

Forms Used For Contract Administration

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
RESIDENT ENGINEER'S REPORT OF ASSIGNMENT
 CEM-0101 (REV 6/1999)

PERSONAL INFORMATION NOTICE
 Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal

**Forward all information available at time of assignment;
 use supplementary sheet to report additional information.**

CO./RTE/PM	CONTRACT NUMBER	JOB STAMP
PROJECT LIMITS		
TYPE OF WORK		
RESIDENT ENGINEER NAME	FIELD OFFICE LOCATION	
FIELD OFFICE MAILING ADDRESS		FIELD OFFICE PHONE NO.
HOME ADDRESS		HOME PHONE NO.
CONTRACTOR NAME		
CONTRACTOR'S FIELD OFFICE MAILING ADDRESS		FIELD OFFICE PHONE NO.
CONTRACTOR'S SUPERINTENDENT NAME		DATE CONTRACTOR BEGAN WORK

In case of emergency conditions (after regular work hours) on the above construction project, any of the following persons should be contacted.

CALIFORNIA DEPARTMENT OF TRANSPORTATION

NAME	BUSINESS ADDRESS & PHONE NO.	HOME ADDRESS & PHONE NO.
	NORMAL WORK HOURS	WEEKENDS & HOLIDAYS

CONTRACTOR

NAME	BUSINESS ADDRESS & PHONE NO.	HOME ADDRESS & PHONE NO.
	NORMAL WORK HOURS	WEEKENDS & HOLIDAYS

COMMENTS:

RESIDENT ENGINEER'S SIGNATURE	DATE
-------------------------------	------

DISTRIBUTION: (If Applicable)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> District Director of Transportation | <input type="checkbox"/> Materials & Research | <input type="checkbox"/> CCO Room | <input type="checkbox"/> U.S. Forest Service |
| <input type="checkbox"/> District Communications Center | <input type="checkbox"/> Resident Engineer File | <input type="checkbox"/> Highway Patrol | <input type="checkbox"/> Dept. of Parks & Rec. |
| <input type="checkbox"/> Maintenance Superintendent | <input type="checkbox"/> Contractor | <input type="checkbox"/> County Sheriff | <input type="checkbox"/> Other: |
| <input type="checkbox"/> District Laboratory | <input type="checkbox"/> H.Q. Construction | <input type="checkbox"/> City Police | |

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RELIEF FROM MAINTENANCE

CEM-0501 (Rev. 6/97)

CONTRACT NUMBER	COUNTY, ROUTE, BRIDGE OR POST MILES, OR POST KILOMETERS	FEDERAL NO.
-----------------	---	-------------

CONTRACTOR NAME AND BUSINESS ADDRESS

DESCRIPTION

BY LETTER(S) DATED _____, THE CONTRACTOR HAS REQUESTED RELIEF FROM MAINTAINING THE FOLLOWING COMPLETED PORTIONS OF THE PROJECT:

RELIEF FROM MAINTENANCE AND RESPONSIBILITY AS INDICATED ABOVE IS RECOMMENDED.

Signature, Resident Engineer

RELIEF FROM MAINTENANCE AND RESPONSIBILITY GRANTED IN ACCORDANCE WITH THE ABOVE RECOMMENDATION

Signature, District Director, Dist.

Date

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CEM0501



1. TYPE OF REPORT

<input type="checkbox"/> PROJECT SAFETY REVIEW <input type="checkbox"/> PUBLIC SAFETY <input type="checkbox"/> CT EMPLOYEE SAFETY		<input type="checkbox"/> CONTRACT ADMINISTRATION	<input type="checkbox"/> TAILGATE SAFETY MEETING
NAME	TITLE	DATE	
NAME	TITLE	DATE	
NAME	TITLE	DATE	

2. DISCUSSION *(List Inspection Findings or Safety Topics Discussed)*

3. ACTIONS TAKEN *(List Corrective Actions or Recommendations)*

4. SUPERVISOR'S COMMENTS *(List comments, instructions, etc.)*

5. SIGNATURES OF EMPLOYEES PRESENT *(Use attached sheet for additional signatures)*

SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE	SIGNATURE
SIGNATURE OF 1st LINE SUPERVISOR		DATE
SIGNATURE OF 2nd LINE SUPERVISOR		DATE
SIGNATURE OF SAFETY OFFICER		DATE

FM 91 1298

ORIGINAL - DISTRICT OFFICE

CC - FILE

CC - BULLETIN BOARD

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1. CODE OF SAFE PRACTICES *(Mark the sections of the C.O.S.P. which apply to this project)*

- | | | |
|--|--|---|
| <input type="checkbox"/> GENERAL SAFETY | <input type="checkbox"/> TRAFFIC CONTROL SYSTEMS | <input type="checkbox"/> OTHER SPECIAL CONSIDERATIONS |
| <input type="checkbox"/> EQUIPMENT | <input type="checkbox"/> EXCAVATIONS | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> ELEVATED WORK AREAS | <input type="checkbox"/> NIGHT WORK | <input type="checkbox"/> FIELD TESTING |
| <input type="checkbox"/> HAZARDOUS MATERIALS | <input type="checkbox"/> FACILITIES | <input type="checkbox"/> CONFINED / ENCLOSED SPACE |
| <input type="checkbox"/> VEHICLE OPERATIONS | <input type="checkbox"/> PROJECT SPECIFIC REQUIREMENTS | <input type="checkbox"/> MATERIAL PLANT SITES |

2. PLANNED, PERIODIC INSPECTIONS *(Planned, periodic safety inspections will be conducted as follows)*

STAGE	INTERVAL	STAGE	INTERVAL
	WORK DAYS		WORK DAYS
	WORK DAYS		WORK DAYS

3. PROJECT SAFETY COORDINATOR IS:

4. PROGRAM AGREEMENT

RESIDENT ENGINEER'S SIGNATURE	DATE
CONSTRUCTION ENGINEER'S SIGNATURE	DATE
CONSTRUCTION SAFETY COORDINATOR'S SIGNATURE	DATE

5. EMPLOYEE'S ACKNOWLEDGMENT - *(Each employee shall acknowledge reading the C.O.S.P. by their signature)*

I HAVE READ THE APPLICABLE CODE OF SAFE PRACTICES

SIGNATURE	DATE	SIGNATURE	DATE

FM 91 1329

USE AN ATTACHED SHEET FOR ADDITIONAL SIGNATURES

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MAJOR CONSTRUCTION INCIDENT NOTIFICATION

CEM-0603 (NEW 3/2001)

URGENT - DELIVER IMMEDIATELY

FAX this form (no cover sheet) IMMEDIATELY to:

- Headquarters Office of Safety and Health @ 916-227-2639, CALNET 8-498-2639
- Construction Program Manager/Safety Coordinator @ (916) 654-6345, CALNET 8-464-6345
- District Construction Safety Coordinator @ _____

Follow district procedure for notifying personnel within your area. Completion of this form does not relieve the federal and Cal/OSHA reporting requirements. See the construction and safety manuals for more information on reporting requirements.

Report

Report Date ____/____/____ Report Time ____ : ____ AM PM
Initial Report Updated Report Final Report

Person Preparing Report _____ Phone # (____) - ____ - ____

Incident Site Information

Incident Date ____/____/____ Incident Time ____ : ____ AM PM

Location: District/Co./Rte/Kilo or Mile Post _____ Direction: NB SB EB WB
 ____/____/____/____ Weather _____

Resident Engineer _____ Phone # _____

Prime Contractor _____ E.A. # _____

Is incident within a construction zone? Yes No

Describe nature of work: _____

CHP Officer: I.D. # _____ CHP Report # _____

	STATE	CONSULTANT	CONTRACTOR	PUBLIC
FATAL				
SERIOUS				

Name of Hospital: _____

Description (facts only-use additional sheet if necessary)

MAJOR CONSTRUCTION INCIDENT NOTIFICATION
URGENT - DELIVER IMMEDIATELY

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



INSTRUCTIONS

Use this *fax report form* to report any fatal or serious accident or any accident with the potential to be fatal or disabling. The "Person Preparing Report" is to FAX the information to the Headquarters Office of Safety and Health, the Construction Program, and the district construction safety coordinator. Fax an Initial Report immediately, even if information is minimal. The *Initial Report* is intended to notify management as-soon-as possible. An *Updated Report* may be used to provide supplementary information when deemed necessary. Follow district procedure for notifying personnel within the district.

INCIDENTS TO BE REPORTED USING THIS FAX REPORT FORM (no cover sheet)

- Incidents involving death or serious injury to a state or a consultant employee or resulting in the death of a contractor's employee. Telephone in notice of the incident, in advance of the fax when possible:
 1. Phone HQ - Office of Safety & Health @ 916-227-2640
 2. Phone HQ - Construction Program Manager/Safety Coordinator@ 916-654-2157/916-654-4580
 3. Phone District Construction Management/Safety Coordinator @ _____
- Incidents resulting in serious injury to a contractor's employee
- Incidents involving serious damage to equipment owned by the state, consultants or the contractor.
- Incidents resulting in the serious injury or death of a member of the public within the construction zone, or influenced in any manner by construction-related activities, conditions, equipment or personnel.
- All catastrophic type of incidents or incidents receiving wide media coverage.
- Incidents which may result in a significant delay to the traveling public.
- Incidents with no injuries, but with a high potential for being fatal or disabling include, but are not limited to: false-work or guying system failures, overturned cranes, high-voltage contacts, trench excavation or shoring failures, gas or fuel line fire or explosions, hazardous utilities breaks, and collisions with structures under construction or their supporting false-work that cause displacement of a major member.

A SERIOUS INJURY IS ANY INJURY MEETING ONE OF THE FOLLOWING CRITERIA:

- The injured person misses three days or more of work (submit report if deemed possible).
- Two or more employees miss more than one day of work (submit report if deemed possible).
- Any injury resulting in hospital admission other than for medical observation. If the medical condition of the victim is unknown, but the victim was transported by ambulance then the injury should be considered as serious until more information becomes available.

REQUIRED CONTENT OF FAX REPORT FORM

- Contact information about person preparing report (name, and phone number).
- Contract identification (contract number, any federal project number, county, route, and kilo-post limits, resident engineer, and the prime contractor).
- Basic incident information (date, time, specific location, and prevailing weather conditions). This should be in sufficient detail to enable the Construction Program to obtain the California Highway Patrol's or local police report if necessary.
- Names of the persons involved in the incident and their affiliation with the contract (contractor, consultant, state employee, or private citizen).
- Description of the incident and how it occurred (**facts only**).
- Identification of other agencies making an investigation, and the names, badge numbers and report numbers when this information is available.

The resident engineer should take sufficient photographs or videotapes to document the conditions that existed at the time of the incident, including all signing and traffic control features that may have been in effect at the time of the accident. Depending on district policy and the nature and severity of the accident, additional documentation may be required. The construction safety coordinator should be consulted for additional information in such cases.

DOCUMENTS BOND OF STATE HIGHWAY OVERSIGHT PROJECTS

CEM-1101 (NEW 02/2004)

{To Accompany the Permit}
Streets and Highways Code Section 678

PRINCIPAL		BOND NUMBER	BOND'S EFFECTIVE DATE	PERMIT NUMBER
LOCATION	DISTRICT	COUNTY	ROUTE	KP/PM
PROJECTS NAME			PROJECT'S E.A. NUMBER	
DISTRICT PROJECT MANAGER		PROJECT MANAGER'S MAILING ADDRESS		BUSINESS PHONE NUMBER

(PLEASE FILL OUT THE FORM)

*Know All Persons By These Presents:*That _____, as **PRINCIPAL**, and _____a surety company qualified and duly licensed to do business in the State of California, as **SURETY**, are held and firmly bound to the**STATE OF CALIFORNIA**, as **OBLIGEE**, in the sum of: **TWENTY THOUSAND dollars (\$20,000.00)**, lawful money of the UnitedStates of America, to be paid to the **OBLIGEE**, for which payment, we bind ourselves, our heirs, executors, administrators, successors,

and assigns, jointly and severally, to those persons referred to in item #4.

THAT THE CONDITION OF THIS OBLIGATION IS SUCH,

1. That whereas **PRINCIPAL** has made, or is about to make a submittal to the State of California for an oversight project, to be constructed under an encroachment permit, in accordance with Article 2, Chapter 3, Division 1 of the Streets and Highways Code to place, change or renew an encroachment in, under or over any portion of a state highway. A bond payable to the State of California is a required condition of the Streets and Highways Code Section 678. Therefore, this bond is executed and tendered in accordance with the Streets and Highways Code.
2. This bond shall be subject to all the previously mentioned terms and provisions of the Streets and Highways Code.
3. That if the **PRINCIPAL** shall fail to faithfully provide all final documentation as required in item #9, then the **SURETY** herein shall pay for the production of these documents by others.
4. No right of action shall accrue under this bond to or for the use of any person or entity other than the State of California.
5. That this bond shall be deemed continuous in form, remain in full force and effect, until notice is given to the **SURETY** by the Department of Transportation. The notice shall include that the **PRINCIPAL** has fulfilled their obligations and provided the Department of Transportation with all the required documents listed in item #9.
6. The **SURETY** shall give at least thirty (30) days written notice of the termination, cancellation or material change of the policy. Such notices shall be sent to the Department of Transportation's district project manager as listed in the heading. The notice shall include the permit number and the projects EA number, location, county, route, and kilometer post (KP) or post mile (PM).
7. That the **SURETY** shall bear no liability on this bond in the event the encroachment permit issued to the **PRINCIPAL** is cancelled or withdrawn prior to commencement of work on state property by the **PRINCIPAL**.
8. This bond is executed to comply with the provisions of Chapter 3, Division 1 of the Streets and Highways Code and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

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DOCUMENTS BOND OF STATE HIGHWAY OVERSIGHT PROJECTS

CEM-1101 (NEW 02/2004)

9. That the following checklist of documents is prepared in accordance with all appropriate Department of Transportation manuals, plans and specifications, encroachment permits, and project cooperative agreements. The completed documents are required upon completion of the project and are subject to the approval of the Department of Transportation's State Representative.

