

17. Exhibits – Index, Forms, Letters and Worksheets

There are exhibits - Check with the regional office and Construction Standards Website for current forms.

- 17.1. Alaska Products Preference Worksheet (APPW Form)
- 17.2. Alaska Products Preference Worksheet Instructions
- 17.3. Alaska Veteran’s Preference Affidavit Form 25D-17
- 17.4. Asphalt Adjustment (xls) Form 25D-075
- 17.5. Assignee’s Release (Form 25D-118)
- 17.6. Bidder Registration Form 25D-6
- 17.7. Bridge Formula Chart for Gross Vehicle Weights (April 2010)
- 17.8. Bridge (Temporary) Submittal Checklist (Form 25D-080)
- 17.9. Building Facilities Form
- 17.10. Certification of Final Estimate (Form 25D-116)
- 17.11. Change Order (Form 25D-068)
- 17.12. Continuation Sheet (Form 25D-065)
- 17.13. Contractor Self Certification for Subs. and Lower Tier Subs
- 17.14. Contractor Intent to Claim (Form 25D-18)
- 17.15. Contractor’s Release (Form 25D-117)
- 17.16. Daily Concrete Placement Report (Form 25D-207)
- 17.17. Daily Force Account Summary Sheet (Form 25D-196)
- 17.18. Daily Report for Time & Materials Work (Form 25D-195)
- 17.19. Delegation of Authority Letter
- 17.20. Delegation of Authority to Assistant
- 17.21. Directive (Form 25D-069)
- 17.22. DBE CUF Monitoring Report (Form 25A-298)
- 17.23. DBE Contact Report (Form 25A-321A)
- 17.24. DBE Monthly Summary of DBE Participation (Form 25A-336)
- 17.25. Earthwork & Mass Quantity Computation Sheets (Form 25D-40A)
- 17.26. Encumbrance Memo
- 17.27. EEO Monthly Employment Utilization Report (25A-303)
- 17.28. FHWA Contractors Annual EEO Report (Form PR-1391)
- 17.29. Estimate of Cost (Form 25D-049)
- 17.30. “Estimate.xls” Instructions

- 17.31. Explanation of Overruns, Underruns, and Change Documents
- 17.32. FAA Construction Project Closeout Checklist
- 17.33. FAA Project Closeout Requirements
- 17.34. FAA Sponsor Certification for Construction Project Final Acceptance
- 17.35. FAA Sponsor Certification for Equipment/Construction Contracts
- 17.36. FHWA Form 1446C-AKDO, Final Inspection
- 17.37. FHWA Project Closeout Checklist
- 17.38. Final Construction Report Summary Sheet
- 17.39. Final Estimate Review Report, (Form 25D-031)
- 17.40. Final Estimate, Summary of Quantities (Form 25D-025)
- 17.41. Inspector's Daily Report (Form 25D-186)
- 17.42. Interim Work Authorization (Form 25D-070)
- 17.43. Labor Compliance Interview (Form 25D-040)
- 17.44. Letter for ESD Tax Clearance
- 17.45. Letter of CENG Budget Requests
- 17.46. Letter of Department of Revenue Tax Clearance
- 17.47. Letter of Final Acceptance
- 17.48. Letter of Final Inspection
- 17.49. Letter of Partial Completion
- 17.50. Letter of Project Completion
- 17.51. Letter of Wage and Hour Compliance Tax Clearance
- 17.52. Master Materials Certification List (MCL) sample
- 17.53. Materials Testing Summary
- 17.54. Oil and Hazardous Substances Spill Notifications (2 DEC Forms)
- 17.55. OJT-Apprentice/Trainee Employee Report (25A-312)
- 17.56. OJT- Monthly Training Report (Form 25A-313)
- 17.57. OJT Training Utilization (Form 25A-311)
- 17.58. Outline for Force Account Proposal
- 17.59. Pile Driving Equipment Data (Form 25D-098)
- 17.60. Pile Driving Record (Form 25D-099)
- 17.61. Pile Log-Boring Log (Form 25D-046)
- 17.62. Preconstruction Conference Synopsis

- 17.63. Progress Estimate
- 17.64. Project Completion Form (PCF)
- 17.65. Project Construction Report (Form 25D-057)
- 17.66. Project Development Authorization
- 17.67. Project Funding Request
- 17.68. Project Material Certification Letter Example
- 17.69. Project Materials Report (Form 25D-058)
- 17.70. Proof of Construction for ROW (Form 25D-173)
- 17.71. Proof of Use for Material Sources (25D-174)
- 17.72. Public Interest Finding (PIF)
- 17.73. Report of Occupational Injury or Illness (Form 02-921) with instructions
- 17.74. Request for Overtime Authorization (Form 25A-042)
- 17.75. Request for Proposal (Form 25D-067)
- 17.76. Road Construction/Project Condition Report
- 17.77. Scale Diary (Form 25D-054)
- 17.78. Stock Request (Form 02-303)
- 17.79. Subcontractor List (Form 25D-5)
- 17.80. Submittal Register (Form 25D-030)
- 17.81. Supervisor's Accident Investigation Report (Form 02-932)
- 17.82. Supervisor's Safety Meeting Report (Form 25M-063)
- 17.83. Supplemental Agreement (Form 25D-066)
- 17.84. Support Information/Backup Sheet (Form 25D-064)
- 17.85. SWPPP Amendment Log (Form 25D-114)
- 17.86. SWPPP Certification for Contractor (Form 25D-111)
- 17.87. SWPPP Certification for DOT&PF (Form 25D-109)
- 17.88. SWPPP Construction Site Inspection Report (Form 25D-100)
- 17.89. SWPPP Corrective Action Log (Form 25D-112)
- 17.90. SWPPP Daily Record of Rainfall (Form 25D-115)
- 17.91. SWPPP Delayed Action Item Report (Form 25D-113)
- 17.92. SWPPP Delegation of Signature Authority for CGP Documents - Contractor (Form 25D-108)
- 17.93. SWPPP Delegation of Signature Authority for CGP Documents – DOT&PF (Form 25D-107)
- 17.94. SWPPP Grading & Stabilization Activities Log (Form 25D-110)

- 17.95. SWPPP Pre-Construction Site Visit (Form 25D-106)
- 17.96. SWPPP Project Staff Tracking Form (Form 25D-127)
- 17.97. SWPPP Subcontractor Certification (Form 25D-105)
- 17.98. SWPPP Training Log (Form 25D-125)
- 17.99. SWPPP Turbidity Monitoring Form 25D-140
- 17.100. SWPPP Turbidity Monitoring Annual Report (Form 25D-141)
- 17.101. SWPPP Visual Monitoring (Form 25D-41)
- 17.102. SWPPP CGP Noncompliance Notification (Form 25D-143)
- 17.103. Traffic Control Daily Review (Form 25D-104)
- 17.104. Traffic Control Signs and Devices Daily Report (Form 25D-103)
- 17.105. Traffic Enforcement Presence Log
- 17.106. Traffic Item 643 (15) Flagging (Form 25D-037)
- 17.107. Waiver Request for Alternate Procurement Methods (Form 25D-026)
- 17.108. Worksite Traffic Supervisor (Form 25D-124)
- 17.109. Work Zone Accident Report (Form 25D-123)

17.1. Alaska Products Preference Worksheet (APPW Form)

ALASKA PRODUCTS PREFERENCE WORKSHEET

(See Reverse Side for Instructions)

Project Name and Number: _____

Bid Phase: _____ Contractor: _____

PRODUCT	MANUFACTURER	CLASS & PREFERENCE PERCENTAGE	TOTAL DECLARED VALUE	REDUCTION AMOUNT
TOTAL				

(APPW) Form

Alaska Product Preference Worksheet, Page ____ of ____

Revised 4/97

17.2. Alaska Products Preference Worksheet Instructions

INSTRUCTIONS FOR ALASKA PRODUCTS PREFERENCE WORKSHEET

Special Notice: All procurements, except those funded from Federal sources, shall contain Contract provisions for the preference of Alaska products. To be considered for the Alaska Product Preference, each product listed by the Bidder on this worksheet must have current certification from the Alaska Products Preference Program at the time of Bid Opening. A product with expired certification at the bid opening date will not be considered eligible. Products that are not specified for use on the project will not be considered eligible. The Alaska Product Preference Program List of certified products is available online at: <http://www.commerce.state.ak.us/idea/idea/products/preference/product.htm> or may be obtained by contacting the local DCED office or writing: Dept. of Commerce & Economic Development, Alaska Products Preference List, P.O. Box 110800, Juneau, Alaska 99811-0800.

BIDDERS INSTRUCTIONS:

A. General. The contracting Agency may request documentation to support entries made on this form. False presentations may be subject to AS 36.30.687. All Bidder's entries must conform to the requirements covering bid preparations in general. Discrepancies in price extensions shall be resolved by multiplying the declared total value times the preference percentage and adjusting any resulting computation(s) accordingly.

B. Form Completion – BASIC BIDS.

- (1) Enter project number and name, the words "Basic Bid" and the CONTRACTOR'S name in the heading of each page as provided.
- (2) The Bidder shall compare those candidate products appearing on the preference listing (see Special Notice comments above) against the requirements of the technical specifications appearing in the contract documents. If the Bidder determines that a candidate product can suitably meet the contract requirements, then that product may be included in the worksheet as follows:
 - (3) For each suitable product submitted under the "Basic Bid" enter:
 - The product name, generic description and its corresponding technical specification section number under the heading "PRODUCT",
 - The company name of the Alaska producer under the heading "Manufacturer", and
 - The product class (I, II, or III) and preference percentage (3, 5, or 7% respectively) under the "CLASS% heading.
 - (4) For each product appearing on the list and to be utilized by the CONTRACTOR enter:
 - Under the heading "TOTAL DECLARED VALUE" the manufacturer's quoted price of the product, (caution: this value is to be the manufacturer's quoted price at the place of origin and shall not include costs for freight, handling or miscellaneous charges of incorporating the product into the work), and
 - The resulting preference – i.e. the preference percentage times the total declared value amount – under the heading "REDUCTION AMOUNT".
 - (5) Continue for all "suitable" basic bid products. If the listing exceeds one page enter the heading "REDUCTION AMOUNT" on the first line of the following pages enter "SUBTOTAL OF REDUCTION AMOUNT FROM PREVIOUS PAGE."
 - (6) On the final page of the listing enter "BASIC BID PREFERENCE GRAND" immediately before the word "TOTAL."
 - (7) Total the entries in the "REDUCTION AMOUNT" column for each page by commencing at the first entry for that page. If a continuation page exists, ensure that the subtotal from the previous page is computed into the running total. Number pages as appropriate.
 - (8) Compute a Grand Total for the Basic Bid Preference. Enter the amount on the final page of the worksheet. (Note: When solicitations require written bids this amount should also be entered on line "C" of the Basic Bid Schedule.) Submit worksheet(s) with the Bid Schedule.

C. Form Completion – ALTERNATE BIDS.

- (1) Enter project number and name, the words "ALTERNATE BID # ___" and CONTRACTOR'S name in the heading of each page as provided.
- (2) On the first entry line enter "ADDITIONAL ALASKA PRODUCTS FOR ALTERNATE BID # ___" and repeat procedures 2 through 5 under part B these Bidder's instructions except that references to "Basic Bid" shall be replaced with the words "Alternate Bid # ___".
- (3) Following the listing of all additional Alaska products enter the words "ADDITIONAL PRODUCTS PREFERENCE FOR ALTERNATE BID # ___ - SUBTOTAL" and enter a subtotal amount for all additional products as listed. Subtotal amount to be determined by adding all additional product entries in the "REDUCTION AMOUNT" column.
- (4) Skip three lines and enter "LESS THE FOLLOWING NON-APPLICABLE ALASKA PRODUCTS:
- (5) Beginning on the next line, enter the product name and manufacturer of each Alaska Product appearing on the "Basic Bid" listing which would be deleted or reduced from the Project should the "Alternate Bid" be selected. Details of entry need only be sufficient to clearly reference the subject product. (i.e. "Pre-hung doors by Alaska Door Co., Anchorage.") Products being reduced shall specify the amount of the reduction. Should no products require deletion enter "None." When a product is listed as a "NON-APPLICABLE ALASKA PRODUCT" for this alternate bid and if under the basic bid the Bidder received a preference on his basic bid as a result of that product, then the applicable entries under the headings "TOTAL DECLARED VALUE" and "REDUCTION AMOUNT" for each product and from the basic bid listing) shall also be entered into the corresponding headings of this form. Where only a portion of the products has been deleted, the entry (which will differ from those on the basic bid listing) may be "pro-rated" or as otherwise substantiated.
- (6) Following the listing of all non-applicable Alaska products enter the words "NON-APPLICABLE PRODUCTS PREFERENCE FROM BASIC BID ___ SUBTOTAL" and enter a subtotal amount for all non-applicable products listed. Subtotal amount to be determined by adding all non-applicable entries in the "REDUCTION AMOUNT" column.
- (7) At the bottom of the final page enter the words "ALTERNATE BID # ___ PREFERENCE GRAND" immediately before the word "TOTAL."
- (8) Compute a Grand Total for the Alternate Bid Preference (for Alternate # ___) by subtracting the non-applicable product preference subtotal from the additional product preference subtotal. Enter on the final page. (Note: When solicitations require written bids this amount should also be entered on line "C" of the Alternate Bid Schedule.) Submit separate worksheet(s) with each Alternate Bid.

17.3. Alaska Veteran's Preference Affidavit Form 25D-17



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ALASKA VETERAN'S PREFERENCE AFFIDAVIT

In response to the Invitation to Bid for:

Project Name and Number _____.

I certify under penalty of perjury that _____
(Name) qualifies for the Alaska Veteran's Preference under the following conditions:

(a) If a bidder qualifies under AS 36.30.170(b) as an Alaska bidder and is a qualifying entity, a five percent bid preference shall be applied to the bid price (preference may not exceed \$5,000). In this subsection, "qualifying entity" means a:

- (1) Sole proprietorship owned by an Alaska Veteran;
- (2) Partnership under AS 32.06 or AS 32.11 if a majority of the members are Alaska Veterans;
- (3) Limited liability company organized under AS 10.50 if a majority of the individuals are Alaska Veterans.
- (4) Corporation that is wholly owned by individuals and a majority of the individuals are Alaska veterans.

(b) To qualify for a preference under this section, a bidder must add value by the bidder itself actually performing, controlling, managing and supervising a significant part of the services provided, or the bidder must have sold supplies of the general nature solicited to other state agencies, governments, or the general public.

(c) In this section, "Alaska Veteran" means an individual who is a:

- (1) Resident of this state; and
- (2) Veteran; means an individual who:

(A) Served in the:

- (i) Armed Forces of the United States, including a reserve unit of the United States armed forces; or
- (ii) Alaska Territorial Guard, the Alaska Army National Guard, the Alaska Air National Guard, or the Alaska Naval Militia; and

(B) Was separated from the service under a condition that was not dishonorable.

Authorized Signature

Printed Name

Date

17.5. Assignee's Release (Form 25D-118)

25D-118
(5/83)

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

ASSIGNEE'S RELEASE

RE: Project No(s) _____

Project Name _____

Pursuant to the terms of the written contract dated _____, 19____,

for the construction of _____

Project Number(s)

and in consideration of the total final sum of _____

Dollars (\$ _____) which has been or is to be paid under said contract by the STATE OF ALASKA

(hereinafter called the STATE) to the Contractor or his assignees, the _____

Assignee's Name and Address

(1) a corporation organized and existing under the laws of the State of _____,

(2) a partnership consisting of _____,

(3) an individual trading as _____,

(hereinafter called the Assignee), upon receipt of that part of the said sum due under his assignment does remise, release and discharge the STATE, its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said contract, whether known or unknown and whether or not ascertainable at the time of the execution of this instrument, except claims asserted in accordance with the provisions of the above-named Contract.

The Assignee agrees, in connection with claims which are not released as set forth above, that final payment under the said contract does not modify the requirements and limitations imposed by the Contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the prosecution of claims.

IN WITNESS WHEREOF, this release has been executed this _____ day of _____, 19____.

(Assignee) _____

WITNESS _____

BY _____

TITLE _____

(NOTE: In the case of a corporation, witnesses are not required, but certificate below must be complete.)

CERTIFICATE

I, _____, certify that I am the _____

(official title) of the corporation named as Assignee in the foregoing release; that _____

who signed said release on behalf of the Assignee was then _____ (official title)

of said corporation; that said release was duly signed for and in behalf of said corporation by authority of its governing body and is within the scope of its corporate powers.

Name: _____ (Signature)

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year written above.

My Commission Expires:

Notary Public

17.6. Bidder Registration Form 25D-6



STATE OF ALASKA
 DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
 Civil Rights Office – DBE Program

BIDDER REGISTRATION

All firms are required to submit a Bidder's Registration form before an Alaska Department of Transportation and Public Facilities (DOT&PF) project can be awarded. The Bidder Registration form must be submitted to the Civil Rights Officer (CRO) on an annual basis by January 1 and is valid thru December 31. Complete this form for each contractor and subcontractor. Firms will be listed on the bidder registration online directory <http://www.dot.state.ak.us/cvlrts/bidreg.shtml>.

Name of Firm: _____
 Street Address: _____
 Mailing Address: _____
 Contact Name: _____
 Telephone Number: _____
 Fax number: _____
 E-mail Address: _____
 Date Firm was Established: _____

The firm listed above is a (check all that apply):

Prime Contractor?	<input type="radio"/>	Identify specialty:	_____
Subcontractor?	<input type="radio"/>	Identify service:	_____
Service Provider?	<input type="radio"/>	Identify material:	_____
Material Supplier?	<input type="radio"/>	Identify product:	_____
Manufacturer?	<input type="radio"/>		
Certified DBE? *	<input type="radio"/>	*DBE- Disadvantaged Business Enterprise	
Self-Certified SBE? *	<input type="radio"/>	*SBE- Small Business Enterprise (Complete page 2 of this form.)	

Firm's gross annual receipts:

< \$500,000
 \$500,000- \$999,999
 \$1,000,000- \$4,999,999
 \$5,000,000- \$9,999,999
 \$10,000,000- \$16,999,999
 > \$17,000,000

Type of contracts/proposals bid by the firm (check all that apply):

Highways Airports Transit AMHS

Signature of Company Representative	Title	Date
-------------------------------------	-------	------

Send this completed form to: *OR* You may fax your completed form to:
 ADOT&PF Civil Rights Office (907) 269-0847
 PO Box 196900
 Anchorage, Alaska 99519-6900

If you have any questions, please call (907) 269-0851.

SMALL BUSINESS ENTERPRISE PROGRAM (SBE) SELF-REGISTRATION

Fostering Small Business Participation (SBE) (49 CFR 26.39):

To meet the requirements of 49 CFR 26.39, DOT&PF has implemented a Small Business Enterprise Program. This component is only applicable to federally funded projects.

[Complete the Section below only if you are a Self-Certified SBE Firm] All businesses wishing to be eligible as a SBE are required to submit a SBE Self-Registration form. The SBE Self-Registration form must be submitted on an annual basis by January 1 and is valid thru December 31.

In order to verify your firm's compliance with business size standards under 49 CFR 26.67(2)(i) and 26.65(b), *at the time of award* you will be required to submit the following documents:

- SBE Affidavit of Certification Eligibility
- Personal Financial Statement
- Past three years of your corporations and/or individual tax returns
- If not a certified DBE, please provide documentation that you are self-certified as a small business (please contact Procurement Technical Assistance Center (PTAC) at 907-274-7232 if you require assistance on becoming a self-certified small business)

At time of award send required documentation to:

DOT&PF Civil Rights Office
Attn: Certification
PO Box 196900
Anchorage, Alaska 99519-690
Phone: (907) 269-0851
Fax: (907) 269-0847

A. SBE Directory Information

1. Can you verify at time of award that your firm (including affiliates) does not exceed the small business size standards as described by the Small Business Administration (SBA) for the last three years of gross annual receipts per 49 CFR 26.65(a)? To find more information about the SBA size standards, visit the SBA website <https://www.sba.gov/content/small-business-size-standards>.

Yes No*

**If you marked "No" you do not qualify for the SBE Program*

2. Can you verify at time of award that your firm (including affiliates) does not exceed the personal net worth standards of \$1.32 million per 49 CFR 26.67(2)(i)?

Yes No*

**If you marked "No" you do not qualify for the SBE Program*

3. Can you verify at time of award that each individual owner of your firm does not exceed the personal net worth standards of \$1.32 million per 49 CFR 26.67(2)(i)?

Yes No*

**If you marked "No" you do not qualify for the SBE Program*

4. Contact Info.

<input type="text"/>	<input type="text"/>
Name of Firm	Contact Name
<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number
<input type="text"/>	<input type="text"/>
Email Address	Company Website

Form 25D-6 (1/16)

17.7. Bridge Formula Chart for Gross Vehicle Weights (April 2010)

BRIDGE FORMULA WEIGHTS



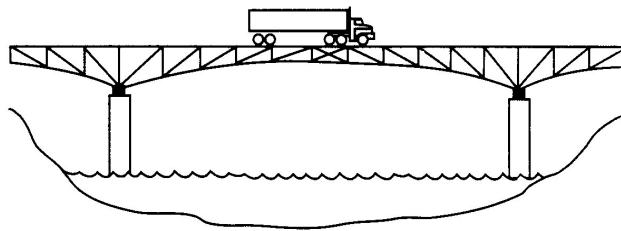
U.S. Department
of Transportation

**Federal Highway
Administration**

January 1994

NOTE- For additional copies contact:
Federal Highway Administration
400 7th Street, SW
Washington, D.C. 20590
(202) 366-2212

$$W = 500 \left[\frac{LN}{N-1} + 12N + 36 \right]$$



Publication No. FHWA-MC-94-007
HIA-20/1-15M/E
HIA-10/R1-96(7.5M)
HIA-20/10-98(10M)

Three questions are addressed by this pamphlet with regard to the Bridge Formula: What is it? Why is it necessary? How is it used?

WHAT IS IT?

$$W = 500 \left[\frac{LN}{N-1} + 12N + 36 \right]$$

W = the maximum weight in pounds that can be carried on a group of two or more axles to the nearest 500 pounds.

L = the distance in feet between the outer axles of any two or more consecutive axles.

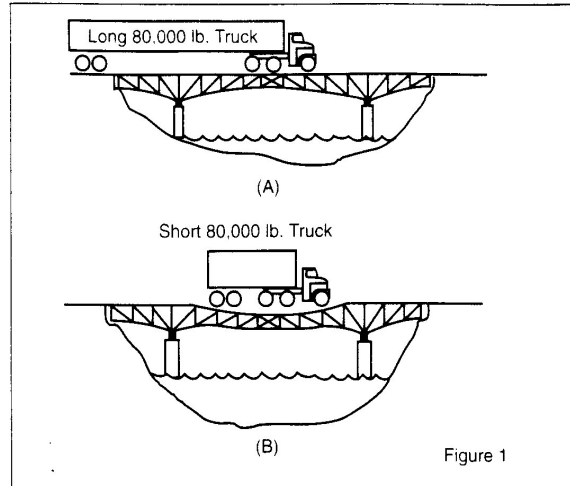
N = the number of axles being considered.

This formula limits the weight on groups of axles in order to reduce the risk of damage to highway bridges. Allowable weight depends on the number of axles a vehicle has and the distance between those axles. However, the single- or tandem-axle weight limits supersede the Bridge Formula limits for all axles not more than 96 inches apart.

WHY IS THE FORMULA NECESSARY?

Bridges on Interstate System highways are used by a wide variety of traffic. They are designed to support expected loadings. However, as trucks grew heavier in the 1950's and 1960's, something had to be done to protect bridges. The solution was to tie allowable weights to the number and spacing of axles.

Axle spacing is as important as axle weight in bridge design. A bridge is analogous to thin ice on a pond. Walking on the ice concentrates a person's weight on the small area covered by the individual's feet, and the ice may break. Lying down, however, spreads the same weight over a much larger area, and the ice is less likely to break. Consider trucks crossing a bridge:



In Figure 1(A), the stress on bridge members as the longer truck rolls across is much less than that caused by the short vehicle in Figure 1 (B), even though both trucks have the same total weight and individual axle weights. The weight of the longer vehicle is spread out, while the shorter vehicle has all of the weight concentrated on a small area.

The Federal-Aid Highway Amendments of 1974 increased the weights allowed on the Interstate System to 20,000 pounds on a single axle, 34,000 pounds on a tandem axle, and 80,000 pounds gross weight (23 U.S.C. 127). But Congress balanced this concession to productivity by enacting the Bridge Formula. The result is that motor vehicles may be loaded to the maximum weight only if each group of axles on the vehicle and their spacing also satisfy the requirements of the Formula. This prevents the vehicle from overstressing bridges in the same way that a person lying down on thin ice would minimize the risk of breaking through.

Until 1982, Federal law set only upper limits (or ceilings) on Interstate System weight limits. A few States retained significantly lower weight limits which eventually became barriers to long-distance truck traffic. In 1982, Federal law was amended to make Interstate System weight limits, including the bridge formula limits, both the maximum and the minimum weights (i.e., floors and ceilings) that States must allow on the Interstate System.

HOW IS THE FORMULA USED?

Some definitions are needed to use the Bridge Formula correctly.

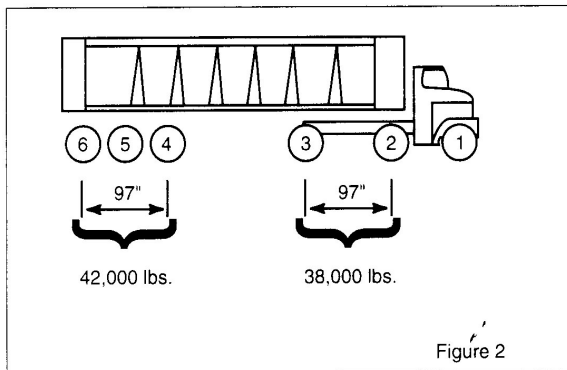
Gross Weight—the weight of a vehicle or vehicle combination and any load thereon. The Federal gross weight limit on the Interstate System is 80,000 pounds.

Single-Axle Weight—The total weight on one or more axles whose centers are not more than 40 inches apart. The Federal single-axle weight limit on the Interstate System is 20,000 pounds.

Tandem-Axle Weight—The total weight on two or more consecutive axles more than 40 inches but not more than 96 inches apart. The Federal tandem-axle weight limit on the Interstate System is 34,000 pounds.

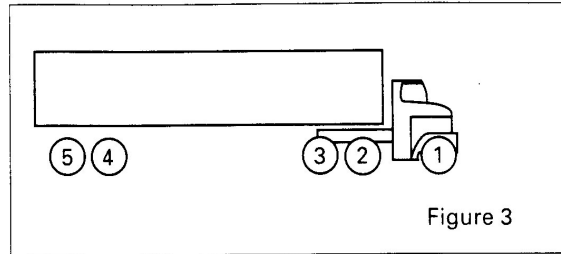
Interstate System weight limits in some States may be higher than these figures due to "grandfather" rights. When the Interstate System axle and gross weight limits were adopted in 1956, States were allowed to keep or "grandfather" those which were higher. In 1975, States were also allowed to keep "grandfathered" bridge formula limits which were higher than those established for the Interstate System.

Bridge Formula calculations yield a series of weights (pages 6-7). However, the single-axle weight limit replaces the Bridge Formula weight limit on axles not more than 40 inches apart, and the tandem-axle weight limit replaces the Bridge Formula weight limit for axles over 40 but not more than 96 inches apart. At 97 inches apart, two axles can carry 42,000 pounds and three axles 38,000 pounds, as shown in Figure 2.



