_

License Plate #/Truck Number	Name of Truck Owner/Operator	Lease Y/N	Leased from DBE Y/N **





License Plate # / Truck Number	Name of DBE Hauling Firm or DBE Truck Owner/Operator	Amt Paid to DBE's this Month	Amt Paid to Non- DBE Haulers this Month	Total Amt Paid for DBE Credit	For TDOT use Only

I hereby certify that the above is a true and correct statement of the amounts paid to the DBE trucking firms listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DBE Company Official

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Prime Contractor

### Commercially Useful Function Checklist

Checklist Instructions:

1. To be completed by the Project Inspector for each DBE on every project.
2. **If at any time a DBE is observed not performing a CUF or if there are any items that are suspicious, red flags or warrant further attention, this must be reported to the Local Government DBE Liaison.**
3. Submit the completed form to the HQ Civil Rights Office Small Business Development Program.

Date of Review:

Reviewer's Name:

Contract No.:

Project No.:

County:

Contract Description:

Prime Contractor:

DBE Firm:

Start Date(s) of DBE Work:

Describe the type of work  
observed:

**YES NO N/A**

**Management**

Who does the DBE on-site representative contact for hiring, firing, or modifying the contract?

Name of on-site representative:

On-site representative reports to:

Has the on-site representative been identified as an employee of the DBE?

If not, then by whom?

**(If no, this could be a red flag.)**

**Action taken:**

Did the DBE sublet any items or portions of work to any other firm?

If yes, what percent was sublet/what items were sublet?

Name of the firm (Non-DBE or DBE):

**(If yes, this could be a red flag.)**

Does the DBE on-site representative effectively manage the job site without interference from any other non-DBE contractor/subcontractor?

**(If no, this could be a red flag.)**

**If no, explain:**

Has the DBE owner been present on the jobsite?

Is the DBE submitting its own payroll?

**(If no, this could be a red flag.)**

**Action taken:**

Who makes arrangement and schedule for delivery of materials?

**(If not the DBE, this is a red flag.)**

**Action taken:**

Does the prime contractor direct who the DBE is to obtain the material from and at what price?

**(If yes, this could be a red flag.)**

**Action taken:**

Equipment including Trucks							
Major Equipment Used	Serial Number	DBE's Markings?		DBE's Operator?		Leased?	
		Yes or No	If no, list other company's markings if seen	Yes or No	If no, list company operator works for	Yes or No	If yes, list company leased from

Attach additional sheets if necessary

If equipment was leased, were copies of lease agreements provided?

**If not, Action taken:**



**Workforce**

List the name and position of each DBE employee observed during today's operation.  
**(If names do not match attached list, this is a red flag.)**

**Materials**

Did the contractor order and pay for materials? In order to verify the contractor ordered and paid for all the materials they have agreed to purchase in their subcontract, the DBE must submit copies of all invoices from each of their suppliers to the Project Inspector.

**(If no, this could warrant more attention or be a red flag. Two party checks are a red flag.)**

**If yes, have material invoices been submitted:**  
**If no, action taken:**

**YES      NO      N/A**

**Performance**

Does the DBE appear to be executing the work of the contract by actually performing, managing, and supervising the work involved? **(If no, this could be a red flag.)**

**If no, explain:**

Has any other contractor performed any amount of work specified in the DBE's contract? **(If yes, this could be a red flag.)**

If yes, who performed this work and why?

	YES	NO	N/A
<b><u>Regular Dealers/Manufacturer</u></b>			
Check here if this section doesn't apply or the DBE isn't a regular dealer.		<input type="checkbox"/>	
Check here if this section doesn't apply or the DBE isn't a manufacturer.		<input type="checkbox"/>	
If yes, who performed this work and why?			
Does the dealer have a business that sells to the public on a routine basis on the product being supplied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(If no, this is a red flag.)</b>			
<b>If no, explain:</b>			
Does the business stock the product for the use on the project as a normal stock item? <b>(If no, this is a red flag.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is delivering and unloading the material?			
Who are the material invoices made out to?			
In whose name are materials shipped?			
<b>(If material is not shipped to the DBE, this is a red flag.)</b>			
<b>If not, explain:</b>			

**Construction Staff (Field and Office) Comments (including red flags noted):**

**Actions Taken:**

**Reviewer's Signature:** \_\_\_\_\_

**PRE-CONSTRUCTION CONFERENCE NOTICE**

PIN:  
County:  
Federal Project No.:  
Description:

State Project No.:  
Contract No.:  
Reference No.:

To Whom it May Concern:

A pre-construction conference is to be held \_\_\_\_\_, at \_\_\_\_\_, at the \_\_\_\_\_ in \_\_\_\_\_, Tennessee for the contract referenced above. The discussion will include details relating to project construction. Your attendance and all pertinent subcontractors are requested to attend. Utility Companies involved will also need to be present.

By copy of this notice, all utility companies are advised to attend and provide a representative capable of presenting a workable relocation plan.

It is required that you bring the following information, if applicable, to the conference:

1. Plan of construction operation and work schedule as specified in Subsection 105.06 of the T.D.O.T. Standard Specifications.
2. Erosion Control Plan as specified in Subsection 209.05 of the T.D.O.T. Standard Specifications.
3. Name of the person in charge of the project, traffic control, erosion control and their home telephone, mobile and office phone number.
4. Plan for detouring/controlling traffic.
5. Material Suppliers List - including name and location of suppliers as specified in Subsection 106.07 of the T.D.O.T. Standard Specifications.
6. Listing of ALL subcontractors and the items and/or material they are involved with.
7. Letter certifying that all temporary traffic control items to be used, fully comply with the Department of Transportation requirements as specified in Subsection 712.02 of the T.D.O.T. Standard Specifications. This letter must be signed and notarized.
8. Contractor Employee Safety and Health Program (ESHP) Certification Letter (Spec. 107.10 & Circular Letter 107.01-01)
9. Proposed trainees and classifications as specified in Special Provision 1240.
10. A copy of the signed agreement between the prime contractor and each DBE subcontractor as specified in Special Provision 1247.
11. 407 Process Control Plan for asphalt as specified in Subsection 407.03 of the T.D.O.T. Standard Specifications (approved yearly in January).
12. 604 Process Control Plan for concrete as specified in Subsection 604.03 of the T.D.O.T. Standard Specifications.

If a subcontractor or utility company representative is not able to attend, please notify this office. If I may be of assistance or additional information is needed, please contact me at \_\_\_\_\_. Persons having a disability that require access to participate at the meeting may contact the Local Government at \_\_\_\_\_, TTY \_\_\_\_\_, no less than (seven) days prior to the meeting.

Sincerely,

<p>cc: Regional Construction Regional Materials &amp; Tests Regional Safety Environmental Planning and Permits Division Regional ADA Coordinator Civil Rights office contract file</p>	<p>Environmental Division Natural Resources Office Environmental Ecology Section</p>
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### Pre-Construction Conference Meeting Minutes

Date Held: \_\_\_\_\_

ATTENDEE LISTING ON LAST PAGE

Contractor: \_\_\_\_\_

Contract: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Project #: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Reference #: \_\_\_\_\_

Estimate Cut Off: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Days Allowed: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

CEI Personnel: \_\_\_\_\_

**The Following Information was Discussed and Materials, if Applicable,  
were Received at the Meeting.**

	DISCUSSED	RECEIVED	N/A
1. Plan of Operation (Stand. Spec. 105.06)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Erosion Control Plan (Stand. Spec. 209.05)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Erosion (Special Provision 107FP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Material Suppliers List - including name and location of suppliers (Stand. Spec. 106.07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Listing of ALL Subcontractors and the items and/or material they are involved with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Contractor Employee Safety and Health Program (ESHP) Certification Letter (Spec. 107.10 & Circular Letter 107.01-01)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Traffic Control Certification Letter (Stand. Spec. 712.02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Detouring/Controlling Traffic Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 105 Letter – Certified listing of personnel including Name & License # of PE or RLS (Stand. Spec. 105.09)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 407 Process Control Plan (Stand. Spec. 407.03) (approved yearly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 604 Process Control Plan (Stand. Spec. 604.03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Rideability: 411B <input type="checkbox"/> 411C <input type="checkbox"/> 604R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pre-Construction Conference Meeting Minutes (continued)**

**Traffic Control:** 24 Hour Emergency Contact Person ( **N/A**  )  
 Name:  
 Home Telephone:  
 Mobile:

**Erosion Control:** 24 Hour Emergency Contact Person ( **N/A**  )  
 Name:  
 Home Telephone:  
 Mobile:

**Customer Service:** Customer Service Representative ( **N/A**  ) (Stand. Spec. 105.05)  
 Name:  
 Home Telephone:  
 Mobile:

**Employee Safety:** 24 Hour On-Site Contact Person ( **N/A**  ) (Circular Letter 107.01-01)  
 Name:  
 Home Telephone:  
 Mobile:

**Civil Rights**

**DBE/WBE ( N/A  )**                      **% Goal Required:** \_\_\_\_\_  
**ON-THE-JOB TRAINEE ( N/A  )**                      **Hours Required:** \_\_\_\_\_

	<b>DISCUSSED</b>	<b>RECEIVED</b>	<b>N/A</b>
1. Copy of Signed Agreement between Prime Contractor and DBE Subcontractor, must be submitted before work can begin. (Spec. Prov. 1247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. On-the-Job Training Program – Federal Aid projects (Circular Letter 1230-01 and 1240-01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CC-3 certifying the amount paid the DBE(s) must be submitted when the contract is completed. Final payment will not be made until received. (Spec. Prov. 1247)	<input type="checkbox"/>		<input type="checkbox"/>

**Pre-Construction Conference Meeting Minutes (continued)**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 4. | Special Provision: 1230 <input type="checkbox"/> , 1231 <input type="checkbox"/> , 1232 <input type="checkbox"/> , 1240 <input type="checkbox"/> , 1246 <input type="checkbox"/><br><input type="checkbox"/> , 1247 <input type="checkbox"/> , 1290 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | CUF Checklist: All DBE's on ALL projects. (Circular Letter 1247-01)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Goal Projects: Any changes to DBE's portion of work must be pre-approved by SBDP Director. (Circular Letter 1247-01)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Bulletin Board & Information (Circular Letter 1273-01)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contract Compliance Officer:   |                          |                          |

**Items Discussed**

Construction Signs Staked: Yes  No  N/A

		DISCUSSED	N/A
State subcontract approvals:	These need to be submitted to Hdqts Construction, and approved before work can begin, for recognized subcontractors (Stand. Spec. 105.05 & 108.01 and Circular Letter 108.01-01 & 108.01-02).	<input type="checkbox"/>	<input type="checkbox"/>
Test Reports & Certifications:	They are required <b>prior to</b> material being used. Items will not be paid for until certifications and/or test reports are received.	<input type="checkbox"/>	
Tickets:	Certified weigh tickets shall have information on them in accordance with Stand. Spec. 109.01.	<input type="checkbox"/>	<input type="checkbox"/>
Payrolls:	All certified payrolls must be submitted to the Project Supervisor within 7 days after the regular payment date of the respective contractor's weekly payroll period or progress payments shall be withheld. <b>The first payroll must have:</b> Employee's Name, Address, s.s.#, Rate of Pay and their Classification. See Special Provision. If the work of the prime contractor and subcontractor is interrupted for a week or more, a statement is to be placed on the signature sheet of the payroll for the last week in which work was performed: <b>"No additional work will be performed until further notice."</b> If work stops for a week or more and is not anticipated, the statement <b>"No work performed, and no work will be performed until further notice."</b> See Stand. Spec. 107.23.	<input type="checkbox"/>	
Prompt Payment Certification:	Prime contractor certifies each month that payments have been made to each subcontractor. The certification shall run 2 months in arrears. Progress payments shall not be processed without this certification. (Circular Letter 109.02-05)	<input type="checkbox"/>	

**Pre-Construction Conference Meeting Minutes (continued)**

**Note: Mark with Check If Applicable**

<i>Documentation needed during the duration of the job</i>	<i>Adjustments and/or special items that apply to this contract</i>
<input type="checkbox"/> Archaeological Cert. for Borrow Pit: (Circ Let 105.06-05 & Stand. Spec. 107.06)	<input type="checkbox"/> Asphalt Content & Gradation: (Stand. Spec. 407.20)
<input type="checkbox"/> 604 Certification of work complete: (Stand. Spec. 604.03)	<input type="checkbox"/> Asphalt Density Ded.: (Stand. Spec. 407.15)
<input type="checkbox"/> Shop Drawings Approval	<input type="checkbox"/> Defective Concrete: (Stand. Spec. 604.15, 604.20, 604.31, & Circular Letter 604.21-01. If applicable, see Spec. Prov. 501RC and/or 501UT.)
<input type="checkbox"/> Guardrail at Bridge Ends	<input type="checkbox"/> Material Variation Deduction: (Stand. Spec. 411.10)
<input type="checkbox"/> CC-3: (Spec. Prov. 1247 & Circular Letter 1247-01)	<input type="checkbox"/> Fuel: (Spec. Prov. 109A)
<input type="checkbox"/> Liquid Anti-Strip: delivery tickets & invoices (Stand. Spec. 307.08, 307.09, 411.09, & 411.10)	<input type="checkbox"/> Bit. Material: (Spec. Prov. 109B)
<input type="checkbox"/> AC: invoices (Stand. Spec. 307.08 & 411.09)	<input type="checkbox"/> Rideability: (Spec. Prov. 411B) <input type="checkbox"/> (Spec. Prov. 411C) <input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/> Rideability: 604R <input type="checkbox"/> (Stand. Spec. 604.27)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____





**Pre-Construction Conference Meeting Minutes (continued)**

**Utilities: ( N/A  )**

	DISCUSSED	N/A
1. Our office is to be notified 48 hours in advance of any work performed.	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilities & Contractor are to coordinate their work with each other.	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilities are to meet M.U.T.C.D. guidelines, Standard Specification Section 712, and Personal Protective Equipment requirements set by TOSHA, M.U.T.C.D. guidelines and TDOT.	<input type="checkbox"/>	<input type="checkbox"/>

4. TDOT Utility Coordinator: \_\_\_\_\_

5. Utilities Involved:	Reimbursed	Non Reimbursed
	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**Utility Special Notations: ( N/A  )**

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**Pre-Construction Conference Meeting Minutes (continued)**

**Attendee Listing**

Company	Name	Phone Number
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## ANNUAL BATCH PLANT CONCRETE PROCESS CONTROL PLAN PART 1 OF 2

DATE: \_\_\_\_\_

READY MIX CONCRETE COMPANY: \_\_\_\_\_

READY MIX COMPANY LOCATION: \_\_\_\_\_

<i>All qualified TDOT Level 2 or higher qualified Concrete Technicians shall be listed in this section or on attached sheets. Include every technician that will be working on this project and update as needed.</i>	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>

We hereby propose to utilize the below listed process controls to insure that the concrete delivered to the above referenced project meets Tennessee Department of Transportation Specifications. If approved, this plan will be posted at the concrete plant along with approved mix designs for each particular project.

The following Sampling, Testing, and Inspections will be performed by T.D.O.T. Certified Plant Technicians.

- 1.) Tests to determine aggregate gradations (AASHTO T-27 with T-11 when required) will be performed prior to any batching and then a minimum of once per week or every 500 C.Y. for each source of aggregate utilized for this project. *Perform fineness modulus test on fine aggregate per AASHTO M-6 with each gradation.*
- 2.) Stockpiles will be checked daily to insure that they are being maintained in an uncontaminated and unsegregated manner. Current aggregate quality reports shall be kept on file at the plant.
- 3.) Calibration of weighing systems for aggregates, cement, fly ash, water meters, and admixture dispensing systems will be performed at the beginning of the project, then every month or as conditions warrant. Scale checks may be performed by a Certified Scale Company at a minimum interval of six (6) months.
- 4.) Assurance of accurate weighing, proper metering, and mixing of all materials and the quality of water will be verified daily.
- 5.) Mixing trucks and/or equipment, counters, concrete build - up in drums, blade wear, water gauges, etc. will be checked at the beginning of each project and randomly thereafter. Transport trucks shall be checked and approved by Tennessee Department of Transportation before use. The Producer shall update the concrete truck checklist every six (6) months and distribute to Regional Materials and Tests.

## ANNUAL BATCH PLANT CONCRETE PROCESS CONTROL PLAN

- 6.) Adjustment of mix proportions due to the moisture content of both fine and course aggregates will be performed prior to initial daily mixing and again in the afternoon if operations are continuous through AM and PM hours of the day. Moisture determination will be in accordance with AASHTO-T255. Moisture Probes may be utilized but must be correlated and verified with a dry moisture check weekly.
- 7.) Slump (AASHTO T119), air entrainment (AASHTO T-152 - AASHTO T-196 for concrete containing light weight aggregates) and ambient air and mix temperatures shall be checked for specifications compliance on the initial load and randomly thereafter for each day's run. Air loss during transport shall be determined on initial loads and randomly verified thereafter. **When Self-Consolidating Concrete (SCC) is being batched; the slump flow, visual stability index (VSI), T50 (ASTM C1611), and passing ability (ASTM C1621) shall be within the specifications.**
- 8.) If Class "D" Concrete is included in the plans, SOP 4-1 is applicable. The Producer/Contractor shall check slump and air at the plant initially and randomly throughout pour to assure that the requirements are met.
- 9.) An approved report will be furnished daily to the project supervisor showing all pertinent information. Records of tests and inspections that are project specific and not included on the daily reports are to be maintained and submitted to the project supervisor upon project completion. Documents that are plant and lab specific shall be maintained at the plant systematically.
- 10.) *An approved delivery ticket will accompany each load sent to the project. All information including actual batch weights of each component identified as well as other information in the Standard Specification shall be identified on the delivery ticket.*

The above scheduled frequencies of testing are a minimum. Should problems become evident, they will be increased as the conditions require.

