

Tennessee Department of Transportation

Local Programs Construction Phase Overview

2024 Supplemental Materials



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CONSTRUCTION PHASE OVERVIEW
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CHAPTER 8 - PRE-CONSTRUCTION AND CONSTRUCTION PROCEDURES

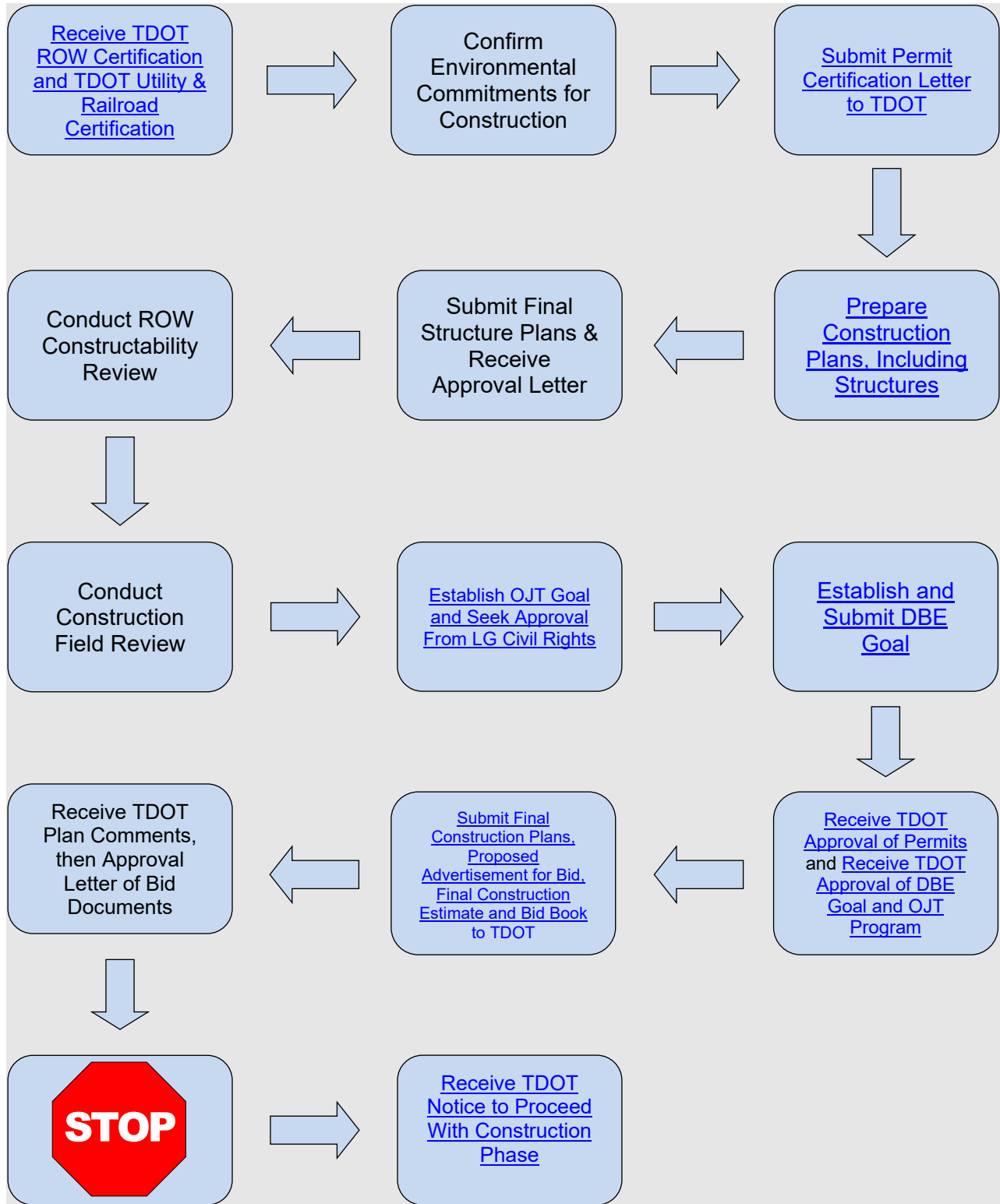


Figure 8-1 – Pre-Construction & Construction Flow Chart

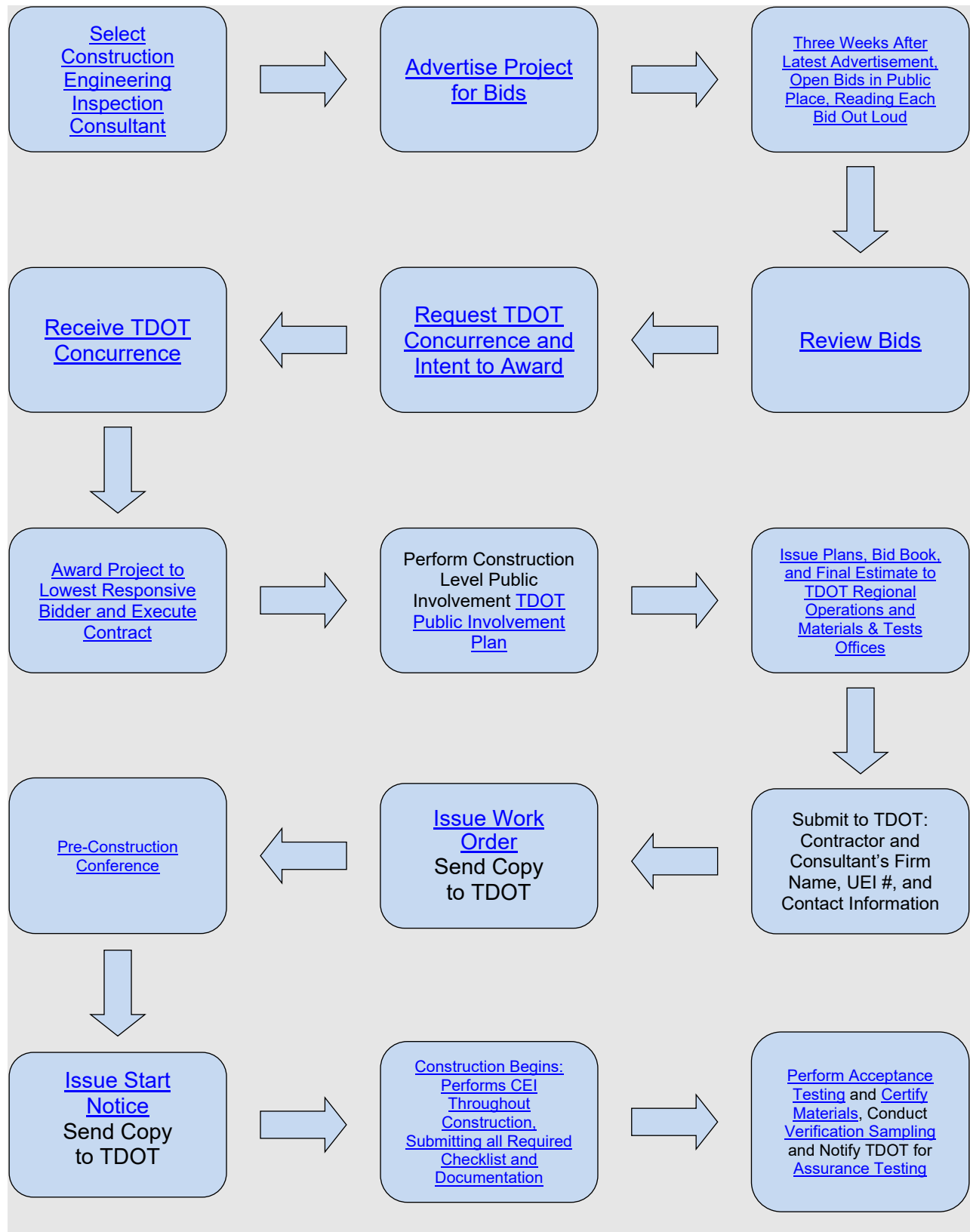


Figure 8-1 – Pre-Construction & Construction Flow Chart (continued)