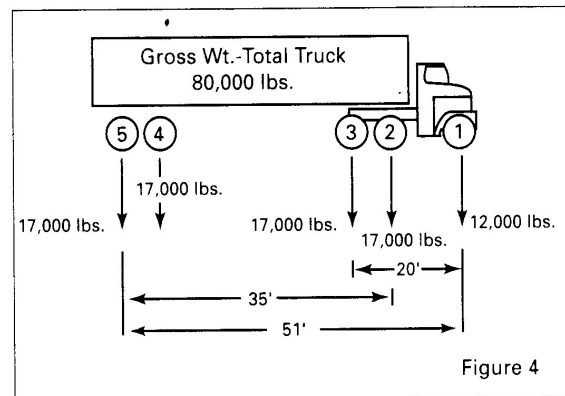
4

Federal law provides that any two or more consecutive axles may not exceed the weight computed by the Formula even though single axles, tandem axles, and gross weight are within legal limits. In other words, the axle group that includes the entire truck—sometimes called the "outer bridge" group—must comply with the Bridge Formula. But interior combinations of axles, such as the "tractor bridge" (axles 1, 2, and 3) and "trailer bridge" (axles 2, 3, 4, and 5), must also be in compliance with weights computed by the Formula (Figure 3).



The most common vehicle checked for compliance with weight limit requirements is shown in Figure 3. While the Bridge Formula applies to each combination of two or more axles, experience shows that axle combinations 1 through 3, 1 through 5, and 2 through 5 are critical and must be checked. If these combinations are found to be satisfactory, all of the others on this type of vehicle will normally be satisfactory.

The vehicle with weights and axle dimensions as shown in Figure 4 will be used to illustrate a Bridge Formula check. (Continued on page 8.)



5

PERMISSIBLE GROSS LOADS FOR VEHICLES IN REGULAR OPERATION ¹

Based on weight formula $W = 500 \left[\frac{LN}{N-1} + 12N + 36 \right]$

Distance in feet (L)
between the extremes of
any group of 2 or
more consecutive axles

Maximum load in pounds carried on any group of 2 or more consecutive axles

		N =	2 AXLES	3 AXLES	4 AXLES	5 AXLES	6 AXLES	7 AXLES	8 AXLES	9 AXLES
Tandem Axle Weight (see pages 4 & 5)	4	-----	34,000	-----	-----	-----	-----	-----	-----	-----
	5	-----	34,000	-----	-----	-----	-----	-----	-----	-----
	6	-----	34,000	-----	-----	-----	-----	-----	-----	-----
	7	-----	34,000	-----	-----	-----	-----	-----	-----	-----
	8 & less	-----	34,000	34,000	-----	-----	-----	-----	-----	-----
	more than 8	-----	38,000	42,000	-----	-----	-----	-----	-----	-----
	9	-----	39,000	42,500	-----	-----	-----	-----	-----	-----
	10	-----	40,000	43,500	-----	-----	-----	-----	-----	-----
	11	-----	-----	44,000	-----	-----	-----	-----	-----	-----
	12	-----	-----	45,000	50,000	-----	-----	-----	-----	-----
	13	-----	-----	45,500	50,500	-----	-----	-----	-----	-----
	14	-----	-----	46,500	51,500	-----	-----	-----	-----	-----
15	-----	-----	47,000	52,000	-----	-----	-----	-----	-----	
16	-----	-----	48,000	52,500	58,000	-----	-----	-----	-----	
17	-----	-----	48,500	53,500	58,500	-----	-----	-----	-----	
18	-----	-----	49,500	54,000	59,000	-----	-----	-----	-----	
19	Example	-----	50,000	54,500	60,000	-----	-----	-----	-----	
20	(see page 8)	-----	51,000	55,500	60,500	66,000	-----	-----	-----	
21	-----	-----	51,500	56,000	61,000	66,500	-----	-----	-----	
22	-----	-----	52,500	56,500	61,500	67,000	-----	-----	-----	
23	-----	-----	53,000	57,500	62,500	68,000	-----	-----	-----	
24	-----	-----	54,000	58,000	63,000	68,500	74,000	-----	-----	
25	-----	-----	54,500	58,500	63,500	69,000	74,500	-----	-----	
26	-----	-----	55,500	59,500	64,000	69,500	75,000	-----	-----	
27	-----	-----	56,000	60,000	65,000	70,000	75,500	-----	-----	
28	-----	-----	57,000	60,500	65,500	71,000	76,500	82,000	-----	
29	-----	-----	57,500	61,500	66,000	71,500	77,000	82,500	-----	
30	-----	-----	58,500	62,000	66,500	72,000	77,500	83,000	-----	
31	-----	-----	59,000	62,500	67,500	72,500	78,000	83,500	-----	
32	-----	-----	60,000	63,500	68,000	73,000	78,500	84,500	90,000	
33	-----	-----	-----	64,000	68,500	74,000	79,000	85,000	90,500	
34	-----	-----	-----	64,500	69,000	74,500	80,000	85,500	91,000	
35	-----	-----	-----	65,500	70,000	75,000	80,500	86,000	91,500	
36	-----	-----	-----	66,000	70,500	75,500	81,000	86,500	92,000	
37	-----	-----	Exception (see page 10)	{ 66,500 }	71,000	76,000	81,500	87,000	93,000	-----
38	-----	-----	-----	{ 67,500 }	71,500	77,000	82,000	87,500	93,500	-----
39	-----	-----	-----	68,000	72,500	77,500	82,500	88,500	94,000	-----
40	-----	-----	-----	68,500	73,000	78,000	83,500	89,000	94,500	-----
41	-----	-----	-----	69,500	73,500	78,500	84,000	89,500	95,000	-----
42	-----	-----	-----	70,000	74,000	79,000	84,500	90,000	95,500	-----
43	-----	-----	-----	70,500	75,000	80,000	85,000	90,500	96,000	-----
44	-----	-----	-----	71,500	75,500	80,500	85,500	91,000	96,500	-----
45	-----	-----	-----	72,000	76,000	81,000	86,000	91,500	97,500	-----
46	-----	-----	-----	72,500	76,500	81,500	87,000	92,500	98,000	-----
47	-----	-----	-----	73,500	77,500	82,000	87,500	93,000	98,500	-----
48	-----	-----	-----	74,000	78,000	83,000	88,000	93,500	99,000	-----
49	-----	-----	-----	74,500	78,500	83,500	88,500	94,000	99,500	-----
50	-----	-----	-----	75,500	79,000	84,000	89,000	94,500	100,000	-----
51	-----	-----	-----	76,000	80,000	84,500	89,500	95,000	100,500	-----
52	-----	-----	-----	76,500	80,500	85,000	90,500	95,500	101,000	-----
53	-----	-----	-----	77,500	81,000	86,000	91,000	96,500	102,000	-----
54	-----	-----	-----	78,000	81,500	86,500	91,500	97,000	102,500	-----
55	-----	-----	-----	78,500	82,500	87,000	92,000	97,500	103,000	-----
56	-----	-----	-----	79,500	83,000	87,500	92,500	98,000	103,500	-----
57	-----	-----	Interstate Gross Weight Limit (see page 4)	{ 80,000 }	83,500	88,000	93,000	98,500	104,000	-----
58	-----	-----	-----	-----	84,000	89,000	94,000	99,000	104,500	-----
59	-----	-----	-----	-----	85,000	89,500	94,500	99,500	105,000	-----
60	-----	-----	-----	-----	85,500	90,000	95,000	100,500	105,500	-----

¹The permissible loads are computed to the nearest 500 pounds as required by statute.

²The following loaded vehicles must not operate over H15-44 bridges: 3-S2 (5-axle) with wheelbase less than 38 feet; 2-S1-2 (5-axle) with wheelbase less than 45 feet; 3-3 (6-axle) with wheelbase less than 45 feet; and 7- 8- and 9-axle vehicles regardless of wheelbase.

Before checking a vehicle for compliance with the Bridge Formula, its single-axle, tandem-axle, and gross weight should be checked. Here the single axle (number 1) does not exceed 20,000 pounds, tandems 2-3 and 4-5 do not exceed 34,000 pounds each, and the gross weight does not exceed 80,000 pounds. These preliminary requirements are thus satisfied. The first Bridge Formula combination is checked as follows:

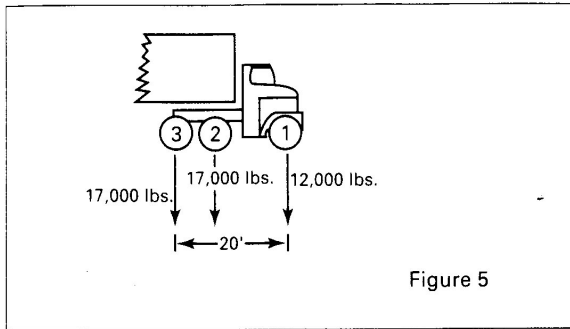


Figure 5

Check of 1 thru 3 (Figure 5)

Actual weight = 12,000 + 17,000 + 17,000 = 46,000 pounds.

N = 3 axles.

L = 20 feet.

$$W = 500 \left[\frac{LN}{N-1} + 12N + 36 \right]$$

$$W = 500 \left[\frac{(20 \times 3)}{(3 - 1)} + (12 \times 3) + 36 \right] = 51,000\#$$

W maximum = 51,000#, which is more than the actual weight of 46,000#, so the Bridge Formula requirement is satisfied.

Example—From the Bridge Table (pages 6 & 7)

This same number (51,000#) could have been obtained from the Bridge Table by reading down the left side to L = 20 and across to the right where N = 3.

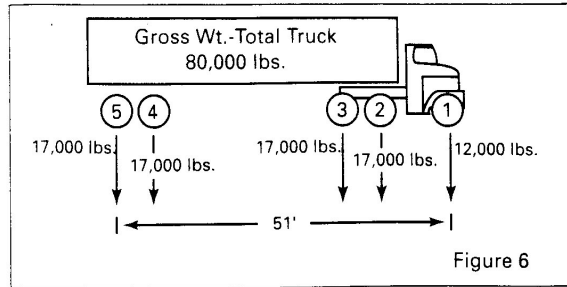


Figure 6

Now check axes 1 thru 5 (Figure 6)

Actual weight = 12,000 + 17,000 + 17,000 + 17,000 + 17,000 = 80,000#.

W maximum, from the Bridge Table for "L" of 51 feet and "N" of 5 = 80,000#.

Therefore, this axle spacing is satisfactory.

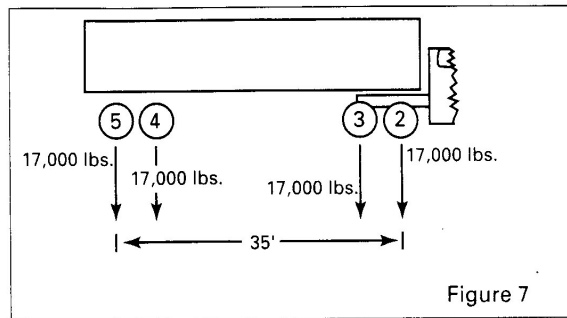


Figure 7

Now check axes 2 thru 5 (Figure 7)

Actual weight = 17,000 + 17,000 + 17,000 + 17,000 = 68,000#.

W maximum, Bridge Table for "L" of 35 feet and "N" of 4 = 65,500#.

This is a violation because the actual weight exceeds the weight allowed by the Bridge Formula. To correct the situation, some load must be removed from the vehicle or the axle spacing (35 feet) must be increased.

EXCEPTION TO FORMULA AND BRIDGE TABLE

Federal law (23 U.S.C.127) includes one exception to the Bridge Formula and the Bridge Table—two consecutive sets of tandem axles may carry 34,000 pounds each if the overall distance between the first and last axles of these tandems is 36 feet or more. For example, a five-axle tractor-semitrailer combination may carry 34,000 pounds both on the tractor tandem (axles 2 and 3) and the trailer tandem (axles 4 and 5), provided axles 2 and 5 are spaced at least 36 feet apart. Without this exception, the Bridge Formula would allow an actual weight of only 66,000 to 67,500 pounds on tandems spaced 36 to 38 feet apart.

BRIDGE FORMULA APPLICATION TO SINGLE UNIT TRUCKS

The procedure described above can be used to check any axle combinations, but several closely spaced axles usually produce the most critical situation.

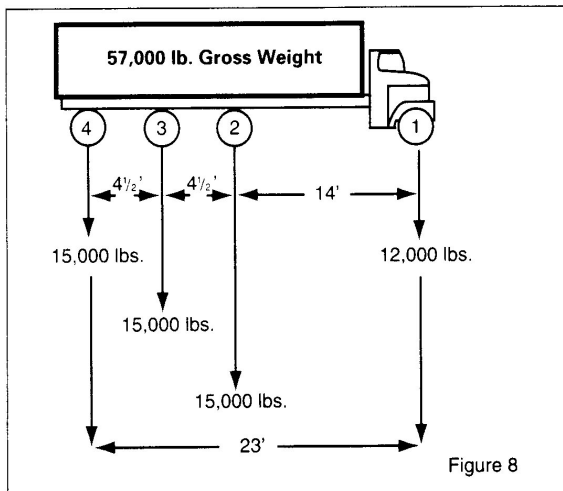


Figure 8

The truck in Figure 8 satisfies the single axle weight limit (12,000# is less than 20,000#), the tandem axle limit (30,000# is less than 34,000#) and gross weight limit (57,000# is less than 80,000#). With these restrictions satisfied, a check will be made for Bridge Formula requirements, axles 1 through 4.

Actual weight = 12,000 + 15,000 + 15,000 + 15,000 = 57,000#.

W maximum for "N" of 4 and "L" of 23 feet = 57,500 from the Bridge Table.

Since axles 1 thru 4 are satisfactory, check axles 2 thru 4:

W (actual) = 15,000 + 15,000 + 15,000 = 45,000#.

W maximum for "N" of 3 and "L" of 9 feet = 42,500# (From the Bridge Table).

This is a violation. The load would have to be reduced, axles added, or spacing increased, to comply with the Bridge Formula.

CAUTION

This pamphlet paraphrases the actual provision in 23 U.S.C. 127 and 23 CFR 658 for the sake of clarity. In case of a dispute, the statute and regulations will govern.

Previous editions of this pamphlet released under the title "Bridge Gross Weight Formula", dated April 1984, remain valid. Neither the Formula nor any resulting maximum gross weight values (table entries) have been changed.

17.8. Bridge (Temporary) Submittal Checklist (Form 25D-080)

State of Alaska Alaska Department of Transportation & Public Facilities

Temporary Bridge Submittal Checklist (Form 25D-080)

Each temporary crossing location is slightly different, and each site requires a unique design. The Contractor is required to submit a design that provides for the safe passage of public traffic, DOT/PF project staff and the Contractor's operations. An Alaska registered professional engineer employed by (or under contract to) the contractor must design, seal and sign the temporary crossing working drawings. The Engineer with support from the DOT/PF Bridge Section will check the working drawings for structural adequacy, contract compliance and overall completeness.

Before the Bridge Section can perform the check, a complete submittal package must be received from the Contractor. While each temporary crossing site is unique, a complete submittal must include all of the items listed below. Additional information and details may be required for unusual situations.

1. Bridge Layout
 - a. Plan view
 1. Layout / profile grade line
 2. Traveled way width
 3. Top, toe and slopes of cuts and fills
 4. Horizontal clearance under structure (if over traffic)
 5. Direction of stream flow (if over water)
 6. North arrow
 7. Alignment data
 8. Skew angle
 9. Bank protection
 10. Centerlines of piers
 - b. Elevation View
 1. Abutment and pier numbers
 2. Datum line and elevation
 3. Approximate original ground line at bridge centerline
 4. Total bridge length
 5. Span lengths
 6. Bank protection
 7. Vertical clearance or freeboard
 - c. Typical Section Including Typical Piers
 1. Roadway width on the bridge
 2. Bridge width
 3. Typical pier
 4. Girders, deck and railings/barriers
 5. Deck surfacing
 6. Location of profile grade
 7. Identify girder and deck type

Temporary Bridge Submittal Checklist (Form 25D-080)

8. Pedestrian accommodations
9. Utilities
2. Details
 - a. Lateral bracing
 - b. Blocking
 - c. Deck
 - d. Railings and barriers
 - e. Approach railings and transitions
 - f. Erection and removal details
3. Foundation Information
 - a. Allowable and applied soil bearing pressure values for spread footings
 - b. Pile types, loads, capacities, factors of safety and minimum tip elevation
4. Traffic Openings (if over public or private roads)
5. Pedestrian Accommodations (if specified)
6. Lighting Plan (if specified)
7. Number and name each plan sheet
8. Design Notes
 - a. Design specifications
 - b. Live load
 - c. Dead load
 - d. Seismic values
 1. Acceleration coefficient
 2. Site coefficient
 - e. Material properties (f_c , F_y , ASTM Designations)
9. Supporting Design Computations
10. Professional Engineer Signature

The Contractor must schedule their operations to allow a minimum of forty five (45) working days for review and checking of the submittal prior to constructing or ordering materials for temporary crossings.

17.9. Building Facilities Form

DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES BUILDING FACILITIES FORM

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE*							
LOCATION/TOWN	PROPERTY DESCRIPTION	SQ FT	BOUGHT/BUILT YEAR / MONTH	ORIGINAL VALUE					
					RISK MANAGEMENT PROPERTY INFORMATION				
Department Property Number Assigned					Risk Management Property Number Assigned				
AKSAS Project # and Name					Department 25				
Contractor					Division # 3				
Construction Dates: Begin End					Subdivision #				
Administration & Inspection Costs					Town #				
Site Costs					Class				
Building Costs					Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No				
Construction Contract Costs					Fire Protection <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Construction					Replacement Value				
Foundation Type					% Occupancy				
Dimensions and Number of Stories									
Is building heated? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Room Shape Rectangular					Insure <input type="checkbox"/> Yes <input type="checkbox"/> No				
Condition					Value				
For Generators: make/model/serial number									
AKSAS CODING					LEDGER CODE				
AR					PROGRAM CODE				
COLLOCODE					ZIP CODE				
*If building is to be deleted, provide a brief explanation of building status:									
Facility Manager:					Date				

S:\operbuoig\Excel\Building Facilities Form

17.10. Certification of Final Estimate (Form 25D-116)



**STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES**

CERTIFICATION OF FINAL ESTIMATE

Project No(s): _____ Total Amount of Project: _____

Project Name: _____

DEPARTMENT CERTIFICATION

The undersigned certifies that (s)he was in charge of the construction engineering for the State of Alaska for this project and that the foregoing final estimate was prepared under her/his direction and supervision, that to the best of her/his knowledge and belief the work set forth in said estimate has been performed in accordance with the plans and specifications and that the quantities and amounts set forth are correct.

_____, Project Engineer Date _____

The undersigned certifies that (s)he has reviewed the foregoing final estimate and that payment for the quantities shown therein conforms with the contract and is true and correct to the best of her/his knowledge and belief.

_____, Review Engineer Date _____

The undersigned certifies that the construction engineering for this project was under the supervision of authorized representatives of her/his office, that the foregoing final estimate has been prepared and reviewed by such authorized representatives, that (s)he has reviewed the work and the estimate, that the work has been performed in substantial conformance with the specifications and that the quantities and amounts shown in the estimate are true and correct to the best of her/his knowledge and belief.

_____, Construction Engineer Date _____

CONTRACTOR CERTIFICATION

The undersigned certifies that (s)he was the contractor on the above named project; that the work and materials for which payment is being included in this final estimate have been performed or furnished; that payment is just and due, and has not been made in full; and that her/his signature hereon authorizes final payment therefor.

The undersigned further certifies that all commitments or obligations made to property owners and others covering materials, royalties, access rights, waste areas, and other such rights of any nature, have been fully paid and satisfied; that all Federal, State and Local taxes incurred by the contractor, subcontractor, or other person or persons, in the performance of this contract have been fully paid and discharged; and that the contractor has not extended any loan, gratuity, or gift of money in any form whatsoever to any employee of the Department, nor has (s)he rented or purchased any equipment or materials from any such employee.

Contractor:

By: _____, Authorized Agent Date _____

25D-116
(R 1/98)

17.11. Change Order (Form 25D-068)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

Select REGION

Change Order

Project No.: _____ Change Order No. _____

Project Name: _____

Contractor: _____	Change Order Summary:	
Address: _____	Calendar Days (+ / -): _____	_____
_____	New Completion Date: _____	_____
_____	Amount of Change Order: _____	_____

Recommended By: _____ Date: _____

Title: _____

Approved By: _____ Date: _____

Title: _____

This change order constitutes agreement to terms, conditions and prices stated below.

Accepted By: _____ Date: _____
Contractor's Representative

Acknowledgement indicates only receipt of Change Order and not mutual agreement for basis of payment or time allowance. If a the matter cannot be resolved within 7 days from signature date, an Intent to Claim form must be submitted to the engineer within 14 days.

Acknowledged By: _____ Date: _____
Contractor's Representative

Permission for previously submitted subcontractor(s) to perform all or portions of the work described herein is as checked: Yes No N/A

Seal of Alaskan Professional Engineer
(if required)



The following change(s) in the above Contract are hereby made in accordance with the terms of the Contract and under the terms and conditions stated below. Price adjustments resulting from inaccurate cost and pricing data are subject to the provisions of AS 36.30.400(c). This document shall become an amendment to the Contract and all provisions of the Contract will be applicable.

DESCRIPTION OF CHANGE (Use Continuation Sheet 25D-065 as Required)

17.12. Continuation Sheet (Form 25D-065)

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

Project No.:

**Continuation
Sheet**

|

17.13. Contractor Self Certification for Subs. and Lower Tier Subs

Alaska Department of Transportation & Public Facilities Contractor Self Certification for Subcontractors and Lower Tier Subcontractors (Form 25D-042)	
Project Name:	
Project Number:	Federal-Aid Number:
Submission Number:	
Subcontractor or Lower Tier Subcontractor:	
<p>Contractor Certification</p> <p>Agreement as included herein refers to the legally binding written contract between the Contractor and Subcontractor or between the Subcontractor and Lower Tier Subcontractor and identified in items 1 or 2 below.</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> A written agreement ("Agreement") has been executed between Contractor and the above listed subcontractor. 2. <input type="checkbox"/> A written agreement ("Agreement") has been executed between (Subcontractor) and the above listed Lower Tier Subcontractor <ul style="list-style-type: none"> • The Subcontractor is qualified to perform the work. • The Subcontractor has adequate insurance as required by the Contract, or the Contractor has adequate insurance for the Subcontractor(s) as required by the contract. • The subcontractor is on the DOT&PFs current Bidder's Registration List. • The "Prompt Payment" clauses (AS 36.90.210) are included in the Agreement language. • All requirements and pertinent provisions of the Contract, including but not limited to; DBE provisions, and minimum wage rates, are included in the agreement. • Form 25D-55(A, H, or T as applicable) Required Contract Provisions for Federal Aid Construction Contracts, is inserted (shall not be incorporated by reference) in the Agreement • All Agreements with Subcontractors and with Lower Tier Subcontractors will be in continued compliance with all provisions of the Contract • The Contractor remains responsible for all quality control and proper performance of all requirements of the Contract. • The Contractor will continue to perform at least thirty percent (30%) of the Contract work with his own organization. • This Contractor Self Certification does not relieve the Contractor and his surety, or either the Contractor or surety from any liability or responsibility under the Contract. • The Contractor certifies firms or individuals debarred or suspended by the Department, FAA, FHWA, or FTA are not employed or subcontracted under this construction project. 	
Total Agreement Amount:	
Total Agreement Amount is _____% of the Total Contract Award Amount.	
Total cumulative subcontracts (including this Agreement) are _____% of the Total Contract Award Amount.	
Form 25D-042 (03/2017)	

Subcontractor or Lower Tier Subcontractor

Federal I.D. No. (if no Federal I.D. No., use owner SSN):
Business License Number:
Contractor's License Number:
Electrical/Mechanical Administrator's License Number (if applicable):
Surveyor's License Number (if applicable):
Phone Number:
Address:
City: State:
Estimated Starting Date:

Department's Request for Information – If the Department at any time makes written request for the Agreement, licenses, proof of insurance, or any other information relating to the certifications contained herein, the Contractor will deliver an executed copy of the Agreement and /or other requested information to the Department within five calendar days. If the Contractor fails to provide the requested information within five calendar days, or if the Contractor fails to include required language and conditions in the Agreement, the Department may suspend all work relating to the Agreement. The Contractor shall not be due any additional compensation or contract time if the Department suspends work due to the Contractor's failure to provide requested information or failure to include required language and conditions in the Agreement.

False Statement or Omission – If a false statement or omission is made in connection with this Contractor Self Certification the Contractor will be excluded from participating in the self-certification process for the remainder of this Contract and for the following construction season. Contractors excluded from the self-certification process will be required to submit all necessary information for the Department's approval of proposed Subcontractors or Lower Tier Subcontractors.

Any false statement or omission made in connection with this Contractor Self Certification may be cause for suspension, a determination of non-responsibility on future bids, and may be cause for revocation of award, default, or debarment. The person or entity making the false statement or omission is subject to any and all civil and criminal penalties available pursuant to applicable state and federal law.

I certify the above information and statements are true, correct, and complete.


Contractor:

By: _____ **Date:**

Title:

Form 25D-042 (03/2017)

17.14. Contractor Intent to Claim (Form 25D-18)

 <p>STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES CONTRACTOR INTENT TO CLAIM</p>	
1. Project Number	2. Project Name
3. Contractor	4. Address
5. State the act, failure to act, event, item, occurrence, plan error, specification ambiguity, condition, cause of delay, or suspension of work that caused the alleged change this intent to claim is based on:	
6. State the beginning date (and ending date, if applicable) of the alleged change described in Item 5:	
7. Check which of the following items are applicable. When stating the basis provide specific reference to relevant contract provisions and documents. Attach additional pages as necessary.	
<input type="checkbox"/> A. In the instance of significant changes in the character of the work, state the basis of changed work:	
<input type="checkbox"/> B. In the instance of extra work, state the basis that the work is extra:	
<input type="checkbox"/> C. In the instance of differing site conditions, state the basis that the site conditions are different:	
<input type="checkbox"/> D. In the instance of acceleration or delay of schedule performance or delivery, state the basis for the claim of acceleration or delay:	
<input type="checkbox"/> E. In the instance of increased or decreased quantities, state the basis for adjusting the unit price or fixed expenses not recovered:	
<input type="checkbox"/> F. In the instance of eliminated pay items or termination of contract, state the basis for the claim for additional payment:	
<input type="checkbox"/> G. Other circumstances not described above:	

8. Check the particular elements of contract performance for which the contractor is seeking additional compensation. Attached additional pages as necessary.

A. What pay items(s) have been or may be affected by the alleged change?

B. What labor or materials or both, have been or may be added, deleted, or wasted by the alleged change? What equipment has been idled, added or required for additional time?

C. Describe the disruption in the manner and sequence or performance of the work that has occurred or may be caused by the alleged change:

D. What is your estimate of adjustments in contract prices, contract time, delivery schedule or other provisions, affected by the alleged change? List current cost, daily costs, and estimated final amounts as applicable:

9. Amount of the intent to claim (choose one):

A. The final amount of this intent to claim is \$ _____ dollars and _____ additional time.

B. The alleged change described in Item 5 is ongoing and data is still being collected. Estimated costs and additional time are as detailed in 8(d).