AS-BUILT PLANS PER COOPERATIVE AGREEMENT AND ENCROACHMENT PERMITS <input type="checkbox"/>		
PROJECTS WITH STRUCTURES <input type="checkbox"/>		
Red Marked As-Built for Structures <input type="checkbox"/> Final As-Built for Structures <input type="checkbox"/> Shop Drawings On Microfilm <input type="checkbox"/> Joint Movement Calculations for Structures <input type="checkbox"/> DSD-D0129 <input type="checkbox"/> Structure Construction Records _____ Other Structure Construction Records _____	Structures AS-Built Route Slip <input type="checkbox"/> Report Of Completion For Structures <input type="checkbox"/> DS-OS C3 <input type="checkbox"/>	Driven Pile Records for Structures DC-C78 <input type="checkbox"/> DH-OS C79 <input type="checkbox"/> DH-OS C80 <input type="checkbox"/> Paint Records for Structures DH-OS M5 <input type="checkbox"/> DH-OS M11 <input type="checkbox"/> DH-OS M8 <input type="checkbox"/> DH-OS M78 <input type="checkbox"/>
SURVEY AND RIGHT-OF-WAY DOCUMENTS <input type="checkbox"/>		
Title Insurance Policy <input type="checkbox"/>		
WARRANTIES <input type="checkbox"/>	MAINTENANCE AGREEMENTS <input type="checkbox"/>	
FEDERAL-AID PROJECTS <input type="checkbox"/>		
Final Inspection of Federal Aid Project FHWA 1446C <input type="checkbox"/> Final Inspection Form 17-C LAPM <input type="checkbox"/> Material Certification FHWA-47M <input type="checkbox"/> Contractor's Written Statement of Claims <input type="checkbox"/> Final Report CEM-2402F (Utilization of DBE) <input type="checkbox"/> List of Contract Change Orders <input type="checkbox"/>	FHWA 47 <input type="checkbox"/> Final Report of Expenditures 17-M LAPM <input type="checkbox"/> Last Statement of Working Days <input type="checkbox"/> List of Time Extensions <input type="checkbox"/> Mitigation Monitoring Reporting Records <input type="checkbox"/>	

10. The documents listed above shall be submitted to the Department of Transportation's State Representative within 30 90 180 days of completing the project.

PRINCIPAL		DATE
BUSINESS ADDRESS OF PRINCIPAL		BUSINESS PHONE
CITY	STATE	ZIP CODE
PRINT OR TYPE NAME OF AUTHORIZED SIGNATURE AND TITLE		AUTHORIZED SIGNATURE AND TITLE
NAME OF SURETY		DATE
BUSINESS ADDRESS OF SURETY		BUSINESS PHONE
CITY	STATE	ZIP CODE
I certify (or declare) under penalty of perjury that I have executed the foregoing bond under an unrevoked power of attorney, executed on _____, in _____, _____, under the laws of the State of California.		
PRINT OR TYPE NAME OF ATTORNEY-IN-FACT FOR SURETY		SIGNATURE OF ATTORNEY-IN-FACT FOR SURETY



			REQUEST NUMBER		
CONTRACTOR NAME			COUNTY		ROUTE
BUSINESS ADDRESS			CONTRACT NO.		
CITY/STATE		ZIP CODE	FEDERAL AID PROJECT NO. (From Special Provisions)		

SUBCONTRACTOR <i>(Name, Business Address, Phone)</i>	BID ITEM NUMBER(S)	% OF BID ITEM SUBBED	CHECK IF: (See Categories Below)			DESCRIBE WORK WHEN LESS THAN 100% OF WORK IS SUBBED	\$ AMOUNT BASED ON BID \$ AMOUNT
			(1)	(2)	(3)		

Categories: 1) Speciality 2) Listed Under Fair Practices Act 3) Certified DBE/DVBE

I Certify That:

- The Standard Provisions for labor set forth in the contract apply to the subcontracted work.
- If applicable, *(Federal Aid Projects only)* Section 14 *(Federal Requirements)* of the Special Provisions have been inserted in the subcontracts and will be incorporated in any lower-tier subcontract. Written contracts have been executed for the above noted subcontracted work.

CONTRACTOR'S SIGNATURE	DATE
------------------------	------

NOTE: This section is to be completed by the Resident Engineer

1.	Total of bid items -----	\$	
2.	Speciality items (previously requested) -----	\$	
3.	Speciality items (this request) -----	\$	
4.	Total (lines 2+3) -----	\$	
5.	Contractor must perform with own forces (lines 1 minus 4) x _____ % -----	\$	
6.	Bid items previously subcontracted -----	\$	
7.	Bid items subcontracted (this request) -----	\$	
8.	Total (lines 6+7) -----	\$	
9.	Balance of work Contractor to perform (lines 1 minus 8) -----	\$	\$

APPROVED	
RESIDENT ENGINEER'S SIGNATURE	DATE

COPY DISTRIBUTION: **Original** - Contractor **Green** - Resident Engineer **Canary** - Dist. Const Office/Labor Compliance Officer
 Pink - HQ Construction Program **Goldenrod** - Contractor's Information Copy

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INSTRUCTIONS FOR COMPLETING SUBCONTRACTING REQUEST FORM

All First-tier subcontractors must be included on a subcontracting request.

Submit in accordance with Sections 8-1.01 of the Standard Specifications. Type or print requested information. Information copy (goldenrod) is to be retained by the contractor. Submit other copies to the project's Resident Engineer. After approval, the original will be returned to the contractor.

When an entire item is subcontracted, the value to be shown is the contractor's bid price.

When a portion of an item is subcontracted, describe the portion, and show the % of bid item and value.

THIS FORM IS NOT TO BE USED FOR SUBSTITUTIONS.

Prior submittal of a CP-CEM-1201 involving a replacement Subcontractor, submit a separate written request for approval to substitute a listed subcontractor. Section 4107 of the Government Code covers the conditions for substitution.

Submit a separate written request for approval of any DBE/DVBE substitution. Include appropriate backup information and state what efforts were made to accomplish the same dollar value of work by other certified DBE/DVBEs.

NOTE: For contractors who will be performing work on railroad property, it is necessary for the contractor to complete and submit the Certificate of Insurance (State Form DH-OS-A10A) naming the subcontractor as insured. ***No work will be allowed which involves encroachment on railroad property until the specified insurance has been approved.***

CONTRACTOR ACTION REQUEST - CHANGE OF NAME/ADDRESS - ASSIGNMENT OF CONTRACT MONIES

CEM-1202 (NEW 10/2005)

DATE OF REQUEST: _____

- INSTRUCTIONS**
- One form per contract
 - To change the contractor's name, as shown on the contract, fill out Section 1, 2 and 5.
 - To change the contractor's address, as shown on the contract, fill out Sections 1, 3 and 5.
 - To assign contract "Monies" to another contractor, fill out sections 1, 4 & 5.

- NOTES**
- All transactions require original signatures.
 - Signature of contractor, and signature and stamp of notary public must be acknowledged here or as an attachment.

SECTION 1	CONTRACT INFORMATION (As Per Contract)		SECTION 2	NAME CHANGE	
	Contract Number:			New Name:	
	Contractor's Name:		SECTION 3	ADDRESS CHANGE	
	Mailing Address:			New Address:	
	Telephone:			Telephone:	
FAX:		FAX:			
SECTION 4	ASSIGNMENT of MONIES (Standard Specifications, Section 8-1.02)				
	Assignee:		Assignee's Representative		
	Address:		Name:		
	Telephone:		Title:		
	FAX:		Telephone:		
SECTION 5	I certify that the above information has been reviewed and determined to be complete and accurate. Both Assignor and Assignee have been verbally contacted to confirm validity of the requested action.		Notary Public's Signature and Stamp		
	_____ Contractor's Signature	_____ Date	_____ Notary Public's Signature	_____ Date	
-For Department use only-					
SECTION 6	RESIDENT ENGINEER AUTHORIZATION		Division of Construction Field Coordinator's Concurrence		
	I certify the changes to be complete and accurate and confirmation completed. Approval is given for the requested changes.		_____ Division of Construction Field Coordinator's Signature Date		
_____ Resident Engineer's Signature		_____ Date		Contract Administration System Updated	
				_____ Division of Construction Progress Pay Coordinator's Signature Date	

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-69, Sacramento, CA 95814.



CONTRACTOR ACTION REQUEST
Change of Name / Address • Assignment of Contract Monies

Approval Procedures

1. The contractor must submit one Form CEM-1202, "Contractor Action Request – Change of Name, Address or Assignment of Contract Monies" per job to the resident engineer.
2. Upon receipt of the CEM-1202, the resident engineer or delegate reviews the form for completeness of the following information, as applicable:
 - Caltrans contract EA
 - Current name, address and telephone number of the contractor
 - For a name change, the new name of the contractor
 - For an address change, the new address and telephone number
 - Name, address, telephone number and signature of contractor
 - Signature and stamp of a Notary Public verifying the signature of the contractor (or attach a notarized document)
 - Name, address and telephone number of assignee and assignee representative

3. If the resident engineer or delegate determines that the form is complete, the information is verbally confirmed by calling the contractor and the assignee, as applicable.

NOTE: In the case of a name change, the contractor's bonding, insurance and licensing status should be verified to ensure the entity continues to maintain appropriate bonding, insurance and licensing requirements.

4. If the CEM-1202 form is incomplete, the resident engineer returns it to the contractor with a written explanation of the deficiencies.
5. Upon verification of the information, the form is signed by the resident engineer and forwarded to the appropriate Division of Construction field coordinator (coordinator) for approval. The coordinator conducts a quality assurance review in coordination with the resident engineer, and upon concurrence, signs and forwards a copy of the form to the Division of Construction progress pay coordinator to update the system. The original form and documentation are retained at the district.
6. The Division of Construction progress pay coordinator enters the new information into the CAS database and forwards a copy of the form to the Division of Accounting. The Division of Construction progress pay coordinator may perform an independent assurance verification of requested change. This independent assurance process may involve contacting the assignor, assignee or surety for information validation.
7. Any questions concerning Form CEM-1202 should be referred to the project's resident engineer.

DIVISION OF CONSTRUCTION

JULY 1, 2005



NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM ANNUAL CERTIFICATION

CEM-2001 (NEW 9/95)

RESIDENT ENGINEER NAME		CALTRANS CONTRACT NO.
PROPOSED STARTING DATE	PROPOSED COMPLETION DATE	COUNTRY, ROUTE, POST MILES
WORK DESCRIPTION		

I certify under penalty of law that this document was 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.

CONTRACTOR SIGNATURE	DATE
----------------------	------

THIS CERTIFICATION COMPLIES WITH THE REQUIREMENTS OF THE STATEWIDE NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT NO. CAS000002, ORDER NO. 92-08-DWQ FOR CONSTRUCTION.

APPROVAL

RESIDENT ENGINEER'S SIGNATURE	DATE
-------------------------------	------

Note to Resident Engineer:
 If you cannot certify compliance, notify the appropriate Regional Water Board. Identify the type of non-compliance and the action necessary to achieve compliance. Include a time schedule for achieving compliance. This notification must be made within 30 days.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



NOTIFICATION OF CONSTRUCTION

CEM-2002 (NEW 4/10/2000)

IN COMPLIANCE WITH CALTRANS STATEWIDE NPDES STORM WATER PERMIT Order No. 99-06 DWQ, NPDES No. CAS000003

I. IDENTIFICATION - Attach Vicinity Map, 1/2 size copy of Title Sheet

PROJECT		CHECK ONE: <input type="checkbox"/> First Submittal or <input type="checkbox"/> Amendment No.		CONTRACT NUMBER EA	DATE MM/DD/YYYY
CITY (if applicable)		COUNTY		TENTATIVE START DATE	TENTATIVE END DATE
ROUTE	POST MILE	KILOMETER POST		TENTATIVE DATE SWPPP AVAILABLE	

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Region 1, North Coast | <input type="checkbox"/> Region 5, Central Valley | <input type="checkbox"/> Region 6, Lahontan | <input type="checkbox"/> Region 7, Colorado River |
| <input type="checkbox"/> Region 2, San Francisco Bay | <input type="checkbox"/> Sacramento | <input type="checkbox"/> South Lake Tahoe | <input type="checkbox"/> Region 8, Santa Ana |
| <input type="checkbox"/> Region 3, Central Coast | <input type="checkbox"/> Fresno | <input type="checkbox"/> Victorville | <input type="checkbox"/> Region 9, San Diego |
| <input type="checkbox"/> Region 4, Los Angeles | <input type="checkbox"/> Redding | | |

III. CALTRANS DISTRICT

NAME/NUMBER	PROJECT CONTACT
ADDRESS	POSITION TITLE
CITY	PHONE

IV. CONSTRUCTION FIELD OFFICE - Attach Location Map

STREET ADDRESS			CONSTRUCTION CONTACT
PHYSICAL LOCATION IF DIFFERENT THAN ADDRESS ABOVE			POSITION TITLE
CITY	STATE	ZIP	PHONE

V. CONSTRUCTION SITE INFORMATION

DESCRIPTION AND TYPE OF WORK

ADDITIONAL RELATED REQUIRED APPROVALS: DTSC Variance CWA 404/401 DFG 1601 NPDES/WDRs OTHER

DESCRIBE:

TOTAL CONSTRUCTION AREA:	ACRES	HECTARES	TOTAL DISTURBED AREA:	ACRES	HECTARES
RECEIVING WATER NAME:			PROJECT IN OR ADJACENT TO RECEIVING WATER? <input type="checkbox"/> YES		
PROJECT DISCHARGES TO? <input type="checkbox"/> GROUNDWATER INFILTRATION		BASIN LOCATION:	MUNICIPAL/OTHER SYSTEM NAME:		

VI. CERTIFICATION

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 to those persons directly responsible for gathering the information, the information submitted is true, accurate and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

SIGNATURE	DATE
PRINT/TYPE NAME	TITLE

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CALTRANS STATEWIDE NPDES PERMIT Order No. 99-06 DWQ, NPDES CAS000003

The Permit requires that a Notification of Construction (NOC) for construction projects covered by the Permit be submitted to the appropriate Regional Water Quality Control Board (RWQCB) at least 30 days prior to the start of construction. In some cases, the RWQCB may view two or more smaller projects in the same corridor as part of a larger common plan of development. The Project Manager should be aware of other projects in the corridor. If needed, these projects should be mentioned in section V. Construction Site Information.