Sign Name: \_\_\_\_\_  
Representative Concrete Supplier

Print Name: \_\_\_\_\_  
Representative Concrete Supplier

## PLACEMENT SITE CONCRETE PROCESS CONTROL PLAN PART 2 OF 2

DATE: \_\_\_\_\_

CONTRACT NO: \_\_\_\_\_

PROJECT NO: \_\_\_\_\_

REFERENCE NO: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

READY MIX COMPANY AND LOCATION: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_

<i>All qualified Field Technician or higher qualified Concrete Technicians shall be listed in this section or on attached sheets. Include every technician that will be working on this project and update as needed.</i>	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>
	<b>NAME:</b>	<b>CERT.#</b>

We hereby propose to utilize the below listed process controls to insure that the concrete incorporated in the work on the above referenced project meets Tennessee Department of Transportation's specifications. If approved, this plan will be posted on the project at a place accessible to all quality control personnel.

Initial concrete loads at the beginning of pours will be checked for specification compliance prior to use. Loads that test out of specification will be rejected. All sampling, testing, and inspections will be performed by ACI or TDOT Certified Personnel.

- 1.) Tests for slump (AASHTO T-119), air and mix temperatures, and air content (AASHTO T-152 / T-196) will **be performed prior to placement** of the first load and for each sample from which early and/or 28 day test cylinders are obtained. For bridge decks, slump, temperatures, and air content tests shall be performed on the first three loads. Thereafter, they shall be conducted at least once every fifty cubic yards (50cy). No concrete shall be placed when the rate of moisture evaporation from the freshly placed concrete exceeds 0.2 lb/ft<sup>2</sup>/hr as determined by Figure 2.1.5, American Concrete Institute Publication "ACI 305R-89." If data collected during the 24 hours prior to the pour or predictions from the National Weather Service indicate the moisture evaporation rate of 0.2 lb/ft<sup>2</sup>/hr or more, the pour should be rescheduled or the Contractor shall demonstrate to the satisfaction of the Engineer prior to the pour, that protection can be provided.

- 2.) Early test specimens for Tennessee Department of Transportation compression testing will be cast in accordance with AASHTO T-23. The Contractor shall supply the necessary curing equipment, molds, and wheelbarrow as identified in Standard Specification Subsection 604.03(b) and a temporary storage facility in accordance with Standard Specification Subsection 722.09. The frequency of casting early break cylinders will be as follows:

**For Bridge Decks:**

Not less than one pair to represent every fifty cubic yards (50cy). See SOP 1-1 and 4-1

**For Major Structures:**

Contractor shall perform all tests on the first load. At least one pair of cylinders will be made per unit per structure to represent up to 100cy for that unit of pour. See SOP 1-1

**For Minor Structures:**

Contractor shall perform all tests on the first load. At least one pair of cylinders will be made to represent up to 100cy for that unit of pour. See SOP 1-1

**For Small Quantities:**

As specified in the Standard Specifications Subsection 604.03 and SOP 1-1.

**For Concrete Pavement:**

One pair for each 300m<sup>3</sup> (400 cy) minimum of 1 pair AM and 1 pair PM. If Class A is used, the frequency shall be as for major structures as listed above.

- 3.) Yield tests will be performed in accordance with AASHTO T-121 initially per mix design, at 240m<sup>3</sup> (300cy) intervals and/or during pours exceeding 80m<sup>3</sup> (100 cy), and/or one for each bridge deck pour.
- 4.) A Tennessee Department of Transportation approved report will be furnished daily showing all pertinent information (Date, Contract, Item Number(s), Batch Weights, Moisture Corrections, Admixtures, Slump, Air Content, Temperatures, etc.) A delivery ticket shall accompany each load. Information to be included shall be in accordance with Section 604 of the Standard Specifications. Records of tests and inspections performed at both the batch and placement sites will be submitted to the project supervisor upon completion of the project. This submission will also include certification that the concrete incorporated into the work meets Tennessee Department of Transportation specifications.

The above scheduled frequencies of testing are a minimum, should problems become evident, they will be increased as the conditions require.

Sign Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Representative Prime Contractor Representative Prime Contractor

Sign Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Sub-Contractor Sub-Contractor

## ANNUAL ASPHALT MIX PLANT QUALITY CONTROL PLAN

YEAR \_\_\_\_\_

COMPANY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

A TDOT Certified Plant Technician is required to be present at the plant anytime mix is being produced for TDOT projects. All QC sampling and testing shall be done by a Certified Plant Tech. List QC personnel that are TDOT Certified Plant Technicians:

Name: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Name: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Name: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Name: \_\_\_\_\_ Cert. No. \_\_\_\_\_

TDOT Standard Specification 407.03.D.3 requires the contractor to submit their plan of quality control annually, which details the plan for sampling, testing, and inspection activities and the frequencies of each. This plan applies to all contracts between the contractor and the Department for the calendar year. Any change to the plan must be communicated to the Regional Materials Engineer. (Required minimum QC tests from SOP 1-1 are indicated in bold; enter NA for any sample/test/inspection that does not apply to this plant)

### Frequency of Sampling, Testing and Inspections:

Sampling/Testing/Inspection	QC Frequency	TDOT Acceptance Frequency
Determine gradation of new material		
Determine stockpile gradation <b>[SOP 1-1, QC minimum : at startup, randomly afterward]</b>		
Determine stockpile moisture <b>[SOP 1-1, QC minimum: daily]</b>		
Inspect Stockpiles for separation, contamination, segregation, etc		
Conduct a fractured face count (gravel only)		Once per project
Determine percent of glassy particles (slag only)		Once per project
Determine gradation and AC% of RAP / RAS <b>[SOP 1-1, QC minimum: per 2000 T RAP]</b>		
Calibrate Cold Gate Settings		
Inspect cold feed operation for uniformity		
Inspect dividers between cold bins		
Inspect pyrometer for aggregate temperature control		

Sampling/Testing/Inspection	QC Frequency	TDOT Acceptance Frequency
Inspect efficiency of the burner		
Determine the percent dust coating the +4 materials		
Inspect dried aggregate for contamination due to incomplete combustion		
Calibrate AC metering device		
Check accuracy of AC metering device		
Calibrate aggregate weighing devices		
Check accuracy of aggregate weighing devices		
Calibrate Anti-strip metering device		
Check accuracy of Anti-strip metering device		
Batch Plants: Verify weight to be pulled from each bin meets JMF		
Batch Plants: Verify mixing time		
Batch Plants: Verify operation of weigh bucket and scales		
Drum Plants: Prepare control chart for each cold gate		
Drum Plants: Develop information for synchronization of the aggregate and AC feeds		
Drum Plants: determine moisture content of aggregate being feed into dryer		
Determine % AC of mix (except Base mixes)		Once per 1000 T
Determine mix gradation		Once per 1000 T
Check mix temperature		Every 5 <sup>th</sup> Truck
Determine moisture of mix (RAP mixes) <b>[SOP 1-1, QC minimum: daily]</b>		
Determine LOI		Daily
Check mix for uncoated aggregate		
Inspect mix for segregation due to handling		
Air Voids <b>[SOP 1-1, QC minimum: twice daily]</b>		Start up
Volumetric Properties <b>[SOP 1-1, QC minimum: start up]*</b> <b>See SOP 1-1 for project requirements</b>		Start up
Boil Test		Daily
Bituminous Materials (all types)		Weekly

Submitted by \_\_\_\_\_

Regional Materials Engineer: \_\_\_\_\_



### EROSION CONTROL CONFERENCE NOTICE

PIN: State Project No.:  
County: Contract No.:  
Federal Project No.: Reference No.:  
Description:

To Whom it May Concern:

An erosion control conference is to be held \_\_\_\_\_, at \_\_\_\_\_, at the \_\_\_\_\_ in \_\_\_\_\_, Tennessee for the contract referenced above. The discussion will include details pertinent to project construction. All environmental permits will be discussed. Your attendance and all sub contractors who will be involved with erosion control are requested to attend. Utility Companies involved will also need to be present. Notification of all affected utilities is the contractor's responsibility as well as notification to all of your sub contractors. If a sub contractor or utility company representative is not able to attend, please notify this office.

It is required that you bring the following information, if applicable, to the conference:

1. Name of the person in charge of the project and erosion control. This is to include their home telephone, mobile and office number.
2. A copy of all permits involved with the project.

If a subcontractor or utility company representative is not able to attend, please notify this office. If I may be of assistance or additional information is needed, please contact me at \_\_\_\_\_. Persons having a disability that require access to participate at the meeting may contact the Local Government at \_\_\_\_\_, TTY \_\_\_\_\_, no less than (seven) days prior to the meeting.

Sincerely,

cc: Regional Construction Environmental Division Natural Resources Office  
Regional Environmental Coordinator Environmental Ecology Section  
Environmental Planning and Permits Division  
Regional ADA Coordinator  
contract file

### Erosion Control Conference Meeting Minutes

Date Held: \_\_\_\_\_

**ATTENDEE LISTING ON LAST PAGE**

Contractor: \_\_\_\_\_

Contract: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Project #: \_\_\_\_\_

Reference #: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

CEI Personnel: \_\_\_\_\_

**The Following Information was Discussed and Materials, if Applicable,  
were Received at the Meeting.**

	DISCUSSED	RECEIVED	N/A
1. Erosion & Siltation Control Plan (Stand. Spec. 209.05)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Water Quality and Storm Water Permits (Spec. Prov. 107FP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Acid Producing Rock Materials (Spec. Prov. 107L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Protection of Streams, Lakes & Reservoirs (Spec. Prov. 107M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. NPDES Permits (Spec. Prov. 107P, Circular Letter 107.08-01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. S.W.P.P.P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Erosion Control Conference Meeting Minutes (continued)**

**Erosion Control:** 24 Hour Emergency Contact Person  
 Name: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**Items Discussed**

		<b>DISCUSSED</b>
EROSION AND SILTATION CONTROL DEVICES	The contractor shall install the projects siltation control devices to prevent any contamination on the project. When implemented, the contractor would be responsible for the replacement and/or maintenance during the term of the contract. The contractor shall incorporate all permanent erosion and siltation features into the project at the earliest practical time.	<input type="checkbox"/>
QUANTITY LETTERS AND CERTIFICATIONS	The contractor is required to furnish quantity letters and certification on erosion control material that is placed on the project.	<input type="checkbox"/>
EROSION AND SILTATION CONTROL PLAN	The contractor is to submit an Erosion and Siltation Control Plan in accordance with Stand. Spec. 209, subsection 209.05. This is to be presented at the Pre-Construction Meeting.	<input type="checkbox"/>
CLEARING	The extent of clearing is to be held to the scope of work.	<input type="checkbox"/>
SEEDING AND EROSION CHECKS	These are to be placed following Standard Specification 209.	<input type="checkbox"/>
PROJECT PHASING	Stand. Spec. 209, subsection 209.06	<input type="checkbox"/>

**Special Notations: ( N/A  )**

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## Erosion Control Conference Meeting Minutes (continued)

### Attendee Listing

Company	Name	Phone Number
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**RE: UTILITY CONFERENCE NOTICE**

PIN:  
County:  
Federal Project No.:  
Description:

State Project No.:  
Contract No.:  
Reference No.:

To Whom it May Concern:

A utility conference will be held \_\_\_\_\_, at \_\_\_\_\_, at the \_\_\_\_\_ in \_\_\_\_\_, Tennessee for the contract referenced above. The discussion will include details pertinent to project construction. Written notification is requested if a representative of your company is not able to attend.

If additional information is needed, please contact this office. If I may be of assistance or additional information is needed, please contact me at \_\_\_\_\_. Persons having a disability that require access to participate at the meeting may contact the Local Government at \_\_\_\_\_, TTY \_\_\_\_\_, no less than (seven) days prior to the meeting.

Sincerely,

cc: Regional ADA Coordinator  
Regional Construction  
Regional Utility Manager  
Local Program Development Office  
contract file

### Utility Conference Meeting Minutes

Date Held: \_\_\_\_\_

**ATTENDEE LISTING ON LAST PAGE**

Contractor: \_\_\_\_\_

Contract: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Project #: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Reference #: \_\_\_\_\_

Estimate Cut Off: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Days Allowed: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

CEI Personnel: \_\_\_\_\_

**The Following Information was Discussed and Materials, if Applicable,  
were Received at the Meeting.**

	DISCUSSED	RECEIVED	N/A
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Utility Conference Meeting Minutes (continued)**

**Traffic Control:** 24 Hour Emergency Contact Person ( **N/A**  )  
Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_

**Erosion Control:** 24 Hour Emergency Contact Person ( **N/A**  )  
Name:  
Home Telephone:  
Mobile:

**Customer Service:** Customer Service Representative ( **N/A**  ) (Stand. Spec. 105.05)  
Name:  
Home Telephone:  
Mobile:

**Employee Safety:** 24 Hour On-Site Contact Person ( **N/A**  ) (Circular Letter 107.01-01)  
Name:  
Home Telephone:  
Mobile:

### Utility Conference Meeting Minutes (continued)

Utilities:( N/A  )

	<u>DISCUSSED</u>	<u>N/A</u>
1. Our office is to be notified 48 hours in advance of any work performed.	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilities & Contractor are to coordinate their work with each other.	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilities are to meet M.U.T.C.D. guidelines, Standard Specification Section 712, and Personal Protective Equipment requirements set by TOSHA, M.U.T.C.D. guidelines and TDOT.	<input type="checkbox"/>	<input type="checkbox"/>

4. TDOT Utility Coordinator: \_\_\_\_\_

5. Utilities Involved:	Reimbursed	Non Reimbursed
	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Utility Special Notations: ( N/A  )

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## Utility Conference Meeting Minutes (continued)

### Attendee Listing

Company	Name	Phone Number
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### Construction Checklist

PIN:  
County:  
Federal Project No.:  
State Project No.:

The following checklist is intended to serve as a guide to assist the local government during the construction process. This list contains basic requirements for most types of construction projects. The local government should check the Local Government Guidelines and the TDOT Circular Letters for requirements pertaining to individual construction projects.

Requirement	Details	Comments
Local Government issues work order  (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> <li>• CEI</li> <li>• Contractor</li> <li>• TDOT Regional Construction</li> <li>• Local Program Development Office</li> </ul>	
LG/CEI schedules Pre-Construction Conference (schedule at least 2 weeks in advance)  (CL 105.06-04)	Notify: <ul style="list-style-type: none"> <li>• TDOT Reg. Const. or TDOT Consultant</li> <li>• TDOT Reg. Materials &amp; Tests</li> <li>• TDOT Civil Rights</li> <li>• Contractor/Subcontractors</li> <li>• Utilities, etc.</li> </ul>	
LG/CEI sends plans and copy of proposal (min. 7 days prior to Pre-Con Meeting) (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> <li>• TDOT Regional Construction</li> <li>• TDOT Reg. Materials &amp; Tests</li> </ul>	
LG/CEI issues Pre-Con Meeting Minutes  (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> <li>• All attendees</li> <li>• Local Program Development Office</li> </ul>	
Contractor submits required documents to LG/CEI at Pre-Construction Conference	Refer to LGG Chapter 8	
LG/CEI Issues Starting Notice on the 1 <sup>st</sup> day work is performed on project  (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> <li>• Local Program Development Office</li> <li>• All others copied on <a href="#">Form-17</a></li> </ul>	
LG/CEI Inspects and maintains Daily Work Reports throughout life of project (LGG – Chapter 8) (TDOT SOP 1-1 and 1-2)	All inspectors must be qualified/certified as required. All documentation must be on TDOT Local Government Forms	

Requirement	Details	Comments
LG/CEI performs Materials Testing and gives 72 hour notice to TDOT Materials & Tests for Independent Assurance & Verification tests	TDOT SOP 1-1 and SOP 1-2	
Contractor submits asphalt and concrete mix designs for approval prior to use on project	Submit to: <ul style="list-style-type: none"> <li>• TDOT HQ Materials &amp; Tests</li> </ul>	
Contractor submits subcontracts for approval prior to sub working on project	Submit to: <ul style="list-style-type: none"> <li>• LG / CEI</li> </ul>	
Contractor submits weekly Payrolls (CL 1273-02)	Submit to: <ul style="list-style-type: none"> <li>• LG / CEI</li> </ul>	
LG/CEI performs monthly contractor employee interview and verifies payroll information (CL 1273-03)	Copy to: <ul style="list-style-type: none"> <li>• Project file</li> </ul>	
LG/CEI issues monthly progress payments to Contractor  (LGG Chapter 8)	Before payment is issued: <ul style="list-style-type: none"> <li>• Contractor payrolls must be up-to-date</li> <li>• Labor Interviews must be on file</li> <li>• All Material certifications and/or test reports must be on file for documented installed quantities</li> <li>• All materials must come from approved sources on TDOT's QPL or Producer/Supplier List</li> </ul>	
LG/CEI completes Monthly Construction Report (LGG Chapter 8)	Copies to: <ul style="list-style-type: none"> <li>• Contractor</li> <li>• Surety</li> </ul>	
LG/CEI performs Final Inspection w/ TDOT when all work is complete (LGG Chapter 8)	Copy to: <ul style="list-style-type: none"> <li>• Prime Contractor</li> </ul>	
LG/CEI issues Completion Notice when project is complete and punch list items have been addressed. Completion date to be noted in Daily Work Report. (CL 105.15-01)	Copies to: <ul style="list-style-type: none"> <li>• Local Program Development Office</li> <li>• TDOT Regional Construction</li> <li>• TDOT Reg, Materials &amp; Tests</li> <li>• TDOT Civil Rights</li> </ul>	
LG/CEI/Contractor prepares Contract Finalization Documents  (LGG Chapter 8)	Documents include: <ul style="list-style-type: none"> <li>• Final Estimate</li> <li>• Overrun/Underrun Explanations</li> <li>• End of Job Certificate</li> <li>• CC-3(s)</li> <li>• Material Certification Letter</li> </ul>	

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Local Program Development Office  
Tennessee Department of Transportation  
Suite 600  
James K. Polk Building  
Nashville, TN 37243

RE: **START NOTICE**

PIN:  
County:  
Federal Project No.:  
Description:

State Project No.:  
Contract No.:  
Reference No.:

To Whom It May Concern:

This is to advise the following on the above captioned project.