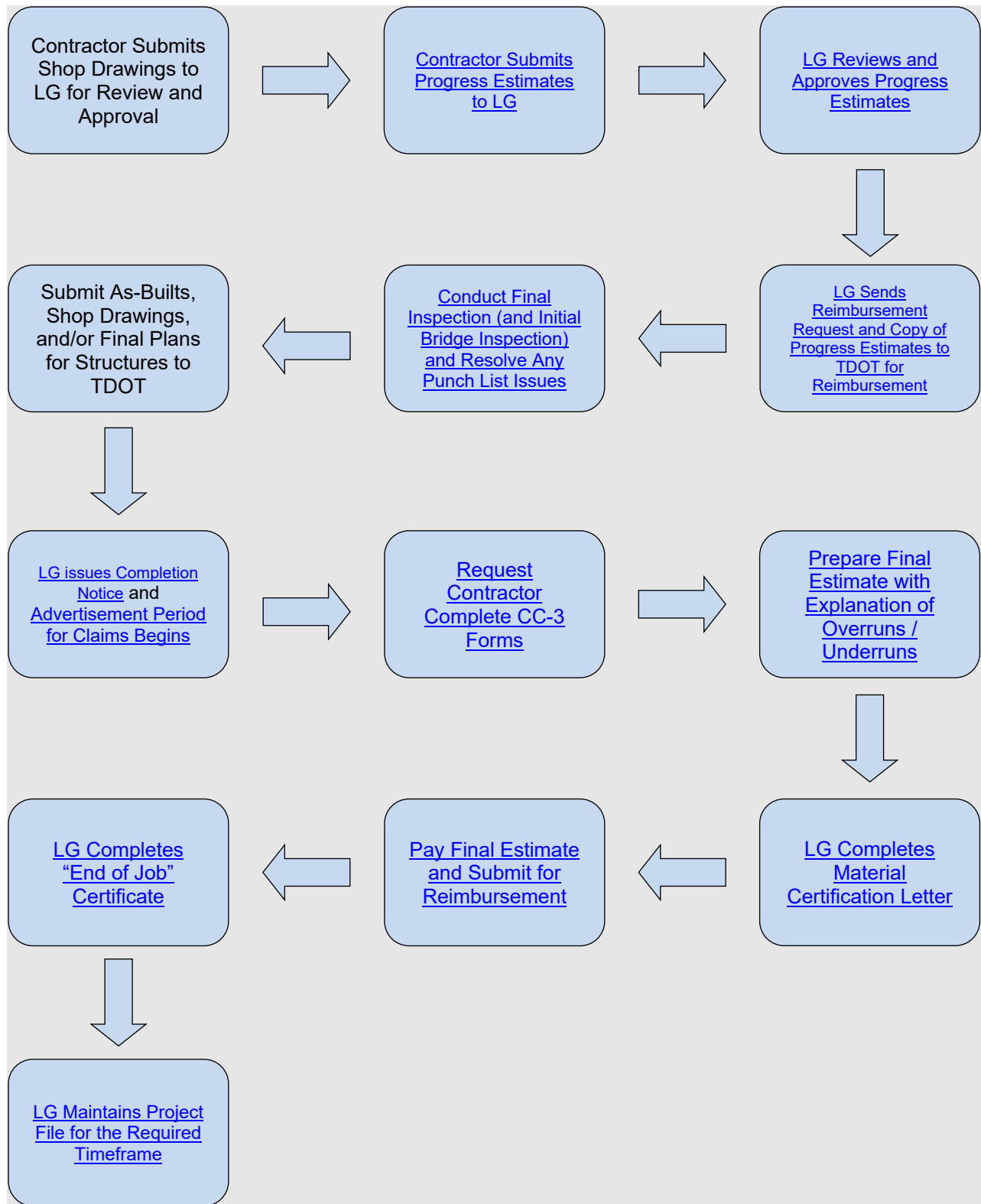


Figure 8-1 – Pre-Construction & Construction Flow Chart (continued)

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



**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 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:

TN. Dept. of Transportatation - Finance Division**INVOICE #1007**

505 Deaderick St, Suite 800, Nashville, TN 37243

Phone 615-350-4100 Fax 615-350-4128 TDOT.MaterialsTests@tn.gov

Customer

Bedford County Dept. of Finance

200 Dover St., Suite 102

Shelbyville, TN 37160

Invoice Date 5/2/2014

Sales Person Materials & Tests Division

P.O. #

Phone 931-685-2024

Fax 931-680-1029

Job	Payment Due	Payment Terms
02953-3502-94 PIN 030645.01	6/2/2014	Net 30

Product	Quantity	Unit Price	Line Total
Concrete Cylinder Strength Testing	2	\$26.19	\$52.38

Services Total	\$0.00
Products Total	\$52.38
Taxes	\$0.00
Invoice Total	\$52.38

Thank you for your business

TN. Dept. of Transportatation - Finance Division 505 Deaderick St, Suite 800, Nashville, TN 37243

Phone 615-350-4100 Fax 615-350-4128 TDOT.MaterialsTests@tn.gov



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.

Table with 3 columns: CURRENT COSTS, COST SHOWN ON PRIOR INVOICES, TOTAL COSTS. Rows include: 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.

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, PO LINES. Rows include: APPROVED PAY, LOCAL MATCH \$, VENDOR NAME, VENDOR ID, LOCATION ADDRESS #, EDISON CONTRACT ID, PURCHASE ORDER ID, FED SPEED CHART, ST SPEED CHART, LOC SPEED CHART, SPLIT SPEED CHART, RECEIPT #, VOUCHER #, PAYMENT REF ID #.

COMMENTS: _____

UEI Number and Authorized Signature Form

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

A new form must be submitted whenever authorized signers change



December 19, 2018

Wes Pomeroy
Jones Bros. Contractors, LLC.
1010 Pleasant Grove Place, Suite 300
Mt Juliet, TN 37122

RE: NOTICE OF WORK ORDER

Albert Gallatin Ave./Hatten Track Road Extension
Gallatin, Sumner County TN
TDOT Contract No. 111041.00
PIN #: 111041.00
Federal Aid Project No. STP-M-8300(70)
State Project No. 83LPLM-F3-067

Wes:

This is to advise that the Contract between Jones Bro. Contractors, LLC and this Department for the above project was accepted on December 18, 2019 and the effective date of the contract is January 9, 2019. Substantial completion of the project shall be accomplished by July 10, 2021.

It is desired that your forces begin work on this project not later than the effective date unless you are hindered by some condition over which you have no control that affects the beginning of work. TIME WILL BE CHARGED FROM THE EFFECTIVE DATE unless your forces begin work before that date, in which case, time will be charged from the date on which work begins.

The beginning of work by the Contractor, his representatives, agents, or sub-contractors waives all claims for damages against this Department for any buildings, structures, etc., on the right-of-way.

This letter is being written for the purpose of issuing the WORK ORDER.

If you have any questions or comments regarding this work order, feel free to contact me by email at rosemary.bates@gallatintn.gov or by phone at 615.230.7953.

Thanks,

Rosemary Bates
Special Projects Director, City of Gallatin

cc:

TDOT Regional Construction Engineer
TDOT Regional Materials and Tests Engineer
TDOT Local Programs Development Office
TDOT Gallatin Construction Office
City of Gallatin City Engineer
City of Gallatin, Asst. City Engineer
CEI Smith Seckman Reed
Gresham Smith

Shay Deason
Kevin Isenberg
Whitney Britt
John Jones
Nick Tuttle
Buck Rogers
David Donoho
Diane Regensburg

shay.deason@tn.gov
kevin.isenberg@tn.gov
local.programs@tn.gov
john.t.jones@tn.gov
nick.tuttle@gallatintn.gov
dewayne.rogers@gallatintn.gov
ddonoho@ssr-inc.com
diane.regensburg.greshamsmith.com

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: _____
UEI 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: _____
UEI 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: _____
UEI 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: _____
UEI 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: _____
 UEI: _____
 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: _____
 UEI: _____
 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: _____
 UEI: _____
 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: _____
 UEI: _____
 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
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
				Total This Page		
				Total Additional Pages		
				Overall Total		

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
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
				Total This Page		
				Total Additional Pages		
				Overall Total		

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

2nd Tier Subcontractor

The following is to be completed by the 2nd Tier Subcontractor:

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

The 2nd 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.

2nd Tier Subcontractor's Telephone Number:

2nd Tier Subcontractor's Employee Identification Number:

Date

Signature (2nd 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:

Revised 6/1/23

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
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
	-			\$ -		
				Total This Page		
				Total Additional Pages		
				Overall Total		

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 _____

3rd Tier Subcontractor _____

The following is to be completed by the 3rd Tier Subcontractor:

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

The 3rd 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.

3rd Tier Subcontractor's Telephone Number: _____

3rd Tier Subcontractor's Employee Identification Number: _____

Date _____

Signature (3rd 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:

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? (If no, this is a red flag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the regular dealer have an established storage facility and inventory? (If no, this is a red flag)	<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)? (If no, this is a red flag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, has construction field office been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontract Date:			
Has the Regional Construction Office submitted an approved TDOT Subcontract Form? (If no, this is a red flag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, has construction field office been contacted?	<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"/>
Has a 2nd-Tier Subcontract been approved by the Civil Rights Office?	<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 2nd 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 2nd 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 2nd 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 2nd Tier agreement):

Print Name: _____ Title: _____
 Signature: _____ Date: _____

DBE Material Supplier/Trucker Authorized Representative:

Print Name: _____ Title: _____
 Signature: _____ Date: _____

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:

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
<u>Regular Dealers/Manufacturer</u>			
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"/>
(If no, this is a red flag.)			
If no, explain:			
Does the business stock the product for the use on the project as a normal stock item? (If no, this is a red flag.)	<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?			
(If material is not shipped to the DBE, this is a red flag.)			
If not, explain:			

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

Actions Taken:

Reviewer's Signature: _____

PRE-CONSTRUCTION CONFERENCE NOTICE

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

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,

cc: Regional Construction	Environmental Division Natural Resources Office
Regional Materials & Tests	Environmental Ecology Section
Regional Safety	
Environmental Planning and Permits Division	
Regional ADA Coordinator	
Civil Rights office	
contract file	

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)

4.	Special Provision: 1230 <input type="checkbox"/> , 1231 <input type="checkbox"/> , 1232 <input type="checkbox"/> , 1240 <input type="checkbox"/> , 1246 <input type="checkbox"/> <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 prior to 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. The first payroll must have: 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: "No additional work will be performed until further notice." If work stops for a week or more and is not anticipated, the statement "No work performed, and no work will be performed until further notice." 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"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Pre-Construction Conference Meeting Minutes (continued)

Attendee Listing

Company	Name	Phone Number
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Revised: 9/17/2019

2/12/2021

ANNUAL READY MIX PLANT PROCESS CONTROL PLAN

DATE: _____

READY MIX CONCRETE COMPANY: _____

READY MIX CONCRETE COMPANY LOCATION: _____

<i>All qualified TDOT Concrete Plant Quality Control Technicians shall be listed in this section or on attached sheets. Include every technician that will be working on TDOT projects and update as needed.</i>	NAME:	CERT.#
	NAME:	CERT.#
	NAME:	CERT.#
	NAME:	CERT.#
	NAME:	CERT.#

We hereby propose to utilize the below listed process controls as well as all process control minimums set forth in Tennessee Department of Transportation Specification 604.03.B to ensure that the concrete delivered to TDOT projects meets TDOT 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 a TDOT Certified Plant Quality Control Technician while the plant is producing concrete for a TDOT project.