Typically, most of the information on the form is completed by the District Storm Water Coordinator, Environmental staff, Project Manager or Project Engineer. That individual also submits the NOC to the appropriate RWQCB(s) at the same time the PS&E package is transmitted to the Office Engineer. No fees are to be submitted to the RWQCBs. A copy should also be transmitted to the District Construction Division.

At the time of the first submittal to the RWQCB, the District may elect to leave blank the information in Section IV. Construction Field Office and resubmit a copy of the form with that information filled in at the time the Resident Engineer (RE) is assigned. Alternately, the District may wish to fill in a contact name of someone other than the RE, such as the Area Senior Construction Engineer or Project Manager, who will remain the contact for that project until the NOC is resubmitted with the new contact information, or until the Notice of Completion of Construction (NCC) is filed.

The form may be filled in electronically or by printing legibly.

I. IDENTIFICATION. Provide a brief project descriptive name, a "nickname." When the NOC is first submitted to the RWQCB, check the First Submittal box. For subsequent changes of information, including contact information, enter the amendment number.

Enter the Contract Number. Use the construction phase EA.

Enter the date that the NOC is first submitted to the Regional Water Quality Control Board (RWQCB), or date of subsequent submittals.

Provide a "to scale" or "to approximate scale" drawing of the construction site and the immediate surrounding area. Limit the map to an 8.5" x 11" or 11" x 17" size. At a minimum, the map must show the site perimeter, the geographic features surrounding the site, general topography, and location of the construction project in relation to surface waters and named streets, roads, intersections, or landmarks. Do not submit a drawing unless it meets the above size limits.

Enter the city, if applicable, or N/A if not within city limits. Enter the county or counties, route number, post mile and kilometer post. Also enter the tentative start and end dates.

Enter a tentative date the Storm Water Pollution Prevention Plan (SWPPP) will be available.



CALTRANS STATEWIDE NPDES PERMIT

Order No. 99-06 DWQ, NPDES CAS000003

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD(S).

Check the box of the RWQCB(s) that has jurisdiction over the area that the project is in.

III. CALTRANS DISTRICT. Enter the name and address of the Caltrans District individual responsible for submittal of the NOC to the RWQCB. Typically that individual is the Project Engineer, Project Manager, the District Storm Water Coordinator, or Environmental Program staff.

IV. CONSTRUCTION FIELD OFFICE. Enter Caltrans field office information, if known, and Construction Contact person information. As discussed above, the District may elect to use the contact information for the RE after the project has been assigned, or another individual, such as the Area Senior or Project Manager. If the Construction Contact information changes, then the District should resubmit a revised form to the RWQCB(s). Provide the physical address of the field office, or a description of the physical location of the field office if no physical address is available and a location map.

V. CONSTRUCTION SITE INFORMATION. Provide a brief narrative description of the work. You can attach a checklist of permanent and/or temporary BMPs if needed, or required by a RWQCB. A checklist of construction BMPs can also be attached later as an amendment after the SWPPP is completed.

Check the box or boxes to indicate any additional required approvals, permits or certifications. Some examples are: variance from the Department of Toxics Substances Control (DTSC) for reuse of soil containing lead, dredge or fill operations requiring Army Corps of Engineers 404 certification and/or Clean Water Act 401 certification, streambed alteration requiring Department of Fish and Game 1601 permit and non-storm water discharges requiring separate waste discharge requirements. Describe the condition and whether the approval, permit or certification has been issued. If the project involves soils subject to the DTSC variance, notify the appropriate RWQCB(s) to determine if separate waste discharge requirements must be issued. The RWQCBs have up to 120 days to issue waste discharge requirements, so the RWQCBs should be notified early in the process.

Indicate the total size in acres and hectares, of the construction project. Also indicate the size of the disturbed soil area. Disturbed soil area is defined in the Storm Water Management Plan as "areas of exposed, erodible soil, including stockpiles, that are within the construction limits and that result from construction activities."

Identify the name of the surface receiving water body for the storm water discharge. Indicate whether the project is in or immediately adjacent to the receiving water. If the storm water is infiltrated, check the box for infiltration basin, and identify the basin's location. If the discharge is to a separate storm sewer system, such as a collection system operated by a municipality, flood control district, utility, or similar entity, check the box for municipal/other system and the name of the system owner.

VI. CERTIFICATIONS. The permit requires that all reports and information requested by the SWRCB or RWQCBs be signed by an Executive Officer, Executive Director or a duly authorized representative if the authorization is made in writing. If signature authority is delegated to staff, a copy of that delegation letter should be sent to the Storm Water Manager at Headquarters.

NOTICE OF COMPLETION OF CONSTRUCTION

CEM-2003 (NEW 4/12/2000)

IN COMPLIANCE WITH CALTRANS STATEWIDE NPDES STORM WATER PERMIT Order No. 99-06 DWQ, NPDES No. CAS000003

I. IDENTIFICATION

PROJECT		CONTRACT NUMBER EA		DATE MM/DD/YYYY	
CITY (if applicable)	COUNTY	ROUTE	KILOMETER POST / POST MILE (S)	START DATE	END DATE

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Region 1, North Coast | <input type="checkbox"/> Region 5, Central Valley | <input type="checkbox"/> Region 6, Lahontan | <input type="checkbox"/> Region 7, Colorado River |
| <input type="checkbox"/> Region 2, San Francisco Bay | <input type="checkbox"/> Sacramento | <input type="checkbox"/> South Lake Tahoe | <input type="checkbox"/> Region 8, Santa Ana |
| <input type="checkbox"/> Region 3, Central Coast | <input type="checkbox"/> Fresno | <input type="checkbox"/> Victorville | <input type="checkbox"/> Region 9, San Diego |
| <input type="checkbox"/> Region 4, Los Angeles | <input type="checkbox"/> Redding | | |

III. CALTRANS DISTRICT

NAME/NUMBER		PROJECT CONTACT	
ADDRESS		POSITION TITLE	
CITY	ZIP	PHONE	

IV. BASIS OF COMPLETION

- 1. The construction job is complete and requirements met as of **Date:** _____
- 2. Construction activities have been suspended, as of **Date:** _____ **Expected Start Up Date:** _____
- 3. Site can not discharge storm water to waters of the United States **Reason:** _____
- 4. Discharge is now subject to NPDES Permit **No.** _____ **Date:** _____

V. DESCRIPTION OF COMPLETION (Attach site photographs)

VI. CERTIFICATION

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 to those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

SIGNATURE _____

PRINT/TYPE NAME _____

DATE _____

TITLE _____

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NOTICE OF COMPLETION OF CONSTRUCTION (NCC) INSTRUCTIONS

CEM-2003 (NEW 4/12/2000)

CALTRANS STATEWIDE NPDES PERMIT Order No. 99-06 DWQ, NPDES CAS000003

I. IDENTIFICATION. The project name, contract number, city, county, route, kilometer post and post mile information should be identical to that on the Notification of Construction form. Enter the date the Completion of Construction (NCC) is submitted to the Regional Water Quality Control Boards (RWQCB) and the start and end dates of construction.

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS. Check the box next to the appropriate RWQCB(s).

III. CALTRANS DISTRICT. Provide the Caltrans District information and the name, title and phone of the construction contact, which by District policy may be the Resident Engineer (RE), the Area Senior, the Program Manager, National Pollution Discharge Elimination System (NPDES) Coordinator or other responsible staff. The contact should be someone who can address RWQCB staff questions about project storm water controls or who can refer a RWQCB staff to a someone who can.

IV. BASIS OF COMPLETION. Check one of the boxes:

1. The construction project has been completed and

- all elements of the Storm Water Pollution Prevention Plan (SWPPP) have been completed;
- construction materials and equipment maintenance waste have been disposed of properly;
- final stabilization requirements have been met, i.e., when all soil disturbing activities are completed and either:
 - a. a uniform vegetative cover with 70 percent coverage has been established or
 - b. equivalent stabilization measures have been employed. (i.e., erosion resistant soil coverings or treatments).
Caltrans projects typically include erosion control on all disturbed areas, which is considered to be equivalent stabilization.
- the post-construction storm water operation and management plan is in place.

2. Construction activities have been suspended, either temporarily or indefinitely and

- all elements of the SWPPP have been completed;
- construction materials and equipment maintenance waste have been disposed of properly;
- all denuded areas and other areas of potential erosion are stabilized;
- an operation and maintenance plan for erosion and sediment control is in place;
- the date construction activities were suspended, and the expected start up date

3. The construction site can not discharge storm water to waters of the United States. Indicate how prevention of all discharge is ensured, and if all storm water is retained on site or collected offsite.

4. The discharge of construction storm water from the site is now subject to another NPDES general permit or an individual NPDES permit. The general permit or individual permit NPDES number and the date coverage began should be provided.

V. DESCRIPTION OF COMPLETION

Briefly describe how the completion requirements have been met. Attach site photographs.

VI. CERTIFICATION

The permit requires information submitted be signed by the District Director or a duly authorized representative. If the District Director elects to delegate signature authority, the District must first have submitted the list of authorized representatives to the appropriate RWQCB.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
NOTIFICATION OF CONSTRUCTION (DESERT AREAS)
 (APPLIES TO PROJECTS BELOW ELEVATION 1200 METERS IN RWQCB 6 & 7 JURISDICTION)
 CEM-2004 (REV 8/2005)

ADA Notice
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IN COMPLIANCE WITH CALTRANS STATEWIDE NPDES STORM WATER PERMIT Order No. 99-06 DWQ, NPDES No. CAS000003

I. IDENTIFICATION - Attach Vicinity Map, 1/2 size copy of Title Sheet

PROJECT	NOC SUBMITTAL (Check One) <input type="checkbox"/> First Submittal or <input type="checkbox"/> Amendment No. _____	CONTRACT NUMBER EA	DATE MM/DD/YYYY
CITY (if applicable)	COUNTY	TENTATIVE START DATE	TENTATIVE END DATE
ROUTE	POST MILE	KILOMETER POST	TENTATIVE DATE SWPPP AVAILABLE

II. CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

<input type="checkbox"/> REGION 6, LAHONTAN RWQCB South VICTORVILLE OFFICE 14440 Civic Drive, Ste 200 Victorville, CA 92392 Ph: (760) 241-6583 FAX: (760) 241-7308	<input type="checkbox"/> REGION 7, COLORADO RIVER BASIN RWQCB 73-720 Fred Waring Drive, Ste. 100 Palm Desert, CA 92260 Ph. (760) 346-7491 FAX: (760) 341-6820
---	---

III. CALTRANS DISTRICT

NAME/NUMBER	PROJECT CONTACT
ADDRESS	POSITION TITLE
CITY	PHONE

IV. CONSTRUCTION OFFICE - Attach location Map

STREET ADDRESS		CONSTRUCTION CONTACT	
PHYSICAL LOCATION IF DIFFERENT THAN ADDRESS ABOVE		POSITION TITLE	
CITY	STATE	ZIP	PHONE

V. CONSTRUCTION SITE INFORMATION

DESCRIPTION AND TYPE OF WORK:

BMPs TO BE IMPLEMENTED (CHECK BOXES THAT APPLY OR ATTACH SWPPP)

Temporary Soil Stabilization BMPs:

<input type="checkbox"/> SS-1 Scheduling	<input type="checkbox"/> SS-7 Geotextiles, Plastic Covers & Erosion Control	<input type="checkbox"/> SC-1 Silt Fence	<input type="checkbox"/> SC-6 Gravel Bag Berm
<input type="checkbox"/> SS-2 Pres. of Existing Vegetation	<input type="checkbox"/> SS-8 Wood Mulching	<input type="checkbox"/> SC-2 Desilting Basin	<input type="checkbox"/> SC-7 Street Sweeping & Vacuuming
<input type="checkbox"/> SS-3 Hydraulic Mulch	<input type="checkbox"/> SS-9 Earth Dikes/Drainage Swales & Lined Ditches	<input type="checkbox"/> SC-3 Sediment Trap	<input type="checkbox"/> SC-8 Sandbag Barrier
<input type="checkbox"/> SS-4 Hydroseeding	<input type="checkbox"/> SS-10 Outlet Protection & Velocity Dissipation Devices	<input type="checkbox"/> SC-4 Check Dam	<input type="checkbox"/> SC-9 Straw Bale Barrier
<input type="checkbox"/> SS-5 Soil Binders	<input type="checkbox"/> SS-11 Slope Drains	<input type="checkbox"/> SC-5 Fiber Rolls	<input type="checkbox"/> SC-10 Storm Drain Inlet Protection
<input type="checkbox"/> SS-6 Straw Mulch	<input type="checkbox"/> SS-12 Stream Bank Stabilization		

Wind Erosion Control BMPs Tracking Control BMPs Non-Storm Water Management BMPs Waste Mgmt. & Materials Pollution Control BMPs

ADDITIONAL RELATED REQUIRED APPROVALS: DTSC Variance CWA 404/401 DFG 1601 NPDES/WDRS OTHER

DESCRIBE:

USGS COORDINATES: NORTHING: EASTING:

TOTAL CONSTRUCTION AREA:	ACRES	HECTARES	TOTAL DISTURBED AREA:	ACRES	HECTARES
--------------------------	-------	----------	-----------------------	-------	----------

RECEIVING WATER NEAREST PROJECT SITE: _____ APPROXIMATE CLOSEST DISTANCE TO RECEIVING WATER? _____

PROJECT DISCHARGES TO? <input type="checkbox"/> GROUNDWATER INFILTRATION	BASIN LOCATION	MUNICIPAL/OTHER SYSTEM NAME
--	----------------	-----------------------------

VI. CERTIFICATION

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 to those persons directly responsible for gathering the information, the information submitted is true, accurate and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

SIGNATURE	DATE
PRINT/TYPER NAME	TITLE



(JOB STAMP)

DATE _____

DAILY REPORT NUMBER * _____ DISTRICT _____ EA _____ **4** SPECIAL DESIGNATION - **COZEEP**
 Object Code: **042**

PROJECT LOCATION/DESCRIPTION

COUNTY _____ ROUTE _____ POST MILE _____
 DESCRIPTION OF WORK _____

OFFICER/SERGEANT/VEHICLE INFORMATION		CHP DIVISION/AREA CODE _____			
		CHP SPECIAL PROJECT CODE _____			
CHP	<i>(Please Print)</i>	1	2	3	4
	MEMBER NAME				
	ID NUMBER				
	CHP Office				
	RANK				
	VEHICLE NUMBER				
	ENDING TIME**				
	STARTING TIME				
	TOTAL TIME**				
	ENDING MILEAGE**				
	STARTING MILEAGE				
	TOTAL MILEAGE**				
	INITIALS <i>(end of shift)</i>				

CALTRANS INFORMATION

NAME AND TITLE <i>(print)</i>	RESIDENT ENGINEER'S NAME <i>(print)</i>	COST CENTER
SIGNATURE <i>(End of Shift)</i>	PHONE	FIELD OFFICE

* Use District Expenditure Authorization (EA) as the Daily Report Number.
 ** These figures are estimates and may be increased or decreased in accordance with the terms of the contract.