Work Begin Date:

Notice to Proceed Date:

Sincerely,

cc: Regional Construction Engineer  
Regional Materials and Tests Engineer  
Regional Environmental Coordinator  
Manager, Comprehensive Inspections Program  
Manager, Natural Resources Office  
Director, Materials and Tests Division  
Director, Small Business Development Office  
Manager, Program Operations Office  
Manager, Program Dev. & Sch. Office  
Director, Labor Standards Division  
HQ Finance (Contract Payments Section)

**Attestation Regarding Personnel Used in Contract Performance**

<b>SUBJECT CONTRACT NUMBER:</b>	
<b>CONTRACTOR LEGAL ENTITY NAME:</b>	
<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER:</b> (or Social Security Number)	

**The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.**

**SIGNATURE & DATE:** \_\_\_\_\_

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Contractor

**CIRCULAR LETTER**

**SECTION: 105.11 INSPECTION OF WORK**  
**NUMBER: 105.11-01**  
**SUBJECT: TDOT INSPECTION RESPONSIBILITIES ON LOCAL PROGRAMS PROJECTS**  
**DATE: OCTOBER 2, 2015**

In accordance with the TDOT and FHWA Stewardship Agreement, for Local Agency Projects:

“TDOT is responsible for assuring that all Federal-aid projects administered by local agencies comply with all applicable Federal and State requirements. TDOT is not relieved of this responsibility even though the project may be delegated to the local agency. In accordance with 23 CFR 1.11, TDOT is responsible for ensuring that the local agency is qualified and equipped to administer the project and has processes in place to ensure compliance with federal requirements.”

In order to assure adequate construction and materials acceptance and testing, TDOT will have an active oversight responsibility in the pre-construction and construction of these local projects.

The **Regional Operations Engineer** will assign a **TDOT representative** to participate in the project pre-construction meeting, to conduct routine project reviews, to attend quarterly progress meetings, and to participate in the final inspection as required in the Oversight and Frequency table below. When TDOT is conducting the routine project review and final inspection, the **Local Government Representative** responsible for the project shall be present. It is also preferable that the CEI be present during the reviews. The TDOT representative shall assure the quality of construction, completion of contract requirements, and project record keeping are satisfactory.

Required oversight and frequency (note these are minimum frequencies and more inspections may be needed if problems persist):

<b>Project Amount</b>	<b>Pre-construction meeting</b>	<b>Project Reviews/Inspections during construction</b>	<b>Final Inspection</b>
< \$250,000	Required	Required- 1 inspection minimum	Required
\$250,000 - \$2,000,000	Required	<ul style="list-style-type: none"> <li>• Duration &lt; 4 months- Recommend 1 per month, but must do at least 1</li> <li>•Duration 4-8 months, recommend 1 per month, but must do at least 3 inspections at least 1 month apart</li> <li>• Duration &gt; 8 months, Required every 4-6 weeks</li> </ul>	Required
>\$2,000,000	Required	Required 1 per month minimum.	Required

To document TDOT's oversight activities, the attached inspection form shall be completed during each project review. All findings, satisfactory or not, shall be documented in the inspection report. The inspector must document what was observed and its acceptability in the "comments" section (e.g. all certified payrolls were on file and wage rates comply with contract). It is required to attach supporting documentation when a negative finding is made. A closeout meeting with the Local Government Representative and CEI (if applicable) will be required to discuss the findings.

A representative from the **TDOT Regional Materials and Tests** section shall conduct all verification and Independent Assurance testing on the local project in accordance with TDOT SOP 1-2.

The assigned **TDOT representative and Materials and Tests representative** shall work together and shall attend and participate in the mandatory preconstruction meeting to explain TDOT expectations. These TDOT representatives are the "eyes and ears" for TDOT and must assure that the project is completed in accordance with the federal regulations just as though it is a TDOT project with federal funds.

The local entity and their CEI will have the day to day responsibility and authority for construction inspection and material acceptance.

The **TDOT Local Programs Office**, is responsible for project oversight on Enhancement Projects (except the construction of bicycle and pedestrian facilities) and buildings.

Additional inspection requirements and guidelines:

- As noted the Local Government Representative shall be present during the project review
- Once the review is completed, there shall be a close out meeting with the Local Government Representative and the CEI to discuss and explain the findings needing to be resolved and the expectations of TDOT. A copy of the completed inspection report should be distributed at that time, if not complete, a copy shall be provided as soon as available, preferably within 2 business days.
  - o All findings should be resolved on the project site if possible
  - o Findings that cannot be resolved on the project site should be raised to the District Operations Engineer / Regional Operations Engineer. The Local Programs Office and Headquarters Construction should be used to resolve problems that cannot be resolved at the Regional level
- The Local Government Representative will be responsible for responding, in writing, to the findings made in the inspection report. Corrective actions taken need to be documented.

## Tennessee Department of Transportation Division of Materials and Tests

### Quality Assurance Program for the Sampling and Testing of Materials and Products (SOP 1-1)

Purpose: The purpose of this document is to establish the procedures and **minimum** requirements for the acceptance, verification, and certification of materials and products used on Tennessee Department of Transportation (TDOT) projects and projects under the oversight of TDOT (Local Projects, Grants, etc. that include Federal Funds).

Background: [Federal Law \(23 CFR 637\)](#) requires each state develop a quality assurance program which assures all materials, on projects where Federal Funds are used, conform to the requirements of the approved plans and specifications. In addition, these procedures assure projects using state funds will also be constructed using approved materials.

Policy: All materials used on TDOT projects must be accepted **prior to use**. Acceptance of materials is by:

- A. Testing before product placement (e.g. hot mix asphalt, Portland cement concrete, base materials).
- B. Manufacturers' certifications followed by random verification testing (e.g. reinforcing steel, cement, liquid asphalt).
- C. Pre-approval and testing of a product or its components (e.g. aggregate quality, gray iron castings, reinforced concrete pipe, corrugated metal pipe).
- D. The Qualified Products List (QPL) with certifications (e.g. sign sheeting, erosion control blankets, pavement marking materials).

#### Sampling and Testing Materials and Products

##### 1. Test Types

There are three basic types of sampling and tests routinely conducted: acceptance, verification, and assurance. All testing shall be performed by a certified technician.

##### 1.1 Acceptance Sampling and Testing

These tests are conducted to approve or accept a product, or combination of materials (systems), by comparing the test results to specification requirements. Acceptance tests are based on a lot or frequency, during the production and/or placement of that product,



# PROJECT DIARY:

DAY OF WEEK: (M T W T H F S) MONTH/DATE September 20, 2010 CONTRACT#: 11291Z PROJ. #: Metro Signal Enhancement, COUNTY: DAVIDSON

WEATHER: TEMP. AM 75 CONDITIONS Partly Cloudy TEMP. PM 90 CONDITIONS Clear

CONTRACTOR 1 (PRIME CONTRACTOR): S&W trenching, conduit and flexible fill placement

Item or type of work explanation: S&W trenching east (across Lattin Ave) placing conduit, Trenched West to East across Gallatin Pike NB lanes

PERSONNEL:	EQUIPMENT:	PAY ITEMS INSTALLED:	Rt-Lt
Supt. _____	Operator (D) _____	Item No. <u>100-03</u> Descr. <u>side walk</u> Qty. <u>4</u> Sta. <u>4+32</u>	cl
Surveyor _____	Unskilled Laborer _____	Item No. <u>730-12.02</u> Descr. <u>2" PVC</u> Qty. <u>140</u> Sta. <u>East side Int</u>	cl
Foreman <u>2</u>	Skilled Laborer _____	Item No. _____ Descr. _____ Qty. _____ Sta. <u>Lithon Dr, NB</u>	cl
Operator (A) _____	Truck Driver(2 Axle) _____	Item No. _____ Descr. _____ Qty. _____ Sta. <u>Gallatin Pike</u>	cl
Operator (B) _____	Truck Driver(3/4 Axle) <u>1</u>	Item No. _____ Descr. _____ Qty. _____ Sta. _____	cl
Operator (C) _____	Truck Driver(5 or more) _____	Item No. _____ Descr. _____ Qty. _____ Sta. _____	cl

1 - Staff of Safe Zone for Traffic Control  
1 - Drill truck for tests  
1 - trenching machine

Packer PI 12'-2" depth  
groundwater in location 5'-2" depth  
Talked to design engineer for tests ~~start~~ ok with depth of 12'-2" pump ground water  
SSR recommendation pump ground water prior to pour have 5% mix PC added to concrete mix and control water added; try not to add water.

\* West side of intersection. Car wash and Proe Auto Dealer removed prior permission granted to start material and work on site.

MPW relayed message to remove all equipment and stay off of property.

Bob Wetherhor  
SSR, INC. Inspector: Trey Gaines Hours worked: 8.0  
Visitors: Bob Wetherhor MPW photos, traffic control and property on west side compliant.

Notes: KS were unable to provide anyone for flexible fill testing today. Technicians tied up in other projects and other personnel on this week. Spoke w James Bryant



**Smith Seckman Reid, Inc.**  
**Daily Report**  
**Veterans Parkway**

**Description:** **South**  
 Federal Project # - STP-M-9411(5)  
 State Construction # - 79LPLM-F1-005  
 TDOT PIN - 107354.00

**West**  
 Federal Project # - STP-M-9403(118)  
 State Construction # - 79LPLM-F1-060  
 TDOT PIN - 110903.00

**Report Date:** 05/09/2011

**Weather:** Sunny

**Prime Contractor:** Dement Construction Company, LLC

**Temperature:** 70 to 88 degrees

**Status:** Final

**Number:** 155

**Created By:** Ben Wallus at 05/09/2011 11:50 PM

**Revised By:** Chris Sweat at 06/01/2011 06:24 PM

**Approved By:** Chris Sweat at 06/01/2011 06:24 PM

**Remarks:**

**SSR Time Charges:** B. Wallus - 5.0 Hrs (Inspection)  
 T. Boone - 9.5 Hrs (EPSC)

**Work Performed:** South:  
 Ferrell  
 Moving soil on to site from borrow pit located of Pleasant Ridge Rd. Approx 93 trucks

West:  
 Dozertrax  
 Clearing and Grubbing

Reel Neet  
 Installing Silt Fence w/ Back

Dement  
 Installed interconnected barrier rail on West Union Rd.

Cleaning and maintaining pile driving hammer.

**Personnel**

**Crew:** Traffic Control Crew **Contractor:** Dement Construction Company, LLC

Worker Type	Count	Hours
Foreman	1	

Class "A" Operators	2
Skilled Laborer	3
Unskilled Laborer	3
Truck Driver (5 or more axles)	1
Superintendent	1

**Crew:** Grading Crew **Contractor:** Ferrell Paving, Inc.

Worker Type	Count	Hours
Foreman	1	
Class "A" Operators	2	
Truck Driver (3/4 axles)	8	
Truck Driver (5 or more axles)	1	
Superintendent	1	
Class "B" Operators	1	

**Crew:** EPSC Crew **Contractor:** Reel Neet Lawn Service

Worker Type	Count	Hours
Skilled Laborer	1	
Unskilled Laborer	4	

**Crew:** Clearing Crew **Contractor:** Dozertrax USA, LLC

Worker Type	Count	Hours
Class "A" Operators	1	

**(4 Crews)**

## Equipment

Description	Active	Idle	Comments	Contractor
Pickup Truck	2			Dement Construction Company, LLC
Pile Driver	1			Dement Construction Company, LLC
Bulldozer	1			Dement Construction Company, LLC
Crane	2			Dement Construction Company, LLC
Haul Truck	1			Dement Construction Company, LLC
Dump Truck	8			Ferrell Paving, Inc.
Trackhoe	1			Ferrell Paving, Inc.
Farm Tractor	2			Ferrell Paving, Inc.
Spreader (Box)	2			Ferrell Paving, Inc.
Bulldozer	3			Ferrell Paving, Inc.
Roller (Implement)	2			Ferrell Paving, Inc.
Roller (Compaction Self-Propelled)	2			Ferrell Paving, Inc.
Dirt Pan	5			Ferrell Paving, Inc.
Articulated Construction Tractor	5			Ferrell Paving, Inc.
Disc	2			Ferrell Paving, Inc.

Description	Active	Idle	Comments	Contractor
Haul Truck	1			Reel Neet Lawn Service
Trailer (Utility)	1			Reel Neet Lawn Service
Farm Tractor	1			Reel Neet Lawn Service
Pickup Truck	1			Dozertrax USA, LLC
Trackhoe	1			Dozertrax USA, LLC
Mulcher	1			Dozertrax USA, LLC
<b>(21 Equipment Records)</b>				

## Item Postings

Item	Unit	Unit Price	Quantity Placed	Posted Amount
<b>Section: 1 - Roadway</b>				
201M01 CLEARING AND GRUBBING <b>Remarks:</b> Dozertrax <b>Location:</b> 5+200	LS	\$324,300.000	0.00	\$0.00
<b>Funding Details</b>				
	South		0.00	\$0.00
	West		0.00	\$0.00
203M10 EMBANKMENT (COMPACTED IN PLACE) <b>Remarks:</b> Ferrell: 93 Trucks <b>Location:</b> Area between Raleigh-Millington Rd. and North Fork Creek	m3	\$7.490	883.50	\$6,617.42
<b>Funding Details</b>				
	South		883.50	\$6,617.42
	West		0.00	\$0.00
<b>Material</b>				
	EMBANKMENT (COMPACTED IN PLACE) (METRIC) (203M10)		m3	883.50
209M08.02 TEMPORARY SILT FENCE (WITH BACKING) <b>Remarks:</b> Reel Neet <b>Location:</b> 4+870RT to 5+050RT	m	\$13.780	183.00	\$2,521.74
<b>Funding Details</b>				
	South		0.00	\$0.00
	West		183.00	\$2,521.74
<b>Material</b>				
	TEMPORARY SILT FENCE (WITH BACKING) (METRIC) (209M08.02)		m	183.00
712M02.02 INTERCONNECTED PORTABLE BARRIER RAIL <b>Remarks:</b> Dement: 18 Sections (20ft) <b>Location:</b> West Union Rd.	m	\$60.000	109.80	\$6,588.00
<b>Funding Details</b>				
	West		109.80	\$6,588.00
<b>Material</b>				
	INTERCONNECTED PORTABLE BARRIER RAIL (METRIC) (712M02.02)		m	109.80
<b>(4 Items)</b>			<b>Total Posted Amount:</b>	<b>\$15,727.16</b>



### TDOT Hot Mix Asphalt Plant Checklist

PIN: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Federal Project No.: \_\_\_\_\_  
 State Project No.: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Producer & Location: \_\_\_\_\_  
 Plant Make And Type: \_\_\_\_\_

Are adequate stockpile areas provided? Are they separated with Bins, Stalls, Partitions or Walkways? (407.04)	<input type="checkbox"/>
Are bituminous storage tanks adequately equipped to heat and circulate during operating period?	<input type="checkbox"/>
Are there suitable sampling outlets for AC and Anti-strip?	<input type="checkbox"/>
Are there separate feeders for each size of aggregate?	<input type="checkbox"/>
Is there a thermometer or other temperature recording instrument at the discharge end of the dryer?	<input type="checkbox"/>
Is there approved anti-stripping additive in-line blending equipment installed on the plant?	<input type="checkbox"/>
Is there a flow-meter and can the flow meter be calibrated?	<input type="checkbox"/>
Is there a Pyrometer for recording temperature and temperature regulating apparatus for control of aggregate temperature?	<input type="checkbox"/>
Is there a safe platform provided for access to top of truck beds for inspection and sampling of the hot mix?	<input type="checkbox"/>
Is there safe access to storage tanks, control Platforms and Mixer Platforms?	<input type="checkbox"/>
What date were platform scales checked for accuracy?	
Are weight limits posted or on file in the control room?	<input type="checkbox"/>
What date were aggregate scales checked for accuracy?	
What date were AC scales checked for accuracy?	
Is all Test Equipment properly tagged by TDOT Regional Materials within a 2 year period?	<input type="checkbox"/>
Is the Producer maintaining a log of his interim equipment calibrations, correlations, and/or repair work?	<input type="checkbox"/>
Is the process control plan posted or filed at the lab?	<input type="checkbox"/>
Are Control Charts posted and kept current?	<input type="checkbox"/>
Have requirements of Specifications Subsection 109.01 E. been followed?	<input type="checkbox"/>
Are Acceptance Tests being performed independently of the QA/QC tests?	<input type="checkbox"/>
Are samples being collected and performed on a random basis?	<input type="checkbox"/>
Are samples for Acceptance Tests being split for further testing at the Regional Materials Lab?	<input type="checkbox"/>
Are contingency and referee samples being obtained?	<input type="checkbox"/>
Do the Stockpiled Aggregates match the Gradations on the JMF (within tolerances)?	<input type="checkbox"/>
Is this plant producing mix consistently within tolerances for gradation, AC percentage and Temperature?	<input type="checkbox"/>

Additional Remarks:

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Inspector Signature:

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Inspector's Title:

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Date of Inspection:

---

cc: Regional Materials  
Project Supervisor

### Hot Mix Roadway Inspectors Checklist

PIN: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Federal Project No.: \_\_\_\_\_  
 State Project No.: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_  
 Paving Contractor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Inspection By: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Project Description: \_\_\_\_\_

The inspection checklist shall be completed by the Project Supervisor, or their designated representative, during the test strip construction.