10. Certification Statement:

Per AS 36.30.400, I hereby certify that to the best of my knowledge and belief, the data submitted is accurate, complete, and current and is the actual costs to the contractor or additional time for performing the additional work or supplying the additional materials.

Printed name of Contractor's Representative

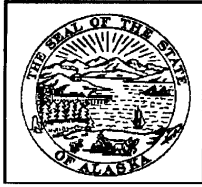
X

Signature of Contractor's Representative

Title

Date

17.15. Contractor's Release (Form 25D-117)



STATE OF ALASKA
 Department of:
Transportation and Public Facilities

Issue Date: _____

Project No.: _____

Contract No.: _____

Contractor's Release

<p>Project Name: _____ _____ _____</p> <p>Located at: _____ _____ _____</p>	<p align="center">Contract Compensation Summary</p> <p>Final Amount: _____ Less Liquidated Damages: _____ Total Final Sum: _____ Less previous payments OR Estimate(s), 1 through _____ Totaling: _____ Final Payment Due: _____</p>
---	--

Pursuant to the terms of the written contract dated _____, _____, for the construction of _____, Project Number(s) _____, and in consideration of the total final sum of _____ Dollars (_____) which has been or is to be paid under the said contract to (Contractor's Name)

located at _____ (hereinafter called the Contractor) or its assignees, if any, the Contractor, upon payment of the said sum by the STATE OF ALASKA, does remise, release and discharge the STATE OF ALASKA, its officers, agents and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from said contract, whether known or unknown and whether or not ascertainable at the time of the execution of this instrument except specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:

The Contractor agrees, in connection with the claims which are not released as set forth above, that (s)he will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification of the Contracting Officer and relating to the prosecution of claims.

IN WITNESS WHEREOF, this release has been executed this ____ day of _____, _____.

_____ Witness	_____ Contractor:
_____ Witness	By: _____ Title: _____

(NOTE: In the case of a corporation, witnesses are not required, but certificate on reverse side must be completed by a corporate officer other than the one who signs above.)

17.16. Daily Concrete Placement Report (Form 25D-207)

**DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES**

ITEM NO _____

DAILY CONCRETE PLACEMENT REPORT

PROJECT NO. _____ PROJECT NAME _____ DATE PLACED _____
 TYPE STRUCTURE OR BRIDGE NO. _____ POUR NO. _____
 PART STRUCTURE _____ DISTRICT _____
 COMPLETED PAY VOLUME _____ WEATHER _____
 AIR TEMPERATURE _____ WATER TEMPERATURE _____
 POUR TIME: START: _____ FINISH: _____ COMPLETED FINISHING _____
 DESIGN LAB. NO. _____ CLASS _____ CONCRETE AT _____ SACKS PER CUBIC YARD _____
 AGGREGATE QUALITY LAB NO.(S) _____ MAXIMUM SIZE AGGREGATE _____ TYPE/BRAND CEMENT _____
 MIX RATIO _____ AGGREGATE SOURCE _____

FIELD DATA AND CONTROL FOR A 1 YARD BATCH

	1	2	3	4	5	6	
DESIGN CEMENT WEIGHT							
DESIGN GRAVEL WEIGHT							
GRAVEL WEIGHT ADJUSTED							
DESIGN SAND WEIGHT							
SAND WEIGHT ADJUSTED							
WATER WEIGHT ADJUSTED							
TOTAL BATCH WEIGHT							
AMOUNT AEA							
BRAND AEA							
% SAND							SPECS
% AIR ENTRAINED							
SLUMP							
UNIT WEIGHT (FT ³)							NA
YIELD							NA
CEMENT FACTOR							
WATER/CEMENT GAL/SK							
TEST CYLINDER NOISE							NA
TEMPERATURE CONCRETE							

CONCRETE WASTED _____ CU.YD. EXPLAIN _____
 CONCRETE REJECTED _____ CU.YD. EXPLAIN _____
 CEMENT REJECTED _____ SACKS EXPLAIN _____

REMARKS: _____

SIGNATURE _____ PROJECT ENGINEER

25D-207



ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
CONSTRUCTION SECTION
DAILY FORCE ACCOUNT SUMMARY SHEET

17.17. Daily Force Account Summary Sheet (Form 25D-196)

Sheet 1 of 1

Date of Work: _____ Contractor _____
 Project No.: _____ Subcontractor _____
 Description: _____ Directive/Change Document No. _____

Name	Class	% of W.C. (1)	Hours		Rate Reg. (4)	Fr. Ben. (5)	Travel /Subs.	Labor Amounts			W.C. Amt. 2x4x1			
			Total (2)	O.T. (3)				2x4	2x5	3x4x.5				
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
								0.00	0.00	0.00	0.00			
Sub-Total										0.00 (6)	0.00 (7)	0.00 (8)	0.00 (9)	0.00 (10)

W.C. = Workmen's Compensation

EQUIPMENT RENTAL COSTS		
Type	Model	Rate Amt.
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
Total Equipment Rental Costs		0.00

Kind	Qty.	Price	Amount
Sub-Total			0.00
Plus 15%			0.00
Total Material Cost			0.00

SUMMARY OF COSTS		
Costs	Amount	
Costs Brought Forward	0.00	
Labor (Incl. Trav. or Subs.)	0.00	
Equipment	0.00	
Materials	0.00	
Amount per Specifications (for work by subcontractors)	0.00	
Total cost of Today's Work	0.00	
Total Cost to be Forwarded		0.00

COMPUTATIONS

6+7+8+9+10 = 0.00 (11)

[11-9] x 35% = 0.00 (12)

Total Labor (Including Travel or Subsistence) = 0.00 (11+12)

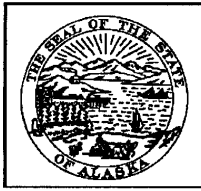
Prepared By _____ Date _____

Checked By _____ Date _____

Distribution: Original Project Engineer
 Copy Contractor

25D196 (6/06)

17.18. Daily Report for Time & Materials Work (Form 25D-195)



STATE OF ALASKA
 Department of:
Transportation and Public Facilities
**Daily Report – Labor, Equipment, and
 Materials for Time and Materials Work**

Change Order No.: _____
 Project No.: _____

 Contract No.: _____

Project Name: _____ Date of Work: _____
 Location and Description of Work: _____

LABOR				
Employee Name	Job Classification	Actual Work Performed	Hours	
			Regular	Overtime

EQUIPMENT				MATERIALS	
Description: Make, Model, Year Capacity/Size, Required Attachments	Hours			Description	Quantity
	Reg.	O.T.	Stdby		

NARRATIVE OF OPERATIONS:

Notes: 1. Invoices must accompany original report. 2. Indicate work done by subcontractors.

The undersigned hereby agree that the above is a true and correct statement of labor, equipment, and materials used this date in executing the work described.

_____ Date _____ Date _____

25D-195 Daily Report T & M Work; Page ___ of ___ Revised 4/97

17.19. Delegation of Authority Letter

MEMORANDUM

State of Alaska

Department of Transportation & Public Facilities

TO: N.T. Merrill
Project Engineer
Northern Region

DATE: May 21, 1991

FILE NO:
TELEPHONE NO: 451-2268

FAX NUMBER:
TEXT TELEPHONE:

FROM: David L. McCaleb, P.E.
Chief Construction Engineer
Northern Region

SUBJECT: RS-0644(15)/65342
Farmers Loop
Reconstruction – Summit
Drive to Steese Expressway

**DELEGATION OF
AUTHORITY**

This is notification of your assignment as Project Engineer on the subject project. You are delegated the authority and given full responsibility for the administration of the contract, together with all construction engineering, in accordance with the Plans, Specifications and the Special Provisions. Please note that this authority is delegated through James R. Weed, Construction Group Chief.

/pjs

cc: Construction Group Chief
Project Control
Personnel File

17.20. Delegation of Authority to Assistant

MEMORANDUM

State of Alaska

Department of Transportation & Public Facilities

TO: Dawn Marie Evans
Engineer I
Northern Region

DATE: May 24, 1991

FILE NO:
TELEPHONE NO: 451-5325
FAX NUMBER:
TEXT TELEPHONE:

FROM: N.T. Merrill
Project Engineer
Northern Region

SUBJECT: RS-0644(15)/65342
Farmers Loop
Reconstruction – Summit
Drive to Steese Expressway

**DELEGATION OF
AUTHORITY**

This notification of your assignment as Assistant Project Engineer on the subject project. In my absence you are delegated the authority and given full responsibility for the administration of the contract, together with all construction engineering, in accordance with the Plans, Specifications and the Special Provisions.

\pjs

cc: Construction Group Chief
Project Control
Personnel File

17.21. Directive (Form 25D-069)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
Select REGION

Directive

Project No.: _____

Directive No.: _____

Project Name: _____

Scope of this Directive
<input type="checkbox"/> Commencement of Work
<input type="checkbox"/> Suspension of Work
<input type="checkbox"/> Contract Non-Conformance
<input type="checkbox"/> Contract Clarification

Contractor: _____

Address: _____


Directive issued By: _____ Date: _____
Project Engineer:

Receipt Acknowledged By: _____ Date: _____
Contractor's Representative:

This Directive complements, and is used in accordance with the terms and provisions of the above referenced Contract, and shall not serve to authorize a change in Contractual responsibility. If the CONTRACTOR believes that any condition in this document may affect Contract Time, Price, or Requirement the CONTRACTOR shall immediately notify the DEPARTMENT of such condition. Contract Performance is required as follows:

DESCRIPTION (Use Continuation Sheet 25D-065 as Required)

17.22. DBE CUF Monitoring Report (Form 25A-298)

 <p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES CIVIL RIGHTS OFFICE COMMERCIALLY USEFUL FUNCTION (CUF) MONITORING REPORT</p>		
<p>Per 49 CFR 26.55, "A DBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved... A DBE does not perform a CUF if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of DBE participation..." This form is for the purposes of reviewing DBEs for compliance with the CUF requirements for credit.</p> <p>This form is to be used by DOT field staff to perform CUF reviews on DBE primes, subcontractors and DBE joint ventures. Perform a minimum of one review for each DBE on a federally-assisted project per construction season. The review should be conducted when the DBE first begins work. Monitor compliance through the course of the project.</p>		
1. PROJECT NAME		
2. AKSAS NUMBER	3. FEDERAL PROJECT NO.	
4. PRIME CONTRACTOR NAME		
5. DBE CONTRACTOR NAME		
6. DBE START DATE	7. NAME/TITLE OF DBE ON-SITE REPRESENTATIVE	
8. ON-SITE REPRESENTATIVE REPORTS TO:		
9. DBE IS PERFORMING AS		
<input type="checkbox"/> prime <input type="checkbox"/> subcontractor <input type="checkbox"/> joint-venture		
ON-SITE REPRESENTATIVE'S BRIEF DESCRIPTION OF THE DBE'S SCOPE OF WORK (Obtain copy of Subcontract and/or Purchase Order if needed):		
WHO PREPARES THE DBE'S CERTIFIED PAYROLL (NAME & LOCATION)		
PART I (based on interviewer's observation)		YES NO
The DBE is responsible for the following:		
1	Responsible for execution of all work?	
2	Is the DBE subcontracting any work?	
3	Actually performs, manages, and supervises work?	
4	Performs the work using own employees and own equipment	
5	Is DBE using leased or rented equipment (if yes, obtain a copy of the lease or rental agreement)	
6	Responsible for purchase & installation of materials and supplies	
PART II - DBE Trucking Firm		YES NO
Does the DBE own and operate at least one fully licensed, insured, and operational truck; using drivers employed by the DBE on the contract?		
If leasing trucks, Does the DBE lease trucks from another DBE?		
Does the DBE lease trucks from a non-DBE firm?		
Does the truck(s) leased display name and certification number of the DBE firm?		
SUBMIT COMPLETED FORM IMMEDIATELY TO THE REGIONAL CONTRACT COMPLIANCE LIAISON		

AKDOT&PF PROJECT STAFF/REVIEWER (signature)

AKDOT&PF PROJECT STAFF/REVIEWER (print)

DATE

17.23. DBE Contact Report (Form 25A-321A)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

CONTACT REPORT
Federal-Aid Contracts

Project Name and Number _____

Specific Work or Materials (by pay Item): _____

DBE Firm Contacted:

Name Address Phone Number

A. INITIAL CONTACT: (See important contact information on instruction sheet)

1. Date _____ Method: [] Phone [] Mail [] FAX [] Other
2. Person Contacted _____

Name Title

3. DBE's Response: Date: _____ Method: [] Phone [] Mail [] FAX [] Other
[] Submitted an acceptable sub-bid. (If sub-bid accepted, skip to Section D)
[] Not interested: Indicate Reason(s) _____
[] Needs more information: Date Prime provided requested information _____
[] Will provide quote by: Date _____
[] Received unacceptable sub-bid (complete Section C)

B. FOLLOW-UP CONTACT

1. Date _____ Method: [] Phone [] Mail [] FAX [] Other
2. Person Contacted _____

Name Title

3. DBE's Response: Date: _____ Method: [] Phone [] Mail [] FAX [] Other
[] Submitted an acceptable sub-bid. (If sub-bid accepted, skip to Section D)
[] Received unacceptable sub-bid (complete Section C)
[] Other result: _____

C. EXPLANATION OF FAILURE TO ACHIEVE AN ACCEPTABLE SUB-BID:

1. Were the following required efforts made?
a. [] Yes [] No Identified specific items of work, products, materials, etc. when asking for quote(s).
b. [] Yes [] No Offered assistance in acquiring necessary bonding & insurance.
c. [] Yes [] No Provided all appropriate information concerning the specific work items or materials.
2. Was the DBE's quote non-competitive (i.e., more than 10% higher than the accepted quote)? [] Yes [] No
3. Was the DBE unable to perform in some capacity? [] Yes [] No If "Yes", explain: _____

D. CERTIFICATION: I certify that the information provided above is accurate and that efforts to solicit sub-bids were made in good faith.

Signature of Company Representative Title Date

Name of DOT&PF Reviewer Title Date

INSTRUCTIONS

Project Name and Number: Enter project name and number as they appear on bid documents.

Work or Materials: Identify the specific work item or material that you requested this firm to furnish.

Firm Contacted: Enter name of firm as it appears in the current DOT&PF DBE directory.

Address: Enter address of firm contacted. **Phone Number:** Enter phone number of firm contacted.

A. INITIAL CONTACT (Must be made at least seven calendar days prior to bid opening.)

1. **Date and Method of Initial Contact:** Indicate the method and date that actual contact was made or the date correspondence was postmarked. Leaving a "please call me" message does not constitute a contact. Attach a copy of dated letter or fax.
2. **Name and Title of Person Contacted.** Enter name and title of company representative with whom you corresponded or discussed submitting a sub-bid.
3. **DBE's Response:** Indicate one or more of the responses listed. If a firm bid was received and accepted, skip to section D.

B. FOLLOW-UP CONTACT

If no response or an inconclusive response was received from the initial contact, a follow-up contact is required to determine for a certainty that the firm does not intend to submit a sub-bid or to conclude discussions with a sub-bid submittal.

1. **Date and Method of Follow-up Contact:** Indicate the method and date that actual contact was made or the date correspondence was postmarked. Leaving a "please call me" message does not constitute a contact. Attach a copy of dated letter or fax.
2. **Name and Title of Person Contacted.** Enter name and title of company representative with whom you corresponded or discussed submitting a sub-bid.
3. **DBE's Response:** Indicate one or more of the responses listed. If a firm bid was received and accepted, skip to section D.

C. EXPLANATION OF FAILURE TO ACHIEVE AN ACCEPTABLE SUB-BID

1. A NO response to items 1a., b., or c. will result in rejection of this contact. Be specific on results of discussions.
2. A YES answer to item 2. is grounds for rejecting a DBE sub-bid.
3. A YES answer to item 3. is grounds for rejecting a DBE sub-bid, only if the inability to perform is in an area of work specifically identified as a sub-item under the applicable bid item.

D. CERTIFICATION

This certification of accuracy and good faith by the Contractor will be verified by contact with the listed firm. Falsification of information on the DBE Contact Report is grounds for debarment action under AS 36.30.640(4).

17.24. DBE Monthly Summary of DBE Participation (Form 25A-336)



**MONTHLY SUMMARY OF DISADVANTAGED BUSINESS
ENTERPRISE PARTICIPATION**
Federal-Aid Contracts

State of Alaska DOT & PF Civil Rights Office • 2200 E 42nd Ave. • Anchorage, AK 99519-6900

FOR PAYMENTS MADE IN:	
MONTH	YEAR

Please read instructions before completing this form.

Submit this form to the CRO by the 15th of the month following the reporting month. (i.e.: Work performed in January will be paid in February; the summary report for January must be submitted to the CRO by March 15).

1. PROJECT NAME	Project Number
4. PRIME CONTRACTOR NAME	

The undersigned affirms that the information that they are providing to the Alaska Department of Transportation and Public Facilities, Civil Rights Office is accurate and complete to the best of their knowledge. Further, the undersigned authorizes the Alaska Department of Transportation and Public Facilities, Civil Rights Office to verify the accuracy of the information provided. Please note that the Alaska Department of Transportation and Public Facilities, Civil Rights Office, is required to report to the Department of Transportation any false, fraudulent, or dishonest conduct in connection with the program, so that DOT can take steps (e.g. referral to the Department of Justice for criminal prosecution, referral to the DOT Inspector General, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in §26.109. The Alaska Department of Transportation and Public Facilities, Civil Rights Office, will consider similar action under our own legal authorities, including responsibility determinations in future contracts.

10. NAME OF PERSON PREPARING REPORT	11. TITLE	12. SIGNATURE	13. DATE
--	------------------	----------------------	-----------------

SUBCONTRACTORS

14. FIRM (DBE) NAME	15. BID ITEMS PAID (LIST SEPARATELY)	16. AGREED PRICE	17. AMOUNT PAID THIS PERIOD	18. AMOUNT PAID TO DATE	19. % OF WORK COMPLETED TO DATE	20. FINAL PAYMENT	
						YES	NO
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion.

Are additional pages attached? YES NO

10. NAME OF PERSON PREPARING REPORT	11. TITLE	12. SIGNATURE	13. DATE (mm/dd/yyyy)
--	------------------	----------------------	------------------------------

MANUFACTURERS (100 % DBE Credit)						
21. FIRM (DBE MANUFACTURER) NAME	22. PRODUCT MANUFACTURED	23. AMOUNT PAID THIS PERIOD	24. AMOUNT PAID TO DATE	20. FINAL PAYMENT		
				YES	NO	
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	

BROKERS (5% DBE Credit for brokerage fee)						
25. FIRM (DBE BROKER) NAME	26. PRODUCT/SERVICE	27. DBE BROKERAGE FEE	28. AMOUNT PAID THIS PERIOD	29. AMOUNT PAID TO DATE	20. FINAL PAYMENT	
					YES	NO
1		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
2		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
3		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
4		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
5		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
6		\$ -			<input type="checkbox"/>	<input type="checkbox"/>

REGULAR DEALERS (60% DBE Credit)						
30. FIRM (DBE REGULAR DEALER) NAME	31. MATERIALS SUPPLIED	32. AMOUNT PAID THIS PERIOD	33. AMOUNT PAID THIS PERIOD (60%)	34. AMOUNT PAID TO DATE	20. FINAL PAYMENT	
					YES	NO
1		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
2		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
3		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
4		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
5		\$ -			<input type="checkbox"/>	<input type="checkbox"/>
6		\$ -			<input type="checkbox"/>	<input type="checkbox"/>

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion.
Are additional pages attached? YES NO

17.25. Earthwork & Mass Quantity Computation Sheets (Form 25D-40A)

Calculated by:		Date		STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES EARTHWORK AND MASS QUANTITY COMPUTATION SHEET <small>(Use reverse side for any remarks, referring to appropriate line number.)</small>										Job				
Checked by:		Date												Sheet _____ of _____ Sheets				
STATION	END AREA	SUM	LGT.	CUBIC YARDS	+	-	%	CUT	+	-	%	END AREA	SUM	LGT.	CUBIC YARDS	ALGEBRAIC DIFFERENCE	ORDINATE	
																		%
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		
16.																		
17.																		
18.																		
19.																		
20.																		
21.																		
22.																		
23.																		
24.																		
25.																		
26.																		
27.																		
28.																		
29.																		
30.																		
TOTALS																		
Computed																		
Checked																		

25D-40-A Rev. 12/78 (formerly DH-40-A)

MORSE BUSINESS FORMS, INC. LA

17.26. Encumbrance Memo



**STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES**

ENCUMBRANCE MEMO

TO: FINANCE

DATE:

FROM:

RE: PROJECT NAME:

PROJECT/AGREEMENT NO.:

CONTRACTOR/CONSULTANT:

CHANGE ORDER/AMEND. NO.:

DATED:

Encumber the attached:

- | | | |
|---|--|--|
| <input type="checkbox"/> Contract | <input type="checkbox"/> Agreement | <input type="checkbox"/> Letter of Authority |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Amendment | <input type="checkbox"/> Final Payment |
| <input type="checkbox"/> Extra Work Order | <input type="checkbox"/> Quantity Adjustment | |

Comments:

ENCUMBRANCE TRANSACTIONS REQUIRED				
Amount	Collocode	Program	Ledger Code	Account
TOTAL (Must agree with amount of document attached.)				

Approved by: _____ Date: _____

17.27. EEO Monthly Employment Utilization Report (25A-303)



EEO Monthly Employment Utilization Report

STATE OF ALASKA DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES
CIVIL RIGHTS OFFICE

DOT&PF

Name and Location of Contractor		Reporting Period																	
State/Federal #																			
Project Name																			
Construction Trade	Classification	Total Work Hours of Employment												Total Number of Employees		Total Number of Minority Employees			
		AM	AF	CM	CF	BM	BF	FM	HF	AM	AF	IM	IF	Male	Female	Minority	% Minority	% Female	
	Journey Worker																		
	Apprentice																		
	Trainee																		
	Sub-Total																		
Machinist	Journey Worker																		
	Apprentice																		
	Trainee																		
	Sub-Total																		
Welder	Journey Worker																		
	Apprentice																		
	Trainee																		
	Sub-Total																		
Painter	Journey Worker																		
	Apprentice																		
	Trainee																		
	Sub-Total																		
Mechanic	Journey Worker																		
	Apprentice																		
	Trainee																		
	Sub-Total																		
	Total hours worked																		
	Total %																		
Company Official's Signature and Title		Date												#DIV/0!		#DIV/0!			

Legend:
 A Asian or Pacific Islander
 B Black
 C Caucasian
 M Male
 F Female
 H Hispanic
 I American Indian / Alaskan Native

17.28. FHWA Contractors Annual EEO Report (Form PR-1391)

FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT																								
1. MARK APPROPRIATE BLOCK - Contractor		2. COMPANY NAME, CITY, STATE:				3. PROJECT NUMBER:				4. DOLLAR AMOUNT OF CONTRACT:				5. PROJECT LOCATION: (County and State)										
- Subcontractor		This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March, 2013.																						
6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 20__ (INSERT YEAR)																								
JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL/ ETHNIC MINORITY			BLACK OF AFRICAN AMERICAN		HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPRENTICES		ON THE JOB TRAINEES		
	M	F	M	F	0	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
OFFICIALS	0	0	0	0	0																			
SUPERVISORS	0	0	0	0	0																			
FOREMEN/WOMEN	0	0	0	0	0																			
CLERICAL	0	0	0	0	0																			
EQUIPMENT OPERATORS	0	0	0	0	0																			
MECHANICS	0	0	0	0	0																			
TRUCK DRIVERS	0	0	0	0	0																			
IRONWORKERS	0	0	0	0	0																			
CARPENTERS	0	0	0	0	0																			
CEMENT MASONS	0	0	0	0	0																			
ELECTRICIANS	0	0	0	0	0																			
PIPEFITTER/PLUMBERS	0	0	0	0	0																			
PAINTERS	0	0	0	0	0																			
LABORERS-SEMI-SKILLED	0	0	0	0	0																			
LABORERS-UNSKILLED	0	0	0	0	0																			
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE C (Table B data by racial status)																								
APPRENTICES	0	0	0	0	0																			
OUT TRAINEES	0	0	0	0	0																			
8. PREPARED BY: (Signature and Title of Contractor Representative)		9. DATE				10. REVIEWED BY: (Signature and Title of State Highway Official)				11. DATE														

Form FHWA-1391 (Rev. 06-10) PREVIOUS EDITIONS ARE OBSOLETE

17.29. Estimate of Cost (Form 25D-049)



STATE OF ALASKA
 DEPARTMENT OF TRANSPORTATION
 AND PUBLIC FACILITIES
 Select REGION

Estimate of Cost

Project Number: _____ Estimate Number: _____

Project Name: _____

Item No.	Item	Unit	Unit Price	Quantity	Amount

Prepared by: _____ Date: _____
 Checked by: _____ Date: _____

17.30. “Estimate.xls” Instructions

INSTRUCTIONS FOR USING “ESTIMATE.XLS”

1. Estimate.xls is an Excel spreadsheet for reporting the bi-monthly estimate. It consists of four sheets in an Excel workbook: “Original” which is the list of original bid items of your project; “New Items” which is the list of new items you add by Change Order, etc.; “Stockpile” which is the list of any stockpiled items you have and “Recap” which is the Recapitulation sheet.
 - a) There is room for about 70 bid items, including engineering items in “Original”. If your project has fewer than 70 original bid items, delete the unnecessary rows. If more than 70, you will have to insert rows and copy down the cells that contain zeros (there are formulas in some of these cells).
 - i) Note that the Engineering items are already in place at the end of the Original sheet. This allows automatic calculation of Engineering costs for the recap sheet. These items will be out of numeric order if you have electrical items or striping or any bid item with a number greater than 644. However, I checked with QA and there is no problem with this.
 - b) “New Items” and “Stockpile” sheets are essentially identical in form to “Original”. Delete unnecessary rows as appropriate.
 - c) “Recap” sheet calculates automatically.
 - d) Small projects usually can fit on 4 pages. Larger projects require more pages, depending on number of bid items, number of new items, etc.
2. If you have a large project, e.g., one that takes 6 or more pages, you will probably need a printer with 3 or more megs of memory. Small projects that fit on 4 pages will print out on printers with only 1 meg of memory..
3. Primarily for ease of setting up the spreadsheet, there are no page totals for Original bid items, New Items, and Stockpiled items. Amounts are totaled at the end of each of these sections.
4. When you retrieve Estimate, you will see grey shaded areas and blue shaded areas in the Original, New Items and Stockpile sheets. There are also grey shaded areas in the Recap sheet.
 - a) Customize Estimate for your project by filling in the grey shaded areas. Obviously, at the start of the project, you won’t have any

New Items or Stockpiled items, so the grey shaded area on those sheets can't be filled out.