WHITE - CHP Officer YELLOW - Resident Engineer (Project Files) PINK - District COZEEP Coordinator

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
COZEEP/MAZEEP TASK ORDER
 CEM-2102 (REV 10/2003)

DIST/EA	DATE OF REQUEST	CONTRACT NUMBER	
---------	-----------------	-----------------	--

This task order is entered into pursuant to the provisions of the Interagency Agreement No. _____ for the period of July 1, --- to June 30, ---, between Caltrans and the California Highway Patrol (CHP).

1. Project Description and Location (include the county, route, and post mile)

2. Type of Services Required

3. Date(s) and time(s) services are to be provided

Reporting Date _____ Reporting Date _____ Reporting Date _____

Reporting Time _____ Reporting Time _____ Reporting Time _____

*Completion Time _____ *Completion Time _____ *Completion Time _____

Reporting Date _____ Reporting Date _____ Reporting Date _____

Reporting Time _____ Reporting Time _____ Reporting Time _____

*Completion Time _____ *Completion Time _____ *Completion Time _____

* Estimated

4. Project Officials

Caltrans Project Supervisor

Name _____

Title _____

Telephone No. _____

Facsimile No. _____

CHP Coordinator (completed by CHP)

Name _____

Title _____

Telephone No. _____

Facsimile No. _____

5. Reporting

Caltrans and CHP agree that all reporting for this job shall be accomplished through the standard COZEEP/MAZEEP Daily Report Form. Revisions, other versions, or additional forms shall not be used.

Approvals

Caltrans

California Highway Patrol

By _____
 (Name and Title)

By _____
 (Name, ID # and Title)

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
COZEEP/MAZEEP CANCELLATION FORM
 CEM-2103 (NEW 10/2003)

FIRST CANCELLATION

Resident Engineer's Name:			Phone Number:		
Project EA			Scheduled Work Date and Time		
Cancellation Notice Issued By (name of Caltrans Employee)			Signature:		
Officer's Name	Officer's ID	When Notified	No Charge	\$50	4 Hours
Person Receiving Notification (Print Name/ID#):			Signature		
Date and Time Notification RECEIVED BY CHP					

SECOND CANCELLATION

Resident Engineer's Name:			Phone Number:		
Project EA			Date and Time Notification Issued		
Cancellation Notice Issued By (name of Caltrans Employee)			Signature:		
Officer's Name	Officer's ID	When Notified	No Charge	\$50	4 Hours
Person Receiving Notification (Print Name/ID#):			Signature		
Date and Time Notification RECEIVED BY CHP					

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**SUBSTITUTION REPORT FOR DISADVANTAGED BUSINESS ENTERPRISE/DISABLED
 VETERAN BUSINESS ENTERPRISE**

CEM-2401 (REV 3/1999) CT# 7541-3507-3

INSTRUCTIONS

- Contract Number** Example: 01-234567
- State Funded/Federal Aid** Check one only.
- Approval** Resident Engineer can approve if:
 One DB is to be substituted for another DB if the same items of work are involved or, if different items, the dollar value is equal to or greater than the original proposal; the new DB is certified.
- Good Faith Effort** DDD or his/her designee must approve if:
 A good faith effort was made to substitute listed subcontractor, but proposed subcontractor is not certified as DBE.
- Date** Date of approval by Resident Engineer/Deputy District Director.
- Listed/Proposed Subcontractor** Indicate name of subcontractors involved. Check one box only, as applicable.
- Item Number** From Special Provisions.
- Work Description** Corresponds to Item #, Special Provisions. List only items or partial items of work allocated to subcontractor being removed.
- Dollar** Dollar amount of work completed by previously approved contractor, and dollar amount of remaining work. (If a portion of the work has been done, explain in the remarks section or on attachment.)
- Reasons for Substitution** Check appropriate box.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**FINAL REPORT - UTILIZATION OF DISADVANTAGED BUSINESS ENTERPRISES
(DBE), FIRST-TIER SUBCONTRACTORS**
CEM-2402F (REV. 10/1999) CT# 7541-3502-2

CONTRACT NUMBER	COUNTY	ROUTE	<input type="checkbox"/> POST MILES	<input type="checkbox"/> POST KILOMETERS	<input type="checkbox"/> FEDERAL AID PROJECT	ADMINISTERING AGENCY	CONTRACT COMPLETION DATE
-----------------	--------	-------	-------------------------------------	--	--	----------------------	--------------------------

PRIME CONTRACTOR

BUSINESS ADDRESS _____ ESTIMATED CONTRACT AMOUNT \$ _____

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIALS PROVIDED	SUBCONTRACTOR NAME AND BUSINESS ADDRESS	DBE CERT. NUMBER	CONTRACT PAYMENTS				DATE WORK COMPLETE	DATE OF FINAL PAYMENT
				NON-DBE	DBE MINORITY	DBE (NON-MINORITY WOMEN)	DBE (MINORITY WOMEN)		
TOTALS									

ORIGINAL COMMITMENT

\$ _____ DBE \$ _____ DBE MINORITY

\$ _____ DBE (NON-MINORITY WOMEN) \$ _____ DBE (MINORITY WOMEN)

List all First-Tier Subcontractors, Disadvantaged Business Enterprises (DBE's) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at time of award, provide comments on back of form. List actual amount paid to each DBE, even if different than originally listed for goal credit.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE _____ BUSINESS PHONE NUMBER _____ DATE _____

RESIDENT ENGINEER'S SIGNATURE _____ BUSINESS PHONE NUMBER _____ DATE _____

COPY DISTRIBUTION: Original - Construction Program **Green** - Business Enterprise Program **Canary** - Contractor **Pink** - District Construction **Golden Rod** - Resident Engineer
For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



FINAL REPORT - UTILIZATION OF DISADVANTAGED BUSINESS ENTERPRISES (DBE), FIRST-TIER SUBCONTRACTORS

CEM-2402F (REV. 10/1999) CT# 7541-3502-2

The form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/ Post Kilometers, a box to check that the project is indeed a Federal Aid Project, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to describe who did what by contract item numbers and descriptions, asking for specific dollar values of item work completed broken down by subcontractors who performed the work, both DBE and non-DBE work forces. DBE prime contractor's are required to show the date of work performed by their own forces along with the corresponding dollar value of work.

The form has a column to enter the Contract Item No. (or Item No's) and description of work performed or materials provided, as well as a column for the subcontractor name and business address. For those firms who are DBE, there is a column to enter their DBE Certification Number. The DBE should provide their certification number to the contractor and notify the contractor in writing with the date of the decertification if their status should change during the course of the project.

The form has five columns for the dollar value to be entered for the item work performed by the subcontractor.

The Non-DBE column is used to enter the dollar value of work performed for firms who are not certified DBE.

The decision of which column to be used for entering the DBE dollar value is based on what program(s) the firm is certified. This Program status is determined by the Civil Rights Certification Unit based on ethnicity, gender, ownership and control issues at time of certification. The certified firm is issued a certificate by the Civil Rights Unit that states their program status as well as the firms expiration date. DBE Program status may be obtained by accessing the civil rights website (<http://www.dot.ca.gov/hq/bep/>) and downloading the Calcert Extract or by calling (916) 227-2207. Based on this DBE Program status, the following table depicts which column to be used:

DBE Program Status	Column to be used
If program status shows DBE only with no other programs listed.	DBE
If program status shows DBE, SMBE	DBE Minority
If program status shows DBE, SMBE, SWBE	DBE (Minority Women)
If program status shows DBE, SWBE	DBE (Non-Minority Women)

If a contractor performing work as a DBE on the project becomes decertified and still performs work after their decertification date, enter the total value performed by this contractor on Form 2402(F) under the appropriate DBE Program Status (include all work performed after decertification) and complete and submit Form CEM-2403(F) as appropriate. Any comments to be made on the Form CEM-2403(F) is being submitted.

If a contractor performing work as a Non-DBE on the project becomes certified as a DBE enter the dollar value of all work performed as a DBE on CEM-2402(F) and CEM-2403(F). Any comments to be made on the form 2402(F) are to be explained on the reverse side of the form. Indicate in the Comments section that Form CEM-2403(F) is being submitted.

There is a space provided on the CEM-2402(F) where TOTAL is entered for these five columns.

There is a column on the CEM-2402(F) to enter the Date Work Complete as well as a column to enter the Date of Final Payment, which is an indicator of when the prime contractor made the "final payment" to the subcontractor for the portion of work listed as being completed.

The Original Commitment area on the CEM_2402(F) is based in information at award time of the project and is the dollar value of those subcontractors listed as being at award based on the above table.

The CEM-2402(F) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
FINAL REPORT - UTILIZATION OF DISABLED VETERAN BUSINESS ENTERPRISES (DVBE)
STATE FUNDED PROJECTS
 CEM-2402S (REV. 10/1999) CT# 7541-3502-2

CONTRACT NUMBER _____ COUNTY _____ ROUTE _____ POST MILES POST KILOMETERS STATE FUNDED ADMINISTERING AGENCY _____ CONTRACT COMPLETION DATE _____
 PRIME CONTRACTOR _____ BUSINESS ADDRESS _____ ESTIMATED CONTRACT AMOUNT \$ _____

CONTRACT ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIALS PROVIDED	SUBCONTRACTOR NAME AND BUSINESS ADDRESS	DBE CERT NO	CONTRACT PAYMENTS			COMMENTS
				DVBE (STATE-FUNDED PROJECTS ONLY)	DATE WORK COMPLETED	DATE OF FINAL PAYMENT	
ORIGINAL COMMITMENT							
TOTALS							

List all Disabled Veterans Business Enterprises (DVBE's) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DVBE utilization (or item of work) was different than that approved at time of award, provide comments. List actual amount paid to each DVBE, even if different than originally listed for goal credit.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE _____ BUSINESS PHONE NUMBER _____ DATE _____

RESIDENT ENGINEER'S SIGNATURE _____ TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT _____ BUSINESS PHONE NUMBER _____ DATE _____

COPY DISTRIBUTION: Original - Construction Program Green - Business Enterprise Program Canary - Contractor Pink - District Construction Golden Rod - Resident Engineer
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FINAL REPORT - UTILIZATION OF DISABLED VETERAN BUSINESS ENTERPRISES (DVBE) STATE FUNDED PROJECTS

CEM-2402S (REV. 10/1999) CT# 7541-3502-2

The form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/ Post Kilometers, a box to check that the project is indeed a State-Funded Project, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to describe by contract item numbers, descriptions of the work performed, and specific dollar values of the actual item work completed by the certified DVBE contractor(s).

The form has a column to enter the Contract Item No. (or Item No's) and description of work performed or materials provided, as well as a column for the subcontractor name and business address. There is a column to enter the DVBE Certification Number. The DVBE should provide their certification number to the contractor.

The form has a column DVBE (State-Funded Projects Only) for the dollar value to be entered for the item(s) work performed by the DVBE subcontractor as well as a column to enter the Date Work Completed. In the column Date of Final Payment, this is where the prime contractor enters the date for the "final payment" to the subcontractor for work completed.

The box addressed as "TOTAL" is where the total dollar value of the column DVBE (State Funded Projects Only) is entered.

The Original Commitment area on the CEM-2402(S) is based in information at award time of the project and is the dollar value of the DVBE subcontractors listed at award.

There is a comments section for any additional information that may need to be provided regarding any of the above transactions.

The CEM-2402(S) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.



**DISADVANTAGED BUSINESS ENTERPRISES (DBE)
CERTIFICATION STATUS CHANGE**

CEM-2403(F) (NEW 10/1999)

The top of the form requires specific information regarding the construction project: Contract Number, County, Route, Post Miles/ Post Kilometers, the Administering Agency (Caltrans), the Contract Completion Date and the Estimated Contract Amount. It requires the prime contractor name and business address. The focus of the form is to substantiate and verify the actual DBE dollar amount paid to contractors on federally funded projects that had a change in certification status during the course of the completion of the contract. The two situations that are being address by CEM 2403(F) are if a firm certified as a DBE and doing construction work on the contract during the course of the project becomes decertified, and if a non-DBE firm doing work on the contract during the course of the project becomes certified as a DBE.

The form has a column to enter the Contract Item No. (or Item No's), as well as a column for the Subcontractor name and Business Address, Business Phone and contractor's Certification Number.

The column entitled Amount Paid While Certified will be used to enter the actual dollar value of the work performed by those contractors who meet the conditions as outlined above during the time period they are certified as a DBE. This column on the CEM-2403(F) should only reflect the dollar value of work performed while the firm was certified as a DBE.

The column called Certification/Decertification Date (Letter attached) will reflect either the date of the Decertification Letter sent out by the Civil Rights or the date of the Certification Certificate mailed out by the Civil Rights. There is a box to check that support documentation is attached to the CEM-2403(F) form.

There is a comments section for any additional information that may need to be provided regarding any of the above transactions.