	YES	NO	COMMENTS
<b>Temp Traffic Control (Section 712)</b>			
If applicable, has a Lighting plan been submitted and approved?	<input type="checkbox"/>	<input type="checkbox"/>	
Is lighting on all paving equipment (Paver, Transfer Device, Rollers, trail vehicle) per the approved plan and in compliance with Section 712.04 and table 712.04-1?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
Are workers and other personnel wearing personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Contractor's traffic control comply with Section 712 of the Standard Specifications and applicable Plan Notes?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Milling/Cold Planing (Sect. 415)</b>			
What is the width of the milling machine(s)?			Width =
Do the Plan Notes require a fine tooth milling machine?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the milling teeth in good condition and all in place? Fine Teeth Spacing $\leq$ 1/2", Max Tooth Spacing = 5/8"	<input type="checkbox"/>	<input type="checkbox"/>	Teeth spacing =
Is the milled surface free of scabbing, scallops, gouges, ridges, etc...?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Contractor maintaining the maximum forward speed of 60 ft/min for 1/2"-5/8" teeth spacing or 80 ft/min for teeth spacing of less than 1/2"?	<input type="checkbox"/>	<input type="checkbox"/>	



	YES	NO	COMMENTS
Is the proper depth and cross-slope being obtained by milling? Is the contractor utilizing automatic slope & Grade Controls?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Tack Coat (Sect. 403)</b>			
Has the distributor been approved for use?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the date of the most recent calibration?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the proper nozzle sizes being used?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the nozzles set at 30° from the spray bar?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the nozzles clean and unclogged?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the bar height sufficient to allow at least a double lap spray?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the distributor equipped with a tank stick?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the volume measuring meter of the tank accurate as compared with the stick reading?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the tack coat test strip been completed and is acceptable? What is the application rate to obtain uniform full coverage without ponding, pooling, or corn-rowing?	<input type="checkbox"/>	<input type="checkbox"/>	Application rate=
Has the existing surface been cleaned and all foreign materials been removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the tack breaking properly (Brown to Black)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is debris/milling fines building up on construction equipment/hauling truck tires after the tack application? If yes, the roadway must be cleaned in a more efficient manner.	<input type="checkbox"/>	<input type="checkbox"/>	
Are cores for tack coat bond being obtained? (SS407.15 and 403.05)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Material Transfer Device (MTD) Section 407.06B</b>			
Who is the manufacturer and what is the model of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the MTD have a minimum of 15 tons storage capacity and capable of remixing the material?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the paver have a surge hopper with a minimum of 15 tons storage capacity and sloping sides?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
<b>Rollers (407.07)</b>			
Are three rollers of the required size being used as required in Section 407.15? (except CS, OGFC, TL, and TLD mixes where two are required)	<input type="checkbox"/>	<input type="checkbox"/>	
If the inside shoulder and inside traffic lane are being paved concurrently, is there a 4th roller (min. 4 ft wide) for the inside shoulder?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a pneumatic roller (rubber tire) used for intermediate rolling? *If a latex or polymer additive is used a steel wheel roller may be used instead of a pneumatic roller for the intermediate roller provided the surface course meets density requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
Are rollers equipped with a device for moisten and cleaning the wheels as required? (407.07)	<input type="checkbox"/>	<input type="checkbox"/>	
Is rolling being completed from the low side up?	<input type="checkbox"/>	<input type="checkbox"/>	
Is rolling being completed as identified in the test strip? Correct number of passes? Within the established temperature range?	<input type="checkbox"/>	<input type="checkbox"/>	Number of passes = Temperature range =
Is a release agent being used on the tires of the pneumatic roller? If yes, what type and is it approved?	<input type="checkbox"/>	<input type="checkbox"/>	Type: Approved:
<b>Paver (407.06)</b>			
Is a minimum 40-foot ski or non contact grade control system used for grade control? (407.14)	<input type="checkbox"/>	<input type="checkbox"/>	
Is a 12 foot straightedge and level on the paver?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the mix maintained at half the auger height?	<input type="checkbox"/>	<input type="checkbox"/>	
Are auger extensions within 18 inches of the end plate?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the paver screed heated? Is it in vibratory mode?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the screed producing effectively a finished surface of required evenness and texture without tearing, shoving or gouging the mixture?	<input type="checkbox"/>	<input type="checkbox"/>	
Are temperature limitations being adhered to? Is there an approved "cold weather paving plan" if out of season?(407.09)	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
Is the surface upon which the mix is to be placed free from excessive moisture?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the pavement and shoulder cross slope being checked. Are they correct (within 0.5% of the plans)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are depth checks being made? Is the thickness correct?	<input type="checkbox"/>	<input type="checkbox"/>	
Are spread rate checks being computed at least twice daily?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Delivery</b>			
Are truck beds covered with tarps extending 6 inches over the sides and secured at 5-foot intervals? (407.05)	<input type="checkbox"/>	<input type="checkbox"/>	
Are truck beds tight, clean, and smooth, with a thin coat of approved release agent?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the TDOT inspector accepting the weight tickets and signing them in accordance with Section 107? What is the mix type? What is the AC type?	<input type="checkbox"/>	<input type="checkbox"/>	Mix Type = Grade AC =
Are the allowable weights displayed? Tare weight? Allowable gross weight? Interstate? Non-interstate?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each truck bed have a 3/8" hole for checking temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the inspector recording temperatures every 5th load. (Sampling and Test Guide)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the mix temperature in the paver hopper within the allowable specification limits? (407.11)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Longitudinal Joint</b>			
Is the joint area along the edge clean prior to placement of the adjacent mat? Tack coat applied?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the material slightly high at the joint to allow for compaction (about 0.25" per 1" laid)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the longitudinal joint being overlapped 1 to 1.5 inches over the adjacent mat to create a tight joint?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the luter casting mix across the mat?	<input type="checkbox"/>	<input type="checkbox"/>	
On a multiple course pavement, is the longitudinal joint offset by at least one foot of the preceding layer?	<input type="checkbox"/>	<input type="checkbox"/>	
For surface course, is the longitudinal joint at the lane edge or center line of roadway?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
<b>Transverse Joint</b>			
When tying into existing pavement is a full head of material maintained in front of the screed to the end?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the contractor cutting back on previous runs to expose the full depth of the previous course to form transverse joints?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the contractor utilizing nulling blocks for takeoff?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the material slightly high at the joint to allow for compaction (about 0.25" per 1" laid)?	<input type="checkbox"/>	<input type="checkbox"/>	
When continuing paving, is the joint thoroughly cleaned and tack applied to ensure a good bond?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the joint straightedged to ensure smoothness?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Test Strip (407.15)</b>			
Is the test strip a minimum of 400 SY as required?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the mix being compacted to achieve the required density?	<input type="checkbox"/>	<input type="checkbox"/>	
Are cores taken where directed to calibrate the nuclear gauges?	<input type="checkbox"/>	<input type="checkbox"/>	
Do the average and individual nuclear densities meet minimum requirements for the ADT and type of mix (expressed in percent of maximum theoretical density)? What density is required?	<input type="checkbox"/>	<input type="checkbox"/>	Required density:
Have temperature ranges of each other been established during development of the roller pattern?	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS:**

Click here to enter text.

### Work Zone Traffic Control Inspection Form

PIN: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Federal Project No.: \_\_\_\_\_  
 State Project No.: \_\_\_\_\_  
 Date / Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 No. Of Lanes: \_\_\_\_\_  
 Weather / Lighting Conditions: \_\_\_\_\_  
 Contract No: \_\_\_\_\_  
 Project Type: \_\_\_\_\_  
 Posted Speed Limit: \_\_\_\_\_

#### ADVANCE WARNING SIGNS

**SIGN QUANTITY**

Appropriate No. of Signs  
 If no, explain:  
 Missing Sign(s)  
 If yes, explain:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**SIGN CONDITION**

Cleanliness  
 If poor, explain:  
 Legibility  
 If poor, explain:  
 Reflectivity  
 If poor, explain:

Good	Poor
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**LEGENDS**

Appropriate Legends  
 If no, explain:  
 Unneeded Signs Visible  
 If yes, explain:  
 Signs Posted, No Work  
 If yes, explain:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**SIGN PLACEMENT**

Height  
 If poor, explain:  
 Visibility  
 If poor, explain:  
 Spacing  
 If poor, explain:

Good	Poor
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**ARROW PANEL (A, B, C, or D)**

	<b>Good</b>	<b>Poor</b>
Placement	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Delineated / Shielded	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Removed When Not In Use	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

**SIGN SUPPORTS**

	<b>Yes</b>	<b>No</b>
Stationary Sign Supports	<input type="checkbox"/>	<input type="checkbox"/>
Installed per TDOT Specs.	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Portable Sign Stands	<input type="checkbox"/>	<input type="checkbox"/>
Removed from Clear Zone When Not In Use	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

**CHANNELIZING DEVICES**

**TYPE OF UPSTREAM TAPER (CHECK ONE)**

Merging	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>
Shifting	<input type="checkbox"/>
One-Lane, Two-Way	<input type="checkbox"/>

**DOWNSTREAM TAPER (OPTIONAL)**

	<b>Yes</b>	<b>No</b>
Used	<input type="checkbox"/>	<input type="checkbox"/>
Taper Length:            Feet		

**CHANNELIZING DEVICE CONDITION**

<b>DEVICE</b>	<b>Good</b>	<b>Poor</b>
Barricades Type I, II, or III	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Drums	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Cones	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Tubular Markers	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Vertical Panels	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

Adequate Spacing	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Adequate Taper Length	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Appropriate No. of Devices	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Non-Standard Device	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		

**PAVEMENT MARKINGS**

<b>USE OF PAVEMENT MARKINGS</b>	<b>Yes</b>	<b>No</b>
Markings Used	<input type="checkbox"/>	<input type="checkbox"/>
Easily Understandable	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Conflicting Markings Removed	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		

	<b>Condition</b>		
<b>TYPE (PLEASE SPECIFY)</b>	<b>Good</b>	<b>Faded</b>	<b>Damaged/ Dislodged</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Faded, Damaged, or Dislodged please explain:			
	<input type="checkbox"/>	<input type="checkbox"/>	
If Faded, Damaged, or Dislodged please explain:			
Reflectivity	<input type="checkbox"/>	<input type="checkbox"/>	

**FLAGGING**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>FLAGGER USE</b>			
Flagger(s) Used	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Flaggers:			
Flagger Station Preceded By Advance Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Flaggers Are Clearly Visible To Approaching Traffic	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Approaching Traffic Has Sufficient Distance To Stop	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Flagger Stations Illuminated (Night Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Slow /Stop Paddles</b>	<b>Flags</b>	
Signaling Device	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FLAGGER ATTIRE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
High-Visibility Apparel	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
<b>COMMUNICATION USED BETWEEN FLAGGERS</b>			
Visual Contact:	<input type="checkbox"/>		
Two-Way Radio Contact:	<input type="checkbox"/>		
	<b>Good</b>	<b>Poor</b>	
Flagging Technique:	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			



**ROADSIDE SAFETY**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Portable Barrier Used	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Barriers Properly Connected	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Impact Attenuator Used	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
	<b>Good</b>	<b>Poor</b>	
Impact Attenuator Condition	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
Barrier Condition	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
<b>BARRIER DELINEATION</b>	<b>Good</b>	<b>Poor</b>	
Lights	<input type="checkbox"/>	<input type="checkbox"/>	
If poor/not working, explain:			
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
Vertical Panels	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			

**MISCELLANEOUS TRAFFIC CONTROL**

<b>CONDITION</b>	<b>Yes</b>	<b>No</b>
Was temporary traffic control installed in a safe manner	<input type="checkbox"/>	<input type="checkbox"/>
Unprotected Operations Or Equipment In Roadway	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Temporary Traffic Signal Operation / Installation Effective	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Original Signs / Delineation In Good Condition	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
	<b>Good</b>	<b>Poor</b>
Access Control	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
<b>PEDESTRIAN SAFETY</b>	<b>Yes</b>	<b>No</b>
Are Sidewalks/Walking Paths Affected	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Are Signs Clean and Legible	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Is the Path Free of Debris and Tripping Hazards	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Is an Alternate ADA Route Provided	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		

	<b>Yes</b>	<b>No</b>
Are Equipment, Materials, or Other Items Blocking Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Does the Pedestrian Route Maintain ADA Minimum 36" Width	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:		

Deficiencies Found *(Include location)*:

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*If deficiencies were found, submit them to the Contractor's Superintendent and obtain date & signature on this form. All deficiencies need to be corrected by:*  
Date:

Contractor Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSPECTOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Regional Safety Coordinator



**STATE OF TENNESSEE  
DEPARTMENT OF TRANSPORTATION**

**Guardrail and Guardrail Terminal Anchor Daily Field Report**

Date:	
Project Number:	
Contractor:	
Route:	

County:	
Contract Number:	
Guardrail Contractor:	

Type of Installation	<input type="checkbox"/> NEW	<input type="checkbox"/> MAINTENANCE/ON CALL	<input type="checkbox"/> UPGRADE
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Location (Station(s), L.M.)	Item Installed	*Quantity and Unit of Measurement	Pay Item

\* If post holes are drilled in rock in accordance with the specifications, identify the number of holes which payment is due. (705-01 Items for "Drilling or Boring Posts in Rock")

> Guardrail/end terminal item(s) installed are in agreement with the requirements of the pay item:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> End terminals are NCHRP 350 approved. Certification, acceptance letter and detailed drawings are on site:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Pad for guardrail anchor properly constructed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Estimated pad material for on-call or upgrade:			
Contractor _____ C.Y.			
TDOT _____ C.Y.			
> Guardrail/end terminal height is in accordance with the approved standards:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Posts and blockouts are installed in accordance with the approved standards and are at correct depth and height:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Reflective sheeting installed in accordance with standards:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> If post holes are drilled/augered, backfill material around the posts has been compacted:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Anchorage cable installed according to standards and specifications:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Site has been cleaned:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Steel foundation/soil tubes have been installed in accordance with approved drawings:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
> Contractor furnished a copy of the material guarantee letter and a completed DT-0044 (T-2) to the Project Supervisor as a report:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

If any modifications are made, explain below. If NO, place comment(s) below.

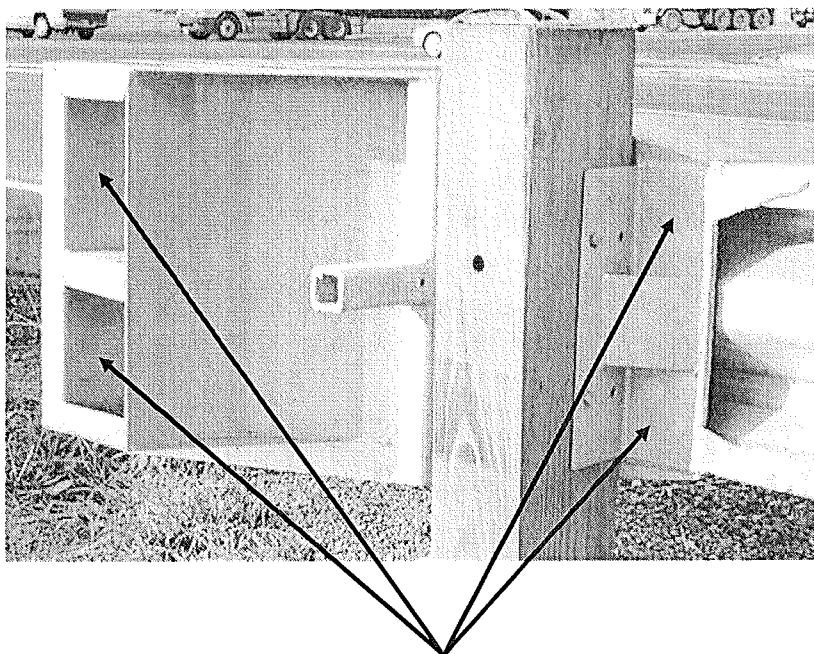
Modifications/comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Foreman/Superintendent  
 Guardrail Contractor: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

TDOT Inspector: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## ATTACHMENT #1

### RECOMMENDATION FOR TAGGING GUARDRAIL END TERMINALS



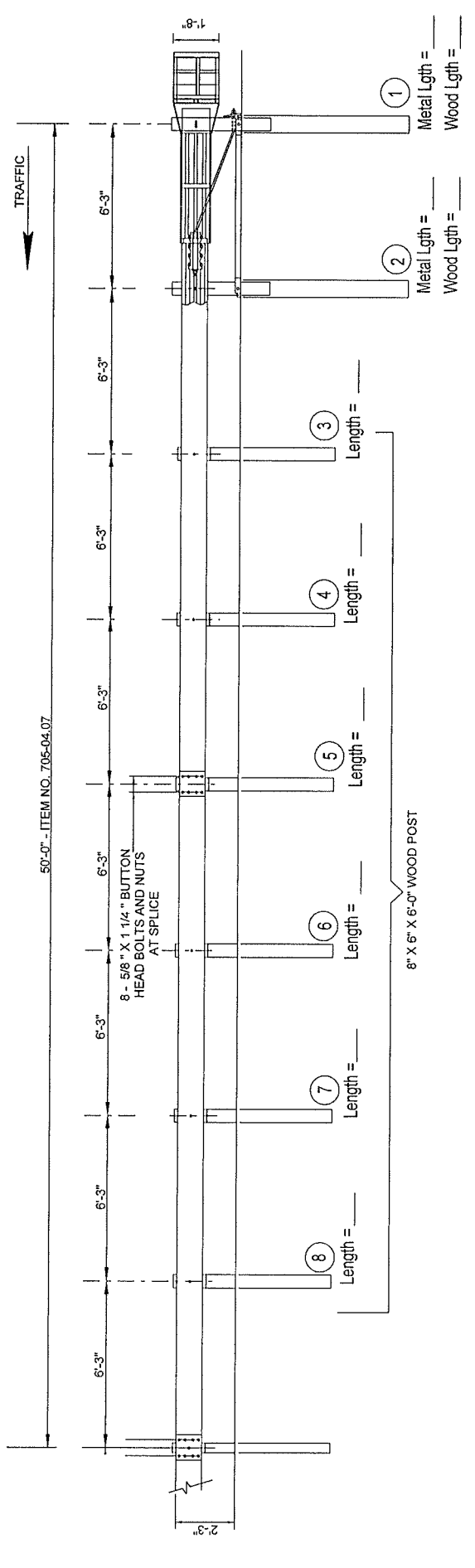
EXAMPLE OF LOCATION FOR END TERMINAL TAG LOCATION

<b>TENNESSEE DEPARTMENT OF TRANSPORTATION</b>											
<b>TO REPORT DAMAGE CALL 615-350-4300</b>											
<b>INSTALLATION DATE</b>						<b>CONTRACT NUMBER</b>					
<b>MONTH</b>						<b>B C D E F</b>					
1	2	3	4	5	6	0 1 2 3 4 5 6 7 8 9					
7	8	9	10	11	12	0 1 2 3 4 5 6 7 8 9					
<b>YEAR</b>						<b>0 1 2 3 4 5 6 7 8 9</b>					
06	07	08	09	10		0 1 2 3 4 5 6 7 8 9					

The above tag is an all weather decal that will adhere to any material including metal and wood. A hole punch is used to specify the installation date and contract number. The design is similar to the tag used for highway signs fabricated by the Department of Transportation. The tag should be placed on the guardrail end terminal in an area that is not likely to be damaged on impact, similar to the example above. The Division of Materials and Tests will procure the tags and distribute them to the regions, as needed. These tags will be installed on new guardrail end terminals on both new construction and on-call maintenance projects.