- b) At this time, you will need to format the "quantity" cells for each bid item using the appropriate decimal precision required by the Construction Manual. All "amount" cells are formatted for 2 decimal places.
5. Once you have customized your Estimate, save it in another directory.
 6. When you wish to generate a bi-monthly estimate, retrieve the customized Estimate.
 - a) Begin with the Original sheet. You will notice two buttons at the top left corner on Original. Select the Enter button. This activates a macro which copies the values from the Total columns to the Previous columns and clears out the current column (This Estimate).
 - b) **You must use the "Enter" button before entering data in all three sheets; Original, New Items, and Stockpile. Also, use the "Enter" button only once for each sheet for each time you generate an estimate.**
 - c) Next, enter the estimate number and "from and to" dates in the blue shaded cells. Go down to row 9 and begin entering only the quantities for the current estimate period in the blue shaded cells. *Hint:* you might want to freeze panes from the Windows menu selection. If you place the cursor in cell E9, the bid items, units and unit prices will always be visible.
 - d) Go through the same procedure, as appropriate, for the New Items and Stockpiled items sheets..
 7. Once you have entered all the current quantities, you are ready to print the report. All calculations are automatic and you shouldn't have to do anything else. For your peace of mind, you can click on the recap sheet to view the totals.
 8. Select the "Print" button located in the upper left corner of the Original sheet. This activates a macro that prints out all pages of the estimate using pagination in the form of "Page 1 of x", etc. The print macro will print out all four sheets regardless if there is anything in them or not. If you want to print out individual sections, you will have to do so manually, highlighting the print range for each sheet. By doing this, you will probably destroy the pagination continuity. If this becomes a problem, go to the

Page Setup selection and under the Header/Footer menu, select the type of pagination (or none) you desire.

9. In many respects, Excel treats each sheet as a separate file. That is, just because you do something to one sheet, doesn't mean it will translate to the other sheets.
10. After you print the Estimate, save the updated file. You can either save it as Estimate.xls, using the same file and continually update it throughout the life of the project, or you can save it, for example, as Est1.xls; Est2.xls, etc. and have a series of files, one for each estimate.

17.31. Explanation of Overruns, Underruns, and Change Documents

Juneau-Glacier Hwy Overlay & Egan Drive Accel/Decel Lane Resurfacing Project No. NH-0005(314), AKSAS No. 67819, 67827

EXPLANATION OF OVERRUNS, UNDERRUNS AND CHANGE DOCUMENTS

Project No. 67819

Item 202(2) Pavement Removal Square Yard

Plan: 7600 \$30,400.00 Final: 133.5 \$534.00 Underrun: 98.2% -\$29,866.00

Scope of the project changed half way through completion so that the emphasis was placed on repairing failed areas on Egan Drive. When this change occurred, the contractor had just begun his work on the accel/decel lanes, so there wasn't much pavement removed (pavement was to be removed only on outside edge of shoulders).

Item 301(1) Aggregate Base Course Ton

Plan: 100 \$2500.00 Final: 0.00 \$0.00 Underrun: 100% -\$2,500

This item was to be used for replacement of D-1 under the pavement removal areas. The contractor did not need to replace the existing D-1

Item 401(1A) Asphalt Concrete Pavement, Type II Class A Ton

Plan: 4500 \$220,500.00 Final: 3324.26 \$162,888.74 Underrun: 26.1% -\$57,611.26

When the scope of the project changed, the contractor requested and received new unit prices for this item. Therefore we underran this original bid item.

Item 401(1B) Asphalt Concrete Pavement, Type III, Class A Ton

Plan: 625 \$30,625.00 Final: 0.0 \$0.00 Underrun: 100% -\$30,625.00

This item was for pre-leveling the overlay of Glacier Hwy. The pre-level was eliminated by grinding the asphalt.

Item 401(9) Pavement Patching Square Yard

Plan: 300 \$7,500.00 Final: 138.46 \$3,461.50 Underrun: 53.6% -\$4,038.50

Needed less patching than design had estimated.

Explanation of Overruns, Underruns and Change Documents

Item 402(1) CSS-1 Asphalt for Tack Coat Ton

Plan: 17.00 \$8,500.00 Final: 10.35 \$5,175.00 Underrun: 39.1% -\$3,325.00

There was less paving done under this contract after the scope of the project changed, hence less tack was needed.

Item 408(1) Pavement Cold Planing Square Yard

Plan: 19000 \$76,000.00 Final: 10068.45 \$40,273.80 Underrun: 47% -\$35,726.20

The change in the scope of the project meant fewer accel/decel lanes were cold planed and repaved.

Item 408(2) Pavement Grinding Square Yard

Plan: 250 \$2,500.00 Final: 0.00 \$0.00 Underrun: 100% -\$2,500.00

This item was for grinding existing driveways and approaches for matching with the overlays. The contractor did not have to utilize this item because the overlays matched in well without additional grinding.

Item 639(2) Commercial Driveway Each

Plan: 15 \$7,500.00 Final: 2 \$1,000.00 Underrun: 86.7% -\$6,500.00

Only two driveways needed reconstructing.

Item 643(4) Construction Signs Per Day

Plan: 1,000 \$4,000 Final: 613 \$2,452.00 Underrun: 38.7% -\$1,548.00

Design staff could only estimate a quantity for this item. The contractor ended up using fewer signs than estimated.

Item 643(5) Type II Barricades Each/Day

Plan: 250 \$500.00 Final: 0 \$0.00 Underrun: 100% -\$500.00

Contractor did not use Type II barricades.

Item 643(6) Type III Barricades Each/Day

Plan: 500 \$1,000.00 Final: 12 \$36.00 Underrun: 97.6% -\$964.00

Contractor used fewer Type III barricades than Design estimated.

Explanation of Overruns, Underruns and Change Documents

Item 643(7) Cones Each/Day

Plan: 4000 \$2,000.00 **Final:** 2648 \$1,324.00 **Underrun:** 33.8% -\$676.00

Contractor used fewer cones than Design estimated.

Item 643(9) Drum Each/Day

Plan: 500 \$1,000.00 **Final:** 126 \$252.00 **Underrun:** 74.8% -\$748.00

Contractor used fewer drums than Design estimated.

Item 643(10) Sequential Arrow Board Day

Plan: 60 \$6,000.00 **Final:** 13 \$1,300.00 **Underrun:** 78.3% -\$4,700.00

Contractor did not need an arrow board as often as Design had estimated.

Item 643(15) Flagging Hour

Plan: 500 \$20,000.00 **Final:** 247 \$9,880.00 **Underrun:** 50.6% -\$10,120.00

Contractor need less flagging than Design estimated.

Item 670(8) Recessed Pavement Markers Each

Plan: 200 \$7,000.00 **Final:** 96 \$3,360.00 **Underrun:** 52% -\$3,640.00

The majority of the Recessed Markers were installed under the Egan Drive Paving project.

Project #67827

Item 203(6) Borrow, Type A Ton

Plan: 450 \$4,500.00 **Final:** 294 \$2,940.00 **Underrun:** 34.7% -\$1,560.00

Less Borrow was needed than was estimated by Design.

Item 309(1) Recycled Pavement Square Yard

Plan: 708 \$3,540.00 **Final:** 1901.5 \$9,507.50 **Overrun:** 168.6% +\$5,967.50

Design quantity in error.

Explanation of Overruns, Underruns and Change Documents

Item 643(4) Construction Sign Each/Day

Plan: 150 \$600.00 **Final:** 42 \$168.00 **Underrun:** 72% **-\$432.00**

Contractor used fewer signs than Design estimated.

Item 643(5) Type II Barricades Each/Day

Plan: 150 \$300.00 **Final:** 0 \$0.00 **Underrun:** 100% **-\$300.00**

Contractor did not use Type II barricades.

Item 643(6) Type III Barricades Each/Day

Plan: 200 \$600.00 **Final:** 14 \$42.00 **Underrun:** 93% **-\$558.00**

Contractor used fewer Type III barricades than Design estimated.

Item 643(7) Traffic Cone Each/Day

Plan: 1000 \$500.00 **Final:** 49 \$24.50 **Underrun:** 95.1% **-\$475.50**

Contractor used fewer cones than Design estimated.

Item 543(15) Flagging Hour

Plan: 75 \$3,000.00 **Final:** 0 \$0.00 **Underrun:** 100% **-\$3,000.00**

Contractor did not need flagging for this project.

Explanation of Overruns, Underruns and Change Documents

Juneau-Glacier Hwy Overlay & Egan Drive Accel/Decel Lane Resurfacing

Project No. NH-0005(314), AKSAS No. 67819, 67827

EXPLANATION OF CHANGE DOCUMENTS

Document Date Description/Purpose

Directives

A	8/11/99	This directive was issued to initiate the installation of new driveway culverts.
B	5/10/00	This directive was issued to initiate the repair of failed asphalt areas on Egan Dr.
C	5/16/00	This directive was issued to direct the contractor to furnish "Double Traffic Fines" signs.

Change Orders	Date	Description/Purpose	Time Days	Change Amount
1	11/15/99	This change order established new items 603(21) 18" Corrugated Polyethylene Pipe, and 408(1A) Pavement Cold Planing. It also deleted Asphalt Concrete Pavement Type III.	0	+\$7,717.63
2	3/28/01	This change order established new items 401(c) Asphalt Concrete Pavement Type II, 401(2A) Pavement Removal, 401(9A) Pavement Patching, and 643(2A) Traffic Maintenance.	286	+\$63,294.65
Total of all changes:			286	\$71,012.28

17.32. FAA Construction Project Closeout Checklist

PROJECT FINAL CLOSEOUT CHECKLIST

Aviation Projects

PROJECT NO.:

PROJECT NAME:

FINAL ESTIMATE ASSEMBLY

- Certification of Final Estimate (Form 25D-116).
- Contractor's Release (Form 25D-117).
- Final Estimate (Form 25D-25)
- Project Materials Certificate from Materials Section.* DATE: _____
- Contractor required "As-Built" plans (i.e., electrical, etc.)
- Department of Labor Tax Clearance. DATE: _____
- Department of Revenue Tax Clearance. DATE: _____
- Department of Labor Notice of Completion (NOC) DATE: _____

FINAL CONSTRUCTION REPORT

- Final Estimate Assembly (see above).**
- Final Construction Report Summary.*
- Final Acceptance Letter.*
- FAA Sponsor Certification.*
- Airport Master Record (FAA Form 5010).*
- As-Built Plans.
- Project History.*
- Reports (as required): Report on Design Recommendations (required)
Report on Claims (if a claim was submitted)

- Explanation of Overruns, Underruns and Change Documents. List only contract major bid items whose final quantity varied more than 25% from the estimated quantity and an explanation of all change document items.
- Proof of Construction for Right-of-Way (Form 25D-173) -- Completed only if the right-of-way involves public land.
- Proof of Use for Material Sources (Form 25D-174) with Material Site Record -- Completed only if sites are State furnished or controlled.

***Needed for Final Grant Closeout only.**

REV 4/14/17

17.33. FAA Project Closeout Requirements

1. Summary of Project Closeout Requirements

The following is a summary of the general requirements for construction or equipment AIP project closeout packages, a checklist can be found in Section 17.34:

- a) Final payment request SF-271, except for letter of credit grants.
- b) Final payment summary worksheet for all projects. Summarize administration, planning, engineering, force account, construction, force account construction, land, and equipment costs, as applicable (see Appendix 5-C of the FAA Alaskan Region Airports Division's Airport Sponsors Guide)
- c) Summary of DBE utilization including names of DBE firms used, contract amounts, and percent attained.
- d) List of all Grant Special Conditions and actions taken to comply with each special condition.
- e) Amendment letter justifying a request for grant increase if allowable costs exceed the grant amount. (planning grants may not be amended).
- f) Final project report for planning, construction, land, or equipment (see items 2., 3., 4., and 5. below).
- g) Required Sponsor Certifications, unless previously submitted (see Appendix 2-A of the Alaska Airport Sponsor Guide).
- h) Although not submitted as part of the Project Closeout Report an annual audit is required under the Single Audit Act. Accounts and records must be kept in accordance with an accounting system that will facilitate an effective audit in accordance with the Single Audit Act. See Grant Assurances 13 and 25 for record keeping and audit requirements.

2. Final Construction Report

The following documentation, in addition to the applicable items in Section 1 above, must be submitted to closeout an AIP grant including construction.

- a) Project History, including:
 - 1) Work items constructed.
 - 2) Work bid, but not constructed with reasons for deletion.
 - 3) Table showing as a minimum the following dates: contract award, notice to proceed, scheduled and actual completion for each contract, final inspection and final acceptance. Approved time extensions should also be listed and explained if applicable.
 - 4) A brief narrative on construction activities, problem areas, unusual conditions, unique features, and actions taken to address any environmental mitigation measures.
 - 5) List of prime contractor and all subcontractors.
 - 6) Explanation of any labor problems if applicable.
 - 7) Explanation of any liquidated damages assessed.
 - 8) Copy of bid tabulation including engineering estimate, unless previously submitted.
- b) Administrative. See AC 150/5100-10B for definition of administrative items.
- c) Engineering Design and Construction Management
 - 1) Contract date, amount, and FAA approval date for consultant engineering design and construction management contracts and any amendments.
 - 2) Approved amount and FAA approval date for the use of force account design and construction management force account services.
- d) Construction
 - 1) Summary of all change orders and supplemental agreements. Include costs, change order dates, and FAA approval dates (if applicable).

- 2) Summary of final quantities. Include design quantities and justification if final quantities significantly vary from design.
 - 3) Final inspection report. Include a list of any punch list items and schedule of corrective actions giving method, responsible party, and date of correction.
 - 4) Copy of contractor's statement that no further payment is due and that all subcontractors and material suppliers have been paid in full.
 - 5) One copy of the as-constructed plans on cd-rom.
 - 6) Materials Certification and if required, a Memorandum of Exceptions
 - 7) FAA approval date for the use of construction force account construction (if applicable for equipment and operators).
 - 8) Summary of the force account construction work performed, if applicable. Include the type of work, and hours and costs for labor and equipment.
- e) One signed copy of the revised Exhibit "A" Property Map, if applicable.
 - f) FAA approval date for revised ALP resulting from the as constructed project.
 - g) Date that the Airport Master Record (FAA form 5010) and sketch were updated.
 - h) FAA approval date for the updated Sign Plan (for Part 139 certificated airports) resulting from the as-constructed project, if applicable.

3. Final Equipment Closeout Report

The following documentation, in addition to the applicable items in paragraph I. above, must be submitted to closeout an AIP grant including equipment:

- a) Summary of amounts and FAA approval date for all contracts and change orders.
- b) Table showing as a minimum the following dates: contract award, notice to proceed, scheduled and actual delivery, final inspection and final acceptance.
- c) Summary of the acceptance test results.
- d) Inventory of Non-Expendable Personal Property (see Appendix 5-F of the FAA Alaskan Region Airports Division's Airport Sponsors Guide).

17.34. FAA Sponsor Certification for Construction Project Final Acceptance

Construction Project Final Acceptance Airport Improvement Program Sponsor Certification

Sponsor:

Airport:

Project Number:

Description of Work:

Application

49 USC § 47105(d), authorizes the Secretary to require certification from the sponsor that it will comply with the statutory and administrative requirements in carrying out a project under the Airport Improvement Program. General standards for final acceptance and close out of federally funded construction projects are in 2 CFR § 200.343 - Closeout. The sponsor shall determine that project costs are accurate and proper in accordance with specific requirements of the grant agreement and contract documents.

Certification Statements

Except for the certification statement below marked as not applicable (N/A), this list includes major requirements for this aspect of project implementation. This list is not comprehensive nor does it relieve the sponsor from fully complying with all applicable statutory and administrative standards.

1. The personnel engaged in project administration, engineering supervision, construction inspection and testing were or will be determined to be qualified as well as competent to perform the work.
 Yes No N/A

2. Daily construction records were or will be kept by the resident engineer/construction inspector as follows:
 - a. Work in progress
 - b. Quality and quantity of materials delivered
 - c. Test locations and results
 - d. Instructions provided the contractor
 - e. Weather conditions
 - f. Equipment use
 - g. Labor requirements
 - h. Safety problems
 - i. Changes required Yes No N/A

Construction Project Final Acceptance – April 2015

3. Weekly payroll records and statements of compliance were or will be submitted by the prime contractor and reviewed by the sponsor for conformance with federal labor and civil rights requirements as required by FAA and U.S. Department of Labor.
 Yes No N/A
4. Complaints regarding the mandated federal provisions set forth in the contract documents have been or will be submitted to the Federal Aviation Administration (FAA).
 Yes No N/A
5. All tests specified in the plans and specifications were or will be performed and the test results documented as well as made available to the FAA.
 Yes No N/A
6. For any test results outside of allowable tolerances, appropriate corrective actions were or will be taken.
 Yes No N/A
7. Payments to the contractor were or will be made in compliance with contract provisions as follows:
 - a. Payments are verified by the sponsor's internal audit of contract records kept by the resident engineer, and
 - b. If appropriate, pay reduction factors required by the specifications are applied in computing final payments and a summary of pay reductions made available to the FAA. Yes No N/A
8. The project was or will be accomplished without significant deviations, changes, or modifications from the approved plans and specifications, except where approval is obtained from the FAA.
 Yes No N/A
9. A final project inspection was or will be conducted with representatives of the sponsor and the contractor, and project files contain documentation of the final inspection.
 Yes No N/A
10. Work in the grant agreement was or will be physically completed and corrective actions required as a result of the final inspection are completed to the satisfaction of the sponsor.
 Yes No N/A
11. If applicable, the as-built plans, an equipment inventory, and a revised airport layout plan have been or will be submitted to the FAA.
 Yes No N/A
12. Applicable close out financial reports have been or will be submitted to the FAA.
 Yes No N/A

Construction Project Final Acceptance – April 2015

13. The construction of all buildings have complied or will comply with the seismic construction requirements of 49 CFR § 41.120.

Yes No N/A

Additional documentation for any above item marked "no":

Sponsor's Certification

I certify, for the project identified herein, responses to the forgoing items are accurate as marked and additional documentation for any item marked "no" is correct and complete.

I declare under penalty of perjury that the foregoing is true and correct. I understand that knowingly and willfully providing false information to the federal government is a violation of 18 USC § 1001 (False Statements) and could subject me to fines, imprisonment, or both.

Executed on this _____ day of _____, _____.

Name of Sponsor:

Name of Sponsor's Designated Official Representative:

Title of Sponsor's Designated Official Representative:

Signature of Sponsor's Designated Official Representative: _____

17.35. FAA Sponsor Certification for Equipment/Construction Contracts

Equipment and Construction Contracts Airport Improvement Sponsor Certification

Sponsor:

Airport:

Project Number:

Description of Work:

Application

49 USC § 47105(d) authorizes the Secretary to require certification from the sponsor that it will comply with the statutory and administrative requirements in carrying out a project under the Airport Improvement Program (AIP). General procurement standards for equipment and construction contracts within Federal grant programs are described in 2 CFR §§ 200.317-200.326. Labor and Civil Rights Standards applicable to the AIP are established by the Department of Labor (www.dol.gov) AIP Grant Assurance C.1—General Federal Requirements identifies all applicable Federal Laws, regulations, executive orders, policies, guidelines and requirements for assistance under the AIP. Sponsors may use state and local procedures provided procurements conform to these federal standards.

This certification applies to all equipment projects. Equipment projects may or may not employ laborers and mechanics that qualify the project as a “covered contract” under requirements established by the Department of Labor requirements. Sponsor shall provide appropriate responses to the certification statements that reflect the character of the project.

Certification Statements

Except for the certification statement below marked as not applicable (N/A), this list includes major requirements for this aspect of project implementation. This list is not comprehensive nor does it relieve the sponsor from fully complying with all applicable statutory and administrative standards.

1. A written code or standard of conduct conforming to 2 CFR § 200.319 is or will be in effect governing the performance of the sponsor’s officers, employees, or agents in soliciting, awarding and administering procurement contracts.
 Yes No N/A
2. For all contacts, qualified and competent personnel are or will be engaged to perform contract administration, engineering supervision, construction inspection, and testing in accordance with grant assurance C.17.
 Yes No N/A
3. Sponsors that have or are required to have a Disadvantage Business Enterprise (DBE) program on file with the FAA have included or will include clauses required from Title VI of the Civil Rights Act and 49 CFR 23 and 49 CFR 26 for Disadvantaged Business Enterprises in all contracts and subcontracts
 Yes No N/A

Equipment and Construction Contracts – April 2015

9. All construction and equipment installation contracts exceeding \$3,000 contain or will contain a contract provision that discourages distracted driving

Yes No N/A

10. All contracts exceeding \$10,000 contain or will contain the following provisions as applicable:

- a. Construction and equipment installation projects - Applicable clauses from 41 CFR Part 60 for compliance with Executive Orders 11246 and 11375 on Equal Employment Opportunity.
- b. Construction and equipment installation - Contract Clause prohibiting segregated facilities in accordance with 41 CFR part 60-1.8
- c. All Contracts - Requirement to maximize use of products containing recovered materials in accordance with 2 CFR § 200.322 and 40 CFR part 247.
- d. All Contracts - Provisions that address termination for cause and termination for convenience

Yes No N/A

11. All contracts exceeding \$25,000, an appropriate check of the System for Award Management has been or will be made to assure that contracts or subcontracts are not awarded to those individuals or firms suspended, debarred, or excluded from participating in this federally assisted project

Yes No N/A

12. Contracts exceeding the simplified acquisition threshold (currently \$150,000) include or will include provisions, as applicable, that address the following:

- a. Construction and equipment installation contracts - a bid guarantee of 5%, a performance bond of 100%, and a payment bond of 100%
- b. Construction and equipment installation contracts - requirements of the Contract Work Hours and Safety Standards Act 40 USC 3701-3708), Sections 103 and 107
- c. All contracts, Restrictions on Lobbying and Influencing (2 CFR part 200, Appendix II(J))
- d. All contracts - Conditions specifying administrative, contractual and legal remedies for instances where contractor or vendor violate or breach the terms and conditions of the contract
- e. All Contracts - Applicable standards and requirements issued under Section 306 of the Clean Air Act (42 USC 7401-7671q), Section 508 of the Clean Water Act (33 USC 1251-1387, and Executive Order 11738

Yes No N/A

9. All construction and equipment installation contracts exceeding \$3,000 contain or will contain a contract provision that discourages distracted driving
- Yes No N/A
10. All contracts exceeding \$10,000 contain or will contain the following provisions as applicable:
- a. Construction and equipment installation projects - Applicable clauses from 41 CFR Part 60 for compliance with Executive Orders 11246 and 11375 on Equal Employment Opportunity.
 - b. Construction and equipment installation - Contract Clause prohibiting segregated facilities in accordance with 41 CFR part 60-1.8
 - c. All Contracts - Requirement to maximize use of products containing recovered materials in accordance with 2 CFR § 200.322 and 40 CFR part 247.
 - d. All Contracts - Provisions that address termination for cause and termination for convenience
- Yes No N/A
11. All contracts exceeding \$25,000, an appropriate check of the System for Award Management has been or will be made to assure that contracts or subcontracts are not awarded to those individuals or firms suspended, debarred, or excluded from participating in this federally assisted project
- Yes No N/A
12. Contracts exceeding the simplified acquisition threshold (currently \$150,000) include or will include provisions, as applicable, that address the following:
- a. Construction and equipment installation contracts - a bid guarantee of 5%, a performance bond of 100%, and a payment bond of 100%
 - b. Construction and equipment installation contracts - requirements of the Contract Work Hours and Safety Standards Act 40 USC 3701-3708), Sections 103 and 107
 - c. All contracts, Restrictions on Lobbying and Influencing (2 CFR part 200, Appendix II(J)
 - d. All contracts - Conditions specifying administrative, contractual and legal remedies for instances where contractor or vendor violate or breach the terms and conditions of the contract
 - e. All Contracts - Applicable standards and requirements issued under Section 306 of the Clean Air Act (42 USC 7401-7671q), Section 508 of the Clean Water Act (33 USC 1251-1387, and Executive Order 11738
- Yes No N/A

Equipment and Construction Contracts – April 2015

13. Concurrence was or will be obtained from the Federal Aviation Administration (FAA) prior to contract award under any of the following circumstances:

- a. Only one qualified person/firm submits a responsive bid
- b. The contract is to be awarded to other than the lowest responsible bidder
- c. Life cycle costing is a factor in selecting the lowest responsive bidder
- d. Proposed contract prices are more than 10% over the sponsor's cost estimate

Yes No N/A

Additional documentation for any above item marked "no":

Sponsor's Certification

I certify, for the project identified herein, responses to the forgoing items are accurate as marked and additional documentation for any item marked "no" is correct and complete.

I declare under penalty of perjury that the foregoing is true and correct. I understand that knowingly and willfully providing false information to the federal government is a violation of 18 USC § 1001 (False Statements) and could subject me to fines, imprisonment, or both.

Executed on this _____ day of _____, _____.

Name of Sponsor:

Name of Sponsor's Designated Official Representative:

Title of Sponsor's Designated Official Representative:

Signature of Sponsor's Designated Official Representative: _____

17.36. FHWA Form 1446C-AKDO, Final Inspection

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION		
FINAL INSPECTION OF FEDERAL-AID PROJECT CONSTRUCTED UNDER 23 U.S.C. 117		
1. PROJECT NAME AND NUMBER	2. BOROUGH/CITY	3. STATE Alaska
4. DESCRIPTION OF IMPROVEMENT AS PROGRAMMED		
5. CONTRACTOR'S NAME	6. CONTRACT AMOUNT	
7. NOTICE OF COMPLETION: The above listed project has been completed. A final inspection by ADOT&PF has found this project to be in reasonable conformance with the PS&E. SIGNATURE (SHA OFFICIAL) _____ TITLE _____		
8. ADOT&PF INSPECTION MADE BY	9. DATE OF INSPECTION	
10. IN COMPANY WITH		
cc: ADOT&PF Regional Construction Engineer ADOT&PF Headquarters Director, Statewide Design & Engineering Services Division ADOT&PF Headquarters Director, Administrative Services Division FHWA Engineer		

Form FHWA-1446C-AKDO (5/99ge)

17.37. FHWA Project Closeout Checklist

PROJECT FINAL CLOSEOUT CHECKLIST

Highways Projects

PROJECT NO.: _____

PROJECT NAME: _____

FINAL ESTIMATE ASSEMBLY

- Certification of Final Estimate (Form 25D-116).
- Contractor's Release (Form 25D-117).
- Summary of Quantities (Form 25D-25).
- Project Materials Certificate from Materials Section. DATE: _____
- "As-Built" Plans DATE: _____
- Department of Labor Tax Clearance. DATE: _____
- Department or Revenue Tax Clearance. DATE: _____
- Department of Labor Notice of Completion (NOC) DATE: _____
- Alaska Railroad Release, if applicable

FINAL CONSTRUCTION REPORT

- Final Estimate Assembly (see above).**
- Final Construction Report Summary.
- Reports (as required): Report on Design Recommendations (required)
Report on Claims (if a claim was submitted)
Report on ARRA Documentation
- Explanation of Overruns, Underruns and Change Documents. List only contract major bid items (>5% of award amount) whose final quantity varied more than 25% from the estimated quantity and an explanation of all change document items.
- Proof of Construction for Right-of-Way (Form 25D-173) -- Completed only if the right-of-way involves public land.
- Proof of Use for Material Sources (Form 25D-174) with Material Site Record -- Completed only if sites are State furnished or controlled.