The CEM-2403(F) has an area at the bottom where the contractor and the resident engineer sign and date that the information provided is complete and correct.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
MONTHLY DBE TRUCKING VERIFICATION
 CEM-2404(F) (NEW 12/1999)

CONTRACT NO.		MONTH				YEAR	
Truck Owner	DBE Cert. No.	Company Name and Address	Truck No.	California Hwy. Patrol CA No.	Commission Or Amount Paid*	Date Paid	Lease Arrangement (✓ if applicable)
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
					\$		<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Non-DBE <input type="checkbox"/> DBE
TOTAL AMOUNT PAID					\$		
PRIME CONTRACTOR			BUSINESS ADDRESS		BUSINESS PHONE NUMBER		

* Upon request all Lease Agreements shall be made available, in accordance with the Special Provisions.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE _____

CEM-2404F (NEW 12/1999) COPY DISTRIBUTION: ORIGINAL - RESIDENT ENGINEER

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MONTHLY DBE TRUCKING VERIFICATION

CEM-2404(F) (NEW 12/1999)

The top of Form CEM-2404(F) contains boxes to put in the Contract Number, the Month of the reporting period and the Year of the reporting period.

The Form CEM-2404(F) has a column to enter the name of the Truck Owner, the DBE Cert. No. (if DBE certified) and the Name and Address of the trucking company. The Form CEM-2404(F) also requires the Truck No. and the California Highway Patrol CA No.

Form CEM-2404(F) is to be submitted prior to the 15th of each month and must show the dollar amount paid to the DBE trucking company(s) for truck work performed by DBE certified trucks and for any fees or commissions of nonDBE trucks utilized each month on the project. The amount paid to each trucking company is to be entered in the column called "Commission or Amount Paid", in accordance with the Special Provisions Section 5-1.X.

Payment information is derived using the following:

- 1.) 100% for the trucking services provided by the DBE using trucks it owns, operates and insures.
- 2.) 100% for the trucking services provided by trucks leased from other DBE firms.
- 3.) The fee or commission paid on non-DBEs for the lease of trucks. The prime does not receive 100% credit for these services because they are not provided by a DBE company.

The total dollar figure of this column is to be placed in the box labeled "Total Amount Paid".

The column "Date Paid" requires a date that each trucking company is paid for services rendered. The next column contains information that must be completed if a lease arrangement is applicable. Located at the bottom of Form is a space to put the name of the "Prime Contractor", their "Business Address" and their "Business Phone No.".

At the bottom of Form there is a space for the Contractor or designee "Contractor Representative's Signature, Title and Date" certifying that the information provided on the form is complete and correct.



FRINGE BENEFIT STATEMENT

CEM-2501 (REV. 8/1994)

CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT NUMBER	DATE
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TO: RESIDENT ENGINEER/DISTRICT LABOR COMPLIANCE OFFICER	BUSINESS ADDRESS
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The following information (as shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications is used to check payrolls or applied to force account work on the above contract.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____	Vacation \$ _____	_____
_____	Health & Welfare \$ _____	
_____	Pension \$ _____	
Subsistence and/or Travel Pay: \$ _____	Apprentice \$ _____ /	
	Other \$ _____	

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____	Vacation \$ _____	_____
_____	Health & Welfare \$ _____	
_____	Pension \$ _____	
Subsistence and/or Travel Pay: \$ _____	Apprentice \$ _____ /	
	Other \$ _____	

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____	Vacation \$ _____	_____
_____	Health & Welfare \$ _____	
_____	Pension \$ _____	
Subsistence and/or Travel Pay: \$ _____	Apprentice \$ _____ /	
	Other \$ _____	

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME AND TITLE (Please Print)	
SIGNATURE	BUSINESS TELEPHONE NUMBER

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814. CEM2501





STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
 CONTRACTOR PAYROLL SUBCONTRACTOR PAYROLL
 CEM-2502 (REV 4/2001)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is so the department can fulfill the need of the form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your PA Officer.

CONTRACTOR/SUBCONTRACTOR

BUSINESS ADDRESS

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	CONTRACT NUMBER	FEDERAL AID NUMBER		OT OR ST	WORK CLASSIFICATION	NUMBER OF HOLDING EXEMPTIONS	EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER	DAY AND DATE				TOTAL HRS. OF PAY.	RATE	DEDUCTIONS (BASED ON GROSS AMOUNT EARNED - ALL PROJECTS)			NET WAGES PAID FOR	CK. NO.		
										THIS PROJECT	ALL PROJECTS	FICA (SOCIAL SECURITY)	STATE TAX			SDI	VAC	OTHER			TOTAL DEDUCTIONS	
						0																
						S																
						0																
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CEM-2502 (REV 4/2001)

STATEMENT OF COMPLIANCE

CEM-2503 (REV 8/96)

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.
- (2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates:
 - (a) Specified in the applicable wage determination incorporated into the contract;
 - (b) Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.
- (4) That fringe benefits as listed in the contract:
 - (a) Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee(s), except as noted below.
 - (b) Have been paid directly to the listed employee(s), except as noted below.
 - (c) See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION

REMARKS:

NAME (PLEASE PRINT.)	TITLE
SIGNATURE	DATE

On federally-funded projects, permissible deductions are defined in Regulation, Part 3 (29 CFR, Subtitle A), issued by the Secretary of Labor under the Copland Act, as amended (48 Stat. 948 63 Stat. 108,72 State. 967;76 Stat 357:40 U. S. C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

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CEM2503



This statement of compliance meets needs of the state and federal payroll requirements to pay fringe benefits in addition to payment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various preapproved plans, funds, or programs or by making these payments directly to the employees as part of their weekly wage payments.

The contractor must **show on the face of his or her payroll all monies paid to the employees** whether as basic rates or total hourly wage amount in lieu of fringes. The contractor shall report in the statement of compliance that **he or she is paying to others** fringes required by the contract and not paid directly to the employees in lieu of fringes.

Detailed instructions follow:

Contractors required to pay Federal Wage Rates:

Such a contractor shall check paragraph 2(a) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates specified in the applicable wage determination incorporated into the contract.

Contractors required to pay the State Prevailing Wage Rates as determined by the Director of Industrial Relations:

Such a contractor shall check paragraph 2(b) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates determined by the Director of Industrial Relations for the county or counties in which the work is preformed.

Contractor who pay all required fringe benefits:

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decisions shall continue to show on the face of his or her payroll the basic hourly rate and overtime rate paid to his or her employees, just as he or she has always done. Such a contractor shall check paragraph 4(a) of the statement to indicate that he or she is also paying approved plans, funds, or programs within the times required for the receipt of those sums, not less than the amount predetermined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

Contractors who pay no fringe benefits:

A contractor who does not pay fringe benefits to an approved plan shall pay a like amount to the employee. This payment can be reported by inserting in the straight time hourly rate column of his or her payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on wages paid in lieu of fringes, the overtime rate shall be not less than one and one-half the basic predetermined rate, plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and payment in lieu of fringes be separately stated in the hourly rate column, thus \$14.56/5.11. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he or she is paying fringe benefits directly to his or her employees. Any exceptions shall be noted in Section 4(c).

Use of Section 4(c), Exceptions:

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination required is obligated to pay the deficiency directly to the employees as wages in lieu of fringes. Any exceptions to Section 4(a) and 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as wages in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.



CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

CONTRACT NO
FED. NO.

INSTRUCTIONS - (SEE REVERSE SIDE)

1. TO BE FILLED IN BY INTERVIEWER (Data may be obtained from payroll records or during source document review)

EMPLOYEE NAME	LABOR CLASSIFICATION
MINIMUM BASE WAGE PER CONTRACT:	BASE RATE FRINGE BENEFITS
MINIMUM BASE WAGE PER PAYROLL (If available):	BASE RATE FRINGE BENEFITS
EMPLOYER	PRIME CONTRACTOR ON THE PROJECT (IF SAME, SO STATE)

WORK BEING PERFORMED AT TIME OF INTERVIEW

2. QUESTIONS TO BE ASKED OF EMPLOYEE

A. HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?	HOW LONG ON THIS PROJECT?
B. DESCRIBE THE TYPE OF WORK YOU HAVE BEEN DOING THIS PAST WEEK	
C. WHAT IS YOUR WAGE [Include Base Rate and Fringe Benefits (Compare to Payroll)]	DO YOU KEEP A RECORD OF THE HOURS YOU <input type="checkbox"/> YES <input type="checkbox"/> NO
D. DO YOU WORK OVERTIME? <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> SELDOM <input type="checkbox"/> NONE	ARE YOU PAID TIME AND ONE-HALF FOR OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAS YOUR EMPLOYER DIRECTED YOUR ATTENTION TO THE REQUIRED WAGE RATE POSTERS ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU SEEN THOSE POSTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
F. ARE YOU AWARE OF THE CONTRACTOR'S EEO POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE CONTRACTOR HOLD REGULAR EEO MEETINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO CONDUCTS THE MEETINGS?	WHO IS THE EEO OFFICER FOR YOUR EMPLOYER?
G. ARE YOU INTERESTED IN / OR HAS YOUR EMPLOYER INFORMED YOU OF UPGRADING AND TRAINING POSSIBILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN? WHO IS THE EEO OFFICER FOR THE PROJECT? IF YES, PLEASE EXPLAIN

3. ADDITIONAL QUESTIONS FOR OWNER OPERATORS

A. EQUIPMENT DESCRIPTION	TRUCK LICENCE NO.	TRUCK (CAL-T) NO.
HOURLY RATE <i>(Fully operated and maintained)</i> \$	BASE EQUIPMENT RATE \$	ON WHAT DO YOU BASE YOUR EQUIPMENT RENTAL RATE? <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
B. DO YOU OWN THE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY I SEE YOUR CERTIFICATE OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Interviewer Note Response)</i>	
LEGAL OWNER	REGISTERED OWNER	

4. EMPLOYEE COMMENTS

DO YOU HAVE ANY COMMENTS OR COMPLAINTS ABOUT WAGES OR EEO POLICIES? BE SPECIFIC:

5. INTERVIEWER'S COMMENTS

INTERVIEWER'S SIGNATURE	DATE	RESIDENT ENGINEER'S SIGNATURE	DATE
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EMPLOYEE INTERVIEW: LABOR COMPLIANCE / EEO

CEM 2504 (REV 6/1999) (Back) CT #7541-3512-3

DIRECTIONS TO INTERVIEWER

1. ***Fill in Section 1 from payroll records, if available, after interview.***
2. ***Fill in Section 2 completely. (does not apply to owner operators)***
3. ***Fill in Section 3 completely.***
4. ***Employee comments optional in Section 4.***
5. ***Interviewer comments on findings and recommends further actions to be taken. Attach additional sheets if necessary.***



ENTREVISTA DE EMPLEADO: LABOR COMPLIANCE / EEO

CEM-2504 (Spanish) (NEW 11/2003) (Frente)

AVISO ADA

Para personas con incapacidad sensorial, este documento esta disponible en forma alternativa. Para mas informacion llame a (916) 654-6410 or TDD (916) 654-3880o escriba a Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CONFIDENCIAL

Este documento contiene informacion personal y de acuerdo al codigo civil 1798.21 debera ser mantenida confidencialmente con el fin de protegerla contra divulgaciones no autorizadas.

No DE CONTRATO
No DE FED

INSTRUCCIONS - (VEA EL REVERSO)

1. A SER LLENADO POR EL ENTREVISTADOR (Los datos pueden ser obtenidos de las planillas de pago o durante la revision de documentos)

NOMBRE DEL EMPLEADO	CLASIFICACION DEL TRABAJO	
SUELDO BASICO MINIMO POR CONTRATO:	SUELDO BASICO	BENEFICIOS EMPRESARIALES
SUELDO BASICO MINIMO POR PLANILLA:	SUELDO BASICO	BENEFICIOS EMPRESARIALES
EMPLEADOR	CONTRATISTA PRINCIPAL EN EL PROYECTO (SI ES EL MISMO, INDIQUE)	
TRABAJO REALIZADO AL MOMENTO DE LA ENTREVISTA		

2. PREGUNTAS AL EMPLEADO

A. CUANTO TIEMPO HA TRABAJADO CON ESTA EMPRESA?	CUANTO TIEMPO HA TRABAJADO EN ESTE PROYECTO?
B. DESCRIBA EL TIPO DE TRABAJO HECHO EN LA ULTIMA SEMANA	
C. CUAL ES SU SUELDO? [Incluya sueldo basico y beneficios (Compara con Planilla)]	USTED ANOTA SUS HORAS TRABAJADAS? <input type="checkbox"/> SI <input type="checkbox"/> NO
D. USTED TRABAJA HORAS EXTRAS? <input type="checkbox"/> FRECUENTEMENTE <input type="checkbox"/> POCO <input type="checkbox"/> NUNCA	LE PAGARON TIEMPO Y MEDIO POR LAS HORAS EXTRAS? <input type="checkbox"/> SI <input type="checkbox"/> NO
E. LE HA ORIENTADO SU EMPLEADOR ACERCA DE AFICHES (TABLAS) DE LA ESCALA SALARIAL COLOCADOS EN EL PROYECTO? <input type="checkbox"/> SI <input type="checkbox"/> NO	HA VISTO USTED ESOS AFICHES (TABLAS)? <input type="checkbox"/> SI <input type="checkbox"/> NO
SI ES NO, EXPLIQUE	
F. ESTA USTED ENTERADO DE LAS REGLAS DEL CONTRATISTA ACERCA DEL IOE?? <input type="checkbox"/> SI <input type="checkbox"/> NO	REALIZA EL CONTRATISTA REUNIONES (JUNTAS) ACERCA DEL IOE? <input type="checkbox"/> SI <input type="checkbox"/> NO
QUIEN DIRIGE LAS REUNIONES (JUNTAS)?	QUIEN ES EL REPRESENTANTE DEL IOE POR PARTE DE LA EMPRESA?
CON QUE FRECUENCIA?	
QUIEN ES EL REPRESENTANTE DEL IOE EN EL PROYECTO?	
G. ESTA USTED INTERESADO O SU EMPLEADOR LE HA INFORMADO ACERCA DE PROGRAMAS DE ASCENSO Y POSIBILIDADES DE ENTRENAMIENTO? <input type="checkbox"/> SI <input type="checkbox"/> NO	SI ES SI, EXPLIQUE