# INSPECTION FORM FOR TERMINAL UNITS

Date : \_\_\_\_\_ Roadway Name : \_\_\_\_\_ County : \_\_\_\_\_ Location : N S E W Road Side : Med. Shldr  
 Time : \_\_\_\_\_ Mile marker : \_\_\_\_\_ Inspector : \_\_\_\_\_ (Print name) \_\_\_\_\_ (Signature) \_\_\_\_\_



I/H Type : SKT350 ET2000 BEST OTHER (Circle One) Tubes Damaged (i.e. Sawed or Torched) YES NO  
 Quantity of Hazard stickers : \_\_\_\_\_ (If YES, Please Comment below)  
 Circle new Wooden Post : 1 2 3 4 5 6 7 8 Lane Closure needed : \_\_\_\_\_  
 Feet new Guardrail : \_\_\_\_\_ Any old Guardrail reused? \_\_\_\_\_  
 Cable Taut : \_\_\_\_\_ Photographed by : \_\_\_\_\_

Comments : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Bridge Construction Inspector's Checklist

PIN: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Federal Project No.: \_\_\_\_\_  
 State Project No.: \_\_\_\_\_  
 Bridge Name: \_\_\_\_\_  
 CEI Bridge Inspection Representative: \_\_\_\_\_  
 Bridge Identification No.: \_\_\_\_\_  
 Project Description: \_\_\_\_\_

Activity Verified	Date Inspected/Verified	Corrective Action Taken (Y / N)
1. Stationing of all substructures		
2. Pile lengths documented at each substructure		
3. Plans footing elevation		
4. Footing position and skew		
5. Footing reinforcement size and spacing, column steel projection		
6. Column longitudinal and transverse steel size and spacing		
7. Bridge seat elevation @ exterior beams of abutments and intermediate supports		
8. Concrete cylinder strengths meet contract minimums for all substructures		
9. Deck reinforcement location and size		
10. Proper screed rail elevations set		
11. Plans deck thickness computed before pouring concrete		
12. Deck curing materials applied after deck pour		
13. Deck concrete cylinder strength recorded		

★ Copy of this report to be forwarded to the Division of Structures, Suite 1100, James K. Polk Building, Nashville, TN 37243-0339.

### Bridge Deck Construction Pre-Pour Checklist

PIN:	Contract:
County:	Structure:
Federal Proj. No.:	Station:
State Proj. No.:	Lane/Span:
Reference:	Contractor:
Project:	

Check forms

- Clean, free of major defects
- Mortar tight
- Line and grade
- Structurally adequate to insure minimum settlement in deck or overhang

Check rebar

- Clean
- Dimensionally correct (size and spacing)
- Supported per specs and Standard Drawing STD-9-1 (Note: Overhang may require different supports)
- Document rebar quantities in field book

Check screed rails and headers for line and grade

Check screed for camber, insure is correct for template

Make dry run with screed, check for correct slab thickness and rebar clearance. Document thickness and clearances in field book. (Note: Check mechanical condition of screed)

Check access to site for concrete trucks, have equipment on hand for towing, grading, etc., if required

Check concrete plant

- Up-to-date scales check
- Check concrete trucks to be sure on approved list, all revolution counters and water gauges working, and load does not exceed mixing capacity
- Insure enough approved trucks available to maintain required pouring rate
- Insure adequate supply of aggregates, cement, and additives are on hand for deck pour

Check to be sure Contractor has scheduled enough personnel to handle pour, including equipment mechanics

Have Contractor verify the availability and operability of all necessary equipment, including finishing machines, continuous water source or portable tanks, water distribution equipment, two work bridges, vibrators, sprayers, 12 ft. straightedge and appropriate backup items

Obtain material certifications for the curing compound and burlap, and for the polyethylene where applicable. Check to be sure an adequate supply of these curing materials is available

Where placement by pumping requires more than one setup, obtain proposed plan from the Contractor showing the locations of the pumping equipment, the location(s) of the leading edge of the concrete pour while repositioning the pumping equipment and a realistic time for each work delay anticipated while repositioning pumping equipment

Require the Contractor to designate which of the pumping configurations listed in Subsection 604.17(a) will be used at the end of the discharge line. No exceptions are to be made, other than alternative equipment proposed under Subsection 105.17 and approved in writing by the Division of Structures under the conditions of that Subsection

Have the Contractor designate his/her authorized representative who will be present and have the authority to represent the Contractor during the bridge deck pour

Hold Pre-Pour Conference to coordinate and confirm above items (Note: Place copy of Pre-pour conference minutes in project files)

Inspector: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



### Bridge Deck Construction Checklist During Pour

PIN:  
County:  
Federal Project No.:  
State Project No.:

	YES	NO
Answer "Yes" or "No" except as noted and elaborate on "No" answers.		
1. Are all concrete trucks on the approved list?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is plastic concrete checked several times behind screed for slab depth and rebar cover and documented?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do pour, finishing operations and deck finish comply with specifications?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do checks of the pour rate indicate it is satisfactory? (at least 20'/hr. along roadway)	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the deck been straightedged and any deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are required tests on concrete made and the data recorded in book and on tickets?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the amount of curing compound checked both before use and after deck pour to determine quantity used? Compute rate and show here in ft. <sup>2</sup> /gal.	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the curing compound applied as soon as the water sheen disappears from the surface of the concrete?	<input type="checkbox"/>	<input type="checkbox"/>
9. From a work bridge, is damp burlap placed as soon as surface will support the burlap without undue marring of the concrete?	<input type="checkbox"/>	<input type="checkbox"/>
10. After placement, is the burlap immediately wet with a misty spray and kept wet thereafter with a continuously fed soaker hose?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the burlap properly anchored to provide full protection to the concrete?	<input type="checkbox"/>	<input type="checkbox"/>

Inspector: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Comments:

**Bridge Deck Construction Post Pour Checklist**

PIN:

County:

Federal Project No.:

State Project No.:

1. Check curing process every day to be sure deck is kept wet.  
Note: Suggest checking early A.M., midday, and late P.M., at a minimum.
2. Check bridge deck for deficiencies using 12' straightedge and/or profilograph as required by specifications and have contractor make necessary corrections.
3. Review "Pre-Pour" and "During Pour" checklists and observations; give written instructions to Contractor concerning any unsatisfactory conditions of deficiencies to insure these are not repeated on next pour.
4. Place copy of all checklists, Pre-Pour Conference minutes, and instructions to Contractor in project file.

Inspector: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Structures (Construction) Checklist

PIN:  
 County:  
 Federal Project No.:  
 State Project No.:

Any item not checked yes on the list shall have a written explanation why the condition cannot or has not been met in the comments column.

Bridges	Yes	No	Comments
As-built drawings and final foundation type, including footing elevations and lengths of individual piles, furnished to the TDOT Structures Division	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation Data Sheet complete	<input type="checkbox"/>	<input type="checkbox"/>	
The Engineer of Record contacted the TDOT Regional Bridge Engineer to request an initial acceptance inspection	<input type="checkbox"/>	<input type="checkbox"/>	



# TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION (TDEC)

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243

1-888-891-8332 (TDEC)

## General NPDES Permit for Stormwater Discharges from Construction Activities (CGP)

### Construction Stormwater Inspection Certification (Twice-Weekly Inspections)

<b>Site or Project Name:</b>		<b>NPDES Tracking Number: TNR</b>
Primary Permittee Name:		Date of Inspection:
Current approximate disturbed acreage:	Has rainfall been checked/documented daily? Yes      No	Name of Inspector:
Current weather conditions:		Inspector's Training Certification Number:

**Please check the box if the following items are on-site:**

Notice of Coverage (NOC)	Stormwater Pollution Prevention Plan (SWPPP)	Twice-weekly inspection documentation
Site contact information	Rain Gage	Off-site Reference Rain Gage Location: _____

**Best Management Practices (BMPs):**

**Are the Erosion Prevention and Sediment Controls (EPSCs) functioning correctly:** If "No," describe below in Comment Section

1. Are all applicable EPSCs installed and maintained per the SWPPP?	Yes	No
2. Are EPSCs functioning correctly at all disturbed areas/material storage areas per section 4.1.5?	Yes	No
3. Are EPSCs functioning correctly at outfall/discharge points such that there is no objectionable color contrast in the receiving stream, and no other water quality impacts per section 5.3.2?	Yes	No
4. Are EPSCs functioning correctly at ingress/egress points such that there is no evidence of track out?	Yes	No
5. If applicable, have discharges from dewatering activities been managed by appropriate controls per section 4.1.4? If "No," describe below the measures to be implemented to address deficiencies.	Yes	No
6. If construction activity at any location has temporarily/permanently ceased, was the area stabilized within 14 days per section 3.5.3.2? If "No," describe below each location and measures taken to stabilize the area(s)	Yes	No
7. Have pollution prevention measures been installed, implemented, and maintained to minimize the discharge of pollutants from equipment and vehicle washing, wheel wash water, and other wash waters per section 4.1.5? If "No," describe below the measures to be implemented to address deficiencies.	Yes	No
8. If a concrete washout facility is located on site, is it clearly identified on the project and maintained? If "No," describe below the measures to be implemented to address deficiencies.	N/A	Yes      No
9. Have all previous deficiencies been addressed? If "No," describe remaining deficiencies in Comment section. Check if deficiencies/corrective measures have been reported on a previous form.	Yes	No

Comment Section. If the answer is "No" for any of the above, please describe the problem and corrective actions to be taken. Otherwise, describe any pertinent observations:

**Certification and Signature** (must be signed by the certified inspector and the permittee per Sections 3.5.8.2 (g) and 7.7.2 of the CGP)

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Inspector Name and Title:	Signature:	Date:
Primary Permittee Name and Title:	Signature:	Date:

## Construction Stormwater Inspection Certification Form (Twice-Weekly Inspections)

### **Purpose of this form/ Instructions**

An inspection, as described in section 3.5.8.2. of the General Permit for Stormwater Discharges from Construction Activities ("Permit"), shall be performed at least twice every calendar week and documented on this form. Inspections shall be performed at least 72 hours apart. Where sites or portion(s) of construction sites have been temporarily stabilized, or runoff is unlikely due to winter conditions (e.g., site covered with snow or ice), such inspection only has to be conducted once per month until thawing results in runoff or construction activity resumes.

As described in section 3.5.8.1 of the Permit, inspectors performing the required twice weekly inspections must have an active certification by completing the "Fundamentals of Erosion Prevention and Sediment Control Level I" course (<http://www.tnepsc.org/>). Twice weekly inspections can also be performed by: a licensed professional engineer or landscape architect; a Certified Professional in Erosion and Sediment Control (CPESC) or a person who has successfully completed the "Level II Design Principles for Erosion Prevention and Sediment Control for Construction Sites" course. A copy of the certification or training record for inspector certification should be kept on site.

Qualified personnel, (provided by the permittee or cooperatively by multiple permittees) shall inspect disturbed areas of the construction site that have not been finally stabilized, areas used for storage of materials that are exposed to precipitation, structural control measures, locations where vehicles enter or exit the site, and each outfall.

Disturbed areas and areas used for storage of materials that are exposed to precipitation shall be inspected for evidence of, or the potential for, pollutants entering the site's drainage system. Erosion prevention and sediment control measures shall be observed to ensure that they are operating correctly.

Outfall points (where discharges leave the site and/or enter waters of the state) shall be inspected to determine whether erosion prevention and sediment control measures are effective in preventing significant impacts to receiving waters. Where discharge locations are inaccessible, nearby downstream locations shall be inspected. Locations where vehicles enter or exit the site shall be inspected for evidence of offsite sediment tracking.

Based on the results of the inspection, any inadequate control measures or control measures in disrepair shall be replaced or modified, or repaired as necessary, before the next rain event if possible, but in no case more than 7 days after the need is identified.

Based on the results of the inspection, the site description identified in the SWPPP in accordance with section 3.5.1 of the Permit and pollution prevention measures identified in the SWPPP in accordance with section 3.5.2 of the Permit, shall be revised as appropriate, but in no case later than 7 days following the inspection. Such modifications shall provide for timely implementation of any changes to the SWPPP, but in no case later than 14 days following the inspection.

All inspections shall be documented on this Construction Stormwater Inspection Certification form. Alternative inspection forms may be used as long as the form contents and the inspection certification language are, at a minimum, equivalent to the division's form and the permittee has obtained a written approval from the division to use the alternative form. Inspection documentation will be maintained on site and made available to the division upon request. Inspection reports must be submitted to the division within 10 days of the request.

Trained certified inspectors shall complete inspection documentation to the best of their ability. Falsifying inspection records or other documentation or failure to complete inspection documentation shall result in a violation of this permit and any other applicable acts or rules.

State/US Route or Road Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Contract #: \_\_\_\_\_ PIN: \_\_\_\_\_ County: \_\_\_\_\_

TNR# \_\_\_\_\_

**EPSC Inspection Report**

Did the contractor accompany the EPSC inspector on the inspection as required by SP107FP? Yes  No   
 Does the contractor agree with the findings noted below and on the attached TDEC form CN-1173 dated \_\_\_\_\_ ?  
 Yes  No  If no, it is the responsibility of the contractor to provide written comments that detail their disagreement with the noted findings.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Corrective Actions	
Number of Recurring Corr. Acts.	
Number of Sediment Releases	

Outfall # / STR or WTL #	Entry Type	App. Station # From/To	Date Last Disturbed	Stabilization Date / Type T = Temporary P = Permanent	Action Code	Action Required / Clarification	Object. Color Contrast (Y)	Sed. Release (Y)

**Entry Type Codes**

- CA Corrective Action
- RCA Recurring Corrective Action
- FM Future Maintenance
- CE Install construction entrance/exit
- CL Clean out measure
- CO Outfall is closed
- CW Install concrete washout
- DC Implement dust control

**Action Codes**

- R Repair/Replace measure
- REM Remove measure
- SR Clean up sediment release\*
- TRAC Clean off tracking from road
- TS Temporarily stabilize area
- DIV Install diversion
- HV Install high visibility fence
- I Install measure
- LIT Pick up litter/debris
- PS Permanently stabilize area
- U Upgrade measure
- W Too wet to work

\*Approval from TDEC is needed prior to removal of sediment from a stream or wetland.



Contract #: \_\_\_\_\_ SR/US Road Name: \_\_\_\_\_ County: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 TNR# \_\_\_\_\_

Outfall # / STR or WTL #	Entry Type	App. Station # From/To	Date Last Disturbed	Stabilization Date / Type T = Temporary P = Permanent	Action Code	Action Required / Clarification	Object. Color Contrast (Y)	Sed. Release (Y)

\*\*Please refer to the first sheet for Entry and Action Codes\*\*  
 Page 2 of 2







**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION (TDEC)**

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243  
1-888-891-TDEC (8332)

**Notice of Termination (NOT) for General NPDES Permit for Stormwater Discharges from Construction Activities (CGP)**

This form is required to be submitted when requesting termination of coverage from the CGP. The purpose of this form is to notify the TDEC that either all stormwater discharges associated with construction activity from the portion of the identified facility where you, as an operator, have ceased or have been eliminated; or you are no longer an operator at the construction site. Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the local DWR Environmental Field Office (EFO) address (see table below). For more information, contact your local EFO at the toll-free number 1-888-891-8332 (TDEC).

**Type or print clearly, using ink.**

<b>Site or Project Name:</b>	<b>NPDES Tracking Number: TNR</b>
Street Address or Location:	County(ies):

<b>Name of Permittee Requesting Termination of Coverage:</b>			
Permittee Contact Name:		Title or Position:	
Mailing Address:	City:	State:	Zip:
Phone:	E-mail:		

**Check the reason(s) for termination of permit coverage:**

<input type="checkbox"/>	Stormwater discharge associated with construction activity is no longer occurring and the permitted area has a uniform 70% permanent vegetative cover OR has equivalent measures such as rip rap or geotextiles, in areas not covered with impervious surfaces.
<input type="checkbox"/>	You are no longer the operator at the construction site (i.e., termination of site-wide, primary or secondary permittee coverage).

**Certification and Signature:** (must be signed by president, vice-president or equivalent ranking elected official)

I certify under penalty of law that either: (a) all stormwater discharges associated with construction activity from the portion of the identified facility where I was an operator have ceased or have been eliminated or (b) I am no longer an operator at the construction site. I understand that by submitting this notice of termination, I am no longer authorized to discharge stormwater associated with construction activity under this general permit, and that discharging pollutants in stormwater associated with construction activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this notice of termination does not release an operator from liability for any violations of this permit or the Clean Water Act.

For the purposes of this certification, elimination of stormwater discharges associated with construction activity means that all stormwater discharges associated with construction activities from the identified site that are authorized by a NPDES general permit have been eliminated from the portion of the construction site where the operator had control. Specifically, this means that all disturbed soils at the portion of the construction site where the operator had control have been finally stabilized, the temporary erosion and sediment control measures have been removed, and/or subsequent operators have obtained permit coverage for the site or portions of the site where the operator had control.