Rev 7/7/14

17.38. Final Construction Report Summary Sheet



**STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND
PUBLIC FACILITIES**

Final Construction Report Summary Sheet

PROJECT NO.:
PROJECT NAME:
PROJECT DESCRIPTION:
PROJECT ENGINEER(s):
CONTRACTOR:
NOTICE TO PROCEED DATE:
START OF WORK DATE:
CONTRACT COMPLETION DATE:
TIME EXTENSION BY CHANGE DOCUMENTS:
PROJECT ACCEPTANCE DATE:
OVERRUN TIME:
ENGINEER'S ESTIMATE:
ORIGINAL CONTRACT:
 \$ ADDED BY CHANGE DOCUMENTS:
 TOTAL AUTHORIZED AMOUNT:
 TOTAL CONTRACT AMOUNT:
 LESS LIQUIDATED DAMAGES:
 FINAL CONTRACT AMOUNT:

17.39. Final Estimate Review Report, (Form 25D-031)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
FINAL ESTIMATE REVIEW REPORT

Central REGION

Project Numbers _____ Contractor _____

Project Name: _____

Description of Work _____

Required Project Completion Date _____ / _____ Calendar Days

Actual Project Completion Date _____ / _____ Calendar Days

Project Manager _____ Project Engineer _____

Final Acceptance Date _____

Days Overrun _____ Liquidated Damages Assessed _____

Final Amount _____ Bid Amount _____

Materials Certification Date _____ Federal Document Date _____

Dept. of Labor Title 36 Clearance Date _____ Right of Way Clearance Date _____

Dept. of Labor Tax Clearance Date _____ Dept. of Revenue Clearance Date _____

CLASSIFICATION OF COSTS --FINAL PROJECT AMOUNTS

Participating

Non-Participating


Liquidated Damages

Reimbursable

Total

Remarks _____

I certify that my review of this project, in accordance with State policy, indicates that all work has been completed within the terms of the contract and authorized change documents; and it also indicates that State and Federal Aid funds have been properly classified unless other wise noted above.

 _____
Signature of Reviewer

_____ Date Submitted

25D-031 (Rev. 11/16)

17.41. Inspector's Daily Report (Form 25D-186)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES

INSPECTOR'S DAILY REPORT

Project No. _____ Project Name _____
 Weather _____ Shift: _____ Contractor's Rep/Title _____

CONTRACTOR'S EQUIPMENT						CONTRACTOR'S WORK FORCE		
No.	Description or Type	Size or Capacity	Hours			Remarks	No.	Classification/Duties
			Worked	Stdby	Down			

LIMITS OF WORK AND MATERIAL PALACMENT							
Item No.	Description	Source (Limits)		Placement (Limits)		Approximate Quantity	Work Completed & Accepted
		From	To	From	To		

NARRATIVE (Include report of day's operations, contractor's production rates and efficiency, unusual conditions or problems encountered, orders given and received, discussions with contractor, etc.)

Date _____ Inspector's Signature _____ Page _____ of _____

Form 25D-186 (4/98)

17.42. Interim Work Authorization (Form 25D-070)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
Select REGION

**Interim
Work Authorization**

Project No.:		IWA No.	
Project Name:			
Contractor:		Estimated amount of IWA: \$	
Address:			
Recommended By:		Date:	
	Project Engineer		
Approved By:		Date:	
	Department <i>(can be verbal)</i>		
Acknowledged By:		Date:	
	Contractor's Representative		

Permission for previously submitted subcontractor(s) to perform all or portions of the work described herein is as checked: Yes No N/A.

The following change(s) in the above Contract are hereby made in accordance with the terms of the Contract and under the terms and conditions stated below. Price adjustments resulting from inaccurate cost and pricing data are subject to the provisions of AS 36.30.400(c). This document shall become an interim amendment to the Contract and all provisions of the Contract will be applicable. Items not mentioned shall not be affected by this document. This document shall be superseded by a subsequent Change Order, which will address any adjustments to contract time.

Basis of Payment (Check One)

- Payment for the following work will be paid per Section 109-1.05 of the Standard Specifications.
- Payment for the following work will be paid per the unit prices and method of measurement stated.
- Payment for the following work will be paid as a lump sum item.

DESCRIPTION OF CHANGE (Use Continuation Sheet 25D-065 as Required)

17.43. Labor Compliance Interview (Form 25D-040)

LABOR COMPLIANCE INTERVIEW

PROJECT NO. (Federal/AKSAS) _____

PROJECT NAME: _____

NAME OF EMPLOYEE INTERVIEWED: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

EMPLOYED BY: _____

If a subcontractor, check files for an approved subcontract. If there is no subcontract, notify Project Engineer.

WORK PERFORMED BY EMPLOYEE: _____

Be specific as to type and size of equipment used or duties performed so work can be correctly classified.

HOW MUCH DO YOU MAKE AN HOUR? _____

PAID FOR ALL HOURS WORKED? Yes _____ No _____

ARE STRAIGHT TIME AND OVERTIME HOURS CORRECT? Yes _____ No _____
 (Paid time & 1/2 over 8 hours per day or 40 hours per week?)

ARE YOU PAID WEEKLY & PAYROLL DEDUCTIONS PROPER? Yes _____ No _____

COMMENTS: _____

INTERVIEWED BY: _____

Date: _____

Information from contract and wage bulletins:

	State Minimum Wage		Federal Minimum
Basic Hourly Rate:	_____	Basic Hourly Rate:	_____
Fringe Benefit Rate:	_____	Fringe Benefit Rate:	_____
Total State Rate:	_____	Total Federal Rate:	_____

Information from payrolls:

Payroll # or date: _____
 Job Class (stated on payroll): _____ (ex., laborer II, operator IV, truck driver I, etc.)
 Is Job Classification
 from Interview Correct? _____
 Basic Hourly Rate: _____
 Overtime Rate: _____
 Fringe Benefit Rate: _____
 Total Rate Paid: _____

Checked by: _____ Date: _____

Note: If Contract is over 24 months old, new State wage rates apply.

(Form 25D-040 Rev. 10/19/05)

Page 1 of 1

17.44. Letter for ESD Tax Clearance

MEMORANDUM

State of Alaska

Department of Transportation & Public Facilities

TO:	Marty Messick, Sr. Field Auditor Juneau Field Tax Office Division of Employment Security Department of Labor	DATE:	September 2, 1992
		FILE NO:	
		TELEPHONE NO:	(907) 465-2707
		FAX NUMBER:	
		TEXT TELEPHONE:	
FROM:	John R. Edwards Construction Chief Marine Engineering AMHS	SUBJECT:	Project No. 75221/MT-671 Auke Bay F.T. East Bridge Recoat, Phase I Clearance

Please advise whether or not clearance is granted for the below listed contractor.

Dunkin and Bush, Inc.
P.O. Box 807
Redmond, Washington 98073

Time Worked: July 15, 1992 to August 15, 1992

Chapter 85, SLA 1982 requires that the State now pay interest on contractor's final pay requests if payment is not made within 30 days.

If within 14 calendar days, we do not receive written notice from your office of an outstanding deficiency or failure to file required reports, we will process this contractor's final pay estimate for payment.

- () Clearance granted for final payment.
- () Clearance not granted for final payment.

Remarks: _____

Signature

Title

Date

17.45. Letter of CENG Budget Requests

MEMORANDUM

State of Alaska

Department of Transportation and Public Facilities

TO: Distribution

DATE:

FILE NO:

TELEPHONE NO:

FAX NUMBER:

FROM: (Name)
Project Engineer

SUBJECT: (Project No.)
(Project Name)

In order for Construction to arrive at a workable budget for the referenced project, we request the following information from your section. Please fill in the blank and return to the above address.

Total amount required by this Section to monitor the above project:

\$ _____.

Give a short summarization below of how your total budget was arrived at:

Signed: _____ Date: _____

It is suggested that as the project progresses, you closely monitor your charges. If for any reason you feel you cannot meet your budget, a request for additional funds will be necessary. Any such request needs to address the status of your work, the reason your initial estimate is not sufficient, and an estimate of the additional funds required to complete your involvement with the project.

(Initials)/

DISTRIBUTION:

Construction Group Chief (General Admin.)
Contracts
Design
EEO Officer
Highway Data Group
Anchorage
Internal Review Auditor, HQ

Project Control
Quality Assurance Engineer
Regional Environmental Coordinator
State Materials Engineer
Statewide Civil Rights Office,

17.46. Letter of Department of Revenue Tax Clearance

MEMORANDUM

State of Alaska

Department of Transportation & Public Facilities

TO: Joan Roomsburg
Tax Examiner
Compliance Unit
Department of Revenue

DATE: September 2, 1992

FILE NO:
TELEPHONE NO: (907) 465-2707
FAX NUMBER:
TEXT TELEPHONE:

FROM: John R. Edwards
Construction Chief
Marine Engineering
AMHS

SUBJECT: Project No. 75221/MT-671
Auke Bay F.T. East Bridge
Recoat, Phase I Clearance

Please advise whether or not clearance is granted for the below listed contractor.

Dunkin and Bush, Inc
P.O. Box 807
Redmond, Washington 98073

Time Worked: July 15, 1992 to August 15, 1992

Chapter 85, SLA 1982 requires that the State now pay interest on contractor's final pay requests if payment is not made within 30 days.

If within 14 calendar days, we do not receive written notice from your office of an outstanding deficiency or failure to file required reports, we will process this contractor's final pay estimate for payment.

- Clearance granted for final payment.
 Clearance not granted for final payment.

Remarks: _____

Joan Roomsburg

Signature
Tax Examiner

Title
9/9/92

Date

17.47. Letter of Final Acceptance

December 6, 1992

RE: Turner Regional Airport
Runway Reconstruction
AIP No. 8-40-1746-01/48702

Final Acceptance GCP 50-16

Mr. Bruce Temple
Hadden Contractors
7465 Modock Road
Eagle River, Alaska 99577

Dear Mr. Temple:

All work on the above named project has been inspected and found to be in substantial conformance with the contract. With this final acceptance you are released from further obligations under the contract, with the exception of any warranties or guaranties that you provided under individual pay items.

Warm regards,

Contracting Officer

cc: Contracts
Department of Labor
D&ES Division
FAA/FHWA
Federal Aid/Statewide Aviation
Group Chief/PM
Project Control
Quality Assurance/Review
Regional Finance
Statewide Civil Rights Office

17.48. Letter of Final Inspection

STATE OF ALASKA

DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

FRANK H. MURKOWSKI, GOVERNOR

2301 PEGER ROAD
FAIRBANKS, ALASKA 99709-5399

PHONE: (907) 451-5466
FAX: (907) 451-5411

Northern Region Construction

March 15, 2003
Re: Southcentral Leveling, Phase III
Tok Cutoff MP 55-100
Project No. IM-OOOS(252)/67385

Project Completion 105-1.15

Mr. Quinn Vaterlaus
Wilder Construction Company
11301 Lang Street
Fairbanks, Alaska 99515-3006

Dear Mr. Vaterlaus:

A final inspection was held on March 4, 2003 with the following people in attendance:

Quinn Vaterlaus, Wilder Construction Representative
Billy Collins, Project Engineer, Alaska DOT/PF
Anne Jones, Design and Environmental Services, Alaska DOT/PF
Sam Lewis, Assistant Project Engineer, Alaska DOT/PF

All work was found to have been completed in substantial conformance with the contract and is accepted by the Department as of 2:00 p.m., March 4, 2003. Contract time stopped as of that date.

This acceptance does not relieve you of your remaining obligations under the contract.

Sincerely,

Billy Collins, P.E.
Project Engineer

/v/jz

25A-T34LH

17.49. Letter of Partial Completion



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Transportation and Public Facilities

December 6, 2016

RE: Becker Highway
111 South Rehabilitation
Project Number

Partial Completion 105-1.14
Maintenance 105-1.13

Mr. Stephen Waterman
Velcro Contractors
1574 Haslemere Loop
Eagle River, Alaska 99577

Dear Mr. Waterman:

An inspection on a segment of the project identified as Miles 117 to 120, was held on August 21, 2016. All items of the contract, with the exception of those listed below, were found to have been constructed according to contract requirements within the identified segment. The Department will take Partial Completion and resume maintenance on the completed segment, except for the following items of work:

1. Repair of damaged culverts; and
2. Correction of workmanship deficiencies on culvert thaw pipes.
3. Permanent grass and plant establishment.

This partial completion and resumption of maintenance was effective as of 5:00 p.m. Friday, August 21, 2016.

As per Section 105-1.15 of the Specifications, the contract completion date remains June 27, 2017 and the contract time will continue to be charged until Project Completion.

This Partial Completion neither voids or alters any Contract terms.

Sincerely,

Group Chief/PM

CC: Maintenance and Operations

"Keep Alaska Moving through service and infrastructure."

17.50. Letter of Project Completion

December 6, 1992

RE: Becker Highway
111 South Rehabilitation
F-670(1)/48701

Project Completion 105-1.15

Mr. Stephen Waterman
Velcro Contractors
1574 Haslemere Loop
Eagle River, Alaska 99577

Dear Mr. Waterman:

A final inspection was held on August 21, 1992 with the following people in attendance:

All work was found to have been completed in substantial conformance with the contract and is accepted by the Department as of 1:00 p.m. August 21, 1992. Contract time was stopped as of that date.

This acceptance does not relieve you of your remaining obligations under the contract.

Warm regards,

Group Chief/PM

cc: FAA/FHWA
Maintenance & Operations
Planning
Statewide Civil Rights Office

17.51. Letter of Wage and Hour Compliance Tax Clearance

MEMORANDUM

State of Alaska

Department of Transportation & Public Facilities

TO: Patricia Woodward
Wage and Hour Technician
Department of Labor
MS 0700

DATE: September 2, 1992

FILE NO:
TELEPHONE NO: (907) 465-2707
FAX NUMBER:
TEXT TELEPHONE:

FROM: John R. Edwards
Construction Chief
Marine Engineering
AMHS

SUBJECT: Project No. 75221/MT-671
Auke Bay F.T. East Bridge
Recoat, Phase I
Clearance

Please advise whether or not clearance is granted for the below listed contractor.

Dunkin and Bush, Inc.
P.O. Box 807
Redmond, Washington 98073

*no certified
payrolls received
as of today*

Time Worked: July 15, 1992 to August 15, 1992

Chapter 85, SLA 1982 requires that the State now pay interest on contractor's final pay requests if payment is not made within 30 days.

If within 14 calendar days, we do not receive written notice from your office of an outstanding deficiency or failure to file required reports, we will process this contractor's final pay estimate for payment.

- () Clearance granted for final payment.
- Clearance not granted for final payment.

Remarks:

RECEIVED
SEP 08 1992
Wage and Hour
Juneau

Patricia Woodward

Signature
Wage & Hour Technician

Title
9-2-92

Date

17.52. Master Materials Certification List (MCL) sample

1/4/2005

MASTER MATERIALS CERTIFICATION LIST

Specification	Qualified Products List	Construction		QA/ Materials Engineer	Design			Statewide Materials Engineer	Manufacturer/ Remarks	Certificate Location e.g. Binder #
		Project Engineer	Engineer		Design Engineer	Bridge Engineer	Traffic Design Engineer			
2004										

Project Name

Project Number

Project Engineer Signature

202 REMOVAL OF STRUCTURES AND OBSTRUCTIONS

Timber

Pressure Treating

Steel Pipe

Galvanization

Steel Fasteners

Galvanization

Reflectors

Yellow Acrylic

Reflective Sheeting

Mailboxes

306 ASPHALT TREATED BASE COURSE

Mix Design

202-2.01											
202-2.01											
202-2.01											
202-2.01											
202-2.01											

202-2.01											
202-2.01											
Std. DWG. M-20 & M-23											

306-3.01											
----------	--	--	--	--	--	--	--	--	--	--	--

17.53. Materials Testing Summary

**STATE OF ALASKA
DOT/PF SOUTHEAST REGION
MATERIALS TESTING SUMMARY SHEET**

PROJECT NAME: Sitka Lake & Lincoln Traffic Improvements PROJECT NO.: 67960

ITEM & QUANTITY	FREQUENCY	DOCUMENTATION REQUIRED
<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <p>COMMON EXCAVATION</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">CY</div> <p>for USEABLE quantity :</p> <div style="border: 1px solid black; padding: 2px; font-size: small;"> <p><u>Note:</u> Unclassified Ex. will be labeled for the zone in which it is placed. For example: Unclassified Ex. used in the "A" zone will be labeled as: EXA-SD- or EXA-G- or EXA-D-. Unclassified Ex. which is wasted will receive the designation of EXW-G- and be written up on a gradation sheet describing the nature of the waste material in the remarks section.</p> </div> <div style="border: 1px solid black; padding: 2px; font-size: small; margin-top: 10px;"> <p>**If Unclassified Ex. is used in the "A" or "B" zone(s), PI tests will be performed at 1 / 5000 CY from <u>any</u> source.</p> </div>	<p style="text-align: center;">AS REQUIRED BASED ON CHANGES IN MATERIAL</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">As Req'd.</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px; text-align: center;">1 / 5000 CY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">As Req'd.</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px; text-align: center;">1 / 5000 CY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">As Req'd.</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px; text-align: center;">1 / 5000 CY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">As Req'd.</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px; text-align: center;">1 / 5000 CY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 10px; text-align: center;">As Req'd.</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px; text-align: center;">1 / 50,000 CY</div>	<p>STANDARD DENSITY</p> <p>CX - SD - _____</p> <hr/> <p>ACCEPTANCE Gradation, PI**</p> <p>_____</p> <hr/> <p>Density</p> <p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p> <hr/> <p>Waste Gradation*</p> <p>_____</p> <hr/> <p>_____</p> <hr/> <p>ASSURANCE Standard Density</p> <p>_____</p> <hr/> <p>Density</p> <p>_____</p> <hr/> <p>_____</p> <hr/>

17.54. Oil and Hazardous Substances Spill Notifications (2 DEC Forms)



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
OIL & HAZARDOUS SUBSTANCES SPILL NOTIFICATION FORM

ADEC USE ONLY

ADEC SPILL #:		ADEC FILE #:		ADEC LC:	
PERSON REPORTING:		PHONE NUMBER:		REPORTED HOW? (ADEC USE ONLY) <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Troopers	
DATE/TIME OF SPILL:		DATE/TIME DISCOVERED:		DATE/TIME REPORTED:	
INCIDENT LOCATION/ADDRESS:		DATUM: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 <input type="checkbox"/> Other _____		PRODUCT SPILLED:	
		LAT. _____			
		LONG. _____			
QUANTITY SPILLED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds	QUANTITY CONTAINED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds	QUANTITY RECOVERED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds	QUANTITY DISPOSED: <input type="checkbox"/> gallons <input type="checkbox"/> pounds		
POTENTIAL RESPONSIBLE PARTY:		OTHER PRP, IF ANY:		VESSEL NAME:	
Name/Business:				VESSEL NUMBER:	
Mailing Address:					
Contact Name:					
Contact Number:				> 400 GROSS TON VESSEL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF SPILL:				CAUSE CLASSIFICATION:	
CAUSE OF SPILL:		<input type="checkbox"/> Under Investigation		<input type="checkbox"/> Accident <input type="checkbox"/> Human Factors <input type="checkbox"/> Structural/Mechanical <input type="checkbox"/> Other	
CLEANUP ACTIONS:					
DISPOSAL METHODS AND LOCATION:					
AFFECTED AREA SIZE:	SURFACE TYPE: (gravel, asphalt, name of river etc.)		RESOURCES AFFECTED/THREATENED: (Water sources, wildlife, wells, etc.)		
COMMENTS:					

ADEC USE ONLY

SPILL NAME:		NAME OF DEC STAFF RESPONDING:		C-PLAN MGR NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEC RESPONSE: <input type="checkbox"/> Phone follow-up <input type="checkbox"/> Field visit <input type="checkbox"/> Took Report		CASELOAD CODE: <input type="checkbox"/> First and Final <input type="checkbox"/> Open/No LC <input type="checkbox"/> LC Assigned		CLEANUP CLOSURE ACTION: <input type="checkbox"/> NFA <input type="checkbox"/> Monitoring <input type="checkbox"/> Transferred to CS or STP	
COMMENTS:		Status of Case: <input type="checkbox"/> Open <input type="checkbox"/> Closed		DATE CASE CLOSED:	
REPORT PREPARED BY:				DATE:	

Revised 2/5/2008



State of Alaska
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

OIL & HAZARDOUS MATERIALS INCIDENT FINAL REPORT

The following written report is required by State regulations 18 AAC 75.300(e), following departmental notification of a discharge of oil and hazardous materials. The report is due within 15 days after the cleanup is completed, or if no cleanup occurs, within 15 days after the discharge. Forward the report to the nearest DEC office of the department. The report must contain, as applicable:

1. Date and time of the discharge:	
2. Location of the discharge:	
3. Name of the site, facility or operation:	
4. Name, mailing address, and telephone number of:	
A. Person or persons causing or responsible for the discharge:	B. Owner and operator of the site, facility or operation:
_____	_____
_____	_____
_____	_____
_____	_____
5. Type and amount of each oil or hazardous substance discharged:	
6. Cause of the discharge:	
7. Description of any environmental damage caused by the discharge or containment, to the extent the damage can be identified:	

8. Description of cleanup actions taken:	
9. Estimated amount of: (A) oil or hazardous substance cleaned up: (B) oily or hazardous waste generated:	
10. Date, location, and method of ultimate disposal of the oil, hazardous substance and any contaminated materials, including cleanup materials:	
11. Description of actions being taken to prevent recurrence of the discharge:	
12. Other information the department requires to fully assess the cause and impact of the discharge (receipts for disposal if available):	
Signature	Printed name
Date	Title

MAIL OR FAX TO the Closest A.D.E.C. Office below

Anchorage
Phone: 269-3063
Fax: 269-7648
555 Cordova Street
Anchorage, AK 99501

Fairbanks
Phone: 451-2121
Fax: 451-2362
610 University Ave.
Fairbanks, AK 99709-3643

Juneau
Phone: 465-5340
Fax: 465-2237
410 Willoughby Ave., Suite 309
Juneau, AK 99801-1795

DEC USE ONLY	
ADEC Project Manager:	ADEC Spill #:

17.55. OJT-Apprentice/Trainee Employee Report (25A-312)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

APPRENTICE EMPLOYMENT REPORT

The contractor/approved subcontractor must submit this report to the Engineer for approval each construction season on or before the date that each apprentice is hired or rehired. Section 645 Training is intended for minorities and women. If a contractor wishes to train a non-minority male for credit under Section 645, the contractor must submit documentation of good faith efforts (specified in 645-2.01) to the Engineer. There will be no payment for training hours prior to the approval of this completed report and verification of applicable good faith efforts.

Project Number (Federal/State)		Project Name	
Contractor		Apprentice ¹ Name	
Apprentice Social Security No.	Date of Birth	Apprentice Start Date (this project)	
Apprentice Mailing Address		Email Address	
Job Class	Wage Scale ²	Percentage of Journey Scale _____ %	
Employee Status: New Hire <input type="checkbox"/> Re-hire <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer <input type="checkbox"/>			
Gender Male <input type="checkbox"/>	Ethnicity: Alaska Native <input type="checkbox"/>	Hispanic <input type="checkbox"/>	American Indian <input type="checkbox"/>
Female <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	Caucasian <input type="checkbox"/>	African American <input type="checkbox"/>
Signature of Authorized Company Representative		Date	
Point of Contact		Phone	
Address		Email Address	
For the Engineer:			
Did the apprentice (s) start training within two (2) weeks of the start date indicated on Form 25A311.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of Engineer		Date Approved for Credit	
¹ An apprentice is a person enrolled in a USDOL/OA training program (union or non-union) ² A copy of a union dispatch list must accompany this form for each union apprentice hire.			

Distribution after approval by Engineer to: Project Files
Regional Contract Compliance Liaison
Civil Rights Office, P.O. Box 196900, Anchorage, Alaska 99519-6900
Contractor

25A-312
(REV. 1/12)



17.56. OJT- Monthly Training Report (Form 25A-313)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

MONTHLY TRAINING REPORT

The contractor must fill in the project (Section 645) training hours each month using the table below. The Contractor should retain the original, updating it monthly while the apprentice(s) remain on the project. The Contractor is required to submit copies of each months' updated report by the 15th of the following month.

Project Number (Federal/State)						Project Name					
Contractor Name						Point of Contact			Phone		
Apprentice Name						Social Security Number			Job Class		
Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Ethnicity: Alaska Native <input type="checkbox"/>		American Indian <input type="checkbox"/>		Hispanic <input type="checkbox"/>	
						Asian/Pacific Islander <input type="checkbox"/>		Caucasian <input type="checkbox"/>		African American <input type="checkbox"/>	
Anticipated Start Date For Apprentice (From Form 25A-311): _____											
Date Employee Started On This Project: _____											
Date Apprentice Employment Report Approved by the Engineer (From Form 25A-312): _____											
1 st YEAR - _____											
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
2 nd YEAR - _____											
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
3 rd YEAR - _____											
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
When the apprentice separates from this project an explanation must be given:											
<input type="checkbox"/> End of work		<input type="checkbox"/> Seasonal shutdown		<input type="checkbox"/> Terminated for cause		<input type="checkbox"/> Quit					
What was the last date worked by the apprentice on this project? _____											
I certify that this form has been examined by me and to the best of my knowledge and belief, is true, correct and complete.											
 Signature of Contractor						 Date					

Send to: Project Files
Civil Rights Office, OJT Coordinator, P.O. Box 196900, Anchorage, Alaska 99519-6900

25A-313
(REV. 1/12)

17.57. OJT Training Utilization (Form 25A-311)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

TRAINING UTILIZATION REPORT
Federal-Aid Highway Contracts

Project Name and Number _____

Training Program Special Provision, Section 645 specifies the number of minorities and/or women to be trained and the number of hours of training to be provided under this Contract; the Contractor may train non-minority males in compliance with Section 645, but only if documentation of good faith efforts has been submitted to, and approved by, the Engineer, prior to the employment of such non-minority male(s). Good faith efforts, at a minimum, must be as extensive as the recruitment efforts listed in the EEO Bid Conditions (Form 25A-301).

The number of individuals to be trained under this Contract is _____.

The number of hours of training to be provided is _____.

This Training Special Provision implements 23CFR 230, Subpart A, Appendix B. Contractors can use either training programs approved by the U.S. Department of Labor, Office of Apprenticeship (USDOL/OA), or training programs approved by DOT&PF. The Contractor must complete this form indicating the type of training to be provided, the number of individuals to be trained in each trade or job classification, the number of hours of training to be provided,³ and the anticipated training start date.

1. To be completed by Contractors using USDOL/OA Training Programs: Indicate below the number of apprentices, total number of hours, type of training, and anticipated start dates for each craft selected:

APPROVED CRAFTS, CERTIFICATION NUMBERS AND JURISDICTIONAL AREAS

STATEWIDE JURISDICTION				SOUTH OF THE 63° PARALLEL			
Craft/Cert Number	No. of Appr.	No. of Hrs.	Start Date	Craft/Cert Number	No. of Appr.	No. of Hrs.	Start Date
Asbestos Worker #90032				Carpenter #74032			
Bricklayer #85040				Painter #72820			
Cement Mason & Plasterer #78533				Pipefitter #72586			
Electrician #81299				Plumber #83534 ¹			
Ironworker #76779				Sheetmetal Worker #74072			
Op. Engineer #X90349				Other # _____			
Roofer #X90317				NORTH OF THE 63° PARALLEL			
Piledriver ² (3/30/75)				Carpenter #47990			
Camp Culinary ² (4/25/74)				Painter #77750			
Laborer #XAK92T017				Fitter/Plumber #75055			
Other # _____				Sheetmetal #76781			
Other # _____				Other # _____			
				Other # _____			

1. Juneau Jurisdictional area is #83534 and Anchorage area is #72586.
2. U.S. DOL does not assign Certification numbers to these training programs. Only approval dates.
3. The total number of hours of training shall equal the hours of training shown in the Bid Schedule, Pay Item 645(1).

2. To be completed by Contractors using DOT&PF training programs: Indicate below the type of training, number of trainees, number of hours of training (500 hours per trainee), and anticipated start dates.