- 1.) Tests to determine aggregate gradations (AASHTO T 27 with T 11 when required) will be performed prior to any batching and then once per week or every 500 CY for each source of aggregate utilized. Fineness modulus will be calculated for fine aggregate per AASHTO M 6 with each gradation.
- 2.) Stockpiles will be checked daily to ensure that they are being maintained in an uncontaminated and unsegregated manner. Current aggregate quality reports will be kept on file at the plant.
- 3.) Scale checks will be performed by a Certified Scale Company at a minimum interval of six (6) months. Admixture dispensing systems will be calibrated yearly by the supplier. Checks on accurate weightings of aggregates, cement, fly ash, water, and admixtures will be maintained in the records at the plant site.
- 4.) The Materials List will be updated annually or as materials are added/removed/changed from the plant. The updated list will be distributed to Regional Materials and Tests.
- 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. Only trucks approved and documented on the Concrete Truck Checklist by TDOT Regional Materials and Tests will be utilized on TDOT projects. The checklist will be posted at the plant.
- 6.) Adjustment of mix proportions due to the moisture content of both fine and coarse 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 content will be determined in accordance with AASHTO T 255. Moisture Probes may be utilized but must be correlated and verified with a dry moisture check weekly.

Revised: 9/17/2019
2/12/2021

**ANNUAL READY MIX PLANT
PROCESS CONTROL PLAN**

- 7.) Slump (AASHTO T119), air content (AASHTO T 152 or AASHTO T 196 for concrete containing light weight aggregates), unit weight (AASHTO T 121), and ambient air and mix temperatures will be checked for specifications compliance on the initial load and randomly thereafter for each day's run. If a bridge deck is being poured, SOP 4-1 will be followed for minimum quality control requirements. 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.) An Contractor's Daily 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.
- 9.) An approved delivery and batch 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 TDOT Standard Specifications shall be identified on the delivery ticket. All batch tickets will reflect any adjustments made for water (i.e. aggregate moisture corrections or ice utilization). Copies of all tickets will be maintained at the plant for the duration of the project.
- 10.) Records of all tests and inspections performed at the plant by QC personnel will be kept current and made available at the concrete plant for review at any time by TDOT personnel and/or FHWA representatives.
- 11.) Mixing water will meet the requirements of specification 921.01 and testing data will be made readily available upon request of TDOT and/or FHWA representatives.
- 12.) Records of delivery tickets for all materials such as coarse and fine aggregates, cement, fly ash, admixtures, and additives used for state projects will be maintained at the plant.
- 13.) The Ready Mix Inspection Checklist will be posted at the plant.
- 14.) Certifications for all qualified technicians who may be responsible for any concrete testing, plant operations, or changes involving concrete mixing will be available upon request at the plant.

The above scheduled testing and inspection frequencies are minimums. Should problems become evident, they will be increased as the conditions require.

Sign Name: _____ Date: _____
Ready Mix Plant Representative

Print Name: _____ Date: _____
Ready Mix Plant Representative

Sign Name: _____ Date: _____
Regional Materials & Tests Representative

Print Name: _____ Date: _____
Regional Materials & Tests Representative

Revised: 9/17/2019
2/12/2021

PROJECT SITE CONCRETE PROCESS CONTROL PLAN

DATE: _____ COUNTY: _____
 CONTRACT NO: _____ PROJECT NO: _____
 REFERENCE NO: _____
 READY MIX CONCRETE COMPANY & LOCATION: _____
 PRIME CONTRACTOR: _____

<i>All qualified TDOT 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>	NAME: _____	CERT.# _____
	NAME: _____	CERT.# _____
	NAME: _____	CERT.# _____
	NAME: _____	CERT.# _____
	NAME: _____	CERT.# _____

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

- 1.) Tests for slump, air and mix temperatures, unit weight, and air content will **be performed prior to placement** of the first load. For bridge decks and self-consolidating concrete, slump, temperatures, unit weight, and air content tests will be performed on the first three loads. After initial testing, further testing will be performed as necessary to ensure the concrete meets TDOT Specifications.
- 2.) Loads that test out of specification limits will be rejected. All sampling, tests, and inspections will be performed by a technician listed above.
- 3.) Concrete will be placed in accordance with TDOT Specification 604.16 or **501.12**.
- 4.) The Contractor will supply the necessary curing equipment, molds, and wheelbarrow as identified in TDOT Specification **604.03.B** and a temporary storage facility in accordance with TDOT Specification 722.09.
- 5.) 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 TDOT Specifications.

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 actives 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 [SOP 1-1, QC minimum : at startup, randomly afterward]		
Determine stockpile moisture [SOP 1-1, QC minimum: daily]		
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 [SOP 1-1, QC minimum: per 2000 T RAP]		
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 th Truck
Determine moisture of mix (RAP mixes) [SOP 1-1, QC minimum: daily]		
Determine LOI		Daily
Check mix for uncoated aggregate		
Inspect mix for segregation due to handling		
Air Voids [SOP 1-1, QC minimum: twice daily]		Start up
Volumetric Properties [SOP 1-1, QC minimum: start up]* See SOP 1-1 for project requirements		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
Regional Environmental Coordinator
Environmental Planning and Permits Division
Regional ADA Coordinator
contract file

Environmental Division Natural Resources Office
Environmental Ecology Section

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

		DISCUSSED
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)

Erosion Control Conference Meeting Minutes (continued)

Attendee Listing

Company	Name	Phone Number
----------------	-------------	---------------------

RE: UTILITY CONFERENCE NOTICE

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

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

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"> • CEI • Contractor • TDOT Regional Construction • Local Program Development Office 	
LG/CEI schedules Pre-Construction Conference (schedule at least 2 weeks in advance) (CL 105.06-04)	Notify: <ul style="list-style-type: none"> • TDOT Reg. Const. or TDOT Consultant • TDOT Reg. Materials & Tests • TDOT Civil Rights • Contractor/Subcontractors • Utilities, etc. 	
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"> • TDOT Regional Construction • TDOT Reg. Materials & Tests 	
LG/CEI issues Pre-Con Meeting Minutes (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> • All attendees • Local Program Development Office 	
Contractor submits required documents to LG/CEI at Pre-Construction Conference	Refer to LGG Chapter 8	
LG/CEI Issues Starting Notice on the 1 st day work is performed on project (LGG – Chapter 8)	Copies to: <ul style="list-style-type: none"> • Local Program Development Office • All others copied on Form-17 	
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"> • TDOT HQ Materials & Tests 	
Contractor submits subcontracts for approval prior to sub working on project	Submit to: <ul style="list-style-type: none"> • LG / CEI 	
Contractor submits weekly Payrolls (CL 1273-02)	Submit to: <ul style="list-style-type: none"> • LG / CEI 	
LG/CEI performs monthly contractor employee interview and verifies payroll information (CL 1273-03)	Copy to: <ul style="list-style-type: none"> • Project file 	
LG/CEI issues monthly progress payments to Contractor (LGG Chapter 8)	Before payment is issued: <ul style="list-style-type: none"> • Contractor payrolls must be up-to-date • Labor Interviews must be on file • All Material certifications and/or test reports must be on file for documented installed quantities • All materials must come from approved sources on TDOT's QPL or Producer/Supplier List 	
LG/CEI completes Monthly Construction Report (LGG Chapter 8)	Copies to: <ul style="list-style-type: none"> • Contractor • Surety 	
LG/CEI performs Final Inspection w/ TDOT when all work is complete (LGG Chapter 8)	Copy to: <ul style="list-style-type: none"> • Prime Contractor 	
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"> • Local Program Development Office • TDOT Regional Construction • TDOT Reg, Materials & Tests • TDOT Civil Rights 	
LG/CEI/Contractor prepares Contract Finalization Documents (LGG Chapter 8)	Documents include: <ul style="list-style-type: none"> • Final Estimate • Overrun/Underrun Explanations • End of Job Certificate • CC-3(s) • Material Certification Letter 	

I

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

SUBJECT CONTRACT NUMBER:	
CONTRACTOR LEGAL ENTITY NAME:	
FEDERAL EMPLOYER IDENTIFICATION NUMBER: (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):

Project Amount	Pre-construction meeting	Project Reviews/Inspections during construction	Final Inspection
< \$250,000	Required	Required- 1 inspection minimum	Required
\$250,000 - \$2,000,000	Required	<ul style="list-style-type: none">• Duration < 4 months- Recommend 1 per month, but must do at least 1•Duration 4-8 months, recommend 1 per month, but must do at least 3 inspections at least 1 month apart• Duration > 8 months, Required every 4-6 weeks	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, pre-packaged concrete mixture).
- B. Manufacturers' certifications followed by random verification testing (e.g. grey iron castings, cement, liquid asphalt).
- C. Producer List pre-approval and testing of a product or its components (e.g. aggregate quality, reinforced concrete pipe, corrugated metal pipe).
- D. The Qualified Products List (QPL) with certifications (e.g. sign sheeting, erosion control blankets, pavement marking materials, patching material).

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, to ensure specification compliance. There are products that are sampled, tested, and accepted at the manufacturer's facility and then delivered to TDOT projects for use.