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Permittee name (print or type):	Signature:	Date:
---------------------------------	------------	-------

EFO	Street Address	Zip Code	EFO	Street Address	Zip Code
Memphis	8383 Wolf Lake Drive, Bartlett, TN	38133	Cookeville	1221 South Willow Ave.	38506
Jackson	1625 Hollywood Drive	38305	Chattanooga	1301 Riverfront Parkway, Ste. 206	37402
Nashville	711 R S Gass Boulevard	37243	Knoxville	3711 Middlebrook Pike	37921
Columbia	1421 Hampshire Pike	38401	Johnson City	2305 Silverdale Road	37601



**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

**(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)**

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PROJECT AND LOCATION \_\_\_\_\_ PROJECT OR CONTRACT NO. \_\_\_\_\_

OMB No.: 1235-0008 Expires: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR NON-APPLICATION	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			OT	OR	ST												

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction projects to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction projects to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210



# CONTRACTOR'S EMPLOYEE INTERVIEWS

(Form C-27)

Contract Number	County	Contractor or Sub-Contractor
Employee Name	Payroll Classification	Hourly rate for classification
Type of work being performed by employee as observed by interviewer:		
Hourly Rate for work employee is performing:   \$		
I affirm that the information shown above is correct and that I <b>am</b> / <b>am not</b> receiving the number of hours for normal time and overtime.		
Complaints/comments/remarks:		
Contractor Employee's Signature		Interviewer's Signature
Date:		Date:

The Contractor's/Sub-Contractor's (as identified above) payroll for this project have been checked for the period covering this interview and it is apparent that the subject employee <b>is</b> / <b>is not</b> properly classified and <b>is</b> / <b>is not</b> receiving the correct wage scale for the work he is performing in accordance with the wage established, for this project as specified in the Contract Proposal.	
Comments/Remarks:	
Project Supervisor's/Representative's Signature	
Date:	

### Project Utility Diary

CONTRACT NO: \_\_\_\_\_  
 PROJECT NO: \_\_\_\_\_  
 REF. NO: \_\_\_\_\_  
 DATE: \_\_\_\_\_

RECORDED BY: \_\_\_\_\_  
 PROJECT ENGINEER: \_\_\_\_\_  
 UTILITY REPRESENTATIVE \_\_\_\_\_  
 UTILITY COMPANY: \_\_\_\_\_  
 UTIL. CONTRACT NO.: \_\_\_\_\_  
 (For "Work Order" Reimbursable Projects)

DESCRIPTION OF WORK PERFORMED

**LABOR**

NAME	CLASSIFICATION	HOURS

LABOR USED TO RESTORE RECOVERED MATERIAL TO SUITABLE CONDITION FOR REUSE SHOULD BE INCLUDED ON THIS REPORT

**MATERIALS REMOVED**

ITEM	U.S.	QUANTITY

IF BOTH PARTIES AGREE THAT MATERIAL IS NOT SALVAGEABLE, A CHECK IS TO BE ENTERED IN THE U.S. COLUMN

**MATERIALS USED**

ITEM	QUANTITY

**TRANSPORTATION AND EQUIPMENT**

TYPE	HOURS	MILES

Distribution of copies:  
 CEI Manager or Local Government  
 Utility Company  
 Field

**Utility Item Certification / Final Acceptance**

PIN:  
County:  
Federal Project No.:  
State Project No.:  
Contract No.:  
Utility Company:  
Utility Inspector:

**Instructions:** Please check appropriate box (or boxes) and fill out required information. For **Installed Item Certification**, attach **Summary of Installed Utility Items** sheet(s) for each project number and submit each estimate period as directed by the TDOT Project Supervisor.

**Installed Item Certification**

On behalf of the above utility company, I certify that the materials used for the item(s) listed on the following page(s) meet and were installed in accordance with all applicable specifications.  
Any pertinent shop drawings or engineering changes have been approved.

UTILITY INSPECTOR: \_\_\_\_\_  
Signature and Date

ESTIMATE PERIOD:                      FROM:    TO:

**Final Acceptance of Work**

I certify that the utility relocation work is complete and is accepted by the above utility company.

UTILITY INSPECTOR: \_\_\_\_\_  
Signature and Date



Local Program Development Office  
Tennessee Department of Transportation  
Suite 600  
James K. Polk Building  
Nashville, TN 37243

**RE: Completion Notice of Work within the Limits of the Railroad**

PIN:	State Project No.:
County:	Contract No.:
Federal Project No.:	Reference No.:
Description:	

To Whom It May Concern:

This notice is to confirm the acceptance of all work within the limits of the Railroad in accordance with Subsection 105.13 of the Standard Specifications.

Date of Railroad Inspection:

Inspected by Railroad Representative:

Inspected by D.O.T. Representative:

Sincerely,

cc: Regional Construction  
Railroad  
Contractor  
TDOT Multimodal Resources  
Division, Rail Crossing Safety  
Office





ENGINEER'S ESTIMATE

STATE PROJECT # \_\_\_\_\_  
FEDERAL PROJECT # \_\_\_\_\_  
PROJECT DESC \_\_\_\_\_  
CONTRACT # \_\_\_\_\_  
PIN # \_\_\_\_\_

ORIGINAL AMOUNT \_\_\_\_\_  
EXECUTION DATE \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_  
TIME COMPLETE \_\_\_\_\_  
REVISED AMOUNT \_\_\_\_\_  
CONTRACT END \_\_\_\_\_  
CONT WORK DAYS \_\_\_\_\_  
WORK COMPLETE \_\_\_\_\_

ESTIMATE # \_\_\_\_\_  
CORRESPONDS TO CONSTRUCTION ENGINEERING BILLING # \_\_\_\_\_

PARTIAL \_\_\_\_\_  
FINAL \_\_\_\_\_ (Note: Final Estimate Certification must be signed)

BID ITEM NO.	PART	NON PART	DESCRIPTION	UNIT OF MEAS	CURRENT	QUANTITIES		TOTAL	UNIT PRICE	CURRENT PARTICIPATING AMOUNT	TOTAL PARTICIPATING AMOUNT
						PREVIOUS	TOTAL				

I CERTIFY UNDER PENALTY OF LAW THAT THIS CERTIFICATION/ESTIMATE AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED INFORMATION PRESENTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, I HEREBY CERTIFY THAT THIS SUBMITTAL IS ACCURATE AND CORRECT. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. I FURTHER ACKNOWLEDGE THAT FAILURE TO FOLLOW FEDERAL DIRECTIVES, GUIDELINES, AND REGULATIONS WILL RESULT IN THE LOSS OF FEDERAL FUNDING.

\_\_\_\_\_  
(CONSULTANT CONSTRUCTION ENGINEERING SUPERVISOR)

I CERTIFY THAT DAVIS-BACON LABOR INTERVIEWS HAVE BEEN PERFORMED DURING THIS ESTIMATE PERIOD, EXCEPT AS LISTED BELOW:  
EXCEPTION: \_\_\_\_\_

\_\_\_\_\_  
(CONSULTANT CONSTRUCTION ENGINEERING SUPERVISOR)

I CERTIFY THE (LOCAL GOVERNMENT) HAS SUFFICIENT TEST REPORTS ON HAND TO COVER THE TOTAL QUANTITIES SHOWN ON THIS ESTIMATE.  
I CERTIFY THAT DAVIS-BACON LABOR INTERVIEWS HAVE BEEN PERFORMED DURING THIS ESTIMATE PERIOD.  
I CERTIFY THE CURRENT MONTHLY EARNINGS FOR THIS CONTRACT ARE \$ \_\_\_\_\_.

APPROVED FOR PAYMENT: \_\_\_\_\_  
(LOCAL GOVERNMENT PROJECT SUPERVISOR)

FINAL ESTIMATE CERTIFICATION:  
I CERTIFY THE (LOCAL GOVERNMENT) HAS REDUCED THE FINAL ESTIMATE BY ANY LIQUIDATED DAMAGES OR DISINCENTIVES CHARGED TO THE CONTRACTOR. IF THE LIQUIDATED DAMAGES OR DISINCENTIVES EXCEED THE AMOUNT OF THE FINAL ESTIMATE, A CHECK FOR THE FEDERAL SHARE OF THE OVERPAYMENT MUST BE SUBMITTED TO TDOT WITH THIS ESTIMATE.

\_\_\_\_\_  
(LOCAL GOVERNMENT PROJECT SUPERVISOR)

ARRA - South Russell St. Resurfacing - Main St. to Lynnwood Dr. (ARRA Number: 83LPLMF3033090250) Sumner County, Portland, TN  
 Payment Summary No. 1, Pay Period Ending 7/31/10, State Project No. 83LPLM-F3-033, Pin # 113054, Federal Project No. ARRA-STP-MI-9319(1)

SSR Project numbers: 086A2610, Contractor: LoJac Enterprises, Inc.

Item No.	Description	Unit	Est. Quan.	Unit Price	Current Quantity Used	Previous Quantity Used	Total Quantity Used	Current Cost	Previous Cost	Cost to Date	Total Estimated Contract Cost
202-03	REMOVAL OF RIGID PAVEMENT, SIDEWALK, ETC.	SY	120	\$ 26.25	259.26	0	259.26	\$ 6,805.58	\$ -	\$ 6,805.58	\$ 3,150.00
202-03.03	REMOVAL OF ASPHALT PAVEMENT	CY	329	\$ 40.00		0	0.00	\$ -	\$ -	\$ -	\$ 13,160.00
202-08.15	REMOVAL OF CURB AND GUTTER	LF	116	\$ 5.25	318	0	318.00	\$ 1,669.50	\$ -	\$ 1,669.50	\$ 609.00
303-01	MINERAL AGGREGATE, TYPE A BASE, GRADING D	TON	182	\$ 35.00		0	0.00	\$ -	\$ -	\$ -	\$ 6,370.00
307-01.01	ASPHALT CONCRETE MIX (PG64-22) (BPMB-HM) GRADING A	TON	495	\$ 72.00		0	0.00	\$ -	\$ -	\$ -	\$ 35,640.00
307-01.07	M	TON	1,485	\$ 69.50		0	0.00	\$ -	\$ -	\$ -	\$ 103,207.50
403-01	BITUMINOUS MATERIAL FOR TACK COAT (TC)	TON	3	\$ 535.00		0	0.00	\$ -	\$ -	\$ -	\$ 1,605.00
411-01.10	ACS MIX (PG64-22) GRADING D	TON	1,012	\$ 80.75		0	0.00	\$ -	\$ -	\$ -	\$ 81,719.00
415-01.01	COLD PLANING BITUMINOUS PAVEMENT	TON	1,404	\$ 16.75		0	0.00	\$ -	\$ -	\$ -	\$ 23,517.00
701-01.01	CONCRETE SIDEWALK (4')	SF	1,081	\$ 4.45	1588.75	0	1588.75	\$ 6,046.44	\$ -	\$ 6,046.44	\$ 4,810.45
701-02.01	CONCRETE HANDICAP RAMP (RETROFIT)	SF	600	\$ 15.25	240.75	0	240.75	\$ 11,296.44	\$ -	\$ 11,296.44	\$ 9,150.00
701-02.02	CONCRETE DRIVEWAY (8')	SF	140	\$ 8.40	443.5	0	443.50	\$ 3,725.40	\$ -	\$ 3,725.40	\$ 1,176.00
702-03	CONCRETE COMBINED CURB AND GUTTER	CY	10	\$ 290.00	14	0	14.00	\$ 4,060.00	\$ -	\$ 4,060.00	\$ 2,900.00
712-01	TRAFFIC CONTROL	LS	1	\$ 2,250.00	0.2	0	0.20	\$ 450.00	\$ -	\$ 450.00	\$ 2,250.00
712-04.01	FLEXIBLE DRUMS (CHANNELIZING)	EACH	20	\$ 10.00	20	0	20.00	\$ 200.00	\$ -	\$ 200.00	\$ 200.00
712-06	SIGNS (CONSTRUCTION)	SF	281	\$ 10.75	262.5	0	262.50	\$ 2,821.88	\$ -	\$ 2,821.88	\$ 3,020.75
712-08.03	ARROW BOARD (TYPE C)	EACH	2	\$ 500.00		0	0.00	\$ -	\$ -	\$ -	\$ 1,000.00
716-02.01	PLASTIC PAVEMENT MARKING (4" LINE)	LM	2.1	\$ 4,200.00		0	0.00	\$ -	\$ -	\$ -	\$ 8,820.00
716-02.05	PLASTIC PAVEMENT MARKING (STOP LINE)	LF	36	\$ 21.00		0	0.00	\$ -	\$ -	\$ -	\$ 756.00
716-02.09	PLASTIC PAVEMENT MARKING (LONGITUDINAL CROSS-WALK)	LF	245	\$ 26.25		0	0.00	\$ -	\$ -	\$ -	\$ 6,431.25
716-05.01	PAINTED PAVEMENT MARKING (4" LINE)	LM	1.0	\$ 1,575.00		0	0.00	\$ -	\$ -	\$ -	\$ 1,575.00
717-01	MOBILIZATION	LS	1	\$ 7,900.00	0.15	0	0.15	\$ 1,050.00	\$ -	\$ 1,050.00	\$ 7,000.00
	<b>ITEMS SUBTOTAL</b>							\$ 38,125.23	\$ -	\$ 38,125.23	\$ 318,066.95
	<b>CHANGE ORDER ITEMS</b>							\$ -	\$ -	\$ -	\$ -
	<b>CHANGE ORDER ITEMS SUBTOTAL</b>							\$ -	\$ -	\$ -	\$ -
	<b>STORED MATERIALS</b>							\$ -	\$ -	\$ -	\$ -
	<b>STORED MATERIALS SUBTOTAL</b>							\$ -	\$ -	\$ -	\$ -
	<b>STORED MATERIALS SUBTOTAL</b>							\$ -	\$ -	\$ -	\$ -
	<b>Total Completed &amp; Stored</b>							\$ 38,125.23	\$ -	\$ 38,125.23	\$ 318,066.95
	<b>Retainage Less 0% Current Cost / Less 0% Previous Cost / Less 0% Cost to Date</b>							\$ -	\$ -	\$ -	\$ -
	<b>Total of Previous Payments / Cost to Date Minus Retainage</b>							\$ -	\$ -	\$ -	\$ -
	<b>Current Payment Due</b>							\$ -	\$ -	\$ 38,125.23	\$ 38,125.23

# CITY OF GALLATIN

123 West Main Street  
Gallatin, TN 37066

## MONTHLY CONSTRUCTION REPORT

December 13, 2012

Charles Dewese Construction Co.  
765 Industrial By Pass North  
Franklin, KY 42135

Pin #: 106988.00  
Project: 83LPLM-F3-0  
County: Sumner

Dear Sir:

As of the pay period ending 11/30/2012, Estimate No. 004, the status of your contract is as follows:

Total Days Charged to date:	107	Total Days Allowed in Contract:	123
Total Contract Paid:	\$ 412,578.85	Original Contract Amount:	\$ 412,578.85
Total Earnings to Date:	\$ 313,166.02	Current Contract Amount:	\$ 412,578.85
% Work Complete:	75.90	% Work Complete:	87.00
Original Completion Date:	12/15/2013	Adjusted Completion Date:	12/15/2012
		Est. Completion Date:	12/15/2012

% Difference in time consumed and project completed: 11.10

Time consumed is more than 15% of the project completed: No Please advise this office in writing as to how your company plans to correct this defect if the time consumed is greater than 15%.

Supervisor Remarks:

The above information is reviewed against contract records. Should your records in any way differ from the above information, please advise this office within 30 days from this date.

Sincerely,

Gordon L. H... Inc. for  
The City of Gallatin

cc: City of Gallatin  
American Safety Casualty Co.  
TDOT

## CERTIFICATION REGARDING PROMPT PAYMENT TO SUBCONTRACTORS AND MATERIAL SUPPLIERS AND DBE/SBE PAYMENT SUMMARY

Project Title: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ PIN: \_\_\_\_\_  
 State Project No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_  
 Federal Project No.: \_\_\_\_\_ County: \_\_\_\_\_  
 Report Period: \_\_\_\_\_ DBE Goal: \_\_\_\_\_

I certify that to the best of my knowledge, for the estimate period denoted above that all subcontractors and material suppliers have been paid to date by the Local Government in accordance with the tables below. I have listed exceptions and reasons for non-payment to Subcontractors and where joint checks were utilized, as provided below. (TCA 12-4-707D & Section 109.02) <sup>(1)</sup>

**Exceptions:**

Subcontractor or Material Supplier Name	DBE/SBE <sup>(2)</sup>	Reason For Nonpayment

**Only complete the following if joint checks were utilized<sup>(3)</sup>:**

Subcontractor or Material Supplier	DBE/SBE <sup>(2)</sup>	Payment Amount	Date	Payment To Date

Also, I certify that the following DBE/SBE<sup>(2)</sup> were paid the amounts listed during this estimate period:

DBE/SBE <sup>(2)</sup> Subcontractor or Material Supplier	DBE/SBE <sup>(2)</sup>	Payment Amount	Payment Date	Payment To Date

Electronic submission of this form certifies the information contained within. Certified by:

\_\_\_\_\_  
 Signature Title Date

## Guidelines:

1. This certification is for the Local Government's information only and does not place any obligation on the part of the Local Government with regard to any party including but not limited to any subcontractor and Contractor's surety. This certification will be required before processing a monthly progress payment to the Contractor. The certification will run two months in arrears (i.e. progress payment for March 2016 would require certification for January 2016). This certification shall be sent to the project supervisor. When exceptions or joint check subcontractors are listed, the project supervisor shall send copies to the TDOT Local Program Development Office. If an exception or joint check includes a DBE subcontractor then an additional copy shall be sent to the TDOT Civil Rights Office.
2. SBE status should be used only if the firm is certified as a Small Business with the TN Go-DBE. [www.tennessee.gov/diversity](http://www.tennessee.gov/diversity)
3. Copies of joint checks are to be attached to this report.
4. Forms listing DBE participation should be submitted concurrently to [DBE.runningtally@tn.gov](mailto:DBE.runningtally@tn.gov) and [local.programs@tn.gov](mailto:local.programs@tn.gov).