Job Classification	No. Trainees	Total No. Hrs.	Anticipated Start Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. To be completed by all Contractors as part of the Contractor's EEO affirmative action program, the Contractor certifies that all training will be provided by the Contractor as stated in items 1 OR 2 above, in accordance with Training Program Special Provision, Section 645.

_____ Company Name _____ Company Address

_____ Point of Contact _____ E-mail / Phone Number

_____ Signature of Authorized Company Representative _____ Date

**To be completed by the DOT&PF OJT Coordinator prior to contract award:
Training Program(s) approve for this Project and Date Approved:**

Training Program	Trainee (s) / Apprentice (s)	Hours	Date Approved

_____ Signature of DOT&PF OJT Coordinator _____ Date

17.58. Outline for Force Account Proposal

The Force Account Proposal shall include:

- Project Title,
- Airport Improvement Number,
- Location
- Estimated work days for inspection services
- Identify Consultant Use
- Scope of Services
- Cost Estimate

Scope of Services

The scope of services includes: project management, on-site inspection, materials testing, support sections, concurrent review and project closeout. Use the following lists as a menu of services. Eliminate those items that are not applicable for a given project.

Project management

1. Receive and respond to pre-bid questions.
2. Conduct Pre-Bid Conference, if applicable.
3. Evaluate bid results.
4. Establish project budget, including contract administration costs.
5. Review and approve DBE Utilization Report.
6. Make recommendation of award.
7. Assign project staff.
8. Conduct Pre-Construction Conference.
9. Prepare a Construction Management Plan, if necessary.
10. Supervise project staff, and oversee their work.
11. Provide clerical support.
12. Make periodic site visits to inspect the work.
13. Coordinate with other affected parties, including funding agency and local agencies.
14. Administer consultant contracts, if applicable.
15. Approve contractor payments.
16. Approve procurements.
17. Review and approve Change Orders and Supplemental Agreements.

18. Prepare Waiver Requests for Alternate Procurement Methods, when necessary.
19. Monitor project budget and submit Funding Requests as necessary to adjust funding.
20. Review and approve subcontracts.
21. Monitor external affirmative action compliance (EEO, DBE, and OJT programs).
22. Review, research, and respond to contractor claims.
23. Issue final acceptance to the contractor.
24. Sign FAA Sponsor Certifications, as required.
25. Update the Airport Master Record (FAA 5010), if necessary.

On-site inspections

1. Familiarization with contract documents and project site.
2. Establish a project office.
3. Set up all project files, books, and records.
4. Document all construction activities through use of project journals, inspectors daily reports, and photographs.
5. Review contractor submittals (schedule, shop drawings, TCP, SWPPP, HMCP) and forward to support sections for comment and/or approval.
6. Inspect all work for compliance with contract requirements.
7. Interpret intent of Plans and Specifications when questions arise.
8. Make adjustments to the design to better fit field conditions.
9. Document acceptance of all completed work.
10. Conduct periodic (sometimes-weekly) coordination meetings on complex projects.
11. Measure and document all pay quantities.
12. Prepare and submit Bi-Weekly Construction Reports.
13. Prepare progress estimates of contractor payments.
14. Coordinate design clarifications and changes with support sections.
15. Forward materials submittals and shop drawings to the appropriate support section.
16. Conduct monthly safety meetings.
17. Monitor effectiveness of contractor's traffic control.
18. Forward work zone accident reports to the Regional Traffic Engineer.
19. Monitor effectiveness of contractor's storm water control measures.
20. Monitor contractor's adherence to environmental permits.
21. Monitor contractor's adherence to legal loads.

22. Monitor project budget and anticipate cost overruns.
23. Issue Directives and Interim Work Authorizations.
24. Prepare Change Orders and Supplemental Agreements.
25. Author Engineer's Decision in response to contractor claims.
26. Resolve issues with facility users and adjacent property owners and businesses.
27. Coordinate and document a Final Inspection.
28. Prepare project As-Builts.
29. Update Exhibit "A" Property Map, ALP and Sign Plan to reflect as constructed conditions and forward to FAA.
30. Prepare the Final Assembly, including the Final Estimate.

Materials testing

1. Establish an itemized, project specific Materials Testing Frequency Guide.
2. Gather, inspect, and maintain all required testing equipment.
3. Set up on-site materials testing lab trailer, if needed.
4. Set up materials testing files.
5. Coordinate off-site inspections of fabricated items.
6. Coordinate reviews and approvals of submittals of all manufactured items, including Manufacturer's Certificates of Compliance for all materials incorporated into manufactured items.
7. Perform and document all quality tests in accordance with the Frequency Guide and contract specified test methods.
8. Perform and document all acceptance tests in accordance with project specifications.
9. Perform and document any retests required as a result of failing acceptance tests.
10. Perform and document all independent assurance tests in accordance with project specifications.
11. Monitor compliance with "Buy America" and "Buy American" requirements.
12. Evaluate and document asphalt test results under the Asphalt Price Adjustment specification, if applicable.
13. Assemble a Project Materials Testing Summary at the completion of the project.
14. Issue a signed Project Materials Certification.

Support sections

1. Design and drafting support during construction.

2. Evaluation and approval of mix designs for concrete and hot mix asphalt.
3. Periodic environmental reviews, as needed.
4. Environmental permit modifications, as needed.
5. Geotechnical support during construction, as needed.
6. Right-of-way support during construction, as needed.
7. Utilities support during construction, as needed.
8. Traffic support during construction, as needed.
9. Plans room support during construction, as needed.
10. Maintenance support during construction, as needed.
11. Airport Manager or Airport Safety Officer support, as needed.

Concurrent review and project closeout

1. Periodic concurrent records reviews, as needed (except on small projects).
2. Review contractor payments.
3. Review Change Orders and Supplemental Agreements.
4. Comprehensive records review at project completion.
5. Request labor and tax clearances.
6. Assemble final closeout package, including final estimate and contractor's release.
7. Prepare FAA Sponsor Certifications, as required.
8. Assemble FAA Grant closeout package and submit to Project Control.
9. Archive project records.

<i>Cost Estimate for Scope of Services</i>					
Item	Reg Rate	OT Rate	Reg Hrs	OT Hrs	Total Cost/Item
Project Management					
Position 1					
Position 2					
Position 3					
Position 4					
On site inspections					
Position 1					
Position 2					

Item	Reg Rate	OT Rate	Reg Hrs	OT Hrs	Total Cost/Item
Position 3					
Position 4					
Materials testing					
Position 1					
Position 2					
Position 3					
Position 4					
Support sections					
Position 1					
Position 2					
Position 3					
Position 4					
Concurrent review & project closeout					
Position 1					
Position 2					
Position 3					
Position 4					
Direct Costs					
Travel					
Per diem					
Supplies					
Subtotal					
ICAP rate					
Project Total Cost					

17.59. Pile Driving Equipment Data (Form 25D-098)

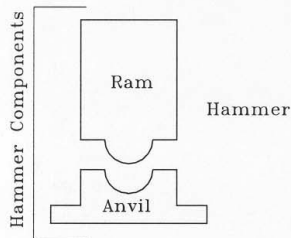


**State of Alaska
Department of Transportation and Public Facilities**

Pile Driving Equipment Data

Project: _____ Structure name: _____

Project No.: _____ Structure no.: _____



Manufacturer: _____ Model: _____

Type: _____ Serial No.: _____

Ram weight: _____

Maximum

Rated energy: _____ at _____ length of stroke

Modifications: _____



Material: _____

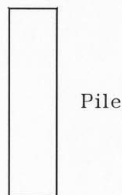
Thickness: _____ Area: _____

Modulus of Elasticity: _____ (P.S.I.)

Coefficient of restitution: _____



Weight: _____



Pile type: _____

Length (in leads): _____

Wall thickness: _____

Description of splice: _____

Tip treatment description: _____

Submitted by: _____

Date: _____

17.61. Pile Log-Boring Log (Form 25D-046)

Page ____ of ____



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES

PILE LOG-BORING LOG					
PILE LOG		ELEV.	BORING LOG #		
Blows Ft.	Bearing Capacity		Material Description	Blows/Ft. 2" Sampler	
					Bridge _____
					Project _____
					Pile Type _____
					Location _____
					Date Driven _____
					Hammer Type _____
					Manufacturer _____
					Model _____
					Manufacturer's Rated Energy _____
					Remarks
					Prepared by: _____
					Date _____

25D-046 (4-98)

17.62. Preconstruction Conference Synopsis

PRECONSTRUCTION CONFERENCE SYNOPSIS

DATE HELD: _____

Prior to starting, outline procedures for conducting conference:

- | | |
|---|---|
| (1) Informal. | (2) Everyone to sign attendance sheet. |
| (3) Restrict comments to subjects germane to project. | (4) Each individual to state name prior to making any statement. |

Distribution of Copies: Project Engineer Date Copied: _____
 Contractor
 Civil Rights
 Original to File

This is a preconstruction conference pertaining to: _____

Federal Project Number: _____ State Project Number: _____

Bids were opened (date): _____

The contract was awarded to (contractor & address): _____

The Intent to Award was issued on (date): _____

in the amount of: \$ _____ with a completion of: _____

The Notice to Proceed was issued on (date): _____ **NOTE: Must have evidence of Notice of Work (NOW) from Department of Labor prior to issuing the NTP.**

I. INTRODUCTION OF PERSONNEL:

A. Each person to introduce themselves and whom they represent.

II. ADMINISTRATION:

a. Statement as to:

1. Project Engineer is: _____

2. DOT&PF Engineer-in-Charge is: _____ N/A

3. Project Manager is: _____

4. All matters concerning the project are to be handled through the Project Engineer and the Project Manager as far as practical. If it cannot be resolved at those levels, contact _____ Construction Group Chief at 269-0____.

b. One copy of all correspondence given to Project Engineer to be also sent to the Project Manager at Regional Construction Office at _____.

c. **Project name and number will appear on all correspondence to and from the contractor.**

d. Mailing address for project (if applicable)? _____

e. Ask contractor for their:

1. Mailing Address: _____
2. Copies of correspondence to "home office"? YES NO
3. Name of individual directly in charge of project: _____
Letter stating above received? YES NO
4. Who has authority to sign:
 - a. Change Order: _____
 - b. Directives: _____
Letter stating above received? YES NO
5. Who will be the EEO & DBE officer? _____
Letter stating above received? YES NO

e. Introduction of Contracts and EEO Officer for State who will discuss:

1. Training (if in contract)
2. EEO Requirements
3. Subcontract Requirements and Present Contractor with Necessary Forms and Posters.
4. Certified Weekly Payrolls (Copy to Department of Labor)
5. Railroad Insurance (When applicable)
6. Questions regarding Directives and Change Orders - Procedures for issuing.
7. Blue Book Rental Rate Book - Latest Copy and Revisions.

f. Statements of General Nature By: (Comments attached if critical.)

1. Utilities Engineer
2. Right of Way Agent
3. Traffic Engineer
4. Materials Engineer
5. Project Engineer
6. Other Representatives (Environmental, The Alaska Railroad)

- g. Has contractor submitted Progress Schedule? YES NO
Discussion. (Section 108-1.03 or CGP-80-03 a.)
- h. Has contractor submitted Construction Phasing Plan? YES NO N/A for Aviation
Discussion. (Section 643-1.05)
- i. Has contractor submitted Temporary Erosion & Pollution Control/SWPPP & Hazardous
Materials Control Plan? YES NO Discussion. (Section 108-1.03 or GCP-80-03 d.)
- j. Has contractor submitted a list showing anticipated material procurement dates? YES NO
(Section 108-1.03 or GCP-80-03 b.)
- k. Has contractor submitted a list showing proposed subcontractors and materials
suppliers? YES NO (Section 108-0.03 or GCP-80-03 c.)
- l. Has contractor submitted a QC Plan (Section 106-1.03 or GCP-100-02)? YES NO

Preconstruction Conference
Synopsis

Page 3

- m. Has contractor submitted a Wastewater Treatment Plan? YES NO N/A for Aviation
(Section 510-3.04)
- n. Has contractor submitted a Submittal Register? (GCP-60-08) YES NO N/A for Highways
- o. Bid Items Discussed. (Comments attached if critical.)
- p. General Discussion and Additional Comments.
- q. Conference Closed.

PRECONSTRUCTION CONFERENCE ATTENDANCE SHEET

DATE HELD: _____

PROJECT NAME: _____

PROJECT NO.: _____

	PRINTED NAME	TITLE/POSITION	COMPANY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

17.63. Progress Estimate

Northern		STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES COWLES STREET AT AIRPORT WAY SOUTHBOUND LANE ADDITION HRO-0641(1)/66144				Contractor: Paving Products, Inc. Address: P.O. Box 80430 Fairbanks Alaska, 99708			
Description		Unit	Unit Price	Quantity	Amount	Quantity	Amount	Quantity	Amount
				Plan	Previous	This Estimate	Totals to Date		
				Quantity	Amount	Quantity	Amount	Quantity	Amount
DBE Adjustment	C.S.	\$5,000.00		C.S.	\$5,000.00	0	\$0.00	0	\$0.00
Removal of Structures and	L.S.	\$8,400.00		All Req'd	\$8,400.00	0.0%	\$0.00	0	\$0.00
Obstructions	0	\$0.00		0	\$0.00	0	\$0.00	0	\$0.00
Unclassified Excavation	L.S.	\$14,700.00		All Req'd	\$14,700.00	0.0%	\$0.00	0	\$0.00
Borrow, Select Material Type A	L.S.	\$18,500.00		All Req'd	\$18,500.00	0.0%	\$0.00	0	\$0.00
Crushed Aggregate Base	L.S.	\$19,200.00		All Req'd	\$19,200.00	0.0%	\$0.00	0	\$0.00
Course Grading D-1	0	\$0.00		0	\$0.00	0	\$0.00	0	\$0.00
Asphalt Concrete, Type II	L.S.	\$35,000.00		All Req'd	\$35,000.00	0.0%	\$0.00	0	\$0.00
Class B	0	\$0.00		0	\$0.00	0	\$0.00	0	\$0.00
CSS-1 Emulsified Asphalt for	L.S.	\$1,250.00		All Req'd	\$1,250.00	0.0%	\$0.00	0	\$0.00
Prime Coat	0	\$0.00		0	\$0.00	0	\$0.00	0	\$0.00
12 Inch Corrugated Steel Pipe	L.S.	\$2,200.00		All Req'd	\$2,200.00	0.0%	\$0.00	0	\$0.00
Drop Inlet Type A	Each	\$1,500.00		1	\$1,500.00	0	\$0.00	0	\$0.00
Relocate Inlet	Each	\$750.00		1	\$750.00	0	\$0.00	0	\$0.00
Concrete Sidewalk	L.S.	\$33,000.00		All Req'd	\$33,000.00	0.0%	\$0.00	0	\$0.00
Sidewalk Ramp	Each	\$350.00		6	\$2,100.00	0.0%	\$0.00	0	\$0.00
Curb & Gutter	L.S.	\$46,300.00		All Req'd	\$46,300.00	0.0%	\$0.00	0	\$0.00
Standard Signs	S.F.	\$44.00		125.75	\$5,533.00	0	\$0.00	0	\$0.00
Seeding	L.S.	\$3,000.00		All Req'd	\$3,000.00	0.0%	\$0.00	0	\$0.00
Topsoil	L.S.	\$7,700.00		All Req'd	\$7,700.00	0.0%	\$0.00	0	\$0.00
Fire Hydrant Installation	Each	\$7,300.00		1	\$7,300.00	0	\$0.00	0	\$0.00
Adjustment of Valve Box	Each	\$75.00		6	\$450.00	0	\$0.00	0	\$0.00
Lawn Sprinkler Sys. Relocate	L.S.	\$6,000.00		All Req'd	\$6,000.00	0.0%	\$0.00	0	\$0.00
Water System Relocate	L.S.	\$18,300.00		All Req'd	\$18,300.00	0.0%	\$0.00	0	\$0.00
Mobilization & Demobilization	L.S.	\$8,000.00		All Req'd	\$8,000.00	0.0%	\$0.00	0	\$0.00
Temporary Erosion and	L.S.	\$5,000.00		All Req'd	\$5,000.00	0.0%	\$0.00	0	\$0.00
Pollution Control	0	\$0.00		0	\$0.00	0	\$0.00	0	\$0.00

Northern		STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES PROGRESS ESTIMATE				Contractor: Paving Products, Inc.				
Cowles Street at Airport Way Southbound Lane Addition		P.O. Box 80430 Fairbanks Alaska, 99708				Address:				
HRO-0641(1) /66144		Estimate #:		For Period:		to				
Description	Unit	Unit Price	Plan		Previous		This Estimate		Totals to Date	
			Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
Construction Surveying	L.S.	\$8,125.00	All Req'd	\$8,125.00	0.0%	\$0.00		\$0.00	0	\$0.00
Traffic Maintenance	L.S.	\$14,300.00	All Req'd	\$14,300.00	0.0%	\$0.00		\$0.00	0	\$0.00
Permanent Construction Signs	L.S.	\$1,540.00	All Req'd	\$1,540.00	0.0%	\$0.00		\$0.00	0	\$0.00
Construction Signs	Day	\$2.75	2,000	\$5,500.00	0	\$0.00		\$0.00	0	\$0.00
Type II Barricades	Day	\$1.65	1,000	\$1,650.00	0	\$0.00		\$0.00	0	\$0.00
Type III Barricades	Day	\$4.40	100	\$440.00	0	\$0.00		\$0.00	0	\$0.00
Traffic Cone	Day	\$0.85	1,500	\$1,275.00	0	\$0.00		\$0.00	0	\$0.00
Drum	Day	\$2.20	2,000	\$4,400.00	0	\$0.00		\$0.00	0	\$0.00
Book Drop Relocation	L.S.	\$750.00	1	\$750.00	0.0%	\$0.00		\$0.00	0	\$0.00
	Each	\$715.00	2	\$1,430.00	0	\$0.00		\$0.00	0	\$0.00
	L.S.	\$77,200.00	All Req'd	\$77,200.00	0.0%	\$0.00		\$0.00	0	\$0.00
	Each	\$484.00	12	\$5,808.00	0	\$0.00		\$0.00	0	\$0.00
	L.S.	\$18,600.00	All Req'd	\$18,600.00	0.0%	\$0.00		\$0.00	0	\$0.00
Totals				\$390,201.00		\$0.00		\$0.00		\$0.00

17.64. Project Completion Form (PCF)

PROJECT COMPLETION FORM (PCF)

AKSAS Project Number _____ Federal # _____ Ledger _____ Date _____

Project Name _____

Movement of each phase of the following project to completed status will be initiated once the phase manager signs certifying that all physical activity relating to their respective phase is complete. Ledger codes will then be inactivated in each completed phase and no further charges will process.

Before closing a phase to further charges, the phase manager must insure that the following steps have been completed:

1. All necessary audits have been completed on all contracts for services over \$1,000 with engineering and right-of-way consultants, utility companies, etc.; list each contract below with final dollar amount followed by audit status.
2. Update the latest cost estimate for your phase and attach to this form.
3. Liquidate all outstanding encumbrances.

If your phase is not yet complete, please indicate the work that remains and an estimated completion date.

Please, complete this form and forward to the next phase manager or return to Project Control, Attn: PCIS, within three days of receipt.

<u>Routing</u>	<u>Phase Complete</u>	<u>Remarks/Contract Audit Status/Resubmittal Date/Signature</u>
<input type="checkbox"/> PH 2 DESIGN ENGR	Yes/No	_____ _____ _____ _____ _____ _____ _____ Signature/Date
<input type="checkbox"/> PH 3 ROW	Yes/No	_____ _____ _____ _____ _____ _____ _____ Signature/Date
<input type="checkbox"/> PH 4 CONSTRUCTION	Yes/No	_____ _____ _____ _____ _____ _____ _____ Signature/Date
<input type="checkbox"/> PH 7 UTILITIES	Yes/No	_____ _____ _____ _____ _____ _____ _____ Signature/Date
<input type="checkbox"/> PH 8 PLAN. & RESEARCH	Yes/No	_____ _____ _____ _____ _____ _____ _____ Signature/Date

17.65. Project Construction Report (Form 25D-057)



STATE OF ALASKA
 Department of:
Transportation and Public Facilities
Project Construction Report

Report Number: _____
 Period Ending: _____
 Project No.: _____

 Contract No.: _____

Project Name: _____	Contractor: _____
Located at: _____	Address: _____
FMS No.: _____	_____
Contract Time: _____	Progress: On Schedule: _____
Original Completion Date _____	Weeks Ahead/Behind: _____
Additional Time Authorized * _____	Percent of Work Completed: _____
Revised Completion Date _____	Original Contract Amount: _____
Probable Completion Date _____	Probable Final Contract Amount: _____

CONSTRUCTION STATUS OF PRINCIPLE / CONTROLLING ITEMS

Item	% this Period	% to Date	% Probable +/-	Remarks

Narrative of CONTRACTOR's operations, problem areas, and Contractor's plans for next week.

WORK FORCE SUMMARY

CONTRACTOR/ SUBCONTRACTOR	"x" Dates Worked .							Status Change **	Shift / Hours	Remarks
	S	M	T	W	T	F	S			

* Include all authorized time extensions and time not chargeable due to winter shutdowns.
 ** Note whether started, suspended, resumed, or completed operations

PROJECT CONSTRUCTION REPORT (continued)	Project No.: _____ Contract No.: _____
Project Name: _____	Report Number: _____ Period Ending: _____

ENGINEERING FORCE

Name	Class	Assignment	Regular			Overtime			Per Diem (man days)		
			Hours	Rate*	Amount	Hours	Rate*	Amount	Days	Rate	Amount

Subtotals					
Total Wages plus Benefits (Regular + O.T.) _____	Total Hours This Period ** _____	Average Rate/Hour ** _____			

Construction Engineering Expenditures	Vehicle License	Rate	Miles this Period	Miles to Date	Amount this Period
Project Wages + Benefits + Per Diem _____					
Project Vehicles/Engr. Transportation _____					
Project Misc./Meals and Lodging _____					
Project Subtotal (This Report) _____					
General Administration and Overhead . . .					
as ___ of Project Subtotal _____	Total		Vehicle	Rental	
Total C. E. (As sum of above, or . . .	<p>This report will be submitted whenever charges are made against a project.</p> <p>* Use buffered rate (or "loaded rate") from Finance section.</p> <p>** Optional method of estimating C.E. expenditures is to multiply total man-hours by the average hourly rate for this project, obtained from computer runs.</p>				
as cost based on ave. hourly rate) _____					
Previous Total C. E. _____					
Total to Date _____					
C. E. Budget _____					
Percent of C. E. Budget Expended _____					

Narrative of DEPARTMENT's Operations:

Copies to: Construction Engineer
 Review Engineer
 Materials Engineer
 FAA (Federal Aid Airport Projects Only)

_____ Date

Project Engineer

Project Construction Report, Page ___ of ___

Revised 4/97

17.66. Project Development Authorization

ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
PROJECT DEVELOPMENT AUTHORIZATION

AKSAS #: 70134 PROJECT NAME: JUNI THANE ROAD RECONSTRUCTION CONTACT: P. MCCALLON

LEDGER CODE: 306532 DIVISION: D&C HOUSE: 67012 PDA #: 20
 FEDERAL #: STP-F-M-0963(1) MODE: HWY 79632 STRUCTURE BATCH: N/A PFD/RS #: 2430097
 FMS #: N/A REGION: SOUTHEAST FINANCIAL BATCH: PDA AR #: 83024

PROJECT SCOPE: PE AND RECONSTRUCTION OF THANE ROAD FROM THE FERRY TERMINAL TO MT. ROBERTS ROAD. WORK TO INCLUDE 8.5 METER WIDE ROADWAY, 1.8 & 2.4 METER WIDE SIDEWALKS, CURBING, AND DRAINAGE.

ACTION REQUEST INCREASE PHASE 4 FUNDING FOR CONTRACT ITEM FUNDING ADJUSTMENTS, FOR REVISIONS TO FIVE EXISTING CHANGE ORDERS, FOR A PENDING CHANGE ORDER, AND FOR INCREASED C.E. COSTS ASSOCIATED WITH CONTRACT ADMINISTRATION AND DESIGN SUPPORT FOR DESIGN OF THE HISTORICAL MITIGATION CONTRACT WORK. GF MATCH IS FROM FY98 ALLOCATION.

A MODIFIED AGREEMENT FOR PHASE 4 IS REQUESTED

AUTHORITY TO PROCEED SUMMARY (FRWA)

PRELIMINARY ENGINEERING		RIGHT OF WAY/UTILITIES		CONSTRUCTION		DISTRIBUTION	
Reconnaissance Study:	1/19/90	Titles & Plans:	3/27/90			PREDESIGN	
PE up to Location:	1/5/93	Appraisals & Acquisitions:	8/12/96	ATP with Construction:	2/11/97	ENGINEERING MANAGER	
PE thru Final PS&E:	5/15/96	Utility Relocation Work (S):	9/11/96			ENVIRONMENTAL	
Final PS&E thru Award (S):	2/11/97					RIGHT OF WAY	
PHASE 2 SUMMARY		PHASE 3 SUMMARY		PHASE 4 SUMMARY			
Start Date	1/19/90	Start Date	3/27/90	Start Date	2/11/97	UTILITIES	
Cutoff Date	3/24/97	Cutoff Date	12/31/00	Cutoff Date	12/31/98	CONSTRUCTION GROUP CHIEF	
Federal Ratio	88.68%	Federal Ratio	88.68%	Federal Ratio	90.97%	PLANNING	
Collocation Code	24430355	Collocation Code	24430567	Collocation Code	24431812	MAINTENANCE & OPERATIONS	
Ledger Code	306532-21.22	Ledger Code	306532-31.32	Ledger Code	3065322-41.42	SE. ADMIN. SERVICES	
PARTICIPATING		PARTICIPATING		PARTICIPATING			
PRIOR TOTAL:	\$1,420,680.00	NON-PAR	NON-PAR	NON-PAR	NON-PAR		
CHANGE:	\$0.00	\$2,579,210.00	\$10,000.00	\$3,251,180.00	\$5,820.00		
TOTAL:	\$1,420,680.00	\$0.00	\$0.00	\$164,692.00	\$0.00		
PHASE 2 TOTAL:		PHASE 3 TOTAL:		PHASE 4 TOTAL:			
FEDERAL	\$1,433,250.00	FEDERAL	\$2,589,210.00	FEDERAL	\$3,441,692.00		
TOTAL AUTH.	\$1,047,551.58	GF/ARF	\$0.00				
PHASE 1 TOTAL		PHASE 2 TOTAL		PHASE 3 TOTAL		PHASE 4 TOTAL	
\$8,511,703.58		\$1,420,680.00		\$1,433,250.00		\$3,441,692.00	
PROJECT CONTROL							
SOUTHEAST REGIONAL DIRECTOR				DATE			
DATE				DATE			
DATE				DATE			
NOT REQUIRED							
DIRECTOR, DESIGN & ENGINEERING SERVICES							
HEADQUARTERS PLANNING				DATE			
DATE PROCESSED				DATE			

17.67. Project Funding Request

PROJECT FUNDING REQUEST

To: Martha Wysor, CIP Analyst, Project Control Date: _____

From: _____

Project Name: _____

AKSAS Project Number: _____ Federal Project Number: _____

APPROVALS OF REQUEST

Latest Estimates for all project phases were reviewed and updated prior to submission of this funding request and all phases in need of a funding adjustment that can be addressed at this time are included in this request. Support groups please indicate concurrence with this request:

PreConstruction
 Right of Way
 Utilities
 Construction

Post-Environmental Document Approval Funding Requests: I certify that the attached request is consistent with the approved environmental document:

_____ **William F. Ballard, Regional Environmental Coordinator**

REQUEST TYPE AND DOLLAR AMOUNT (Dollar amount of CHANGE, including non-participating funds):

Phase 2 Requests: \$ _____ Design PDA \$ _____ ROW P.E. PDA \$ _____ Utilities P.E. PDA

Phase 3 Requests: \$ _____ ROW PDA \$ _____ Utility Relocation PDA

Phase 4 Requests: \$ _____ Construction PDA

FHWA AUTHORITIES TO PROCEED (ATPs) REQUESTED:

<input type="checkbox"/> Increase within an existing ATP	<input type="checkbox"/> ROW Appraisals & Acquisitions
<input type="checkbox"/> PE-Reconnaissance Study	<input type="checkbox"/> Utility Relocation
<input type="checkbox"/> PE through Environmental Document Approval	<input type="checkbox"/> Construction
<input type="checkbox"/> PE through Final PS&E	

CONSULTANT INFORMATION (required for FHWA and FAA projects):

<u>Consultant Names</u>	<u>Services to be provided</u>	<u>Estimated Contract \$ Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____


PHASE CUTOFF DATES (required for FHWA and FAA projects):

Phase 2: _____ Phase 3: _____ Phase 4: _____

ADDITIONAL INFORMATION OR SPECIAL REQUESTS (non-participating funds, etc.):

Rev. 3/98

17.68. Project Material Certification Letter Example

 <p style="margin-left: 20px;">THE STATE <i>of</i> ALASKA GOVERNOR SEAN PARNELL</p>	<p>Department of Transportation and Public Facilities</p> <p>NORTHERN REGION CONSTRUCTION</p> <p>2301 PEGER ROAD FAIRBANKS, ALASKA 99709-5316 Main: 907-451-5466 TDD: 907-451-2363 FAX: 907-451-5487</p>	
---	---	--

PROJECT MATERIAL CERTIFICATION

Project No: _____

Project Name: _____

This is to certify that the manufacturer's certifications, and results of the tests on acceptance samples, indicate that the materials incorporated in the construction work, and the construction operations controlled by sampling and testing, were in conformity with the approved plans and specifications.