Part Two: Acceptance Samples and Tests

Type of Construction	Material	Test	Sampled By	Frequency	Location or Time of Sampling	Remarks
ASPHALT						
Asphalt Plant Mix Pavements	Plant Mix Asphalt (Grading A, AS, ACRL, and Asphalt Treated Permeable Base (TPB))	Aggregate Gradation: AASHTO T-30 and AASHTO T-11	Project Inspector	Every 1,000 tons	Combined RAP and aggregate belt samples OR Sample completed mix in truck or on roadway.	If testing completed mix, perform extraction using AASHTO T-164 Method E-II utilizing nested sieves (No. 16 and No. 200). AASHTO T-164 Method A may be used for modified asphalt or when problems are encountered filtering according to Method E-II. Not required on production days of less than 100 tons. Ignition oven may be utilized to determine gradation.
		Thickness: Cores (Asphalt TPB Only)		Every 1,000 feet	Prior to being overlaid	Refer to Section 313 of the specification for tolerance guidelines.
	Small Quantities	Visual Inspection		Not to exceed 1,000 tons of each mix type	Placement site	
Asphalt Surface Treatments: Cape Sealing, Fog Sealing, Microsurfacing, Slurry Sealing, Scrub Sealing, etc.	Aggregate	Gradation and Washing	Project Inspector	At beginning of project and every 500 tons thereafter	At source or project site prior to incorporating into work	
		Fractured Face Count		Per project		Plus No. 4 (4.75 mm) sieve material, gravel mixes only
		Glassy Particles by mass				Plus No. 4 (4.75 mm) sieve material, slag mixes only
		Loss on Ignition			From stockpiled materials	For microsurfacing only. If blended aggregate, then after blending
CONCRETE						
Ready Mix, Volumetric Mix, Closure Pour, Grout, Pre-Packaged Mix, Flowable Fill, Polymer Modified	Minor Structures	Cylinders (28-day),	Project Inspector	Every 25 cubic yards or less weekly	Placement site	Refer to Standard Specification 604.3. B.
		Slump, Air Content, & Mix Temperature		Per Day		
	Class A, , S, X	Cylinders (28-day), Slump, Air Content, & Mix Temperature		Every 100 cubic yards placed per day per structure		Sampling frequency for Class X may be otherwise specified
	Class CP			Every 400 cubic yards placed per day		Determine depth measurement per Standard Specification 501.24. Complete set of tests shall be performed on the initial load for informational purposes, not for acceptance.
	Class PEM			Every 100 cubic yards placed per day per structure		Refer to Standard Specification 604.03 A.1. d.
	Class D, DS, L			Test first three loads and every 50 cubic yards thereafter per day per structure		Refer to SOP 4-1 for acceptance of concrete for bridge decks
	Class SCC, SH-SCC			Cylinders (28-day), Slumpflow, Air Content, Mix Temperature, Passing Ability by J-Ring, VSI, & T-50		One pair of cylinders shall be cast from one of the first three passing loads
	Closure Pour Mix	Cylinders (28-day)		Beginning, middle, and end of the pour		Test/Record acceptance cylinders in accordance with AASHTO T22 Use limited to 2 cubic yards per day
	Structural Grout			Per day		
	Pre-packaged Concrete Mixture					
	Flowable Fill	Slumpflow, Mix Temperature, & Cylinders (28-day)		Every 100 cubic yards placed per day		Cylinders required for excavatable only
Polymer Modified (PMC)	Cylinders (28-day), Slump, Air Content	Every 200 square yards placed per structure				

PROJECT DIARY:

DAY OF WEEK: (M T W T H F S S) MONTH/DATE September 20, 2010 CONTRACT#: 112917 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 flowable fill placement

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

PERSONNEL:		EQUIPMENT:		PAY ITEMS INSTALLED:					
___ Supt.	___ Operator (D)	___ P/U <u>safe zone</u>	___ Haul truck (2 axles)	Item No. <u>202-03</u>	Descr. <u>Removal side sidewalk</u>	Qty <u>4.22</u>	Sta. _____	Rt-Lt c/l _____	
___ Surveyor	___ Unskilled Laborer	___ Bulldozer	___ Haul truck(3 or 4 axle)	Item No. <u>730-12.02</u>	Descr. <u>2" PVC</u>	Qty <u>140LF</u>	Sta. <u>East side Int</u>	Rt-Lt c/l _____	
<u>1</u> Foreman	<u>2</u> Skilled Laborer	___ End Loader	___ Haul truck (5 or more)	Item No. _____	Descr. _____	Qty _____	Sta. <u>Litton Dr, NB Gallatin Pike</u>	Rt-Lt c/l _____	
<u>2</u> Operator (A)	___ Truck Driver(2 Axle)	___ Backhoe	___ Dump Truck (Art.)	Item No. _____	Descr. _____	Qty _____	Sta. _____	Rt-Lt c/l _____	
___ Operator (B)	___ Truck Driver(3/4 Axle)	<u>1</u> Bobcat	<u>1</u> Trackhoe	Item No. _____	Descr. _____	Qty _____	Sta. _____	Rt-Lt c/l _____	
___ Operator (C)	___ Truck Driver(5 or more)	___ Grader	___ Van	___ Roller	Item No. _____	Descr. _____	Qty _____	Sta. _____	Rt-Lt c/l _____

1 - staff of Safe Zone for Traffic Control
1 - Bucket truck w/ lift trailer
1 - Drill truck for footers
1 - trenching Machine

Footer P1 12'-2" depth
groundwater mitigation in 2' depth

Talked to design engineer for footers ~~same~~ ok w/ depth
of 12'-2" pump ground water

SSR recommendation pump ground water prior to pour
have 5% more PC added to concrete mix and control
water added; try not to add water.

* Litton Corner M&T owner gave permission to S&W foreman to store stone on lot in back corner near dumpster area in exchange for extra gravel to remain to fill potholes.

* West side of intersection; Car wash and Perez Auto Dealer removed prior permission granted to store material and work on site.

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

SSR, INC. Inspector: Trey Gaines Hours worked: 8.0 Visitors: Bob Weithofer MPW photos, traffic control and property or west side complaint.

Notes: KS Ware unable to provide someone for flowable fill testing today. Technicians tied up in other projects and other personnel out this week. Spouse w/ James Bryant



Smith Seckman Reid, Inc.

Daily Report

19610210 / PIN 010619.00

Description Old Brownsville Road TDOT PIN: 010619.00; Federal Project No. STP-M-9419(2); State Project No. 79LPLM-F3-297; Bartlett Project No. FY2020-12-042

Report Date 06/09/2023

Prime Contractor Ferrell Paving, Inc.
2174 Person
Memphis, TN 38114

Status Final

Weather Sunny

Temperature 69° to 87°

Created By Mark Rippy on 06/09/2023 03:29 PM EDT

Approved By Mark Rippy on 07/07/2023 03:08 PM EDT

Remarks Ferrell:
Concrete arrived at 9:00 am. MR/MC tested concrete. All tests passed. Concrete crew poured the SE wingwall at Howard Creek section D-D. A second crew poured the curb and gutter at the SE section of Ellendale. Matt Crossno overseeing that pour.
Dirt crew is working on the east side of Billy Maher. They encountered some soft spots where they installed the 24" RCP. They are placing dry material in the cut sections.
Soil cement crew is working from the BOP to the driveway at Tract 16. MR ran densities. Densities passed. Crew also installed soil cement on the cul-de-sac area.
Operator finished preparing the cul-de-sac area for soil cement.
Soil cement crew also installed soil cement on the cul-de-sac area.
Davis and Davis:
Crew came out and finished installing gravel on the east side of Billy Maher.

Personnel

Crew #1 – Ferrell Paving, Inc.

Superintendent (1)	0.00 hours
Foreman (4)	0.00 hours
Operator (4)	0.00 hours
Unskilled Laborer (9)	0.00 hours

Crew #3 – Davis & Davis, inc.

Foreman (1)	0.00 hours
Operator (1)	0.00 hours

2 crews

Equipment

Description	Active	Idle	Comments	Contractor
Trackhoe	2			Ferrell Paving, Inc.
Gravel-Cement Mixer	1			Ferrell Paving, Inc.
Water Truck	1			Ferrell Paving, Inc.
Road Grader	1			Ferrell Paving, Inc.
Asphalt Roller - Large Steel Wheel	1			Ferrell Paving, Inc.
Roller (Sheepsfoot)				Ferrell Paving, Inc.
Rubber Tire Roller	1			Ferrell Paving, Inc.
Bulldozer	1			Davis & Davis, inc.
8 equipment				

Item Postings

Line Number	Item ID	Unit	Unit Price	Quantity Placed	Posted Amount
Section: 1 - Description					
0510	604-02.01	C.Y.	\$525.000	10.100	\$5,302.50
CLASS A CONCRETE (BOX BRIDGES)					
Contractor: Ferrell Paving, Inc.					
Location: Station From: 181+55 RT					
Remarks: [1ft(11ft)(1.11ft)+23.6ft (11ft+8.75ft/2)(1.11ft)]/27 = 10.1 cy					
Funding Details					
TDOT and City of Bartlett				10.100	\$5,302.50
0520	604-02.02	LB.	\$1.000	2,116.500	\$2,116.50
STEEL BAR REINFORCEMENT (BOX BRIDGES)					
Contractor: Ferrell Paving, Inc.					
Location: Station From: 181+55					
Remarks: 10.1 * 209.55 = 2116.5 lbs					
Funding Details					
TDOT and City of Bartlett				2,116.500	\$2,116.50
1600	309-01.01	TON	\$27.820	291.150	\$8,099.79
MINERAL AGGREGATE (A-CBC)					
Contractor: Ferrell Paving, Inc.					
Funding Details					
TDOT and City of Bartlett				291.150	\$8,099.79
3 item postings				Total Posted Amount: \$15,518.79	

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:

Inspector Signature:

Inspector's Title:

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
Temp Traffic Control (Section 712)			
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"/>	
Milling/Cold Planing (Sect. 415)			
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"/>	
Tack Coat (Sect. 403)			
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"/>	
Material Transfer Device (MTD) Section 407.06B			
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
Rollers (407.07)			
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:
Paver (407.06)			
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"/>	
Delivery			
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"/>	
Longitudinal Joint			
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
Transverse Joint			
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"/>	
Test Strip (407.15)			
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)

