

LOCAL AGENCY PROJECT FIELD REVIEW

DISTRIBUTION: ORIGINAL - TSC Construction Engineer, COPY – File 106, LPE (Local Agency Project Engineer), Local Agency Project Supervisor

| | | |
|----------------------------------|-------------------------------|---|
| Location and Project Description | Contract ID | |
| Local Agency | Project Engineer | |
| Local Agency Project Supervisor | CE Firm (N/A if Local Agency) | |
| Prime Contractor | Sub-Contractor on site | DBE <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MDOT DR Reviewer | Date of Review | Time of Review |

Field Review Questions/Comments:

| | | | |
|---|---|---|--|
| 1 | Onsite Inspection – Was the Local Agency or their representative onsite during the review. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Traffic Control – Are traffic control signs set up per plan. Are there mobility issues, is traffic traversing the construction zone with minimal problems and delays? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Are job sites posters appropriately displayed on the job (including ARRA poster)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Are erosion control measures in place and working appropriately? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Is the project adequately staff? Was the job staff in accordance with what was submitted on forms 0258, 0259 or 0260? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Does the work appear to be progressing at an acceptable pace to complete the project within the contract time? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Are there any contractor claim issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Are there any apparent safety concerns or issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Are construction operations progressing in a manner that is in substantial conformance with the contract requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

General Review Comments:

Signature/Date
**MDOT Department Representative
Reviewer**