It is further certified that the results of tests on acceptance samples compare favorably with the results of the independent assurance sampling and testing.

Please mark the appropriate box below:

There are no exceptions to the material requirements.

Minor exceptions to the material requirements are listed in the Materials Testing Summary **or Materials Sampling Checklist.**

Exceptions to the material requirements are listed in the attached Memorandum of Exceptions.

Date: _____

Project Engineer

Date: _____

Andrew Schultz, P.E.
Quality Assurance Engineer

"Keep Alaska Moving through service and infrastructure."

17.69. Project Materials Report (Form 25D-058)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

PROJECT MATERIALS REPORT

Project No.: _____ Date: _____
Project Name: _____
Bid Item No.: _____

THE FOLLOWING ITEM HAS BEEN DELIVERED TO THE PROJECT:

Description: _____

Supplier: _____

Quantity: _____

Check One:

- Item described above is a standard shelf or local purchase item and it meets contract requirements
- Item described above is listed on the Materials, Sampling and Testing Frequency Table under Small Quantities of Miscellaneous Materials
- Other – include explanation for acceptance under remarks

Remarks: _____

**ALL MATERIALS HAVE BEEN INSPECTED AND INVENTORIED AT THE PROJECT AND
FOUND TO BE ACCEPTABLE FOR INCORPORATION INTO THE WORK**

Project Engineer

Date

25D-058 Rev. 01/10

17.70. Proof of Construction for ROW (Form 25D-173)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

PROOF OF CONSTRUCTION
FOR RIGHT OF WAY

_____ states that he is the Project Engineer for the State of Alaska, Department of Transportation and Public Facilities; that Project No(s) _____ has/have been constructed under his supervision; that construction commenced on the _____, and was completed on the _____; that the constructed project(s), as foresaid, conform(s) to the R/W limits as shown on the Project Right-of-Way Plans or the plat(s) which received the approval of the (agency) _____ on the following date: BLM/ADL # _____, on _____.

Signature of Project Engineer

Date

(THIS SECTION TO BE COMPLETED FOR BLM GRANTS ONLY, AS NEEDED, AFTER RECEIVED IN RIGHT-OF-WAY.)

I, _____, certify that I am the _____ of the Alaska Department of Transportation and Public Facilities; that Project No(s) _____ was/were actually constructed as set forth in the accompanying statement of _____, the _____ Engineer, and project(s) was/were constructed in compliance with the conditions of the grant.

Construction Engineer
State of Alaska
Department of Transportation
and Public Facilities

Attest: _____

25D-173 (1-03)

17.71. Proof of Use for Material Sources (25D-174)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**PROOF OF USE FOR MATERIAL SOURCES, MAINTENANCE &
STOCKPILE SITES, ROADSIDE & LANDSCAPE DEVELOPMENT AREAS**

_____ states that he is the Project Engineer for the State of
Alaska, Department of Transportation and Public Facilities; that _____
has been utilized under his supervision; as _____ on Project No(s)
_____; that the _____
as aforesaid, conforms to the plat which received the approval of the (agency) _____
_____ on the following date:
BLM/ADL # _____, on _____.

Signature of Project Engineer

Date

(THIS SECTION TO BE COMPLETED FOR BLM GRANTS ONLY, AS NEEDED, AFTER
RECEIVED IN RIGHT-OF-WAY.)

I, _____, certify that I am the _____ of the
Alaska Department of Transportation and Public Facilities; that _____
was actually utilized as set forth in the accompanying statement of _____,
the _____ Engineer, and Project was constructed in compliance with the
conditions of the grant.

Regional Director
State of Alaska
Department of Transportation
and Public Facilities

Attest: _____

25D-174 (1-03)

17.72. Public Interest Finding (PIF)

**PUBLIC INTEREST FINDING
Deadhorse Airport Parallel T/W
D10732/AIP 3-02-0339-01
30169842
Supplemental Agreement #1**

Supplemental Agreement #1 provides for the construction of a general aviation apron, lighted T/W and access road; plus security fencing on the main parking apron. The fencing has been mandated by the FAA and was not included in the contract earlier because of some layout complications that couldn't be resolved during the initial design phase.

As the oilfield development continues to grow on the North Slope so does the demand on the Deadhorse Airport as it is the only public, paved and lighted, all weather facility serving the area. The airport development has almost always been behind in keeping up with that demand. The last major capital improvement was the lighting and paving work in 1978. During the interim time the air carrier traffic has increased from one carrier to four and possibly five major carriers that make up to 11 scheduled flights per day. Also on this parking apron we have three helicopter operations that have had over 25 helicopters operating at one time; two fixed base operators with numerous daily flights and weekly oil company charter flights from the lower 48.

Add to this now the ever increasing transient and based small private aircraft traffic and you have a major congestion problem. The Airport Manager has to park planes in the designated taxiway on the south side of the parking apron, which is against FAA safety regulations. All of the above is compounded when the weather is poor since all traffic to the other area airports is diverted to the Deadhorse Airport with its Instrument Landing System.

The FAA axiom that air carrier operations and general aviation activity don't mix is definitely borne out at Deadhorse. Small aircraft owners are very reluctant to park on the main parking apron because (1) there are not any tiedowns and more importantly (2) the ever increasing damage potential because of the increasing jet traffic. Some owners have refused to park on the apron and on their own, without permission, parked on private property. This has created problems with and for the airport leaseholders. Also in light of increased terrorist activity the FAA is becoming particularly sensitive to maintaining separation of air carrier and general aviation activity for security reasons. Clearly there is a need for a general aviation facility at Deadhorse Airport.

The Department has an opportunity to satisfy this demand under the present contract at a very substantial savings to the State.

The design staff has outlined the construction costs, (mob-demob, field office and lab etc.), contract engineering and review and advertising costs, that we would incur if we advertise and administer this work under a new contract. These costs would be in addition to the costs to do the actual work under this proposal. (See Dan Urbach's memo June 26, 1985.) The estimate is \$230,000, and this is felt to be on the conservative side. This represents a 33% increase over our present proposal cost. Even if we started the review and advertising process today, the contract could not be advertised and awarded in time for construction this season. (See Dan Urbach's memo of June 17, 1985.) This approach is moot anyway if we add the above additional costs to the Engineer's estimate – there wouldn't be sufficient funds available to do the work.

In summary the present parking apron is no longer adequate to accommodate the heavy air carrier traffic and the general aviation mix. We have an opportunity to get a much needed facility for a very reasonable cost that will be available for public use this year, which otherwise would not be available under normal contract procedures. It is clearly in the State's best interest to take advantage of this opportunity to improve the safety, security and convenience of the flying public.

17.73. Report of Occupational Injury or Illness (Form 02-921) with instructions

Alaska Department of Labor Alaska Workers' Compensation Board P.O. Box 25512 Juneau, AK 99802-5512			STATE OF ALASKA REPORT OF OCCUPATIONAL INJURY OR ILLNESS			AWCBC Case Number	
EMPLOYEE: Answer ALL questions 1-20. Follow instructions on Pages 3 and 5.							
1. Last Name		First Name	Initial	2. Telephone Number	3. Date of Birth	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Social Security Number
6a. Mailing Address			7a. Residence Address (Do not use P.O. Box; this must be your residence address)				
6b. City		State	ZIP Code	7b. City		State	ZIP Code
8. City, Town, Village where injury occurred			9. Date & Hour of Injury or Exposure to Disease		10. On Employer's Premises?		
			Date / /		Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Full Name and Address of Attending Physician			12. Hospitalized?		13. Name and Address of Hospital		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
City		State	ZIP Code	City		State	ZIP Code
14. Type of Injury or Illness and Part of Body Injured			15. Describe How the Injury or Illness Happened (Be specific)				
<input type="checkbox"/> Left <input type="checkbox"/> Right							
16. Employee's Signature (if not available, explain)					17. Date Signed		
EMPLOYER: Answer questions 18-49. Carefully follow instructions on Page 2.							
18. Department		Code	Division/Location		Code	19. Region (if applicable)	
20. Mailing Address (street and number)				21. Name of Insurer:			
				State of Alaska Self Insurance Program			
City		State	ZIP Code	Telephone		22. Full Name and Address of Adjusting Company	
23. Date Employer First Knew Injury was Work-Related		24. Time Employee Left Work		Mailing Address (street and number)			
Date / /		Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
25. Will Injury Result in Lost Time Beyond Date of Accident?		26. Date Returned to Work		27. Death		City	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Date / /		<input type="checkbox"/> Yes <input type="checkbox"/> No		State ZIP Code Telephone	
28. Place Where Injury or Illness Took Place (if different from location listed in #20).				29. Employee's Occupation		30. Date Hired by Employer	
31. Earnings Calculated By:			32. Rate of Pay		33. Days Employee Works per Week		34. Scheduled Days Off
<input type="checkbox"/> Hr. <input type="checkbox"/> Day <input type="checkbox"/> Output <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Year			\$ per		<input type="checkbox"/> 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		35. Workday Began <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
36. Was Employee Paid for Day of Injury?			37. Federal EIN		AK U.I. Acct. No.		
<input type="checkbox"/> Yes <input type="checkbox"/> No			92-6001185		588997		
38. Give Details of How Accident Happened.							
39. Was Accident Caused by Failure of a Machine or Product?		40. Were Mechanical Guards or Other Safeguards Provided?		41. Name Machine, Substance, or Object Which Directly Injured Employee		42. If Mechanical, Specifically What Part?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
43. Name and Addresses of Witnesses				44. If the Accident Was Caused by Anyone Besides Employee, Give Name and Address			
45. Dependents (name and address in case of death)							
46. If you Doubt Validity of Claim, State Reason (complete Supervisor's Report if necessary, and describe in detail)							
47. Signature of Authorized Employer Representative				48. Title		49. Date Signed	

WARNING TO EMPLOYEES AND EMPLOYERS: Penalties for fraud or misleading statements. A person who knowingly makes a false or misleading statement that adversely affects another person, is guilty of deception as defined in AS 11.46.180, and may be punished as provided in AS 11.46.120-150.

Instructions: Complete the Original and make 4 copies. Distribution: Original - Workers' Compensation Board
 Copy - Risk Management Copy - Adjuster Copy - Employer Copy - Employee

Form 02-921 (Rev. 9/02) 09/19/02-921.doc

Page 1

TO THE EMPLOYER

This form must be completed and mailed immediately and in no case later than **ten (10) days** after you have knowledge that your employee has been injured or claims to have been injured while working for you. Be certain to mail the Original Blue Copy to the Alaska Workers' Compensation Board within the 10-day requirement.

"Injury" means accidental injury or death arising out of and in the course of employment and an occupational disease, illness, or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include **mental injury** caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 25 percent of the amount of compensation due plus interest to the injured worker.

If you believe the employee will be unable to work for more than three days because of injury, be certain to complete items 31, 32, 33, and 34, or contact the adjuster and provide information about employee's earnings.

Original..... Alaska Workers' Compensation Board
P.O. Box 25512
Juneau, AK 99802-5512

Copy..... Alaska Division of Risk Management
P.O. Box 110218
Juneau, AK 99811-0218

Copy..... The Adjusting Service listed in the State of
Alaska Claims Manual

Copy..... For department's administrative personnel file.

Copy..... Employee

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety. Alaska Statute 18.60.058 requires employers to report to the Division of Labor Standards and Safety an employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 24 hours after receipt by the employer, of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities, and the extent of the injuries.

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING.

**STATE OF ALASKA
 REPORT OF OCCUPATIONAL
 INJURY OR ILLNESS**

AWCB Case Number

EMPLOYEE: Answer ALL questions 1-20. Follow instructions on Pages 3 and 5.

1. Last Name First Name Initial		2. Telephone Number	3. Date of Birth / /	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Social Security Number
6a. Mailing Address			7a. Residence Address (Do not use P.O. Box; this must be your residence address)		
6b. City State ZIP Code		7b. City State ZIP Code			
8. City, Town, Village where injury occurred			9. Date & Hour of Injury or Exposure to Disease Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		10. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Full Name and Address of Attending Physician			12. Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Name and Address of Hospital
City State ZIP Code		City State ZIP Code			
14. Type of Injury or Illness and Part of Body Injured <input type="checkbox"/> Left <input type="checkbox"/> Right		15. Describe How the Injury or Illness Happened (Be specific)			
16. Employee's Signature (If not available, explain)					17. Date Signed / /

EMPLOYER: Answer questions 18-49. Carefully follow instructions on Page 2.

18. Department Code Division/Location Code		19. Region (if applicable)			
20. Mailing Address (street and number)			21. Name of Insurer: State of Alaska Self Insurance Program		
City State ZIP Code Telephone		22. Full Name and Address of Adjusting Company			
23. Date Employer First Knew Injury was Work-Related / /		24. Time Employee Left Work Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Mailing Address (street and number)	
25. Will Injury Result in Lost Time Beyond Date of Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date Returned to Work / /		27. Death <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /	
		City State ZIP Code Telephone			

EMPLOYEE: READ AND FOLLOW THE INSTRUCTIONS BELOW

DECLARE YOUR MARITAL STATUS AND THE NUMBER OF YOUR ACTUAL DEPENDENTS ON THE INJURY DATE. "ACTUAL DEPENDENTS" MEANS THE EXEMPTIONS YOU WOULD BE ABLE TO CLAIM IF YOU WERE FILING YOUR INCOME TAX RETURN.

1. MARITAL STATUS: SINGLE MARRIED, SPOUSE'S FULL NAME _____

2. DEPENDENTS:

a. YOURSELF 65 OR OVER BLIND

b. SPOUSE 65 OR OVER BLIND

c. List first names and birthdates of your dependent children who live with you: _____

Enter number of boxes checked in (a) and (b)

d.	Other Dependents (1) Name	(2) Relationship	(3) Do you provide more than 1/2 of dependent's support?	Enter number of children listed
				<input type="checkbox"/>
				<input type="checkbox"/>

Always check the box labeled "Yourself." Check other boxes if they apply

e. Total Number of Dependents Claimed.....

Enter number of other dependents

Add numbers entered in boxes

Employee's Signature	Date
----------------------	------

**EMPLOYEE: IF YOU LOSE MORE THAN 3 DAYS FROM WORK AS A RESULT OF THIS INJURY, READ the instructions on Page 4
 Complete Pages 3 and 4 – send them to the Adjuster**

TO THE EMPLOYEE

IF YOU BELIEVE THAT YOU WILL NOT BE ABLE TO WORK FOR MORE THAN THREE (3) DAYS BECAUSE OF YOUR INJURY, IMMEDIATELY FILL OUT THE FORM BELOW AND SEND IT TO THE ADJUSTING SERVICE COMPANY OR YOUR DEPARTMENT'S HUMAN RESOURCES MANAGER FOR FORWARDING TO THE STATE'S ADJUSTING SERVICE.

Check the BOXES which are true for you. Attach wage stubs or records about your earnings as indicated, including deferred income, employer-provided room and board, and employer contributions to a qualified pension or profit-sharing plan.

1. When injured, I was a seasonal/temporary worker. ATTACH EARNING RECORDS FOR ALL WORK FOR THE CALENDAR YEAR IMMEDIATELY BEFORE THE INJURY.

IF YOU CHECKED BOX NUMBER ONE ABOVE, SKIP TO NUMBER FIVE (5) BELOW.

2. I was employed less than 13 calendar weeks immediately before the injury. YOU DO NOT NEED TO ATTACH EARNING RECORDS.
3. I was employed 13 calendar weeks or more immediately before the injury.
- a. When injured, my wages were calculated by the:
 Week Month Year

ATTACH EARNING RECORDS IF YOU WORKED FOR MORE THAN ONE EMPLOYER.

- b. When injured, my wages were calculated by the day, hour, or output. IF YOU WERE EMPLOYED 13 WEEKS OR MORE, ATTACH EARNING RECORDS FOR YOUR MOST FAVORABLE 13 CONSECUTIVE CALENDAR WEEKS WITHIN THE 52 WEEKS IMMEDIATELY BEFORE YOUR INJURY.
4. When injured, my wages or the basis for my pay had not been set. ATTACH INFORMATION ABOUT THE USUAL WAGE FOR SIMILAR SERVICES.
5. When injured, I was employed by two or more employers.
6. When injured, I was a minor, apprentice, or trainee in a formal training program.
7. I was injured working as a volunteer ambulance attendant, volunteer police officer, or volunteer fire fighter.
8. I was injured before September 4, 1995.

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING.

17.75. Request for Proposal (Form 25D-067)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
Select REGION

Request
For Proposal

NOTE: This form does not authorize commencement of work.

Project No.: _____ RFP No.: _____

Project Name: _____

Contractor: _____
Company Name

Address: _____
Address

City/State _____
City/State

Recommended By: _____ Date: _____

Title: _____

Description of Work (attach additional sheet(s) if necessary):

Change in Contract Price and Time (Contractor's breakdown required, attach additional sheet(s) if necessary):

Per AS 36.30.400, I hereby certify that to the best of my Knowledge and Belief, the data submitted is accurate, complete and current and is the actual costs to the contractor or additional time for performing the additional work or supplying the additional materials.

Signature: _____

Contractor's Representative

Authorization to Proceed required by _____ to avoid additional costs.

Date: _____

17.81. Supervisor's Accident Investigation Report (Form 02-932)

STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured / Equipment / Property: _____

Job or Activity at Time of Accident _____ Date of Accident: _____

Exact Location: _____ Time: _____

<p>1. WHAT HAPPENED? _____</p> <p>_____</p> <p>_____</p>	<p>Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.</p>															
<p>2. WHY DID IT HAPPEN? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible:</p> <p>OPERATING FACTORS TO BE CONSIDERED:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Proper Equipment</td> <td style="width: 33%;">Proper Material</td> <td style="width: 33%;">People</td> </tr> <tr> <td>Selection</td> <td>Selection</td> <td>Selection</td> </tr> <tr> <td>Arrangement</td> <td>Placement</td> <td>Placement</td> </tr> <tr> <td>Use</td> <td>Handling</td> <td>Training</td> </tr> <tr> <td>Maintenance</td> <td>Use</td> <td>Supervision</td> </tr> </table>	Proper Equipment	Proper Material	People	Selection	Selection	Selection	Arrangement	Placement	Placement	Use	Handling	Training	Maintenance	Use	Supervision
Proper Equipment	Proper Material	People														
Selection	Selection	Selection														
Arrangement	Placement	Placement														
Use	Handling	Training														
Maintenance	Use	Supervision														
<p>3. WHAT SHOULD BE DONE? _____</p> <p>_____</p> <p>_____</p>	<p>What action(s) will prevent similar accidents in the future?</p>															
<p>4. WHAT HAVE YOU DONE THUS FAR? _____</p> <p>_____</p> <p>_____</p>	<p>Take or recommend action, depending on your authority.</p>															
<p>5. HOW WILL THIS IMPROVE OPERATIONS? _____</p> <p>_____</p> <p>_____</p>	<p>How will it help us meet our objective: ACCIDENT PREVENTION?</p>															
<p>6. WHAT IS YOUR ROUGH ESTIMATED COST OF THIS ACCIDENT?</p> <p>Cost of lost wages and medical expenses? _____</p> <p>Damage to State property or equipment? _____</p> <p>Damage to third parties, property and people? _____</p> <p style="text-align: right;">TOTAL _____</p>																

Investigated By: _____ Date: _____

Unit / Division / Department: _____

COMPLETE INSTRUCTIONS ARE ON THE BACK

02-932 (10/93)

SUPERVISOR'S INVESTIGATION REPORT

INSTRUCTIONS

A. Investigate each accident immediately after it occurs.

B. Distribution: (To be completed within 72 hours.)

BLUE	—	Your Division Director	
PINK	—	Your Copy	
GREEN	—	Division of Administration Services	
YELLOW	—	Division of Risk Management*	(Division of Risk Management) Department of Administration P.O. Box 110218 Juneau, AK 99811-0218

* on worker compensation injuries attach to yellow copy of form No. 02-921

1. WHAT HAPPENED?

GET ALL THE FACTS by studying the job and conditions where the accident occurred.

TELL WHAT THE EMPLOYEE WAS DOING when injured. (BE SPECIFIC. If employee was using tools or equipment or handling material, name them and tell what employee was doing with them.)

TELL HOW THE ACCIDENT OCCURRED. (Describe fully the events which resulted in injury. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.)

TELL WHAT THING DIRECTLY INJURED THE EMPLOYEE. (Name object struck against or struck by. If strain or hernia, name the object lifted, pulled, etc. If injury resulted solely from bodily motion, state the stretching, twisting, etc. which caused the injury.)

2. WHY DID IT HAPPEN?

Describe in detail the CONDITION RESPONSIBLE for the accident. It will always involve one or more of 12 OPERATION FACTORS listed. Be specific in identifying the equipment, material, and people involved and how they contributed to the accident.

3. WHAT SHOULD BE DONE?

Determine what CORRECTIVE ACTION is needed to prevent a similar accident in the future. The OPERATION FACTORS used in No. 2 should help you determine what should be done.

4. WHAT HAVE YOU DONE THUS FAR?

State what CORRECTIVE ACTION you have taken or recommended to your supervisor, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS?

State how the CORRECTIVE ACTION you have taken or recommended will help to prevent future accidents.

6. WHAT IS YOUR ROUGH ESTIMATED COST OF THIS ACCIDENT?

In most cases, actual accident costs are not available for some period of time. Please use your BEST JUDGEMENT IN MAKING A DETERMINATION of lost wages, medical expenses, damage to State property and/or equipment.

02-932 BACK (10/93)

17.82. Supervisor's Safety Meeting Report (Form 25M-063



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SUPERVISOR'S SAFETY MEETING REPORT

TOTAL EMPLOYEES _____ REGION _____
EMPLOYEES PRESENT _____ DIVISION _____
DATE _____ SECTION _____
LOCATION _____

SUBJECT DISCUSSED:

SAFETY SUGGESTIONS AND RECOMMENDATIONS:

SUGGESTIONS FOR FUTURE SAFETY MEETINGS:

All personnel in attendance shall sign back of original.

Safety Meeting Supervisor

Title

25M-063(4/98)

17.83. Supplemental Agreement (Form 25D-066)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
CENTRAL REGION

SUPPLEMENTAL AGREEMENT NO.: _____

Sheet _____ of _____

Project No.: _____

Contractor: _____

Project Name: _____

Address: _____

The above designated Contract is hereby modified in the manner described below. This agreement is supplemental to the above Contract, which is, by reference made a part hereof. Price adjustments resulting from inaccurate cost and pricing data are subject to the provisions of AS 36.30.400c. All terms, conditions, and provisions of the Contract, except as specifically modified herein, remain unchanged and in full force and effect.

Acceptance of this Supplemental Agreement constitutes agreement to the terms, conditions, and prices stated.

Contractor

Contractor Representative Title

Date: _____

Recommended: _____
Title:

Issued: _____

Date: _____

WITNESS

17.84. Support Information/Backup Sheet (Form 25D-064)

State of Alaska Department of Transportation and Public Facilities Support Information/Backup Sheet (Form 25D-064)							
							Sheet 1 of
Backup for: _____				Region Review			
Project Number: _____							
Project Name: _____				FHWA/ FAA (If required)			
Contract Amount: _____				FHWA/FAA Verbal Approval Date (If required) _____			
Comparison of Cost Due to Change							
Item No.	FA Code	Negotiated Yes or No	Item	Unit	Price	Quantity (+ or -)	Amount (+ or -)
Prepared By: _____ Project Engineer				Net Change This Order			
Prior Change Documents:				Total Previous Changes			
				Accumulative Change			
				% of Accumulative Change			
Description and Reason for Change							

Use Form 25D-065 for continuation, if required

25D-064 (3/05ge)

17.85. SWPPP Amendment Log (Form 25D-114)



STATE OF ALASKA
 DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP AMENDMENT LOG PAGE ____

AKSAS Number:

Project Name:

All amendments must be approved by the Engineer per 64.1.3.03, therefore the Project Engineer's approval of each amendment must be documented. Detailed Instructions for completing this form can be found on the Alaska Construction Forms website:

http://dot.alaska.gov/swddes/dcsconstpop_constforms.shtml

Amendment Number	Description of the Amendment and Related Corrective Action Number (if applicable)	Page or Sheet Number	Date of Amendment	Amendment Authorized by (Sign Full Name)	PE Initials

Form 25D-114 (12/2015)

17.86. SWPPP Certification for Contractor (Form 25D-111)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP CERTIFICATION FOR CONTRACTOR

Project Name: _____

Operator:

I certify under penalty of law that this document 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 the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations.

Name: _____

Duly Authorized Representative in accordance with Appendix A, Part 1.12 APDES
General Permit for Discharges From Large and Small Construction Activities

Title: _____

Date: _____

Signature: _____

17.87. SWPPP Certification for DOT&PF (Form 25D-109)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP CERTIFICATION FOR DOT&PF

Project Name: _____

Operator: Alaska Department of Transportation and Public Facilities,

[FILL IN YOUR REGION OR DIVISION]

I certify under penalty of law that this document 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 the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations.