	Good	Poor
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

	Yes	No
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)

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

CHANNELIZING DEVICE CONDITION

DEVICE	Good	Poor
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:		

	Yes	No
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

USE OF PAVEMENT MARKINGS	Yes	No
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:		

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

FLAGGING

	Yes	No	N/A
FLAGGER USE			
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"/>
	Slow /Stop Paddles	Flags	
Signaling Device	<input type="checkbox"/>	<input type="checkbox"/>	
FLAGGER ATTIRE	Yes	No	N/A
High-Visibility Apparel	<input type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
COMMUNICATION USED BETWEEN FLAGGERS			
Visual Contact:	<input type="checkbox"/>		
Two-Way Radio Contact:	<input type="checkbox"/>		
	Good	Poor	
Flagging Technique:	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			

ROADSIDE SAFETY

	Yes	No	N/A
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:			
	Good	Poor	
Impact Attenuator Condition	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
Barrier Condition	<input type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
BARRIER DELINEATION	Good	Poor	
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

CONDITION	Yes	No
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:		
	Good	Poor
Access Control	<input type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
PEDESTRIAN SAFETY	Yes	No
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:		

	Yes	No
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):

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
----------------------	------------------------------	----------------------------------------------	----------------------------------

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")

<ul style="list-style-type: none"> > Guardrail/end terminal items(s) installed are in agreement with the requirements of the pay item: > End terminals are NCHRP 350 approved. Certification, acceptance letter and detailed drawings are on site: > Pad for guardrail anchor properly constructed: > Estimated pad material for on-call or upgrade: <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">Contractor</div> <div>C.Y.</div> </div> <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">TDOT</div> <div>C.Y.</div> </div> > Guardrail/end terminal height is in accordance with the approved standards: > Posts and blockouts are installed in accordance with the approved standards and are at correct depth and height: > Reflective sheeting installed in accordance with standards: > If post holes are drilled/augered, backfill material around the posts has been compacted: > Anchorage cable installed according to standards and specifications: > Site has been cleaned: > Steel foundation/soil tubes have been installed in accordance with approved drawings: > 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
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<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: _____

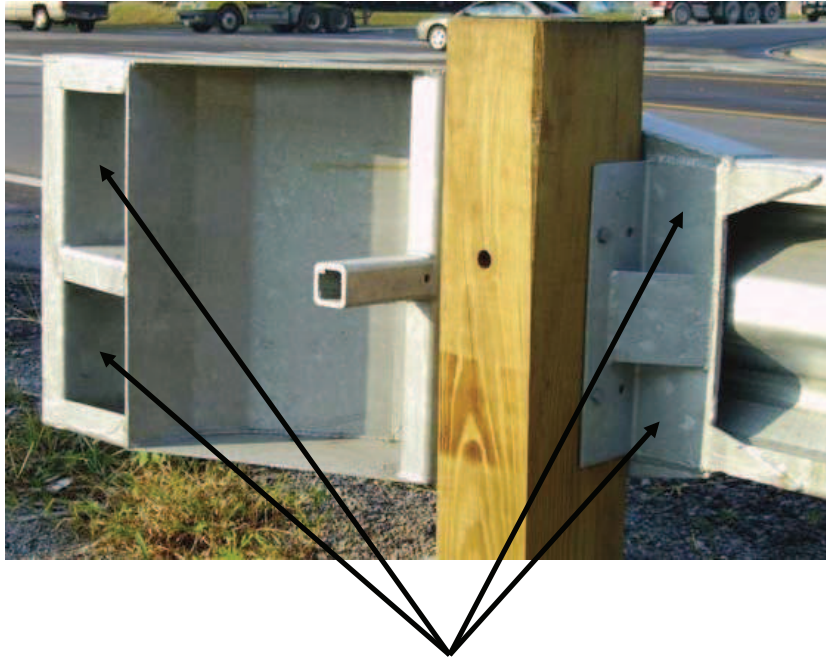
TDOT Inspector: _____

Signature: _____

Date: _____

ATTACHMENT #1

RECOMMENDATION FOR TAGGING GUARDRAIL END TERMINALS



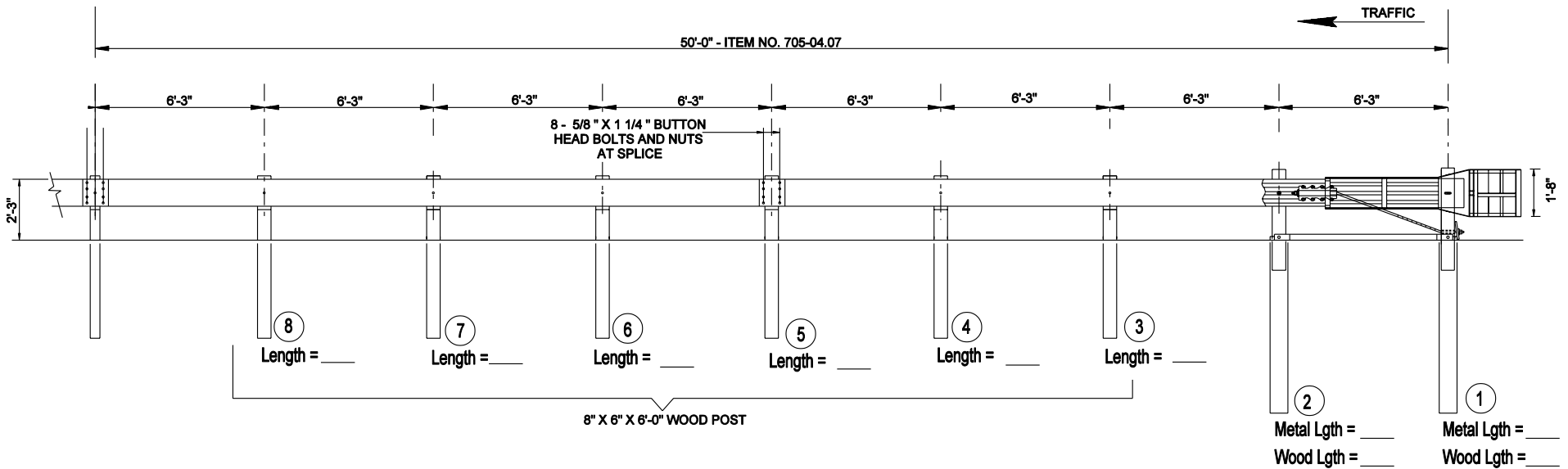
EXAMPLE OF LOCATION FOR END TERMINAL TAG LOCATION

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



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

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. Beam seat elevations for all beams at 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.:

Answer "Yes" or "No" except as noted and elaborate on "No" answers.	YES	NO
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. ² /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 (Inspection Form)

Site or Project Name:		NPDES Tracking Number: TNR
Primary Permittee Name:		Date of Inspection:
Current approximate disturbed acreage:	Has rainfall been checked/documented daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Inspector:
Current weather/ground conditions:	Rainfall total since last inspection:	Inspector's TNEPSC Certification Number:
Site Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor's TN PE registration number:	Assessor's TNEPSC Level II/CPESC number:

Check the box if the following items are on-site:	
<input type="checkbox"/>	Notice of Coverage (NOC)
<input type="checkbox"/>	Stormwater Pollution Prevention Plan (SWPPP)
<input type="checkbox"/>	Weekly inspection documentation
<input type="checkbox"/>	Site contact information
<input type="checkbox"/>	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 per the current phase?	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes	No	
2.	Are EPSCs functioning correctly at all disturbed areas/material storage areas? (permit section 5.5.3)	<input type="checkbox"/>	<input type="checkbox"/>	
		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? (permit section 5.5.3.5 and 6.3.2)	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes	No	
4.	Are EPSCs functioning correctly at ingress/egress points such that there is no evidence of track-out? (permit section 5.5.3.1)	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes	No	
5.	If applicable, have discharges from dewatering activities been managed by appropriate controls? (permit section 4.1.3) If "No," describe below the measure to be implemented to address deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N/A	Yes	No
6.	If construction activity at any location on-site has temporarily/permanently ceased, was the area stabilized within 14 days? (permit section 5.5.3.4) If "No," describe below each location and measures taken to stabilize the area(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N/A	Yes	No
7.	Have pollution prevention measures been installed, implemented, and maintained to minimize the discharge of pollutants from wash waters, exposure of materials and discharges from spills and leaks per section 4.1.4? If "No," describe below the measure to be implemented to address deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N/A	Yes	No

Construction Stormwater Inspection Certification Form (Inspection Form)

Purpose of this form / Instructions

An inspection, as described in subsection 5.5.3.9. of the General Permit for Stormwater Discharges from Construction Activities ("Permit"), shall be performed at the specified frequency 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.

Inspections can be performed by:

- a) a person with a valid certification from the "Fundamentals of Erosion Prevention and Sediment Control Level I" course,
- b) a licensed professional engineer or landscape architect,
- c) a Certified Professional in Erosion and Sediment Control (CPESC), or
- d) a person who has successfully completed the "Level II Design Principles for Erosion Prevention and Sediment Control for Construction Sites" course.

Qualified personnel, as defined in subsection 5.5.3.10 of the Permit (provided by the permittee or cooperatively by multiple permittees) shall inspect disturbed areas of the construction site that have not been permanently 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 5.5.1 of the Permit and pollution prevention measures identified in the SWPPP in accordance with section 5.5.2 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 responsibly of the contractor to provide written comments that detail their disagreement with the noted findings.

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

Contractor's Signature: _____ Date: _____

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

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

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)



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION (TDEC)

DIVISION OF WATER RESOURCES (DWR)
 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. Specifically, this means that all disturbed soils at the portion of the construction site where the operator had control have been permanently 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. Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form.

