



# Local Agency Project Management Review Checklist

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

# Consultant Agreements

|                            |      |
|----------------------------|------|
| Agency                     | Date |
| Project Title              |      |
| Federal Aid Project Number |      |
| Consultant                 |      |

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

**Advertising and Award**

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

**26 DBE Compliance and SBE Compliance**

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

**Training**

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

**Contract Administration**

|        |  |                              |    |  |
|--------|--|------------------------------|----|--|
| 52.101 | First working day _____  | Number of working days _____ |    |  |
|        | Number of working days complete _____                              |                              |    |  |
|        | Were liquidated damages assessed                                   | Yes                          | No |  |
|        | Preconstruction conference minutes review                          | Yes                          | No |  |
|        | Preconstruction Meeting held                                       | Yes                          | No |  |
|        | Preconstruction Meeting minutes/documentation                      | Yes                          | No |  |
|        | Do the minutes reflect discussion regarding DBE & EEO requirements | Yes                          | No |  |
|        | Were there changes   |                              |    |  |
|        | Scope  | Yes                          | No |  |
|        | Project Limits   | Yes                          | No |  |
|        | Cost   | Yes                          | No |  |
|        | If yes, is the NEPA still valid                                    | Yes                          | No |  |
|        | If yes, is the design still in compliance with ADA requirements    | Yes                          | No |  |
| 52.51  | Were any claims settled by administrative settlement               | Yes                          | No |  |
|        | If yes, were claims submitted to local programs engineer           | Yes                          | No |  |
|        | Comments _____   |                              |    |  |
| _____  |  |                              |    |  |
| 52.1   | Project diaries and inspector's daily reports signed and reviewed  | Yes                          | No |  |
| 44.22e | TCP in contract  | Yes                          | No |  |
|        | Adopted by contractor  | Yes                          | No |  |
| 44.22e | Detour included in contract  | Yes                          | No |  |
| 44.22e | If yes, agreements included in contract                            | Yes                          | No |  |
| 27.32  | PR-1391 on file and PR1392 sent to region local programs           | Yes                          | No |  |
|        | Comments _____   |                              |    |  |
| _____  |  |                              |    |  |

**Contract Completion**

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

# Local Agency Project Prime & Subcontractor Information

|             |                   |         |      |
|-------------|-------------------|---------|------|
| Agency Name | Federal ID Number | Contact | Date |
|-------------|-------------------|---------|------|

Project Title \_\_\_\_\_

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

|                              |  |
|------------------------------|--|
| Total Amount Sublet \$ _____ | % of Contract Sublet = (Maximum 70%) _____ |
|------------------------------|--|

|  |     |    |                                     |     |    |
|--|-----|----|-------------------------------------|-----|----|
| Payroll: Certified by the contractor   | Yes | No | Checked and initialed by the agency | Yes | No |
| How often were payrolls reviewed _____ |     |    |                                     |     |    |

Notes



# Electrical

|                        |                               |                            |                            |
|------------------------|-------------------------------|----------------------------|----------------------------|
| Agency                 |                               | Date                       |                            |
| Project Title          |                               | Federal Aid Project Number |                            |
| Reviewed By            |                               |                            |                            |
| Bid Item               |                               | Material                   |                            |
| CMO                    | Yes                           | No                         | Plan Quantity _____        |
| Lump Sum Breakdown     | Yes                           | No                         | Paid Quantity _____        |
| Field Note Record Date | Quantity on Field Note Record |                            | Field Note Record Verified |
| Comments               |                               |                            |                            |
| Acceptable             |                               | Deficiency as Needed       |                            |

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



# Aggregate Item

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

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

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

# Mobilization

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

## Standard Specification 1-09.7

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

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

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

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

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

**Notes:**

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

Acceptable Corrections Needed