3. PREGUNTAS ADICIONALES PARA OPERADORES PROPIETARIOS

A. DESCRIPCION DEL EQUIPO	NUMERO DE LICENCIA DEL CAMION	NUMERO CA # DEL CAMION
PRECIO POR HORA (Operacion y Mantenimiento Total) \$	PRECIO BASICO DE RENTA DE EQUIPO \$	COMO ESTABLECE EL PRECIO DE LA RENTA DEL EQUIPO? <input type="checkbox"/> POR HORA <input type="checkbox"/> SEMANAL <input type="checkbox"/> MENSUAL
B. ES USTED EL PROPIETARIO DEL EQUIPO? <input type="checkbox"/> SI <input type="checkbox"/> NO	PUEDO VER SU CERTIFICADO DE PROPIEDAD? <input type="checkbox"/> SI <input type="checkbox"/> NO	
PROPIETARIO LEGAL	PROPIETARIO REGISTRADO	

4. COMENTARIOS DEL EMPLEADO

TIENE USTED ALGUN COMENTARIO O QUEJA ACERCA DE LOS SUELDOS O LAS REGLAS DEL IOE? SEA ESPECIFICO

5. COMENTARIOS DEL ENTREVISTADOR

FIRMA DEL ENTREVISTADOR	FECHA	FIRMA DEL INGENIERO RESIDENTE	FECHA
-------------------------	-------	-------------------------------	-------



ENTREVISTA DE EMPLEADO : LABOR COMPLIANCE / EEO

CEM 2504 (Spanish) (NEW 11/2003) (REVERSO)

DIRECCIONES PARA EL ENTREVISTADOR

1. **Llene la seccion numero 1 con los datos de planilla, si estan disponibles y despues de la entrevista.**
2. **Llene la seccion numero 2 completamente. (No se aplica a los operadores propietarios.)**
3. **Llene la seccion numero 3 completamente.**
4. **Los comentarios del Empleado en la seccion numero 4 son opcionales.**
5. **Los comentarios del Entrevistador aerea de los hechos encontrados y recomendaciones de futuras acciones a ser tomadas. Adjunte hojas adicionales si es necesario.**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
OWNER-OPERATOR LISTING
 CEM-2505 (REV 05/2001)

PAYROLL NO	FOR WEEK ENDING		PROJECT AND LOCATION				CONTRACT NO			
	NAME, ADDRESS, SOCIAL SECURITY NO. AND CONTRACTORS LICENSE NO. OF OWNER-OPERATOR (IF ANY)	WORK CLASSIFICATION	DESCRIPTION OF EQUIPMENT	TRUCK CAL T NO. AND/OR EQUIP. LICENSE NO.	OT OR ST	DAY AND DATE	TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.
					O					
					S					
					O					
					S					
					O					
					S					
					O					
					S					
					O					
					S					
					O					
					S					
					O					
					S					
					O					
					S					

NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR:
 IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIM / HERSELF.



OWNER-OPERATOR LISTING STATEMENT OF COMPLIANCE

CEM-2505 (REV 05/2001)

Date _____

(Name of signatory party) _____ (Title) do hereby state:

(1) That I pay or supervise the payment of the persons reported on this form as Owner-operators by _____
(Contractor or subcontractor)
 on the _____,
(Building or work)
 that during the payroll period commencing on the _____ day of _____
 _____ and ending _____ day of _____, all persons working on said project have been paid the
 full weekly sums earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
 _____ from the full weekly sums earned by any person and that no deductions
(Contractor or subcontractor)
 have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as
 described below:

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks:

NAME AND TITLE	SIGNATURE

On federally-funded projects, permissible deductions are defined in regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

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CONTRACTOR INFORMATION		CONTRACTOR INFORMATION	
CONTRACTOR INVOLVED		CONTRACT NUMBER	FEDERAL NUMBER(S)
ADDRESS		CONTRACT ADVERTISEMENT DATE	AWARD DATE
PRIME CONTRACTOR <input type="checkbox"/> SAME		COMPLETION OR ESTIMATED COMPLETION DATE	ACCEPTANCE DATE
ADDRESS		COUNTY WHERE WORK WAS PERFORMED	RESIDENT ENGINEER

WAGES AND PENALTIES

TOTAL WAGES UNDERPAID (STRAIGHT TIME)	\$	TOTAL STATE PENALTIES (STRAIGHT TIME)	x\$25	\$
TOTAL UNDERPAYMENTS OF TRAVEL and/or SUBSISTENCE	\$	TOTAL STATE PENALTIES (FAILURE TO SUBMIT PAYROLL RECORDS, PER L.C. 1776(F))		\$
TOTAL WAGES UNDERPAID (OVERTIME)	\$	NO. OF EMPLOYEES x DAYS x\$25.00/DAY		
TOTAL RESTITUTION TO DATE	\$	TOTAL STATE PENALTIES (OVERTIME)	x\$25	\$
TOTAL WAGES STILL DUE (STRAIGHT TIME, TRAVEL/SUBSISTENCE & OVERTIME)	\$	TOTAL FEDERAL PENALTIES (OVERTIME)	x\$10	\$
NUMBER OF UNDERPAID WORKERS		CASE TOTAL		\$
WAGE RESTITUTION VERIFIED BY: (NAME OF PERSON)		DISTRICT DEDUCTION FOR THIS CASE		\$
HOW VERIFIED:		APPLICABLE STATE GENERAL PREVAILING WAGE RATE BOOK	MONTH	YEAR
<input type="checkbox"/> CANCELLED CHECKS	<input type="checkbox"/> INTERVIEW(S)	FEDERAL WAGE DETERMINATION NUMBER(S)	MONTH	DAY
OR			YEAR	

INVESTIGATION BACKGROUND

(FOR THIS SECTION, USE ADDITIONAL SHEET IF NECESSARY - SHOW ITEM NUMBER)

1. BRIEF, CONCISE STATEMENT OF THE NATURE OF THE CIRCUMSTANCES PROMPTING THE INVESTIGATION

2. BRIEF DESCRIPTION OF THE NATURE AND EXTENT OF THE INVESTIGATION

3. BRIEF, CONCISE STATEMENT OF THE FACTS RELATING TO THE DISCREPANCIES

CHRONOLOGY

DATE	DISTRICT ACTION	DATE	HEADQUARTERS ACTION
	Case began (problem discovered)		Concurrence Letter
	Letter of contractor requesting review		Request to Director for authority to withhold
	confirmation of review - letter/telephone		Letter to prime regarding withhold and rights of appeal
	Case to Headquarters		
DISTRICT INVESTIGATOR		DISTRICT LABOR COMPLIANCE OFFICER - SIGNATURE	
		DATE	



CONTRACTOR'S PAYROLL SOURCE DOCUMENT REVIEW

CEM-2508 (REV. 10/1998)

CONTRACTOR REVIEWED

CONTRACT NUMBER	FEDERAL NUMBER	DATE REVIEWED
-----------------	----------------	---------------

CONTRACTOR'S ADDRESS

LOCATION OF DOCUMENTS (IF DIFFERENT FROM CONTRACTOR'S ADDRESS)

NAME/TELEPHONE NUMBER OF CONTACT AT LOCATION OF DOCUMENTS

PRIME CONTRACTOR

SAME

ADDRESS:

REASON FOR REVIEW:

DEFICIENCIES

NO

YES (BRIEFLY IDENTIFY BELOW)

DISTRICT ACTION, RECOMMENDATION & CONCLUSIONS

DEFICIENCIES CORRECTED

CASE PREPARED

DISTRICT REVIEWER	DATE	SIGNATURE OF DISTRICT LC OFFICER	DATE
-------------------	------	----------------------------------	------

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
CHECKLIST - SOURCE DOCUMENT REVIEW
 CEM-2509 (Rev. 11/1998) (USE WITH FORM CEM-2508)

CONTRACTOR REVIEWED	CONTRACT NUMBER
COMPLETION DATE	R.E.

N/A = NOT APPLICABLE					S/R = SEE REMARKS				PR = PAYROLLS			
ITEM	ITEM	YES	NO	N/A	S/R	ITEM	ITEM	YES	NO	N/A	S/R	
A	GENERAL					E	MISCELLANEOUS					
A1	Prime notified					E1	Business license: Co./City # Yr.					
A2	Sub notified					E2	Subcontract contain Section 6					
A3	Sub approved					E3	Home office bulletin board in order					
A4						E4						
B	PAYROLLS					E5						
B1	Same as submitted					F	INVESTIGATION					
B2	Time Cards/PR agree					F1	Number of payrolls reviewed: All Random					
B3	Canceled Checks/PR agree					F2	Number of wage underpayments					
B4	Wages pd at/above contract min.					F3	Number of workers underpaid:					
B5	Nonworking supv. shown on PR					F4						
B6	Fed/State tax held from employee wages					G	CONCLUSIONS					
B7	Employee interview on file (No.)					G1	Payrolls okay					
B8	Employee interview reflect problem					G2	Discepancies intentional					
B9						G3						
C	PROPRIETORSHIP					G4						
C1	Sole proprietor					H	DISTRICT RECOMMENDATIONS					
C2	Partnership					H1	Assess State penalties					
C3	Partnership papers available					H2	Assess Federal penalties					
C4	Partnership profit papers available					H3	Contractor aware of findings					
C5	Corporation					H4	Case to Hqs					
C6	Are corp. officers laborers/mechanics					H5						
C7	If so, recieving proper wages					H6						
C8						ENTER ITEM #	REMARKS					
D	BENEFITS											
D1	Fringes paid cash											
D2	Fringes paid to a trust fund											
D3	Trust fund approved											
D4	Trust statements available											
D5	Statement hrs per employee per month equal or exceed total PR hours											
D6	Canceled checks agree with payments											
D7	Canceled checks agree with statements											
D8												
D9												
DISTRICT REVIEWER		DATE			DISTRICT LC OFFICER			DATE				

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TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP

CEM-2510 (REV 07/2005)

Caltrans Contract Number	Project Location
---------------------------------	-------------------------

SECTION 1

I, _____, am the registered owner or lessee of the vehicle listed below:

Business Name: _____

Name of Registered Owner: _____

Name of Driver: _____

Driver License Number: _____

Address: _____

City, State, Zip: _____

Description of Truck: _____
(Example: 5-Axle Dump Truck)

MCP#: _____

Truck CA#: _____

Truck License Number: _____

SECTION 2

I, _____, do hereby certify under penalty of perjury that I am the owner of this
(Name of Owner-Operator)
vehicle, that I am an independent owner operating this vehicle as an owner-operator, and that I am not employed by any trucking company, broker, or contractor as an employee in accordance with the Fair Labor Standards Act, Employment Relationship.

Signature of Owner

Date

SECTION 3

I, _____, do hereby certify under penalty of perjury that I have sole use and
(Name of Owner-Operator)
discretion of this vehicle during the time period specified in my lease agreement with _____.
(Name of Lessor)

Signature of Lessor

Date

**PLEASE COMPLETE ALL INFORMATION IN SECTION 1 and
EITHER SECTION 2 or SECTION 3**

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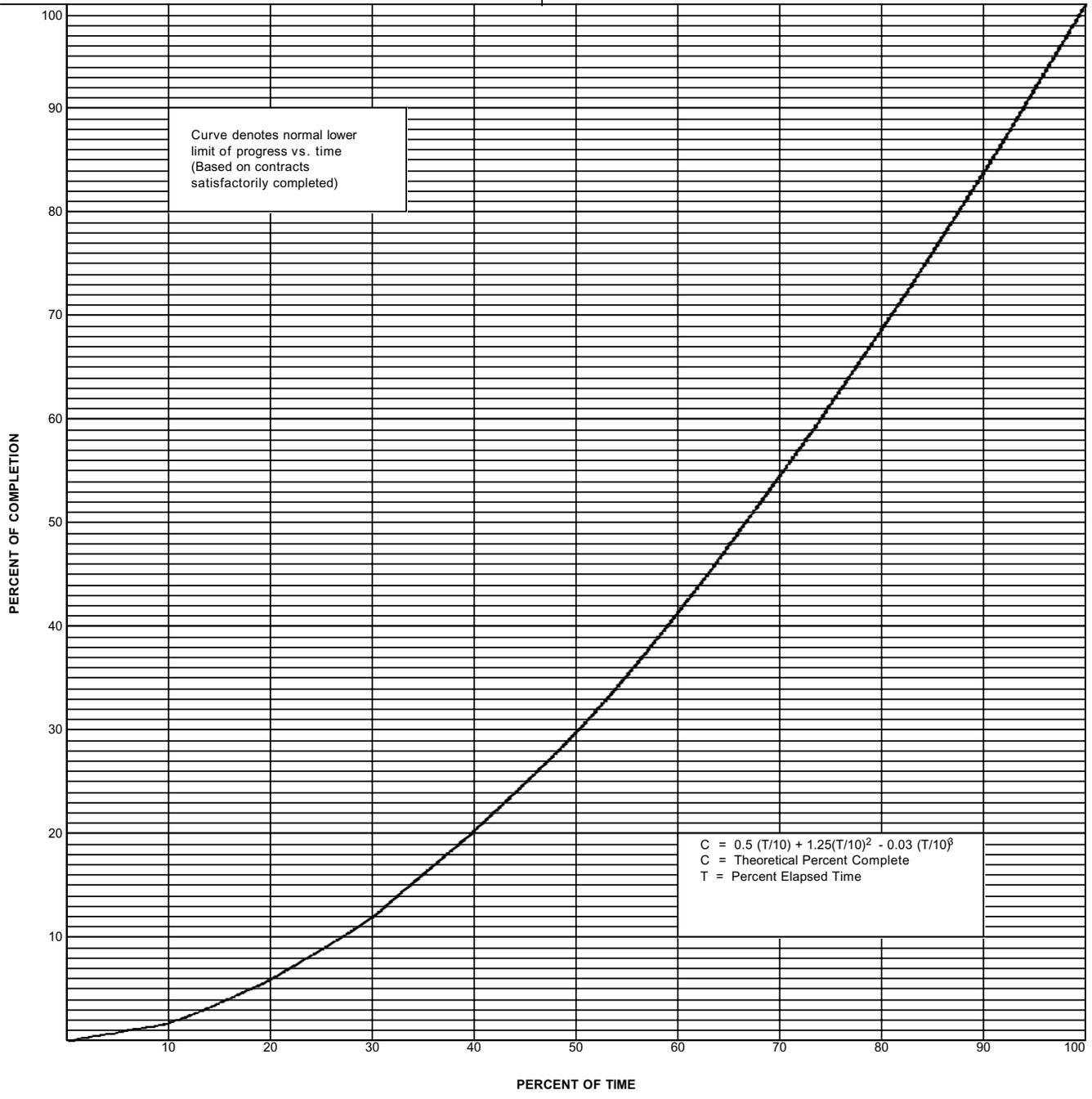
TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP

CEM-2510 (REV 07/2005)

Instructions

Caltrans Contract Number	District - Expenditure Authorization
Project Location	Description of Project
Name of Owner-Operator or Lessee	First and Last Name of owner-operator or lessee
Business Name	Name as indicated on truck or registration
Name of Registered Owner	First and Last Name of registered owner as listed with DMV
Driver License Number	Number listed on valid driver's license
Address	Street address of business
City, State, Zip	City, State, Zip of business
Description of Truck	Full description of make, model, year of truck
MCP#	Motor Carrier Permit Number issued by DMV
CA#	CA# as issued by CHP
Truck License Number	Number as provided by CA DMV registration
Name of Owner-Operator	First and Last Name of owner-operator
Signature of Owner-Operator	Full signature of owner-operator
Date	Date of completion of form
Name of Lessee	First and Last name of Lessee
Signature of Lessee	Full signature of Lessee

CONTRACT NUMBER	ROAD	BID
LIMITS		
DESCRIPTION		WORKING DAYS
RESIDENT ENGINEER	CONTRACTOR	



ADA Notice

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REPORT NUMBER _____

CONTRACTOR _____ WEEK ENDING (month, day, year) _____

Date	Day	Weather, Weather Conditions or Other Conditions ¹	Working Day	Nonworking Day	Working Day No Work Done on Controlling Operation ²
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Days this week _____
 Days previously reported _____
 Total days to date _____

Time Extensions ³	CCO Numbers ⁴	Days Approved	
		CCO	Other
Days this report _____			
Days previously reported _____			
Total days to date _____			

Computation of Extended Date for Completion	Number of Days	Numbered Day ⁵	Date
1. First working day _____			
2. Working days specified in contract _____			
3. COMPUTED DATE FOR COMPLETION (line 1 + line 2 - 1) _____			
4. Days contract suspended to date _____			
5. Total time extension days approved to date (CCO plus other) _____			
6. Total Nonworking days to date _____			
7. Subtotal (line 4 + line 5 + line 6) _____			
8. EXTENDED DATE FOR COMPLETION (line 3 + line 7) _____			
9. Revised working days for contract (line 2 + line 5) _____			
10. Total working days to date _____			
11. WORKING DAYS REMAINING (line 9 - line 10) _____			

CONTROLLING OPERATION(S) _____

REMARKS _____

The contractor will be allowed fifteen (15) days in which to protest in writing the correctness of the statement; otherwise, the statement shall be deemed to have been accepted by the contractor as correct.
NOTE: Footnote Instructions to resident engineer are on reverse side.

RESIDENT ENGINEER SIGNATURE _____ DATE _____

Distribution: Original -- Contractor; Copies -- District, resident engineer



FOOTNOTE INSTRUCTIONS TO RESIDENT ENGINEER

1. When recording nonworking days due to weather, **state the reason why the day is unworkable** when the weather description itself does not adequately describe conditions. For example, "clear-wet grade" to describe conditions when the weather is clear, but the grade is too wet to work. **Do not** list days merely as "Unworkable."
2. Enter days on which no productive work has been performed on the controlling operation(s) for reasons other than weather.
3. **Time Extensions, Other**, are to be explained under **Remarks** and the following information is to be included:
 - a. *Cause of delay and specification reference under which approval was granted.*
 - b. *Statement as to what controlling operation or operations are being delayed and to what extent.*
 - c. *Dates for which the extension was granted.*
 - d. *Reference to supporting data.*
4. List numbers of contract change orders providing for time extensions.
5. Do not include nonworking days which occur after expiration of the **Extended Date of Completion**. On contracts that are overtime, the total under Working Days shall not be greater than the total of **Revised Working Days (line 9)**. After approved total of working days has been reached, continue recording working and nonworking days but do not add into the totals. Make statement under **Remarks** that working and nonworking **days** are shown for record only since the contract time has elapsed.

If an extension of time is subsequently approved, determine the new **Extended Date** by taking into account all nonworking **days** that are reachable.
6. From calendar issued by the Division of Construction with working days numbered for convenience in computations.



OVERRUN IN CONTRACT TIME

CEM-2702 (REV 04/2001)

CONTRACT NO.	COUNTY, ROUTE, BRIDGE OR POST KILOMETERS	FEDERAL NO.
CONTRACTOR'S NAME		
DATE WORK COMPLETED		
DATE FOR COMPLETION (Including extensions authorized by the engineer)		
CALENDAR DAYS OVERRUN	WORKING DAYS OVERRUN	

The recommendation for acceptance of this contract was approved by the director subject to determination that if there was an overrun in contract time, a decision relative to assessing the contractor for liquidated damages or extending the contract time and charging the contractor for engineering and inspection costs would be deferred pending further study. The attached information (in the form of a memorandum or determination of claim) contains the result of the study.

RECOMMENDED ACTION CONCERNING TIME EXTENSION, LIQUIDATED DAMAGES AND ENGINEERING AND INSPECTION COSTS (Per Section 8-1.07, *Standard Specifications*):

- The determination of claim for elimination of liquidated damages is that all of the time involved **was within the control of the contractor**. It is that **no extension of time be granted** and that the contractor be assessed liquidated damages of \$ _____ per calendar day for the period from _____ to _____, both dates inclusive, for a total of _____ days and \$ _____.

- A delay of _____ working days was caused by circumstances over which **the contractor had no control**. It is recommended that a **time extension of _____ working days be granted**. Such action will extend the date for completion to _____, reducing the overrun to _____ calendar days. It is further recommended:
 - That during the period of such extension **the contractor shall be charged** engineering and inspection charges in the amount of \$ _____.
 - That during the period of such extension **the contractor not be charged** engineering and inspection costs.
 - That for the remaining overrun of _____ calendar days, from _____ to _____ both dates inclusive, **the contractor shall be assessed** liquidated damages of \$ _____ per calendar day for a total amount of \$ _____.
 - The contractor has agreed to accept this decision** as to assessment of liquidated damages, and charges for engineering and inspection costs as full settlement of any claim for return of liquidated damages.

RECOMMENDED BY	APPROVED AS RECOMMENDED
	Director of Transportation
BY (Coordinator, Division of Construction)	BY (Chief, Division of Construction)
Date	Date

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**NOTICE OF MATERIALS TO BE USED
INSTRUCTIONS TO CONTRACTOR**

Section 6 of the *Standard Specifications* states that the contractor shall furnish the resident engineer a list of the contractor's sources of materials and the locations at which those materials will be available for inspection. The list shall be submitted on a state-furnished form and shall be furnished to the resident engineer in sufficient time to permit inspecting and testing of materials to be furnished from the listed sources in advance of their use.

In order to avoid delay in approval of materials, the Department of Transportation must receive, in a timely manner, your faxed Form CEM-3101, "Notice of Materials to Be Used." When filing your Form CEM-3101, please comply with the following as closely as possible:

The contract number and job limits should be the same as they appear on the special provisions.

The column headed "Contract Bid Item Number" refers to the sequential item number of the contract.

The column headed "Item Code" refers to the number for which the material is to be used. It is a six-digit number.

The column headed "Contract Item Description" refers to an item description of the material as described in the special provisions.

The columns headed "Item Component" and "Item Sub-Component" refer to the specific description of material to be used, not necessarily the name of the contract item.

For Example:

Contract Bid Item Number (2)	Item Code (3)	Contract Item Description (4)	Item Component (5)	Item Sub-Component (5)
01	520101	Bar reinforcing steel	Coupler (service splice)	Service splice, CJP welded

The column headed "Manufacturer/Provider" refers to the manufacturer/fabricator of the item and the supplier/vendor of the item. List the name and address of the manufacturer/fabricator. Also, list the name and address where inspection will occur, if different from the manufacturer/fabricator.

Form CEM-3101, "Notice of Materials to Be Used," must be faxed to (916) 227-7084, Attn: Materials Administrator or postal mail to: Material Engineering & Testing Services, 5900 Folsom Blvd., Sacramento, CA 95819.

If the sources of all materials are not known at the beginning of a contract, report those known. Supplemental "Notice of Materials to Be Used" should be submitted for the others as soon as possible thereafter. Do not delay submitting the original notice until all information is known. All changes in kinds and sources of materials to be used should be reported on supplemental "Notices of Materials to Be Used" immediately. Retain your copy and mail all other copies to the resident engineer.

Note: When placing orders for materials that required inspection prior to shipment, be sure to indicate on your order that state inspection is required.

PROJECT IDENTIFICATION

PROJECT EA		ROUTE		POST KILOMETERS		COMPLETION DATE (Contract)	
COMPLETION DATE (Expected)	DATE PROBLEM DETECTED	CURRENT DATE	JOB SUSPENDED <input type="checkbox"/> YES <input type="checkbox"/> NO		AC (Tonnes Produced To Date)	AC (Tonnes Remaining)	
PROBLEM STATEMENT							

MIX PROPERTIES

TYPE MIX	TYPE GRADING	MAX GRADING (mm)	ADDITIVES	AGGREGATE TYPE	ASPHALT GRADE
<input type="checkbox"/> A	<input type="checkbox"/> DENSE	<input type="checkbox"/> 38	<input type="checkbox"/> LIME	<input type="checkbox"/> A or	<input type="checkbox"/> AR-1000 <input type="checkbox"/> PBA-1
<input type="checkbox"/> B	<input type="checkbox"/> GAP	<input type="checkbox"/> 19	<input type="checkbox"/> LIQUID ANTI-STRIP	<input type="checkbox"/> B	<input type="checkbox"/> AR-2000 <input type="checkbox"/> PBA-1a
<input type="checkbox"/> RECYCLED	<input type="checkbox"/> OPEN GRADED	<input type="checkbox"/> 12.5	<input type="checkbox"/> CEMENT	<input type="checkbox"/> ABSORPTIVE or	<input type="checkbox"/> AR-4000 <input type="checkbox"/> PBA-2
	<input type="checkbox"/> COARSE	<input type="checkbox"/> 9.5	<input type="checkbox"/> OTHER	<input type="checkbox"/> NON-ABSORPTIVE	<input type="checkbox"/> AR-8000 <input type="checkbox"/> PBA-3
	<input type="checkbox"/> MEDIUM			<input type="checkbox"/> OTHER	<input type="checkbox"/> AR-16000 <input type="checkbox"/> PBA-4
					<input type="checkbox"/> PBA-5
					<input type="checkbox"/> PBA-6a
					<input type="checkbox"/> PBA-6b
					<input type="checkbox"/> PBA-7

APPEARANCE <input type="checkbox"/> OK <input type="checkbox"/> SEGREGATED <input type="checkbox"/> RICH <input type="checkbox"/> DRY <input type="checkbox"/> TENDER <input type="checkbox"/> COLOR <input type="checkbox"/> OTHER	PLANT TYPE <input type="checkbox"/> BATCH or <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PORTABLE or <input type="checkbox"/> STATIONARY	BACKGROUND DATA - Attach Test Method 109 verification, mix design, plant and street test results ACTUAL ASPHALT CONTENT - Attach test results (including target asphalt content, source and date; note lift and location) ACTUAL STABILITY OF STREET SAMPLES - Attach test results (note lift and location) TEST MAXIMUM DENSITY - Attach test results (note lift and location) MIX SUPPLIER AND LOCATION(S) -
---	--	--

FIELD CONDITIONS (at paving operation)

GENERAL	WEATHER	AIR TEMPERATURE (°C)	SURFACE TEMPERATURE (°C)	MIX TEMP AT PLANT (°C)
<input type="checkbox"/> COASTAL	<input type="checkbox"/> CLEAR	<input type="checkbox"/> UNDER 4	<input type="checkbox"/> UNDER 4	<input type="checkbox"/> UNDER 121
<input type="checkbox"/> VALLEY	<input type="checkbox"/> CLOUDY	<input type="checkbox"/> 4-9	<input type="checkbox"/> 4-15	<input type="checkbox"/> 121-134
<input type="checkbox"/> MOUNTAIN	<input type="checkbox"/> FOGGY	<input type="checkbox"/> 10-15	<input type="checkbox"/> 16-26	<input type="checkbox"/> 135-162
<input type="checkbox"/> DESERT	<input type="checkbox"/> RAINY or WORSE	<input type="checkbox"/> 16-20	<input type="checkbox"/> 27-37	<input type="checkbox"/> 163-190
	<input type="checkbox"/> HUMID or	<input type="checkbox"/> 21-25	<input type="checkbox"/> 38-48	<input type="checkbox"/> 191-204
	<input type="checkbox"/> DRY	<input type="checkbox"/> 26-32	<input type="checkbox"/> 49-60	<input type="checkbox"/> GREATER THAN 204
	<input type="checkbox"/> WINDY or	<input type="checkbox"/> 33-38	<input type="checkbox"/> GREATER THAN 60	
	<input type="checkbox"/> CALM	<input type="checkbox"/> GREATER THAN 38		