Submit this form to the local DWR Environmental Field Office (EFO) address (see table below) or using MyTDEC Forms electronic submittal process. For more information, contact your local EFO at the toll-free number 1-888-891-8332 (TDEC).

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

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

Check the reason(s) for termination of permit coverage: (check only one)

<input type="checkbox"/>	Primary permittee termination: all requirements for termination under Permit Part 9.1.1. a) through c) have been met. This includes, but is not limited to, for areas the primary permittee has control all earth-disturbing activities at the site are complete and permanent stabilization as defined in Part 10 of the CGP has been achieved. (attach photo documentation)
<input type="checkbox"/>	When applicable, and you are a primary permittee seeking termination, list who is responsible for ongoing maintenance of stormwater controls left on the site subject for long-term use following termination of coverage:
<input type="checkbox"/>	Secondary permittee termination: all requirements for termination under Permit Part 9.2.1. have been met (no longer an operator at the construction site).

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

STATE

OF

TENNESSEE

January 17, 2023

January 1, 2021

SPECIAL PROVISION

REGARDING

CERTIFIED PAYROLLS – LOCAL PROGRAMS

As specified by Minimum Wage Scales for Federal-Aid and State Funded Construction contract provisions and Special Provision 1273, submit certified payrolls for Contractor and subcontractor workforce to the Engineer weekly for each week in which any work is performed. Once Work begins, if in any week the Contractor or subcontractor does not perform Work, submit the following statement to the Engineer: “No work performed by (contractor name) for the week ending _____.”

Assume all responsibility for ensuring all payrolls and all subcontractor payrolls are submitted and certified electronically for each week in which any contract work is performed. If all payrolls are not received in this timeframe, the progress payment shall be withheld until all necessary payrolls have been received.

There will be no direct payment for recording and reporting of this information. All cost associated with this provision shall be considered incidental.

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

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



WAGE AND HOUR DIVISION
Revised December 2008

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS	OMB No. 1235-0008 Expires 09/30/2026
--------------------	------------------	---------	-----------------------------------------

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
-------------	-----------------	----------------------	-------------------------

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(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		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts 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 contracts 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

Date _____

I, _____
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____;
(Building or Work)

_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
----------------	-----------

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

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 am / am not 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 is / is not properly classified and is / is not 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:	

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

(NAME OF LOCAL GOVERNMENT)



Local Government Guidelines Form 9-5

June 1, 2023

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)

Table with 11 columns: BID ITEM NO., PART, NON PART, DESCRIPTION, UNIT OF MEAS, CURRENT, QUANTITIES PREVIOUS, TOTAL, UNIT PRICE, CURRENT PARTICIPATING AMOUNT, TOTAL PARTICIPATING AMOUNT

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)



Smith Seckman Reid, Inc

Detailed Payment

PIN 126256.00 City of Dickson Signals

Description Construction, installation, and testing of the expansion of the City of Dickson's traffic signal system.

Payment Number 2

Pay Period 09/01/2022 to 09/30/2022

Prime Contractor Stansell Electric Company, Inc.
860 Visco Drive
Nashville, TN 37210

Payment Status Approved

Awarded Project Amount \$914,861.00

Authorized Amount \$930,390.00

Line Number	Item ID	Unit	Unit Price	Authorized Quantity	Current Paid Quantity	Previous Paid Quantity	Total Quantity Paid To Date	Total Quantity Placed To Date	Current Payment Amount	Total Amount Paid To Date
Section: 1 - Roadway										
0001	105-01	LS	\$15,529.000	1.000	0.200	0.200	0.400	0.400	\$3,105.80	\$6,211.60
CONSTRUCTION STAKES, LINES AND GRADES										
0010	202-03.01	S.Y.	\$30.000	145.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00
REMOVAL OF ASPHALT PAVEMENT										
0020	209-03.21	L.F.	\$5.000	300.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00
FILTER SOCK (12 INCH)										

Stockpiles

Stockpile	Current Advancements	Advancements To Date	Current Recoveries	Recoveries To Date
#1 - 725-28.07 ETHERNET SWITCH (FIELD LAYER 2)	\$8,580.00	\$8,580.00	\$0.00	\$0.00
#2 - 730-13.08 VEHICLE DETECTOR (RADAR-STOPLINE)	\$65,820.00	\$65,820.00	\$0.00	\$0.00
#3 - 730-15.07 CABINET (TS2 TYPE 2, BASE MOUNTED)	\$15,849.00	\$15,849.00	\$2,264.14	\$2,264.14
#4 - 730-23.88 CANTILEVER SIGNAL SUPPORT (1 ARM @ 45')	\$20,050.00	\$20,050.00	\$0.00	\$0.00
#5 - 730-23.96 CANTILEVER SIGNAL SUPPORT (1 ARM @ 55')	\$29,486.00	\$29,486.00	\$0.00	\$0.00
#6 - 730-23.97 CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	\$68,176.00	\$68,176.00	\$0.00	\$0.00
#7 - 730-23.98 CANTILEVER SIGNAL SUPPORT (2 @ 30' & 55')	\$19,617.00	\$19,617.00	\$0.00	\$0.00
#8 - 730-23.99 CANTILEVER SIGNAL SUPPORT (2 @ 20' & 65')	\$22,744.00	\$22,744.00	\$0.00	\$0.00
Totals:	\$250,322.00	\$250,322.00	\$2,264.14	\$2,264.14

Summary

Current Approved Work:	\$154,856.30
Current Stockpile Advancement:	\$250,322.00
Current Stockpile Recovery:	\$2,264.14
Current Retainage:	\$0.00
Current Retainage Released:	\$0.00
Current Liquidated Damages:	\$0.00
Current Adjustment:	\$0.00
Current Payment:	\$402,914.16
Previous Payment:	\$84,027.80

Approved Work To Date:	\$238,884.10
Stockpile Advancement To Date:	\$250,322.00
Stockpile Recovery To Date:	\$2,264.14
Retainage To Date:	\$0.00
Retainage Released To Date:	\$0.00
Liquidated Damages To Date:	\$0.00
Adjustments To Date:	\$0.00
Payments To Date:	\$486,941.96
Previous Payments To Date:	\$84,027.80

CITY OF CLARKSVILLE
199 10TH STREET
CLARKSVILLE, TN 37040
MONTHLY CONSTRUCTION REPORT

06/20/22

Parchman Construction Co., Inc
695 Hwy 146 East
Cumberland City, TN 37050

Pin #: 112874.01
Project: 63LPLM-F3-073
County: Montgomery

Dear Sir:

As of the pay period ending 5/31/2022, Estimate No. 21 the status of your contract is as follows:

Total Days Charged to date:	680	Total Days Allowed in Contract:	701
Total Contract Paid:	\$ 4,957,429.62	Original Contract Amount:	\$ 4,496,763.03
Total Earnings to Date:	\$ 4,954,858.48	Current Contract Amount:	\$ 4,677,994.76
% Work Complete:	106%	% Time Complete :	96.9%
Original Completion Date:	6/30/2021	Adjusted Completion Date:	6/21/22
		Est. Comp Date:	6/21/22

% Difference in time consumed and project completed: + 9.1%

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 delay if the time consumed is greater than 15%.

Supervisor Remarks: Project is on schedule.

The above information is reflected in the contract records. Should your records in any way differ from the above information, please advise this office within 5 days from this date.

Sincerely,



James Red Jordan, SSR, Inc. for
The City of Clarksville

CC: Selective Insurance Company of America
City of Clarksville
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 sub-contractors 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)⁽¹⁾

Exceptions:

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

Only complete the following if joint checks were utilized⁽³⁾:

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

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

DBE/SBE ⁽²⁾ Subcontractor or Material Supplier	DBE/SBE ⁽²⁾	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
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 and 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 (A): \$ _____
 Previously Approved Change Orders (B): \$ _____
 Pending Change Orders (Awaiting Approval) (C): \$ _____
 Current Change Order Request (D): \$ _____
 Proposed Total Change Order Amount (B)+(C)+(D): \$ _____
 New Proposed Contract Amount (A)+(B)+(C)+(D): \$ _____

Contract Completion Time with Change Orders: _____ days (Date: _____)

Supplemental Agreement and/or Request for Construction Change Change Order Request # _____

Unit prices listed below include labor, materials, profit, overhead, and incidentals necessary to complete this work. A separate attached spreadsheet with the same information may be used in lieu of the table below.

Item No.	Description	Unit	Current/ Pending Quantities	Revised Quantities	QTY Over + QTY Under -	Contract Price	Net Amount Due Change	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
Total Net Amount Due Change							\$	\$

Now, Therefore, We, _____ Contractors, and _____, Surety, hereby agree to the Supplemental Agreement consisting of the above mentioned items and prices, and agree that this Supplemental Agreement is hereby made a part of the original contract and will be performed by this Contractor in accordance with specifications thereof, and that the original contract remain in full force and effect, except insofar as specifically modified by this Supplemental Agreement.