**Supplemental Agreement and/or Request for Construction Change  
Change Order Request # \_\_\_\_\_**

Project Title/Termini: \_\_\_\_\_  
 Owner: \_\_\_\_\_ PIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ State Project No.: \_\_\_\_\_  
 \_\_\_\_\_ Federal Project No.: \_\_\_\_\_  
 \_\_\_\_\_ Contract No.: \_\_\_\_\_  
 County: \_\_\_\_\_

Whereas, we \_\_\_\_\_ with \_\_\_\_\_, as a Surety, entered into a contract with \_\_\_\_\_, on \_\_\_\_\_, for the construction by said Contractor of the above designated contract; and *Whereas*, certain items of construction encountered, are not covered by the original contract, we desire to submit the following additional items of construction to be performed by the Contractor and paid by the Owner at the price(s) scheduled therefore below:

The purpose of this Change Order is to:

As a result of this Change Order, contract time shall:

Not Change,  Increase by \_\_\_\_\_ days,  Decrease by \_\_\_\_\_ days

Original Construction Completion Time: \_\_\_\_\_ days (Date: \_\_\_\_\_)

Original Contract Amount: \$ \_\_\_\_\_  
 Approved Change Orders: \$ \_\_\_\_\_  
 Current Change Order: \$ \_\_\_\_\_  
 Pending Change Orders: \$ \_\_\_\_\_  
 Total Change Orders: \$ \_\_\_\_\_

Contract Completion Time with Change Orders: \_\_\_\_\_ days (Date: \_\_\_\_\_)





STATE OF TENNESSEE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MATERIALS AND TESTS  
FIELD OPERATIONS  
6631 CENTENNIAL BLVD  
NASHVILLE, TENNESSEE 37243-9329

CONTRACT NO. \_\_\_\_\_ LOCAL PROGRAM PIN: 112765.00 CONTRACTOR ROY T. GOODWIN LETTING DATE \_\_\_\_\_  
 PROJECT NO. \_\_\_\_\_ PROJECT REFERENCE NO. ARRA-STP-M-930(23) DATE ISSUED 7-Sep-10  
 COUNTY \_\_\_\_\_ REGION 3 DATE UPDATED \_\_\_\_\_

PROJECT INFORMATION

MATERIALS AND PRODUCERS

CONCRETE PRODUCER	CEMENT	TYPE I	IRVING MATERIALS, INC.	CLARKSVILLE, TN (#088)
CEMENTITIOUS MATERIALS	SUPPLEMENTARY CM	FLYASH CLASS C	LAFARGE	CLARKSVILLE, TN (#088)
AGGREGATE	SUPPLEMENTARY CM	GGGFB, GRADE XXX	MINERAL RESOURCES TECHNOLOGIES	GRAND CHAIR, IL
	COARSE AGGREGATE	#57 LIMESTONE		FESTUS, MO
	FINE AGGREGATE	MANUFACTURED SAND (FM-X.XX)	VULCAN MATERIALS COMPANY	CLARKSVILLE, TN
		NATURAL SAND (FM=2.82)	WHYH MATERIALS	CLARKSVILLE, TN
CHEMICAL	AIR ENTRAINER	MICRO AIR		
ADMIXTURES	REDUCER	OLEUMUM 7500		
BASF ADMIXTURES	REDUCER/RETARDER			
	ACCELERATOR			
	HIGH RANGE REDUCER			
	OTHER			

Relater to be used when temperature is 85 degrees F or higher.  
 Admixture dosage shall be in accordance with manufacturer's recommendations

MIX DESIGN DATA

CLASS OF CONCRETE	CLASS A	lb/yd <sup>3</sup>	lb/yd <sup>3</sup>	lb/yd <sup>3</sup>	lb/yd <sup>3</sup>
CEMENT	143.1				
FLY ASH	40.1				
GGGFB	0.44				
#57 LIMESTONE	6%				
NATURAL SAND	3000				
MANUFACTURED SAND	NA				
WATER	10.035				
CHEMICAL ADMIXTURES	CNH 165				
THEORETICAL WEIGHT, PCF					
% FA VOLUME OF TOTAL AGGREGATE					
DESIGN W/C/M RATIO					
DESIGN AIR CONTENT					
REQUIRED COMPRESSIVE STRENGTH @ 28 DAYS, PCF					
REQUIRED COMPRESSIVE STRENGTH @ 18 HOURS, PCF					
DESIGN NUMBER					
PREVIOUSLY ISSUED ON CONTRACT					
CHARGE					

The final shipment of concrete must be accompanied by an aggregate card (CA and FA). Cards must be prepared periodically thereafter during the project. Design as specified in TDOT sections 604.01, 604.03, 702.01, or as applicable. Manufactured sand shall not be used in riding surfaces.

Issued By: Richard Weber  
 Headquarters (Materials & Tests)



# STATE OF TENNESSEE ASPHALT JOB MIX FORMULA

NO 2009 V1.0

L-20

Project Ref. No.	SP	Date	04/06/2010
Project No.	94840-3233-04 / 94840-3234-04	Region	3
Contract No.	CNJ043	County	Williamson
Contractor	Eubank Paving	Date of Letting	02/05/10
State Route No.	840	Roadway Surface	No
Hot-mix Producer	EUBANK ASPHALT, DICKSON PLANT #1		



Type BPMB-HM Mix 307-A PG 64-22 Item 307-01.01

Serial No.:	Design No.:
	311147

Material	Size or Grade	Producer and Location	Percent Used
#5	Coarse Aggregate	RGI Hickman Co.	44.068
#57	Coarse Aggregate	RGI Hickman Co.	23.950
#10 (Hard)	Screenings	RGI Hickman Co.	27.782
Asphalt Cement	PG 64-22	ERGOB ASPHALT CO., NASHVILLE TERMINAL	4.200
Percent AC in RAP1:		Optimum AC Content: 4.2	Total 100.000
Percent AC in RAP2:			
Anti-Strip Additive:		Pave Bond Lite	Dosage: 0.3%
AC Contribution:	Virgin AC 4.20	RAP AC	Percent Virgin AC:
Asphalt Sp. Gravity:	1.032	Dust to Asphalt Ratio:	N/A

% Fracture Face on CA:	N/A	% Glassy Particles on CA:	N/A
Gravity of RAP Agg:	2.405	Eff. Gravity of Agg:	2.602

Theo. Gravity:	2.445	T.S.R.:	N/A	Lbs/Ft <sup>3</sup> :	152.6
L.O.I.:	N/A	Ignition Oven Corr. Factor:	N/A		
ADT	8170	Log Miles Beginning:	Ending:		

Mixing Temp Range(°F):	295-335	Compaction Temp Range(°F):	280-320
Mixing Temperature(°F):	315	Compaction Temperature(°F):	300

Sieve Size	Percents Used						% Req.	Design Range
	#5	#57	#10 (Hard)					
2"	100	100	100				100	100
1.5"	100	100	100				100	81-100
1.25"								
1"								
3/4"	40	94	100				71	50-71
5/8"								
1/2"								
3/8"	7	25	100				38	35-50
No.4	2	4	93				29	24-36
No.8	2	2	63				19	13-27
No.16								
No.30	1	2	28				9	7-17
No.50								
No.100	0.5	0.5	15.0				4.7	0-10
No.200	0.5	0.5	13.0				4.1	0-4.5

Requested: Grum, Eubank Paving, LT-264  
Contractor Personnel and Lab Tech Cert No.

Approved: \_\_\_\_\_  
Regional Materials and Tests Supervisor

Date last lab inspection 5/1/2009

Approved: \_\_\_\_\_  
Headquarters Materials and Tests

**STATE**

**OF**

**TENNESSEE**

(Rev. 6-19-95)  
(Rev. 6-1-04)  
(Rev. 06-20-2011)

January 1, 2015

**SPECIAL PROVISION**

**REGARDING**

**BUY AMERICA REQUIREMENTS**

All manufacturing processes for iron and steel products, and coatings applied thereon, used in this project shall occur in the United States except that if the proposal has bid items for furnishing domestic and foreign iron and steel, the bidder will have the option of (1) submitting a bid for furnishing domestic iron and steel, or (2) submitting a bid for furnishing domestic iron and steel and a bid for furnishing foreign iron and steel. If option (2) is chosen the bid will be tabulated on the basis of (a) the total bid price using the bid price for furnishing domestic iron and steel and, (b) the total bid price using the bid price for furnishing foreign iron and steel.

For the total bid based on furnishing foreign iron and steel to be considered for award, the lowest total bid based on furnishing domestic iron and steel must exceed the lowest total bid based on furnishing foreign iron and steel by more than 25 percent. The 25 percent differential applies to the total bid for the entire project, not just the bid prices for the steel or iron products.

Iron and steel products are defined as products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed from iron and steel made in the United States. Iron products are included, however, pig iron and processed, pelletized, and reduced iron ore may be purchased outside the United States.

**Manufacturing begins with initial melting and continues through the coating stage. Any process which modifies chemical content, physical size or shape, or the final finish is considered a manufacturing process.** Coatings include epoxy, galvanizing, painting or any other surface protection that enhances the value and/or durability of a material.

The contractor shall provide a certification to the Engineer with each shipment of iron and steel products to the project site that the manufacturing processes for the iron and steel products occurred in the United States. No steel shall be placed until the contractor ensures the requirements of this Special Provision are met.

The above requirements do not prevent a minimal use of foreign materials, if the cost of such materials used does not exceed 0.1 percent of the total contract cost or \$2,500.00, whichever is greater. If steel

not meeting the requirements of this Special Provision is used, the contractor shall provide a written statement to the Department prior to its use indicating where the steel will be incorporated in the work, the value of the steel, the percentage of the contract amount, and the appropriate invoices shall be submitted as documentation.

The contractor shall be responsible for all cost associated with any steel that is permanently incorporated into the project that does not meet the requirements of this Special Provision without prior written approval from the Department, up to and including removal and replacement.



**STATE OF TENNESSEE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MATERIALS AND TESTS  
6601 CENTENNIAL BLVD.  
NASHVILLE, TENNESSEE 37243-0360**

**SAMPLE** CONTRACTOR MATERIAL CERTIFICATION  
AND/OR  
SAMPLING AND TESTING RECORD

Original Sample     Check Sample

Project Reference No. STP-M-1234(5)  
Project No. 12345-6789-10  
Contractor Bob Jones  
Date Sampled 12-Jan-03  
Identification see below  
Submitted by John Smith  
Sampled from Certifications  
Producer Kern Brothers  
Manufacturer see below  
Lab Serial No. A123

County MONTGOMERY    Region 3  
Contract No. 1234  
Heat No. \_\_\_\_\_ Size \_\_\_\_\_  
Date Received at Lab 13-Jan-03  
Date Reported 14-Jan-03  
Sampled by Bill Smith  
Amount Represented see below  
Location Clarksville  
Location Atlanta, GA  
Report No. 34-234

ITEM NUMBER	DESCRIPTION, FIELD USE AND/OR LAB USE	QUANTITY
	PAVEMENT MARKING SHEETS	
716.05.20	SHERWIN WILLIAMS - WHITE PAINT - BATCH NO.	
716.05.20	M2501	580 GAL
716.05.20	M3171	23 GAL
716.05.20	M2681	5 GAL
	TOTAL	588 GAL
	SHERWIN WILLIAMS - WHITE PAINT - BATCH NO.	
716.05.20	M2991	296 GAL
716.05.20	M1701	78 GAL
716.05.20	M2971	40 GAL
	TOTAL	414 GAL
	INCIDENTAL ITEMS:	

Bob Jones  
Contractor's Personnel Signature

**THE CONTRACTOR MUST FILL OUT THIS PORTION PROVIDED THE MATERIAL IS FULLY CERTIFIED BUT IS NOT PROJECT IDENTIFIED. A NOTARIZED SIGNATURE IS REQUIRED.**

I hereby certify that the above referenced material to be incorporated into this project is the same as the attached manufacturer's certification.  
Contractor/Employee Signature Bob Jones    B.B. Construction Co.  
Sworn to and subscribed before me this 20th day of January, 2003  
WITNESSED BY: Jim Williams    My commission expires on 23-Dec-05  
Notary Public



**T.D.O.T. Use Only**

This materials accepted by certification and visual inspection.

Accepted By: \_\_\_\_\_ OR John Smith Project Supervisor  
Reviewed By: Robert [Signature] Project Inspector

This material  meets  does not meet the requirements of the specification for see item numbers above

Tested by \_\_\_\_\_ Approved \_\_\_\_\_ Engr. Of Materials and Tests

Form DT-0044 (Rev. 10-02)









Manager, TDOT Local Programs Office  
JKP Building, Suite 600  
505 Deaderick Street  
Nashville, TN 37243-0341

**RE: COMPLETION NOTICE**

PIN:  
County:  
Federal Project No.:  
Description:

State Project No.:  
Contract No.:  
Reference No.:

To Whom it May Concern:

The above project was inspected and accepted as complete on \_\_\_\_\_ by \_\_\_\_\_ representing the Tennessee Department of Transportation.

**THE HISTORY OF THE PROJECT IS AS FOLLOWS:**

Notice to Proceed Date:

Work Begin Date:

Substantial Work Complete Date:

Original Completion Date: ON/BEFORE

Adjusted Completion Date: ON/BEFORE

Actual Number of days used:

Contractor:

**S.P. 108B:**

No  Yes

Did contract have a **Notice Of Coverage** from TDEC?

No  Yes (If yes, a copy of the **Notice Of Termination** submitted to TDEC must be sent to Local Programs before sending a Completion Notice.)

If any exceptions, date completed:

Sincerely,

cc: Contract file  
Regional Construction Engineer  
Regional Materials & Tests Engineer  
Regional Environmental Coordinator  
Director, Material & Tests Division  
Director, Small Business Development Office

Contractor  
Surety



### Contractor's Affidavit Pertaining to Labor and Materials

The undersigned contractor on Contract No. \_\_\_\_\_, Project No. \_\_\_\_\_, Reference No. \_\_\_\_\_, County \_\_\_\_\_, hereby certifies that all laborers, mechanics, apprentices, trainees, watchmen, and guards employed by him or by any subcontractor performing the work under the contract on the project have been paid wages at rates not less than those required by the contract provisions, and that the work performed by each such laborer, mechanic, apprentice, or trainee conformed to the classifications set forth in the contract or training program provisions applicable to the wage rate paid.

The undersigned contractor further certifies that all sums of money which have been due for labor and material used in the construction of this project, that all damages suffered on account of such construction, and that all claims for which we are held liable under the laws of Tennessee, with the exception of the outstanding claims now on file with the Tennessee Department of Transportation, the provisions of our contract and the terms of our bond, have been paid. In the event that any just claim is presented of which we do not now have knowledge, we agree to protect the State of Tennessee Department of Transportation by making at once the proper settlement of such claims.

CONTRACTOR

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

Personally appeared before me, a notary public for said county and state, on this date the above named person who, on behalf of the named contractor, makes oath that this affidavit is true to the best of his information, knowledge, and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



2995 Sidco Drive  
Nashville, TN  
(615) 383-1113  
(615) 386-8469 FAX  
www.ssr-inc.com

February 24, 2011

TO: Rebecca Winn  
The Leaf Chronicle  
200 Commerce St.  
Clarksville, TN 37040-0018

Dear Rebecca:

I am transmitting to you herewith a Notice which we wish to have published in the newspaper (s) for the indicated county (s) for two (2) consecutive weeks. This in accordance with the requirements of Tennessee Code Annotated Section 54-5-122.

**NOTICE TO FURNISHERS OF LABOR AND MATERIALS**

**TO:** McIntosh Construction Company, LLC

**STATE PROJECT NO:** 63LPLM-F3-021, 63LPLM-F3-034 and 63LPLM-F3-038

**CONTRACT NO:** Pin # 11276500 **COUNTY:** Montgomery

The City of Clarksville is about to make final settlement with the contractor for construction of the above number projected. All persons wishing to file claims pursuant to Section 54-5-122, T.C.A. must file same with Jack Frazier, City of Clarksville Street Department, 199 Tenth St. Clarksville, TN 37040-6323, on or before 4/15/2011.

**NOTE TO PUBLISHER:** The above Notice is to be published on:  
3/4/2011 & 3/11/2011.

Immediately after the second date of insertion of this Notice send one (1) copy of your newspaper bill and one (1) Affidavit of Publication, which includes a clipping of the advertisement, to me at the address above.

Sincerely,

David Donoho  
Director of Transportation

cc: Clarksville Street Department  
Bonding Agent  
TDOT Local Programs  
file

Contractor  
TDOT Region 3 Construction Supervisor  
Commissioner of Labor

**CERTIFICATE OF THE CONTRACTOR OR HIS DULY AUTHORIZED REPRESENTATIVE**

Project: ARRA - Multimodal Intersections Improvements  
 To the best of my knowledge and belief, I certify that all items, units, quantities, and prices of work and materials shown on the face of Sheet 2 of this Periodical Estimate are correct and all work has been performed and materials supplied in full accordance with the terms and conditions of the corresponding construction contract documents between the undersigned as Contractor and the Metropolitan Department of Public Works of the City of Nashville, as Owner, Dated: March 16, 2010, and all authorized changes thereto; that the following is a true and correct statement of the contract amount up to and including the last day of the period covered by this estimate and that no part of the "Total Amount Due" as been received:

State Project No. 19-LP1M-F3-051090209  
 Fed. Project No. ARRA-STP-M-9312(03)  
 DOT Plan No. 112917  
 Metro Contract No. 99209  
 Job No.  
 Invoice No. 7

Original Contract Amount \$619,055.00

Plus/Minus Approved Change Orders	
No.	Dated
1	2-16-11
	\$ 30,872.00
No.	Dated:
No.	Dated:
No.	Dated:
No.	Dated:
No.	Dated:

Revised Contract Amount \$649,927.00

Contract Amount To Date: \$698,373.65

(a) Amount Earned To Date	\$698,373.65
- Sixty Months	\$0.00
- Total Amount Earned	\$698,373.65
(b) Retainage	\$0.00
- Total Retainage	\$0.00
(c) Total Due Less Retainage	\$698,373.65
(d) Less Total Previously Approved	\$0.00
(e) Liquidated Damages	\$0.00
(f) Bonus for early Completion	\$0.00
(g) Total Amount Due This Estimate	\$698,373.65

I further certify that all claims outstanding as of this date against the undersigned as Contractor of labor, materials, and acceptable equipment employed in the performance of said contract up to this date have been paid in full in accordance with the requirements of said contract, PROJECT NAME: ARRA Multimodal Intersections Estimate No. 7 Date: 6/28/11

CONTRACTOR: S & W Contracting Company, Inc. BY: [Signature] Date: 6/28/11

**ENGINEER'S CERTIFICATE FOR PAYMENT**

I certify that I have verified this Periodical Estimate and that to the best of my knowledge and belief it is true and correct statement of work performed and materials supplied under the Contract and that the Contractor's certified statement of this account and the amount due him is correct and just, and that all work and materials included in this periodical estimate have been performed in full accordance with the terms and conditions of the corresponding construction contract documents and authorized changes thereto.