Name: _____

Duly Authorized Representative in accordance with Appendix A, Part 1.12 APDES
General Permit for Discharges From Large and Small Construction Activities

Title: Project Engineer

Date: _____

Signature: _____

17.88. SWPPP Construction Site Inspection Report (Form 25D-100)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP CONSTRUCTION SITE INSPECTION REPORT

Detailed instructions for completing this form can be found on the Alaska Construction Forms website:
http://www.dot.state.ak.us/stwdes/dcsconst/pop_constforms.shtml

1.0 General Information

1.1 Project Name			
1.2 Project Number		1.3 Location	
1.4 NOI Tracking No.	Contractor's:		DOT&PF's:
1.5a Date of Inspection			1.5b Start/End Times:
1.6 Inspectors' Names	Contractor:		DOT&PF:
1.7 Inspectors' Titles	Contractor:		DOT&PF:
1.8 Inspectors' Contact Information	Contractor:		DOT&PF:
1.9a AK-CESCL Cert. No.	Contractor:		DOT&PF:
1.9b AK-CESCL Exp. Date	Contractor:		DOT&PF:
1.10 Describe construction activities			
1.11 Type of Inspection: <input type="checkbox"/> Regular <input type="checkbox"/> Post-storm Event <input type="checkbox"/> Reduced Inspection Frequency Period			

2.0 Weather Information

2.1 Describe the weather since the last inspection, or start of construction activities if first inspection.

Check all appropriate boxes.
 Clear Cloudy Rain Sleet Fog Snow High Winds Other:

2.2 Storm events. Complete storm event information if there were any storm events since the last inspection.

Storm event: a rainfall event that produces more than 0.5 inch of precipitation in 24 hours and that is separated from the previous storm event by at least 3 days of less than 0.1 inch of rain per day. CGP C16.

Estimated Start Date:					
Estimated Duration (#days):					
Approximate Amount of Precipitation (in):					

2.3 Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Winds Other:
 Temperature:

3.0 Overall Site Issues

For complete instructions, please see instructions on Constructions Forms web page, by separate form

- **Overall Site Issue** -- These are general site issues that must be assessed during inspections.
- **Implemented?** -- If a BMP should be installed at the time of the inspection and you marked "No" in the "BMP Installed" column, then you must check "Yes" in the "BMP Action Required?" column. If there is good reason to mark "no" in the "BMP Installed" column (such as the BMP is no longer needed and was removed) then you can mark "no" in the "BMP Action Required?" column and explain in the "Comments" column.
- **Corrective Action Required?** - When maintenance or some other corrective action is required, check "Yes" in this column.
- **Corrective Action Required, Complete by Date** - When a corrective action is required, before certifying the report, fill in the date when the corrective action can reasonably be expected to be completed. When a corrective action is NOT required, leave the "Complete by Date" blank.
- **If Corrective Action is required, describe Action and Location** -- Anytime you check "Yes" in the "Corrective Action Required?" column, you must fill in the "Describe Corrective Action and Location" column as well.
- **Corrective Action Log** - When a Corrective Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log and document on the Log the actual date of completed correction.

	Overall Site Issue	Response	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.1	Have stabilization measures been initiated on slopes and disturbed areas not actively being worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.2	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) required by the SWPPP to be delineated in the field, identified with barriers or markings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.4	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.5	Are the construction exits preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.6	Is trash/litter from work areas collected and disposed of properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

	Overall Site Issue	Response	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.7	Are washout facilities (e.g., paint, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.8	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other potential pollutants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.9	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.10	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.11	Has Spill Response kit been used since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.12	Are the NOI postings legible, updated and do they contain the correct information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.13	Are erodible stockpiles properly covered and have a perimeter control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.14	Are any additional BMPs needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.15	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

4.0 Discharge Points

	Overall Site Issue	Response	Corrective Action Required?	If Response is No, describe Location. If Corrective Action is required, describe Action and Location	Comments
4.1	At the time of inspection, are the discharge points and receiving waters free of pollutant discharges (sediment deposits, sediment plume or oil sheen)? (See Section 4.3 for list of discharge points)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
4.2	Since the last inspection, are the discharge points and receiving waters free of evidence that pollutants had left the project site (for example, sediment deposits, oily residue)? (See Section 4.3 for list of discharge points)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

4.3 Location of Discharge Points

List the project discharge point locations	Inspected? Circle
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No
	Yes No

List the project discharge point locations	Inspected? Circle

5.0 Site-specific BMPs
<ul style="list-style-type: none"> BMP Identifier -- This column is a mandatory entry used to help correspond BMPs with the site map. Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary on the continuation sheets). BMP and Location - Describe and give the location of the structural and non-structural BMPs identified in your SWPPP in the BMP column below (Include areas that are required to be inspected by the CGP, such as material storage areas that are exposed to precipitation.) BMP Installed? – If a BMP should be installed at the time of the inspection and you marked “No” in the “BMP Installed” column, then you must check “Yes” in the “BMP Action Required?” column. If there is good reason to mark “no” in the “BMP Installed” column (such as the BMP is no longer needed and was removed) then you can mark “no” in the “BMP Action Required?” column and explain in the “Comments” column. BMP Action Required? - If a BMP needs repair, modification, replacement, maintenance or a new BMP is needed or a SWPPP amendment is needed, then a BMP Action is required. BMP Action Required, Complete by Date - Before certifying the report, fill in the date when the BMP Action can reasonably be expected to be completed. When a BMP Action is NOT required, leave the “Complete by Date” blank. If BMP Action is required, describe Action and Location – Anytime you check “Yes” for “BMP Action Required,” then you must also fill in the “Describe BMP Action and Location” column. Corrective Action Log - When a BMP Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log, and document on the Log the actual date of completing correction.

BMP Identifier	BMP & Location	BMP Installed?	BMP Action Required?	If BMP Action is required, describe Action and Location	Comments
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		
		__Yes __No	__Yes __No Complete by Date:		

BMP Identifier	BMP & Location	BMP Installed?	BMP Action Required?	If BMP Action is required, describe Action and Location	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

6.0 Inspection Certification

6.1 Areas of Inspection

Did you inspect all areas of the project that are required to be inspected by the CGP including areas disturbed by construction activity, areas used for storage of materials that are exposed to precipitation, areas where control measures are installed, areas where sediment or other pollutants have accumulated or been deposited and may have the potential for or are entering a stormwater conveyance system, locations where vehicles enter or exit the site, areas where storm water typically flows, points of discharge from the site, and portions of the site where temporary or permanent stabilization has been initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you did not inspect any required areas, list those locations here and explain why they weren't inspected.
--	---	--

6.2 Project Compliance

- *If there are incidences of non-compliance identified in this inspection report then you must summarize below the incidence(s) of non-compliance.*
- *If there is an Action Item described in the non-compliance box below that does not already have a "Complete by Date" assigned elsewhere in this report, then add a Complete by Date within the box.*

Non-Compliance
Incidence(s) of Non-compliance: Action Item(s) and Complete by Date(s):

- *Check the box below if there are no incidences of non-compliance with the CGP:*

I certify that on the date of this inspection, this project was found to be in compliance with the terms of the applicable Construction General Permit.

CERTIFICATION STATEMENT

"I certify under penalty of law that this document 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 the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations."

Contractor's Duly Authorized Representative

DOT&PF's Duly Authorized Representative

Print name: _____

Print Name: _____

Title: Superintendent

Title: Project Engineer

Signature _____

Signature _____

Date _____

Date _____

17.89. SWPPP Corrective Action Log (Form 25D-112)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP CORRECTIVE ACTION LOG PAGE ____

Project Number:

Project Name:

Use this form to track completion of all corrective actions. Note that corrective actions can be identified during and outside of inspections. Detailed instructions for completing this form can be found on the Alaska Construction Forms website: http://dot.alaska.gov/stwddes/dcscons/pop_constforms.shtml

Corrective Action Number	Date Identified (check box if outside inspection)	Description of corrective action, including the following as applicable: <ul style="list-style-type: none"> • Related SWPPP Amendment # • Note if a >2-yr., 24-hr. storm event occurred (see instructions) • All corrective actions require a complete by date and description 	Complete-by Date	Date Complete	Name of Person Documenting Completion
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Form 25D-112 (12/2015)

17.91. SWPPP Delayed Action Item Report (Form 25D-113)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP DELAYED ACTION ITEM REPORT (DAIR)

Use when impracticability prevented Contractor from meeting initial "Complete by Date" for a BMP Action or Corrective Action. This form must be completed by a DOT&PF Project Engineer and attached to the inspection report. Detailed instructions for completing this form can be found on the Alaska Construction Forms website: http://www.dot.state.ak.us/stwddes/dcsconst/pop_constforms.shtml

PART 1

Project name _____

Project Number: _____

DOT&PF NOI Tracking # _____

Date completing this form _____

DOT&PF Project Engineer completing this form _____

BMP Action or Corrective Action description and location

Date of inspection report that identified a BMP Action or Corrective Action was needed _____

"Complete by Date" on that inspection report _____

Provide a detailed explanation as to why the BMP Action or Corrective Action was not completed as scheduled (attach additional page, if necessary)

New "Complete by Date" _____

PART 2


Date the BMP Action or Corrective Action was actually completed _____

If the BMP Action or Corrective Action is not completed by the new date written above, then complete another Delayed Action Item Report.

DOT&PF Project Engineer recording the action completion _____ Date _____

Form 25D-113 (12/2015)

17.92. SWPPP Delegation of Signature Authority for CGP Documents - Contractor (Form 25D-108)

	<p>STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES</p>
<p>SWPPP DELEGATION OF SIGNATURE AUTHORITY FOR CGP DOCUMENTS -- CONTRACTOR</p> <p>Project Name: _____</p>	
<p>I, <i>(Contractor's responsible corporate officer)</i> hereby designate the project superintendant assigned to <i>(Project Name)</i> to be <i>(Contractor's company name)</i>'s duly authorized representative for the purpose of overseeing compliance with the APDES Construction General Permit, at the <i>(Project Name)</i> construction site. By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix A, Subsection 1.12.2 of ADEC's Construction General Permit (CGP), and that the designee above meets the definition of a "duly authorized representative" as set forth in Appendix A, Subsection 1.12.3.</p> <p>I certify under penalty of law that this document 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 the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations.</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Signature _____</p> <p>Date _____</p>	

17.93. SWPPP Delegation of Signature Authority for CGP Documents – DOT&PF (Form 25D-107)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

**SWPPP DELEGATION OF SIGNATURE AUTHORITY
FOR CGP DOCUMENTS – DOT&PF**

Project Name: _____

I, (REGIONAL DIRECTOR'S NAME) hereby designate the Project Engineer assigned to (Project Name) to be the DOT&PF duly authorized representative for the purpose of overseeing compliance with the APDES Construction General Permit, at the (Project Name) construction site. By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix A, Subsection 1.12.2 of ADEC's Construction General Permit (CGP), and that the designee above meets the definition of a "duly authorized representative" as set forth in Appendix A, Subsection 1.12.3.

I certify under penalty of law that this document 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 the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations.


Name: _____

Title: Regional Director

Signature: _____

Date: _____

17.94. SWPPP Grading & Stabilization Activities Log (Form 25D-110)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP GRADING & STABILIZATION ACTIVITIES LOG PAGE ____

Project Number: _____ Project Name: _____

Project Area (if applicable): _____

Detailed instructions for completing this form can be found on the Alaska Construction Forms website: http://dot.alaska.gov/stwdcdes/dcsconst/pop_constforms.shtml

Date Grading Activity Initiated/ Initials	Description of Grading Activity and Location	Date Grading Activity Ceased (Temporary or Permanent) and Initials	Date Stabilization Measures Initiated (Temporary or Permanent) and Initials	Date Stabilization Measure Complete	Description of Stabilization Measure
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	
		T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	T <input type="checkbox"/> P <input type="checkbox"/>	

Form 25D-110 (12/2015)

17.95. SWPPP Pre-Construction Site Visit (Form 25D-106)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP PRE-CONSTRUCTION SITE VISIT

Project Name:	
Project Number:	
Date of Site Visit:	

1. PERSONS CONDUCTING THE VISIT

Name:	Name:
Title:	Title:
Company:	Company:
Name:	Name:
Title:	Title:
Company:	Company:
Name:	Name:
Title:	Title:
Company:	Company:

2. SWPPP PREPARER STATEMENTS AND SIGNATURE

	Yes	No
1. Did you identify or verify opportunities to phase construction activities at the project?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you identify or verify appropriate BMPs and their sequencing for the project?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you identify or verify which sediment controls must be installed at the project prior to commencing construction activities (as defined by the CGP)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of the questions above, explain:

Printed Name: _____

Title: _____

Company: _____

Signature: _____

Date: _____

17.97. SWPPP Subcontractor Certification (Form 25D-105)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP SUBCONTRACTOR CERTIFICATION

Project Name:	
Project Number:	
Project Location:	
Operator(s):	

As a subcontractor, you are required to comply with the Construction General Permit (CGP) and the conditions of the Stormwater Pollution Prevention Plan (SWPPP), for any work that you perform on-site. Any person or group who violates any condition of the SWPPP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the SWPPP. A copy of the SWPPP is available for your review at the site or other location easily accessible during normal business hours CGP 5.10.3.1.

Each subcontractor engaged in activities at the construction site that could impact stormwater must be identified and sign the following certification statement:

I certify under the penalty of law that I have read and understand the terms and conditions of the SWPPP for the above designated project and agree to follow the BMPs and practices described in the SWPPP.

This certification is hereby signed in reference to the above named project:

Company: _____
 Address: _____ Telephone Number: _____

Type of Construction Service Provided:

Printed Name: _____
 Title: _____
 Signature: _____
 Date: _____

17.98. SWPPP Training Log (Form 25D-125)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP TRAINING LOG

Project name: _____
 Project Number: _____
 Project Location: _____

Instructor's Name(s): _____
 Instructor's Titles(s): _____

Course Location: _____
 Course Date: _____
 Course Length (hours): _____

Storm Water Training Topic: (check as appropriate)

<input type="checkbox"/> Erosion Control BMPs	<input type="checkbox"/> Emergency Procedures
<input type="checkbox"/> Sediment Control BMPs	<input type="checkbox"/> Good Housekeeping BMPs
<input type="checkbox"/> Non-Storm Water BMPs	<input type="checkbox"/> Treatment Chemicals

Specific Training Objective: _____

Attendee Roster: (attach additional pages as necessary)

No.	Name of Attendee	Company	Attendee Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Form 25D-125 (12/2015)

17.99. SWPPP Turbidity Monitoring Form 25D-140



STATE OF ALASKA
 DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP TURBIDITY MONITORING FIELD DATA
For Discharges to Impaired Waterbodies

Use this form only when required to conduct monitoring under the 2016 CGP Part 3.2.

Project Number: _____

Project Name: _____

Discharge Point/Location _____

Representative Discharge Point: NO YES

Sample Information

Name of Person Conducting Sampling: _____

Title of Person Conducting Sampling: _____

Sampling Method

Grab Samples: Manual Automated Sampler

No Samples – In-Water Probe/Sonde

Analysis Information

Name of Person Conducting Analysis: _____

Title of Person Conducting Analysis: _____

Analytical Method


Turbidity Meter Manufacture/Model Number _____

Method Detection Limit _____ Last Calibration Date _____

Date/Time of Sampling	Sample Identification	No Sample Due To	Date/Time of Analysis	Turbidity Analysis Results (in NTU)
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
		<input type="checkbox"/> No discharge <input type="checkbox"/> Unsafe conditions		
Notes:			Notes:	

Review and Recordkeeping: Results entered into Turbidity Monitoring Annual Report Data Log on _____ (date) by _____ (initial)

17.100. SWPPP Turbidity Monitoring Annual Report (Form 25D-141)

 <p style="text-align: center;"> STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES SWPPP TURBIDITY MONITORING ANNUAL REPORT DATA LOG For Discharges to Impaired Waterbodies <i>Use this form only when required to conduct monitoring under the 2016 CGP Part 3.2.</i> </p>		
Project Number:		Project Name:
Part 1 – TURBIDITY DATA		
Date of Sampling		
Discharge Point/ Location Check Box if Representative Discharge Point and List Substantially Identical Discharge Points/Locations in Part 2	Sample Identification	Turbidity Analysis Results (in NTU)
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
<input type="checkbox"/>		<input type="checkbox"/> No discharge at time of sample
Daily Average of All Samples		

Form 25D-141 (12/2015)



STATE OF ALASKA
 DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
SWPPP TURBIDITY MONITORING ANNUAL REPORT DATA LOG
For Discharges to Impaired Waterbodies

Use this form only when required to conduct monitoring under the 2016 CGP Part 3.2.


Project Number:

Project Name:

Part 2 – REPRESENTATIVE DISCHARGE POINT INFORMATION

Representative Discharge Point/ Location	Substantially Identical Discharge Points/Locations

17.101. SWPPP Visual Monitoring (Form 25D-41)

 <p>STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES SWPPP VISUAL MONITORING DATA For Discharges to High Quality Waters or Impaired Waterbodies <i>Use this form only when required under the 2011 CGP Part 2.1.5 or Part 3.2.</i></p>		<p>AKSAS Number: _____ Project Name: _____</p>	
<p>Name of Person Conducting Monitoring: _____</p>		<p>Title of Person Conducting Monitoring: _____</p>	
Date	Discharge Point/Location		
Observations			
Discharges	<p>Pollutant indicators present: <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, check all that apply and describe)</p> <p><input type="checkbox"/> No discharge at this time</p> <p><input type="checkbox"/> Clear discharge</p> <p><input type="checkbox"/> Colored Discharge Color of Discharge Water: _____</p>		<p>Conditions Require Corrective Action: <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, describe the conditions that require corrective action and what corrective action will be taken.</p>
Date	Discharge Point/Location		
Observations			
Discharges	<p>Pollutant indicators present: <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, check all that apply and describe)</p> <p><input type="checkbox"/> No discharge at this time</p> <p><input type="checkbox"/> Clear discharge</p> <p><input type="checkbox"/> Colored Discharge Color of Discharge Water: _____</p>		<p>Conditions Require Corrective Action: <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, describe the conditions that require corrective action and what corrective action will be taken.</p>

Form 25D-129 (3/12)

17.102. SWPPP CGP Noncompliance Notification (Form 25D-143)



**Alaska Department of Transportation and Public Facilities
Construction General Permit
Noncompliance Notification**

DEC Toll Free: 1(877) 569-4114 Fax: (907) 269-4604

GENERAL INFORMATION

DOT&PF Region:	Project Name:	Project Location:
DOT&PF CGP Tracking Number:	Contractor:	Contractor CGP Tracking Number:
Person Reporting:	Phone Numbers of Person Reporting:	Reported How? (e.g. by phone):
Date/Time Event was Noticed:	Date/Time Reported to DEC:	Name of DEC Staff Contacted:

VERBAL NOTIFICATION MUST BE MADE TO DEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance

Start Date/Time (exact):	End Date/Time (exact):
--------------------------	------------------------

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:

Description of the noncompliance and its cause (be specific):

Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance:

Pollutant:

Corrective Actions:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 for knowing violations.

Name: _____ **Title:** _____ **Signature:** _____ **Date:** _____

FORM MUST BE SENT TO DEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

17.103. Traffic Control Daily Review (Form 25D-104)


State of Alaska Department of Transportation and Public Facilities							
Traffic Control Daily Review (Form 25D-104)							
Project Name: <input style="width: 150px;" type="text"/>							
Project Number: <input style="width: 100px;" type="text"/>				Date: <input style="width: 100px;" type="text"/>			
Summary of TCPs in effect today							
TCP Number	Beginning & Ending Station	Start Time & Date		End Time & Date			

Traffic Control Changes		
TCP No.	Time	Description of Change

Traffic Control Devices Inspection							
Item	Condition of TCD	Day Time: <input style="width: 50px;" type="text"/>			Night Time: <input style="width: 50px;" type="text"/>		
		Pass	Corrective Action	NA	Pass	Corrective Action	NA
All Devices	Conforms to approved TCPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrow and Changeable Message Boards	Properly aligned, maintained, approved messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers/Attenuators	Properly installed and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Channelizing Devices	Clean, aligned, properly spaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devices	Retro-reflectivity, legibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pavement Markings	Correct placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs	Properly installed and legible, in use. If not in use, covered or removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Note: If corrective action taken, explain on a Continuation Sheet Form 25D-065 (or on the back of this form) the reason for the corrective action</p> <p>I am aware that to knowingly make or allow false entries or alterations on public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility, or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820 and/or 23 CFR 635. Other disciplinary action may include Worksite Traffic Supervisor decertification.</p>							
Inspected and certified correct by: _____							Date: <input style="width: 50px;" type="text"/>
Contractor's Worksite Traffic Supervisor							

Form 25D-104 (12/05ge)

17.105. Traffic Enforcement Presence Log

	STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES		
Traffic Law Enforcement Presence		PAGE <input style="width: 20px;" type="text"/>	
Project Name: <input style="width: 50px;" type="text"/>			
Date	Number of Law Enforcement	Approximate Hours on Project Site	Initials Of Observer
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/> or Total Hours: <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Form 25D-128 (April 2012)

17.106. Traffic Item 643 (15) Flagging (Form 25D-037)



Page _____ of _____

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ITEM 643(15) FLAGGING

Project Name: _____

Project Number: _____ Date: _____

Flagging Required: _____

Name	Start	Time		Hours	Comments
		*	End		

*Indicate break

Today's Total _____

Previous Total _____

Total to Date _____

Contractor's Representative

Inspector

Calculated by/Date

Checked by/Date

Form 25D-037(4/98)

17.107. Waiver Request for Alternate Procurement Methods (Form 25D-026)

**State of Alaska
Department of Transportation & Public Facilities
WAIVER REQUEST**

FOR ALTERNATE PROCUREMENT METHODS

Send waiver requests over \$100,000 to: DOT&PF Chief Contracts Officer; 3132 Channel Drive (Mail Stop 2500); Juneau, Alaska 99801-7898
Fax to: 1 (907) 586-8365; For Information: 1 (907) 465-6990

Requesting Department/Division:		Date:	Bid Waiver Number (FOR HQ USE ONLY)
Project Number(s) AKSAS/Federal:	Estimated Price:	Signature of Requesting Procurement Officer:	
Project Name:		Person to Contact (Project Manager & Telephone Number):	
Part 1 - Type of Procurement Method: <input type="checkbox"/> Competitive Sealed Bid <input type="checkbox"/> Competitive Sealed Proposal <input type="checkbox"/> * Limited Competition <input type="checkbox"/> * Emergency <input type="checkbox"/> * Single Source <input type="checkbox"/> Small Procurement * Regardless of the contract amount, any purchase using Emergency, Single Source or Limited Competition procurement must be assigned a Bid Waiver Number and PART 6 of this form must be completed for each resulting contract.			
Part 2 - Specific description of procurement requirements to be waived: For example time of advertisement, public notice, selection process, record keeping, etc.			
Part 3 - Project Description: Provide the following information: 1) The contract requirements with attached schematics, planning documents, or narratives as appropriate. 2) A cost estimate that is linked to the contract requirements. Identify funding source: (General Fund, Bond, Federal, etc.) and if Federally funded attach copy of Federal approval. 3) A time line depicting the project schedule from inception to completion. 4) List all agency officials with oversight or supervisory responsibility for the project. Attach separate page(s) if necessary.			
Part 4 - Justification: Provide the following information: 1) Need for construction or services. 2) Reason(s) for agency's inability to conform with standard procurement methods. 3) Statutory or Regulatory authorization (if other than budgetary process) for construction or services. 4) Impact on project if waiver is not approved -- explain in detail. 5) Any other documentation/ justification the agency feels would be helpful in evaluating the request. Attach separate page(s) if necessary.			

PART 5 - Department of Transportation and Public Facilities' comments and recommendations:

Recommended: Approval Disapproval Other Return for other/further action as noted above.

Reviewed by:	Signature:	Date:
--------------	------------	-------

<input type="checkbox"/> Approved	by: _____	Date:
<input type="checkbox"/> Approved with conditions		
<input type="checkbox"/> Disapproved	Title if executed by other than the Commissioner of Department of Transportation and Public Facilities	

Part 6 - Record of procurement: submit a completed copy of this entire form to the Chief Contracts Officer within 15 days of executing the contract. When multiple contracts are awarded under an emergency procurement, information pertaining to all contracts must be reported. Under such circumstances, attach additional information in the format below - for each contract.

Complete all of the following:

- (1) Name of Supplier or Contractor: _____ (2) Their Zip Code: _____
- (3) Contract Amount: \$ _____ (4) Contract Identification Number: _____ (5) Commodity Code: _____
- (6) Type (i.e. Professional Service, Construction, Supplies, etc.): _____
- (7) Listing of services, products, construction (etc.) obtained: _____
- (8) If other vendors, suppliers or contractors submitted bids or proposals, list the number of these that were:
Alaskan Bidders # _____ "Out-of-State" Bidders # _____

This PART 6 prepared by: _____ Date: _____

17.108. Worksite Traffic Supervisor (Form 25D-124)



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

DESIGNATION OF WORKSITE TRAFFIC SUPERVISOR

Project Name: _____

Project No.: _____

I, _____ hereby designate _____ to be the Worksite Traffic Supervisor, WTS, assigned to this project at _____. The WTS 24-hour contact phone number is _____. The designee has the authority to perform the duties and responsibilities as described in Section 643 of the contract.

The Worksite Traffic Supervisor is certified (attach copy of certification) as:

The following lists employment history (see minimum experience required by Section 643-1.04) that provides the experience to perform the duties and tasks required for this project.

<i>Job Title</i>	<i>Project Name</i>	<i>Duties</i>

By signing this certification, I confirm that the designee is qualified and capable of conducting temporary traffic control on the above named project safely and in conformance with approved Traffic Control Plans and the Alaska Traffic Manual. I certify that the information above was reviewed by me and, to the best of my knowledge and belief, is true and accurate.

Name: _____

Title: _____

Company: _____

Signature _____

Date: _____

17.109. Work Zone Accident Report (Form 25D-123)
















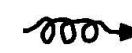


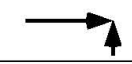



Work Zone Accident Report (Form 25D-123)

Report WZ accidents to the Regional Traffic and Safety Engineer within 10 calendar days of accident.

Use the Tab key or mouse to navigate, and fill in the requested information.

In boxes with Yes or No choices, double click in a square and in next menu hit checked to fill it in.

-
1. Project name:
 2. Project number:
 3. Roadway name:
-
- | | |
|---|--|
| 4. Investigated by
(DOT&PF
employee): | 12. Drivers'
names: |
| 5. Reported by: | 13. Were contractor's vehicles or
equipment involved? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Date & time of
arrival at
accident site: | 14. Were state vehicles or equipment
involved? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Milepost: | 15. Did the accident happen within project
limits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Date of accident: | 16. Did the accident happen within the
active work zone? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Time of accident: | 17. Was the accident related to
construction activity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Number of
vehicles involved: | 18. Were the police on-site?
(If Yes, attach their report) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Roadway
conditions: | 19. Police Case No.: |
| | 20. Weather conditions: |
-
21. Severity of injuries:
 22. Accident Narrative:

Types of Collisions		LEGEND			
		Symbols			
	Head-on		Moving Vehicle		Channelizing Device
	Left turn		Backing Vehicle		Type II Barricade
	Rear End		Non-involved Vehicle		Type II Barricade
	Sideswipe – Opposite Direction		Pedestrian		Arrow Panel
	Sideswipe – Same Direction		Parked Vehicle		Sign Support
	Out of Control		Overturned Vehicle		Flagger
	Right Angle		Fixed Object		Work Area
	Fixed Object				

23. Accident Diagram. You may paste an electronic sketch here or attach a hard copy sketch. Use symbols as shown in the Legend above, and include all traffic control devices, vehicles, and equipment involved or near the accident. Indicate North.

This page intentionally left blank.