Recommended for
Approval

Engineer/CEI (Signature) Date

Approved for
Eligibility

By: _____
Local Programs (Signature) Date

Approved

By: _____
Contractor (Signature) Date

By: _____
Surety (Signature) Date

By: _____
Owner (Signature) Date

CONCRETE MIXTURE DESIGN TEMPLATE

VERSION 5.24

Contract Number _____ Pin Number _____ Project Ref. No. _____
 Plant Producer/ Location _____ Plant Number _____ 0
 Contractor _____ Class of Concrete _____ Strength (psi) 3000 at 28 DAYS Early Str. _____ at _____

P/S Code	Cementitious Materials (cm)	Type/Class/Grade	Source	G _s (SSD)	Weight, lbs.	Volume, ft ³
0	Cement	▼	▼			
0	Flyash	▼	▼			
0	Slag Cement	▼	▼			
P/S Code	Aggregates	Type/Size	Source	G _s (SSD)	Weight, lbs.	Volume, ft ³
0	Coarse Aggregate 1 (CA1)	▼	▼			
0	Coarse Aggregate 2 (CA2)	▼	▼			
0	Coarse Aggregate 3 (CA3)	▼	▼			
0	Fine Aggregate 1 (FA1)	▼	▼			
0	Fine Aggregate 2 (FA2)	▼	▼			
0	Air-Entraining Admixture	Brand Name - Product	Dosage (oz/cwt)	% Air	Weight, lbs.	Volume, ft ³
	Water	w/cm =		1	---	

P/S Code	Chemical and Other Admixtures	Brand Name - Product	Dosage (units)
0	Type A - Water Reducer	▼	
0	Type B - Retarder	▼	
0	Type C - Accelerator	▼	
0	Type D - Reducer/Retarder	▼	
0	Type E - Reducer/Accelerator	▼	
0	Type F - High-Range Water Reducer	▼	
0	Type G - High-Range Retarder	▼	
0	Other (QPL Items)	▼	
0	Other (QPL Items)	▼	
0	Type S - Specific Performance	▼	
0	Precast	▼	

Design Parameters	
Total cm Weight, lbs.	
Total Aggregate Volume, ft ³	
%FA of Total Agg. Vol.	
Theoretical Unit Wt., pcf	
Freshly-Mixed Properties	
Air Content, %	
Temperature, °F	
Slump/Flow, in.	
Unit Weight, pcf	
Yield	

AGGREGATE DATA																				
CA/FA	4"	3-1/2"	3"	2-1/2"	2"	1-1/2"	1"	3/4"	1/2"	3/8"	No. 4	No. 8	No. 16	No. 30	No. 50	No. 100	No. 200	FM	Absorption	
CA1																			---	
CA2																			---	
CA3																			---	
FA1																			10.00	
FA2																			10.00	

COMPRESSIVE STRENGTH DATA											
Sample No.	Date Made	Date Tested	Age, days	Length, in.	Dia., in.	L/D	C	Area, in ²	Load, lbs.	Strength, psi	Average, psi
			0			0.00		0.00		0	0
			0			0.00		0.00		0	
			0			0.00		0.00		0	0
			0			0.00		0.00		0	
			0			0.00		0.00		0	0
			0			0.00		0.00		0	
			0			0.00		0.00		0	0
			0			0.00		0.00		0	

Remarks: _____ Mix ID: _____
 Technician Name: _____ Certification Number: _____



STATE OF TENNESSEE ASPHALT JOB MIX FORMULA

2024 V10.2

V10.2

Date _____ Roadway Surface _____

Region _____

Hot-mix Producer _____

Type _____ Mix _____ Item _____

Serial No.:	Design No.:
-------------	-------------

Material	Size or Grade	Producer and Location	Percent Used
			100.000
Asphalt Cement			
Percent AC in RAP1:		Optimum AC Content:	Total
			100.000
Percent AC in RAP2:		Anti-Strip Additive:	
Anti-Strip Supplier:			Dosage:
AC Contribution:	Virgin AC	RAP AC	Percent Virgin AC:
Asphalt Sp. Gravity:	1.03		Dust to Asphalt Ratio:

% Fracture Face on CA: n/a	% Glassy Particles on CA: n/a
Theo.Gravity of RAP1:	Eff. Gravity of Agg:
Theo.Gravity of RAP2:	
Theo. Gravity of Mix:	T.S.R.:
	Lbs/Ft ³ :
L.O.I.:	Ignition Oven Corr. Factor:
	Warm Mix? Yes

Lab Temperature	Plant Temperature
Mixing Temperature (± 5 °F):	Mixing Temp Range(°F): -20°F ≤ T ≤ 20°F
Lab Compaction Temp (± 5 °F):	Delivery Temperature(°F): -20°F ≤ T ≤ 20°F

Sieve Size	Percents Used							% Req.	Design Range
	100.0								
2"									
1.5"									
1.25"									
1"									
3/4"									
5/8"									
1/2"									
3/8"									
No.4									
No.8									
No.16									
No.30									
No.50									
No.100									
No.200									

Requested: _____
Contractor Personnel and Lab Tech Cert No.

Approved: _____
Regional Materials and Tests Supervisor

S T A T E

O F

T E N N E S S E E

(Rev. 6-20-11)

January 1, 2021

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

December 12, 2022
(Rev. 9-12-23)
(Rev. 11-21-23)

January 1, 2021

SPECIAL PROVISION

REGARDING

BUILD AMERICA, BUY AMERICA ACT

REQUIREMENTS

The Build America, Buy America Act (BABA) Public Law No. 117-58 SEC. 70914 that all of the iron, steel, manufactured products, and construction materials used are subject to Build America, Buy America requirements and are produced in the United States.

Effective 10/23/2023, the Office of Management and Budget (OMB) revised guidance in the Code of Federal Regulations (CFR) title 2 and add a new part 184 – Buy America Preferences For Infrastructure Projects and revised 200.322.

- A. Iron and steel: FHWA existing requirements SP106A Regarding Buy America.
- B. Manufactured products: FHWA Buy America Final Rule 11/25/1983, 48 FR 53099; Waiver for Manufactured Products.
- C. Construction materials includes an article, material, or supply that is or consists of only one of the materials listed except as provided in 2).
 - 1) Construction materials:
 - non-ferrous metals;
 - plastic and polymer-based products (including polyvinylchloride, composite building materials, and polymers used in fiber optic cables);
 - Glass (including optic glass);
 - Fiber optic cable (including drop cable);
 - Optical fiber;
 - Lumber;
 - Engineered wood; and
 - Drywall.
 - 2) Minor additions of articles, materials, supplies, or binding agents to a construction material do not change the categorization of the construction material.

Construction materials incorporated into the project must meet one of the following construction material standards to be considered “**produced in the United States**”.

- 1) Non-ferrous metals. All manufacturing processes, from initial smelting or melting through final shaping, coating, and assembly, occurred in the United States.
- 2) Plastic and polymer-based products. All manufacturing processes, from initial combination of constituent plastic or polymer-based inputs, or, where applicable, constituent composite materials, until the item is in its final form, occurred in the United States.
- 3) Glass. All manufacturing processes, from initial batching and melting of raw materials through annealing, cooling, and cutting, occurred in the United States.
- 4) Fiber optic cable (including drop cable). All manufacturing processes, from the initial ribboning (if applicable), through buffering, fiber stranding and jacketing, occurred in the United States. All manufacturing processes also include the standards for glass and optical fiber, but not for non-ferrous metals, plastic and polymer-based products, or any others.
- 5) Optical fiber. All manufacturing processes, from the initial preform fabrication stage through the completion of the draw, occurred in the United States.
- 6) Lumber. All manufacturing processes, from initial debarking through treatment and planing, occurred in the United States.
- 7) Drywall. All manufacturing processes, from initial blending of mined or synthetic gypsum plaster and additives through cutting and drying of sandwiched panels, occurred in the United States.
- 8) Engineered wood. All manufacturing processes from the initial combination of constituent materials until the wood product is in its final form, occurred in the United States.

Provide certifications to the Engineer for the construction materials that they meet the Build America Buy America Act requirements. Assure all submittals required for Buy America are submitted to the Engineer prior to the products and or materials being incorporated in the project.

Effective August 16, 2023, with the US Department of Transportation (DOT) Office of the Secretary Docket No.: DOT-OST-2022-0124:

Waiver of Buy America Requirements for De Minimis Costs and Small Grants, decision, certain waivers to the requirements stated herein are allowed.

The BABA's domestic preferences for iron and steel, manufactured products, and construction materials used in projects funded under DOT administered financial assistance programs will not apply under a single financial assistance award for the following situations:

- 1) The total value of the noncompliant products is no more than the lesser of \$1,000,000 or 5% of total applicable costs for the project; where the "total value of the non-compliant products" does not include the value of those products subject to a separate Buy America waiver. "Total applicable project costs" are defined as the cost of materials (including the cost of any manufactured products) used in the project that are subject to a domestic preference requirement, including materials that are within the scope of an existing waiver and the de minimis cost portion of the waiver does not apply to iron and steel subject to the requirements of 23 U.S.C. 313/ 23 CFR 635.410 (b)(4), or
- 2) The total amount of Federal financial assistance applied to the project, through awards or subawards, is below \$500,000 but this does not apply to iron, steel, and manufactured goods subject to the requirements of 49 U.S.C. 22905(a).

The waiver does not apply to products that are the subject of two separate product-specific Buy America waivers from the Department:

- 1) For awards administered by FHWA that are subject to 23 U.S.C. 313, the waiver does not apply to electric vehicle chargers, as defined in the notice at 88 FR 10619.
- 2) For awards that are subject to 49 U.S.C. 5323(j), the waiver does not apply to mass-produced, unmodified non-ADA accessible vans and minivans with seating capacity for at least six adults not including the driver, as those terms are used in the notice at 87 FR 64534.

DOT Waiver of Buy America Requirements for De Minimis Costs requirements:

Provide certifications, documents, and calculations to the Engineer for all of the noncompliant products anticipated to be used in the project before being incorporated.