Owner: Metropolitan Department of Public Works

Name: [Signature] By: SSR, Inc. Date: 6/28/11

Approved and Payment Recommended

Owner: Metropolitan Department of Public Works By: \_\_\_\_\_ This \_\_\_\_\_ Date: \_\_\_\_\_

**OWNERS RECOMMENDATION FOR PAYMENT**

ARRA - Multimodal Traffic Signal Enhancement (ITB 52528/CY - Project Number 2009-Y-02) Davidson County, Nashville, TN  
 Payment Summary No. 7, Pay Period Ending 6/30/11, State Project No. 19LPLM-F3-051030209, Pin # 112917

SSR Project numbers: 10840250, Contractor: SAW

Item No.	Description	Unit	Est. Quan.	Unit Price	Current Quantity Used	Previous Quantity Used	Total Quantity	Current Cost	Proposed Cost	Cost to Date	Total Estimated Contract Cost
108-07	LIQUIDATED DAMAGES	DAY	0	\$ 750.00	-3.0	0.00	0.00	\$ (2,250.00)	\$ -	\$ (2,250.00)	\$ -
202-03	REMOVAL OF RIGID PAVEMENT, SIDEWALK, ETC.	SY	60.5	\$ 42.00	21.80	217.25	239.05	\$ 9,124.00	\$ 9,124.00	\$ 10,262.10	\$ 2,541.00
701-01-01	CONCRETE SIDEWALK (4')	SF	665	\$ 5.28	38.90	645.30	684.20	\$ 3,612.68	\$ 3,612.68	\$ 3,611.20	\$ -
701-02-01	CONCRETE HANDICAP RAMP (RETROFIT)	SF	75	\$ 23.69	308.70	0.00	308.70	\$ 7,282.23	\$ 7,282.23	\$ 7,282.23	\$ 1,769.26
701-02-03	CONCRETE HANDICAP RAMP	SF	810	\$ 18.97	89.20	1308.00	1397.20	\$ 26,521.86	\$ 26,521.86	\$ 26,521.86	\$ 16,365.70
702-01-02	CONCRETE CURB	LF	135	\$ 28.97	18.50	6.00	24.50	\$ 554.46	\$ -	\$ 554.46	\$ 4,046.85
717-01	MOBILIZATION	EACH	6	\$ 3,000.00	-	6.00	6.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00
712-01	TRAFFIC CONTROL	LS	6	\$ 4,000.00	-	6.00	6.00	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00
713-11-01	U SECTION STEEL POSTS	LB	40	\$ 2.31	-	40.00	40.00	\$ 92.40	\$ -	\$ 92.40	\$ 82.40
713-16-20	SIGNS (STREET NAME SIGNS - R182L ONLY)	EACH	27	\$ 50.00	-	27.00	27.00	\$ 1,350.00	\$ 1,350.00	\$ 1,350.00	\$ 1,350.00
713-16-21	SIGNS (R6-2L)	EACH	1	\$ 250.00	2.00	0.00	2.00	\$ 500.00	\$ -	\$ 500.00	\$ 250.00
713-16-22	SIGNS (R6-2R)	EACH	1	\$ 250.00	1.00	0.00	1.00	\$ 250.00	\$ -	\$ 250.00	\$ 250.00
713-16-23	SIGNS (R3-1)	EACH	3	\$ 250.00	-	3.00	3.00	\$ 750.00	\$ -	\$ 750.00	\$ 750.00
713-16-24	SIGNS (R3-2)	EACH	2	\$ 250.00	-	2.00	2.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00
713-16-25	SIGNS (R10-10)	EACH	1	\$ 250.00	-	1.00	1.00	\$ 250.00	\$ -	\$ 250.00	\$ 250.00
713-16-29	SIGNS (R10-12)	EACH	1	\$ 250.00	-	1.00	1.00	\$ 250.00	\$ -	\$ 250.00	\$ 250.00
716-02-01	PLASTIC PAVEMENT MARKING (4" LINE)	LM	0.07	\$ 22,000.00	-	0.00	0.07	\$ 1,540.00	\$ -	\$ 1,540.00	\$ 1,540.00
716-02-05	PLASTIC PAVEMENT MARKING (STOP LINE)	LF	695	\$ 2.75	726.00	726.00	726.00	\$ 19,965.00	\$ 19,965.00	\$ 19,965.00	\$ 19,112.60
716-02-06	PLASTIC PAVEMENT MARKING (LONGITUDINAL CROSS-WALK)	EACH	2	\$ 300.00	-	2.00	2.00	\$ 600.00	\$ -	\$ 600.00	\$ 600.00
716-02-09	REMOVAL OF PAVEMENT MARKING (LINE)	LF	1,250	\$ 49.60	-	1326.00	1326.00	\$ 65,637.00	\$ 65,637.00	\$ 65,637.00	\$ 61,876.00
716-08-01	REMOVAL OF PAVEMENT MARKING (CROSS-WALK)	LF	615	\$ 2.75	-	267.00	267.00	\$ 708.75	\$ 708.75	\$ 708.75	\$ 1,691.25
716-08-05	REMOVAL OF PAVEMENT MARKING (STOP LINE)	LF	276	\$ 3.50	-	226.00	226.00	\$ 791.00	\$ 791.00	\$ 791.00	\$ 13,612.50
730-01-02	SIGNAL HEAD ASSEMBLY (130)	EACH	6	\$ 600.00	5.0	1.00	6.00	\$ 3,000.00	\$ 600.00	\$ 3,600.00	\$ 3,600.00
730-02-16	SIGNAL HEAD ASSEMBLY (150 A2H)	EACH	2	\$ 1,777.00	-	2.00	2.00	\$ 3,554.00	\$ -	\$ 3,554.00	\$ 3,554.00
730-03-12	AERIAL SPICE ENCLOSURE	EACH	3	\$ 1,650.00	-	3.00	3.00	\$ 4,950.00	\$ -	\$ 4,950.00	\$ 4,950.00
730-03-21	INSTALL PULL BOX (TYPE B)	EACH	1	\$ 1,000.00	-	1.00	1.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 1,000.00
730-05-01	ELECTRICAL SERVICE CONNECTION	EACH	6	\$ 1,500.00	5.0	1.00	6.00	\$ 9,000.00	\$ 1,500.00	\$ 10,500.00	\$ 9,000.00
730-05-03	SERVICE CABLE (2 CONDUCTOR, #6 AWG)	LF	310	\$ 1.85	1890.00	0.00	1890.00	\$ 3,466.50	\$ -	\$ 3,466.50	\$ 3,466.50
730-08-03	SIGNAL CABLE - 7 CONDUCTOR	LF	4845	\$ 1.15	-	2400.00	2400.00	\$ 2,760.00	\$ -	\$ 2,760.00	\$ 9,079.25
730-08-05	SIGNAL CABLE - 12 CONDUCTOR	LF	4845	\$ 1.60	-	4100.00	4100.00	\$ 6,560.00	\$ -	\$ 6,560.00	\$ 9,205.60
730-08-10	SIGNAL CABLE (2 CONDUCTOR SHIELD)	LF	445	\$ 1.00	660.00	0.00	660.00	\$ 660.00	\$ -	\$ 660.00	\$ 445.00
730-08-30	INTERCONNECT CABLE (COPPER-TWISTED PAIR)	LF	570	\$ 2.10	150.00	1652.00	1802.00	\$ 3,784.20	\$ 3,480.20	\$ 7,264.40	\$ 2,037.00
730-11-01	STEEL CONDUIT (RIGID)	EACH	13	\$ 300.00	-	14.00	14.00	\$ 4,200.00	\$ -	\$ 4,200.00	\$ 3,900.00
730-12-02	CONDUIT (RIGID) (PVC)	LF	8780	\$ 4.00	-	8788.00	8788.00	\$ 35,152.00	\$ -	\$ 35,152.00	\$ 35,152.00
730-12-09	CONDUIT (RIGID) (PVC)	LF	10	\$ 15.00	-	30.00	30.00	\$ 450.00	\$ -	\$ 450.00	\$ 160.00
730-13-02	VEHICLE DETECTOR (VIDEO)	EACH	2	\$ 5,335.00	-	2.00	2.00	\$ 10,670.00	\$ -	\$ 10,670.00	\$ 11,070.00
730-13-08	VEHICLE DETECTOR (2 CHANNEL, RACK MOUNT)	EACH	23	\$ 181.00	21.0	2.00	23.00	\$ 4,161.00	\$ 387.00	\$ 4,548.00	\$ 4,163.00
730-14-01	SHIELDED PAVEMENT MARKING	LF	9115	\$ 0.80	-	8960.00	8960.00	\$ 7,168.00	\$ -	\$ 7,168.00	\$ 7,292.00
730-14-02	SAW SLOT	LF	3815	\$ 3.50	2767.0	1180.00	3947.00	\$ 13,834.50	\$ 4,130.00	\$ 17,964.50	\$ 13,702.60
730-14-03	LOOP WIRE	LF	8000	\$ 0.50	6056.0	2504.00	8560.00	\$ 4,282.00	\$ 1,252.00	\$ 5,534.00	\$ 4,000.00
730-15-32	CABINET (EIGHT PHASE RACK MOUNTED)	EACH	6	\$ 10,260.00	-	6.00	6.00	\$ 61,560.00	\$ -	\$ 61,560.00	\$ 61,560.00
730-16-02	EIGHT PHASE ACTUAL CONTROL	EACH	6	\$ 2,667.00	5.0	1.00	6.00	\$ 13,335.00	\$ 2,667.00	\$ 16,002.00	\$ 16,002.00
730-21-01	WOOD POLE (SIGNAL SUPPORT) CLASS 3, 35' LENGTH	EACH	1	\$ 1,000.00	-	1.00	1.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 1,000.00
730-23-30	PEDESTAL POLE (10 FT.)	EACH	11	\$ 1,200.00	1.0	11.00	12.00	\$ 1,200.00	\$ 13,200.00	\$ 14,400.00	\$ 13,200.00

ARRA - Multimodal Traffic Signal Enhancement (ITB 52628/CY - Project Number 2009-T-02) Davidson County, Nashville, TN  
 Payment Summary No. 7, Pay Period Ending 6/30/11, State Project No. 101PLM-F3-051090209, Plan # 112917

SSR Project numbers: 10840260, Contractor: SAW

Item No.	Description	Unit	Est. Quan.	Unit Price	Current Quantity Used	Previous Quantity Used	Total Quantity Used	Current Cost	Previous Cost	Cost to Date	Total Estimated Contract Cost	
730-23.48	CANTILEVER SIGNAL SUPPORT (1 ARM @ 20')	EACH	1	\$ 6,996.00		1.00	1.00	\$ 6,996.00	\$ -	\$ 6,996.00	\$ 6,996.00	
730-23.64	CANTILEVER SIGNAL SUPPORT (1 ARM @ 30')	EACH	2	\$ 7,207.00		2.00	2.00	\$ 14,414.00	\$ -	\$ 14,414.00	\$ 14,414.00	
730-23.72	CANTILEVER SIGNAL SUPPORT (1 ARM @ 35')	EACH	4	\$ 8,017.00		4.00	4.00	\$ 32,068.00	\$ -	\$ 32,068.00	\$ 32,068.00	
730-23.77	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 35')	EACH	1	\$ 10,183.00		1.00	1.00	\$ 10,183.00	\$ -	\$ 10,183.00	\$ 10,183.00	
730-23.78	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 40')	EACH	1	\$ 7,799.00		1.00	1.00	\$ 7,799.00	\$ -	\$ 7,799.00	\$ 7,799.00	
730-23.80	CANTILEVER SIGNAL SUPPORT (1 ARM @ 40')	EACH	2	\$ 7,997.00		2.00	2.00	\$ 15,994.00	\$ -	\$ 15,994.00	\$ 15,994.00	
730-23.85	CANTILEVER SIGNAL SUPPORT (2 @ 40' & 40')	EACH	1	\$ 11,013.00		1.00	1.00	\$ 11,013.00	\$ -	\$ 11,013.00	\$ 11,013.00	
730-23.88	CANTILEVER SIGNAL SUPPORT (1 ARM @ 45')	EACH	1	\$ 7,799.00		1.00	1.00	\$ 7,799.00	\$ -	\$ 7,799.00	\$ 7,799.00	
730-23.98	CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	EACH	3	\$ 7,997.00		3.00	3.00	\$ 23,991.00	\$ -	\$ 23,991.00	\$ 23,991.00	
730-23.99	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 65')	EACH	1	\$ 11,013.00		1.00	1.00	\$ 11,013.00	\$ -	\$ 11,013.00	\$ 11,013.00	
730-23.99	CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	EACH	2	\$ 8,846.00		2.00	2.00	\$ 17,692.00	\$ -	\$ 17,692.00	\$ 17,692.00	
730-23.99	CANTILEVER SIGNAL SUPPORT (2 @ 45' & 60')	EACH	1	\$ 9,887.00		1.00	1.00	\$ 9,887.00	\$ -	\$ 9,887.00	\$ 9,887.00	
730-26.02	PEDESTRIAN PUSHBUTTON WITH 12" SIGN	EACH	28	\$ 128.00	1.0	28.00	29.00	\$ 3,680.00	\$ -	\$ 3,680.00	\$ 3,680.00	
730-26.05	COUNTDOWN PEDESTRIAN SIGNAL	EACH	48	\$ 698.00		48.00	48.00	\$ 33,504.00	\$ -	\$ 33,504.00	\$ 33,504.00	
	<b>ITEMS SUBTOTAL</b>							\$ 174,977.70	\$ 610,635.87	\$ 688,373.66	\$ 1,395,613.57	
	<b>CHANGE ORDER ITEMS</b>											
104-04.30	ADDITIONAL WORK (REMOVAL OF EXISTING ANTENNA AND CABLE FOR BUS COMMUNICATION)	LS	3	\$ 2,600.00	3.0	0.00	3.00	\$ 7,800.00	\$ -	\$ 7,800.00	\$ 7,800.00	
730-35.01	INSTALL NEW PRE-EMPT SYSTEM @ GALLATIN ROAD & LITTON AVENUE	EACH	1	\$ 12,240.00		0.00	1.00	\$ 12,240.00	\$ -	\$ 12,240.00	\$ 12,240.00	
730-35.12	ANTENNA (INSTALL BRACKETS AND ANTENNAS USING EXISTING HARDWARE)	EACH	3	\$ 7,920.00	3.0	0.00	3.00	\$ 23,760.00	\$ -	\$ 23,760.00	\$ 23,760.00	
730-35.21	RF DATA SYSTEM CABLE (OPTICOM GPS SYSTEM CABLE)	LF	540	\$ 340.00	450.0	0.00	450.00	\$ 153,000.00	\$ -	\$ 153,000.00	\$ 153,000.00	
	<b>CHANGE ORDER ITEMS SUBTOTAL</b>							\$ 30,240.00	\$ -	\$ 30,240.00	\$ 30,240.00	
	<b>STORED MATERIALS</b>											
	*Note: This Extended Cost Column for Stored Materials is included in the Unit Price Column											
730-23.48	CANTILEVER SIGNAL SUPPORT (1 ARM @ 20')	EACH	1	\$ 6,996.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.64	CANTILEVER SIGNAL SUPPORT (1 ARM @ 30')	EACH	2	\$ 7,207.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.72	CANTILEVER SIGNAL SUPPORT (1 ARM @ 35')	EACH	4	\$ 8,017.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.77	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 35')	EACH	1	\$ 10,183.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.78	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 40')	EACH	1	\$ 7,799.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.80	CANTILEVER SIGNAL SUPPORT (1 ARM @ 40')	EACH	2	\$ 7,997.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.85	CANTILEVER SIGNAL SUPPORT (2 @ 40' & 40')	EACH	1	\$ 11,013.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.88	CANTILEVER SIGNAL SUPPORT (1 ARM @ 45')	EACH	1	\$ 7,799.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.98	CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	EACH	3	\$ 7,997.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.99	CANTILEVER SIGNAL SUPPORT (2 @ 35' & 65')	EACH	1	\$ 11,013.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.99	CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	EACH	2	\$ 8,846.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.99	CANTILEVER SIGNAL SUPPORT (2 @ 45' & 60')	EACH	1	\$ 9,887.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.99	PEDESTRIAN PUSHBUTTON WITH 12" SIGN	EACH	28	\$ 128.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
730-23.99	COUNTDOWN PEDESTRIAN SIGNAL	EACH	48	\$ 698.00		0.00	0.00	\$ -	\$ -	\$ -	\$ -	
	<b>STORED MATERIALS SUBTOTAL</b>							\$ -	\$ -	\$ -	\$ -	
	<b>Total Contract</b>							\$ 174,977.70	\$ 610,635.87	\$ 688,373.66	\$ 1,395,613.57	
	<b>Retainage Less 0% Current Cost / Less 0% Previous Cost / Less 0% Cost to Date</b>							\$ -	\$ -	\$ -	\$ -	
	<b>Total of Previous Payments / Cost to Date Minus Retainage</b>							\$ 610,635.87	\$ -	\$ 688,373.66	\$ 1,395,613.57	
	<b>Current Payment Due</b>							\$ -	\$ -	\$ 81,737.70	\$ 81,737.70	

**Certification Regarding Money Paid to Disadvantaged Business Enterprises (CC-3)**

I, \_\_\_\_\_, certify that to the best of my knowledge, \_\_\_\_\_  
Name of Owner or Authorized Representative Name of DBE

has been paid in full, per the amount of the contract for actual work performed on:

Contract No. \_\_\_\_\_ County \_\_\_\_\_, as of \_\_\_\_\_

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

**DISADVANTAGED BUSINESS ENTERPRISE**

**AMOUNT**

Firm Name	Original DBE Subcontract \$
	Original DBE Subcontract Date

PRIME CONTRACTOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ Paid to date  
 \_\_\_\_\_ Est. final pmt.  
 \_\_\_\_\_ TOTAL

I, \_\_\_\_\_, certify that to the best of my knowledge, \_\_\_\_\_  
Name of DBE Owner or Authorized Representative Name of Contractor

has paid the named DBE, in full, per the amount of the contract for actual work performed on:

Contract No. \_\_\_\_\_ County \_\_\_\_\_, as of \_\_\_\_\_

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

**DISADVANTAGED BUSINESS ENTERPRISE**

**AMOUNT**

Firm Name	Original DBE Subcontract \$
	Original DBE Subcontract Date

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ Paid to date  
 \_\_\_\_\_ Est. final pmt.  
 \_\_\_\_\_ TOTAL

## END of JOB CERTIFICATE

Project Title/Terminal:	
Owner:	
Address:	
Date Prepared:	
	PIN:
	State Project No.:
	Federal Project No.:
	Contract No.:
	County:

The foregoing record, as noted on the various forms and for the various items, is a true representation of the work done by the contractor on the above listed Contract and that any part of the record which has been copied from the field books is a true copy of the notes, field notes mentioned above being submitted.

Signed: \_\_\_\_\_

Local Government Official