The contractor shall be responsible for all cost associated with products that are 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
Supplier see below
Lab Serial No. A123

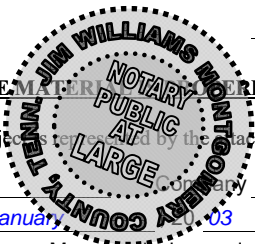
County MONTGOMERY Region 3
Contract No. 1234
Heat No. _____ Size _____
Date Received at Lab 13-Jan-03
Date Reported 14-Jan-03
Sampled by John Smith Phone 615-867-5309
Amount Represented see below
Location Clarksville
Location Atlanta, GA
Report No. 34-234

ITEM NUMBER	DESCRIPTION, FIELD USE AND/OR LAB USE	QUANTITY
	<u>PAVEMENT MARKING SHEETS</u>	
<u>716.05.20</u>	<u>SHERWIN WILLIAMS - WHITE PAINT - BATCH NO.</u>	
<u>716.05.20</u>	<u>M2501</u>	<u>560 GAL</u>
<u>716.05.20</u>	<u>M3171</u>	<u>23 GAL</u>
<u>716.05.20</u>	<u>M2681</u>	<u>5 GAL</u>
	<u>TOTAL</u>	<u>588 GAL</u>
	<u>SHERWIN WILLIAMS - WHITE PAINT - BATCH NO.</u>	
<u>716.05.20</u>	<u>M2991</u>	<u>296 GAL</u>
<u>716.05.20</u>	<u>M1701</u>	<u>78 GAL</u>
<u>716.05.20</u>	<u>M2971</u>	<u>40 GAL</u>
	<u>TOTAL</u>	<u>414 GAL</u>
	INCIDENTAL ITEMS:	

Bob Jones
Contractor's Personnel Signature

THE CONTRACTOR MUST FILL OUT THIS PORTION PROVIDED THE MATERIAL IS PROPERLY 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 represented by the attached manufacturer's certification.

Contractor/Employee Signature Biggy Bob 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 Inspector Project Supervisor
Reviewed By: Robert Neal
Regional Materials and Tests

This material meets does not meet the requirements of the specification for see item numbers above
Tested by _____ Approved _____
Engr. Of Materials and Tests



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-F3-035

CONTRACT NO: Pin # 112765.00 **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



Smith Seckman Reid, Inc.

Detailed Payment

PIN 126256.00 City of Dickson Signals

Description Construction, installation, and testing of the expansion of the City of Dickson's traffic signal system.

Payment Number 9

Pay Period 12/22/2023 to 04/02/2024

Prime Contractor Stansell Electric Company, Inc.
860 Visco Drive
Nashville, TN 37210

Payment Status Pending

Awarded Project Amount \$914,861.00

Authorized Amount \$968,165.00

Line Number	Item ID	Unit	Unit Price	Authorized Quantity	Current Paid Quantity	Previous Paid Quantity	Total Quantity Paid To Date	Total Quantity Placed To Date	Current Payment Amount	Total Amount Paid To Date
Section: 1 - Roadway										
0001	105-01	LS	\$15,529.000	1.000	0.000	1.000	1.000	1.000	\$0.00	\$15,529.00
CONSTRUCTION STAKES, LINES AND GRADES										
0010	202-03.01	S.Y.	\$30.000	145.000	0.000	108.350	108.350	108.350	\$0.00	\$3,250.50
REMOVAL OF ASPHALT PAVEMENT										
0020	209-03.21	L.F.	\$5.000	300.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00
FILTER SOCK (12 INCH)										

Line Number	Item ID	Unit	Unit Price	Authorized Quantity	Current Paid Quantity	Previous Paid Quantity	Total Quantity Paid To Date	Total Quantity Placed To Date	Current Payment Amount	Total Amount Paid To Date
0470	730-12.17	L.F.	\$36.000	1,140.000	0.000	1,540.000	1,540.000	1,540.000	\$0.00	\$55,440.00
CONDUIT (2" DIAMETER HDPE, DIRECTIONAL DRILL)										
0480	730-12.18	L.F.	\$26.000	50.000	0.000	570.000	570.000	570.000	\$0.00	\$14,820.00
CONDUIT (3" DIAMETER HDPE, TRENCH)										
0490	730-13.08	EACH	\$8,550.000	12.000	0.000	12.000	12.000	12.000	\$0.00	\$102,600.00
VEHICLE DETECTOR (RADAR-STOPLINE)										
0500	730-13.09	EACH	\$9,450.000	6.000	0.000	6.000	6.000	6.000	\$0.00	\$56,700.00
VEHICLE DETECTOR (RADAR-ADVANCE)										
0510	730-15.07	EACH	\$18,770.000	3.000	0.000	3.000	3.000	3.000	\$0.00	\$56,310.00
CABINET (TS2 TYPE 2, BASE MOUNTED)										
0520	730-16.14	EACH	\$4,660.000	3.000	0.000	3.000	3.000	3.000	\$0.00	\$13,980.00
CONTROLLER (16 PHASE ATC)										
0530	730-23.30	EACH	\$1,660.000	2.000	0.000	2.000	2.000	2.000	\$0.00	\$3,320.00
PEDESTAL POLE (PEDESTRIAN)										
0540	730-23.88	EACH	\$21,180.000	2.000	0.000	2.000	2.000	2.000	\$0.00	\$42,360.00
CANTILEVER SIGNAL SUPPORT (1 ARM @ 45')										
0550	730-23.96	EACH	\$26,720.000	2.000	0.000	2.000	2.000	2.000	\$0.00	\$53,440.00
CANTILEVER SIGNAL SUPPORT (1 ARM @ 55')										
0560	730-23.97	EACH	\$30,780.000	4.000	0.000	4.000	4.000	4.000	\$0.00	\$123,120.00
CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')										
0570	730-23.98	EACH	\$37,660.000	1.000	0.000	1.000	1.000	1.000	\$0.00	\$37,660.00
CANTILEVER SIGNAL SUPPORT (2 @ 30' & 55')										

Line Number	Item ID	Unit	Unit Price	Authorized Quantity	Current Paid Quantity	Previous Paid Quantity	Total Quantity Paid To Date	Total Quantity Placed To Date	Current Payment Amount	Total Amount Paid To Date
0690	604-01.20	LF	\$580.000	30.000	0.000	30.000	30.000	30.000	\$0.00	\$17,400.00
BOX TUBE SAFETY RAIL										
0700	713-02.30	EACH	\$65.000	3.000	0.000	3.000	3.000	3.000	\$0.00	\$195.00
FLEXIBLE TUBULAR DELINEATOR										
0710	717-01.11	L.S.	\$8,500.000	1.000	0.000	1.000	1.000	1.000	\$0.00	\$8,500.00
MOBILIZATION (FOR RAMP REPAIR)										
Section Totals:									\$0.00	\$974,677.95
Total Payments:									\$0.00	\$974,677.95

Stockpiles

Stockpile	Current Advancements	Advancements To Date	Current Recoveries	Recoveries To Date
#1 - 725-28.07 ETHERNET SWITCH (FIELD LAYER 2)	\$0.00	\$8,580.00	\$0.00	\$8,580.00
#2 - 730-13.08 VEHICLE DETECTOR (RADAR-STOPLINE)	\$0.00	\$65,820.00	\$0.00	\$65,820.00
#3 - 730-15.07 CABINET (TS2 TYPE 2, BASE MOUNTED)	\$0.00	\$15,849.00	\$0.00	\$15,849.00
#4 - 730-23.88 CANTILEVER SIGNAL SUPPORT (1 ARM @ 45')	\$0.00	\$20,050.00	\$0.00	\$20,050.00
Totals:	\$0.00	\$250,322.00	\$0.00	\$250,322.00

Stockpile	Current Advancements	Advancements To Date	Current Recoveries	Recoveries To Date
#5 - 730-23.96 CANTILEVER SIGNAL SUPPORT (1 ARM @ 55')	\$0.00	\$29,486.00	\$0.00	\$29,486.00
#6 - 730-23.97 CANTILEVER SIGNAL SUPPORT (1 ARM @ 60')	\$0.00	\$68,176.00	\$0.00	\$68,176.00
#7 - 730-23.98 CANTILEVER SIGNAL SUPPORT (2 @ 30' & 55')	\$0.00	\$19,617.00	\$0.00	\$19,617.00
#8 - 730-23.99 CANTILEVER SIGNAL SUPPORT (2 @ 20' & 65')	\$0.00	\$22,744.00	\$0.00	\$22,744.00
Totals:	\$0.00	\$250,322.00	\$0.00	\$250,322.00

Summary

Current Approved Work:	\$0.00	Approved Work To Date:	\$974,677.95
Current Stockpile Advancement:	\$0.00	Stockpile Advancement To Date:	\$250,322.00
Current Stockpile Recovery:	\$0.00	Stockpile Recovery To Date:	\$250,322.00
Current Retainage:	\$0.00	Retainage To Date:	\$0.00
Current Retainage Released:	\$0.00	Retainage Released To Date:	\$0.00
Current Liquidated Damages:	\$0.00	Liquidated Damages To Date:	\$0.00
Current Adjustment:	\$0.00	Adjustments To Date:	\$0.00
Current Payment:	\$0.00	Payments To Date:	\$974,677.95
Previous Payment:	\$41,738.80	Previous Payments To Date:	\$974,677.95

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: _____ Paid to date

TITLE: _____ Est. final pmt.

DATE: _____ 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: _____ Paid to date

TITLE: _____ Est. final pmt.

DATE: _____ TOTAL

END of JOB CERTIFICATE

Project Title/Termini: _____
Owner: _____ PIN: _____
Address: _____ State Project No.: _____
Federal Project No.: _____
Date Prepared: _____ 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 any part of the record which has been copied from the field books is a true copy of the field notes.

Furthermore, I certify that all work on this contract, including all amendments thereto, has been satisfactorily completed and is accepted as complete, subject to the terms and conditions of the contract and specifications; and that all charges or bills for labor or services performed or materials furnished, and other charges against the project, including those incurred by subcontractors, have been paid in full and in accordance with the terms of the contract.

By signing below, I am stating all eligible invoices have been submitted to TDOT and reimbursement has been received by the owner.

Signed: _____

Local Government Official