MIX TEMP AT WINDOW (°C)	MIX TEMP AT BREAKDOWN ROLLER (°C)	DISTANCE, PAVER TO BREAKDOWN ROLLER (METER)	WINDOW LENGTH (Meter)	AVERAGE ONE WAY HAUL TIME (hours)
<input type="checkbox"/> UNDER 65	<input type="checkbox"/> UNDER 65	<input type="checkbox"/> UNDER 15	<input type="checkbox"/> 0	<input type="checkbox"/> UNDER 1/2
<input type="checkbox"/> 65-89	<input type="checkbox"/> 65-89	<input type="checkbox"/> 15-75	<input type="checkbox"/> 0-30	<input type="checkbox"/> 1/2-1
<input type="checkbox"/> 90-125	<input type="checkbox"/> 90-125	<input type="checkbox"/> 76-150	<input type="checkbox"/> 31-61	<input type="checkbox"/> 1-2
<input type="checkbox"/> GREATER THAN 125	<input type="checkbox"/> 126-150	<input type="checkbox"/> 151-229	<input type="checkbox"/> 62-91	<input type="checkbox"/> 2-3
	<input type="checkbox"/> GREATER THAN 150	<input type="checkbox"/> 230-300	<input type="checkbox"/> 92-122	<input type="checkbox"/> GREATER THAN 3
		<input type="checkbox"/> GREATER THAN 300	<input type="checkbox"/> 123-152	
			<input type="checkbox"/> GREATER THAN 152	

CEM3501



AC PRODUCTION/PLACEMENT CHECKLIST

CEM-3501 (REV 11/2000)

STRUCTURAL PROPERTIES

<p>TACK COAT</p> <p><input type="checkbox"/> ASPHALT</p> <p><input type="checkbox"/> EMULSION</p> <p><input type="checkbox"/> OTHER _____</p>	<p>TACK SPREAD RATE (liters per metered square)</p> <p><input type="checkbox"/> 0.45</p> <p><input type="checkbox"/> 0.68</p> <p><input type="checkbox"/> 0.95</p> <p><input type="checkbox"/> 1.13</p> <p><input type="checkbox"/> OTHER _____</p>	<p>MIX THICKNESS (Compacted)</p> <p>FIRST LIFT _____</p> <p>SECOND LIFT _____</p> <p>THIRD LIFT _____</p>	<p>UNDERLYING CONDITIONS</p> <p><input type="checkbox"/> AC</p> <p><input type="checkbox"/> PCC</p> <p><input type="checkbox"/> ATPB</p> <p><input type="checkbox"/> AB</p> <p><input type="checkbox"/> OTHER _____</p> <p><input type="checkbox"/> OK</p> <p><input type="checkbox"/> GRINDER PREPARED</p> <p><input type="checkbox"/> CRACK SEAT</p> <p><input type="checkbox"/> PRE LEVELED</p> <p><input type="checkbox"/> CRACKED</p> <p><input type="checkbox"/> FABRIC</p> <p><input type="checkbox"/> OTHER _____</p>
---	---	---	---

<p>PAVER</p> <p>MAKE _____</p> <p>MODEL _____</p>	<p>PAVER OPTIONS</p> <p><input type="checkbox"/> PICKUP MACHINES</p> <p><input type="checkbox"/> SCREED EXT. (length _____)</p> <p><input type="checkbox"/> SKI (length _____)</p> <p><input type="checkbox"/> JOINT MATCHER</p> <p><input type="checkbox"/> GRADE WIRE</p> <p><input type="checkbox"/> OTHER _____</p>
---	---

MECHANICAL PROPERTIES

NUCLEAR DENSITY GAGE

METHOD SPECIFICATION or

END RESULT COMPACTION SPECIAL PROVISION

MAKE _____ CALIBRATION (date) _____

MODEL _____ AVERAGE RELATIVE COMPACTION _____

<p>BREAKDOWN ROLLER(S)</p> <p>TYPE _____</p> <p>WEIGHT _____</p>	<p>INTERMEDIATE ROLLER(S)</p> <p>TYPE _____</p> <p>WEIGHT _____</p>	<p>FINISH ROLLER(S)</p> <p>TYPE _____</p> <p>WEIGHT _____</p>
--	---	---

IF VIBRATORY ROLLERS ARE USED: ON CALTRANS APPROVED LIST YES NO

<p>MAKE _____</p> <p>MODEL _____</p>	<p>SPEED</p> <p>ACTUAL _____</p> <p>SPECIFIED _____</p>	<p>FREQUENCY</p> <p>ACTUAL _____</p> <p>SPECIFIED _____</p>	<p>AMPLITUDE</p> <p>ACTUAL _____</p> <p>SPECIFIED _____</p>
--------------------------------------	---	---	---

* A completed copy of this form should be filed in Category 35 of the Project Documents. A description of the form is included in the *Construction Manual*.

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MATERIAL	ITEM NUMBER
SUPPLIER	

DATE OF INSPECTION	QUANTITY INSPECTED (#/ UNIT)
--------------------	------------------------------

BASIS FOR ACCEPTANCE - (INITIAL EACH CATEGORY)

- 1. CERTIFICATION OF COMPLIANCE (ATTACHED)
- 2. TEST RESULTS FROM MANUFACTURE (ATTACHED)
- 3. CERTIFICATE OF BUY AMERICA, AS APPLICABLE
- 4. VISUAL INSPECTION FOR OVERALL QUALITY, WORKMANSHIP, VERIFICATION OF MARKINGS
- 5. OTHER (EXPLAIN)

REMARKS:

INSPECTED BY:	RESIDENT ENGINEER SIGNATURE
---------------	-----------------------------

CEM4102

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NOTE: The contractor is responsible for all plant safety issues, regardless of any Caltrans' listing of acceptable or deficient items.

Report No.		Plant Owner	
Inspection By		Plant Location	
Inspection Date	District	Plant Make	Plant Type
EA		Plant Safety Certification Supplied By	Certification Date

INSPECTION AREA	PLANT FEATURE	<small>spec</small>	DEFICIENT	REMARKS
A. Asphalt Sample Area	1. Sampling height	<input type="checkbox"/>		
	2. Plumbing size	<input type="checkbox"/>		
	3. Insulation	<input type="checkbox"/>		
	4. Shielding	<input type="checkbox"/>		
	5. Housekeeping	<input type="checkbox"/>		
	6. Fire protection	<input type="checkbox"/>		
	7. Underground tank access	<input type="checkbox"/>		
B. Aggregate/Cement Sample Area	1. Access stairs	<input type="checkbox"/>		
	2. Access stairs, agg	<input type="checkbox"/>		
	3. Access stairs, binder	<input type="checkbox"/>		
	4. Guardrails	<input type="checkbox"/>		
	5. Floor holes	<input type="checkbox"/>		
	6. Housekeeping, agg	<input type="checkbox"/>		
	7. Sample size, agg	<input type="checkbox"/>		
	8. Sample size RAP	<input type="checkbox"/>		
	9. Conveyor lockout, agg	<input type="checkbox"/>		
	10. Conveyor lockout RAP	<input type="checkbox"/>		
	11. Site, dust control	<input type="checkbox"/>		
	12. Sample support rails	<input type="checkbox"/>		
	13. Conveyor startup warning	<input type="checkbox"/>		
C. Aggregate Belts and Drivers	1. Drive belt guards	<input type="checkbox"/>		
	2. Conveyor guards	<input type="checkbox"/>		
	3. Under conveyor clearance	<input type="checkbox"/>		
	4. Other conveyors	<input type="checkbox"/>		
D. Control Room	1. Stairs	<input type="checkbox"/>		
	2. Landings	<input type="checkbox"/>		
	3. Guardrails	<input type="checkbox"/>		
	4. Fire protection	<input type="checkbox"/>		
	5. Emergency exit	<input type="checkbox"/>		
	6. First aid	<input type="checkbox"/>		
	7. Drinking water	<input type="checkbox"/>		
	8. Toilet facilities	<input type="checkbox"/>		
E. Yard Equipment	1. Loaders	<input type="checkbox"/>		
	2. Trucks	<input type="checkbox"/>		
F. General Items	1. Lighting	<input type="checkbox"/>		
	2. Wash pits	<input type="checkbox"/>		
	3. Yard pits	<input type="checkbox"/>		
	4. Electrical	<input type="checkbox"/>		
	5. Auto control equipment	<input type="checkbox"/>		

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SOLID WASTE DISPOSAL AND RECYCLING REPORT - INSTRUCTIONS

CEM-4401 (NEW 11/2006)

Section 1: To be completed by the contractor**Project Name:** Give a brief description of the project, e.g., "Route 1 widening in Fort Bragg, CA"**Type of Work:** Enter a general work description, e.g. "AC Grinding"**Ongoing Report:** Checking this box means this is an annual report for a continuing project. More reports will follow this one**Final Annual Report:** Checking this box means this report is for the calendar year of contract acceptance**Contract Number:** Enter District/EA**Co./Rte/PM:** Enter County/Route/Post-Mile**Report for Calendar Year:** The calendar year for which data was collected - January 1 to December 31 [Note: This report is an annual report. A separate report is needed for each calendar year]**Company Information:** Contractor Name, Phone Number, Fax Number, Street Address, City, State and Zip**Contractor Certification:** I certify under penalty of perjury that the information provided in this form is complete and accurate.

Contractor should verify the data entered on this form, then sign the report and print your name, title, and date.

Return this report to the resident engineer by January 15 of each calendar year or within 15 days of contract acceptance.

Section 2: To be completed by the contractor

To count towards diversion, "solid waste" is defined as including any solid waste which would normally be disposed of at a disposal facility (PRC Section 41781 (b))

NOTE: Earth and rock material must not be reported as either waste material diverted from or disposed to landfills.*NAME AND LOCATION OF RECYCLING OR DISPOSAL FACILITY (or enter "reused" for materials generated and reused on this job)**Each address should be checked as either landfills or recycler. When using a recycling facility that exists inside a landfill, check recycler and do not check landfill. When the solid waste is generated and reused on the job, the word "Reused" should be entered in place of the address.**TYPE OF MATERIAL** Please enter a letter for each type on a separate line:

A = Asphalt Concrete, C = Concrete; M = Metal; D = Mixed Debris; W = Wood/Cleared Vegetation; O = Other

[Describe the material when "Other" is selected]^t**TYPE OF ACTIVITY** Please enter a number for each activity one per line:

1 = Source-Separated Materials Recycling; 2 = On-Site Reuse; 3 = Mixed Debris Recycling; 4 = Reuse of Salvageable Items;

5 = Disposal at Landfill or Transfer to Station; 6 = Other [Describe the activity when "Other" is selected]^{tt}**AMOUNT TAKEN TO LANDFILL (Tons):** Enter the amount of any solid waste, in tons, that is generated on this project and taken to a landfill.**AMOUNT DIVERTED FROM LANDFILLS TO A RECYCLING FACILITY (Tons):** Enter the amount of any solid waste, in tons, that is generated on this project and taken to a recycling facility.

Solid waste from this job that is used in other projects, given to other agencies (county, city, etc.) or given to private individuals for reuse will be entered as taken to a recycling facility. In this case, check the activity as "Other" and describe who gets the solid waste in the row for other activity. (e.g. given to county, city or developer)

AMOUNT GENERATED AND THEN REUSED ON THIS JOB (Tons): Enter the amount of any solid waste, in tons, that is generated on this project and then reused.

TOTAL SOLID WASTE FROM EACH JOB SHOULD APPROXIMATE THE SUM OF THE THREE QUANTITIES ABOVE.

For calculating weights, some volume to weight conversions may be needed. These conversion factors may be found at the California Integrated Waste Management Board's (CIWMB) web site at:

<http://www.ciwmb.ca.gov/LGLibrary/DSG/Appendix.htm#Conversion>**Section 3: To be completed by the resident engineer****I have reviewed the information submitted in this report for completeness.**

Resident engineer please review the report. If the form is complete, sign and print your name, phone number, and date.

Discuss and resolve with the contractor any deficiency on the form.

CONTRACT CHANGE ORDER

CEM-4900 (REV 05/2001) CT# 7541-3501-0

Sheet _____ of _____

Change Requested by: engineer contractor

CCO NUMBER	SUPL. NUMBER	CONTRACT NUMBER	ROAD	FEDERAL NUMBER(S)
------------	--------------	-----------------	------	-------------------

TO

contractor

*You are directed to make the following changes from the plans and specifications or do the following described work not included in the plans and specifications for this contract. **NOTE: This change order is not effective until approved by the engineer.***

Description of work to be done, estimate of quantities and prices to be paid. (Segregate between additional work at contract price, agreed price and force account.) Unless otherwise stated, rates for rental of equipment cover only such time as equipment is actually used and no allowance will be made for idle time. The last percentage shown is the net accumulated increase or decrease from the original quantity in the engineer's estimate.

Estimated Cost: Decrease Increase \$

By reason of this order the time of completion will be adjusted as follows:

SUBMITTED BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

APPROVAL RECOMMENDED BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

ENGINEER APPROVAL BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------

We the undersigned contractor, have given careful consideration to the change proposed and agree, if this proposal is approved, that we will provide all equipment, furnish the materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment therefor the prices shown above. **NOTE: If you, the contractor, do not sign acceptance of this order, your attention is directed to the requirements of the specification as to proceeding with the ordered work and filing a written protest within the time therein specified.**

CONTRACTOR ACCEPTANCE BY

SIGNATURE	(PRINT NAME & TITLE)	DATE
-----------	----------------------	------



CONTRACT CHANGE ORDER

CEM-4900 (REV 05/2001) CT# 7541-3501-0

Sheet _____ of _____

Change Requested by: engineer contractor

CCO NUMBER	SUPL. NUMBER	CONTRACT NUMBER	ROAD	FEDERAL NUMBER(S)
------------	--------------	-----------------	------	-------------------

TO

contractor

*You are directed to make the following changes from the plans and specifications or do the following described work not included in the plans and specifications for this contract. **NOTE: This change order is not effective until approved by the engineer.***

Description of work to be done, estimate of quantities and prices to be paid. (Segregate between additional work at contract price, agreed price and force account.) Unless otherwise stated, rates for rental of equipment cover only such time as equipment is actually used and no allowance will be made for idle time. The last percentage shown is the net accumulated increase or decrease from the original quantity in the engineer's estimate.

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CONTRACT CHANGE ORDER INPUT

CEM-4901 REV 5/1993 CT# 7541-3516-2

HEADING**INSTRUCTIONS**

Contract Number

Required

CCO Number

Enter CCO and Supplement Numbers.

CARD TYPE 1

CCO Description

CCO Description must be entered.

Net Money Change This CCO

Enter the amount of change. Enter zero if there is no net change. Indicate negative or positive amount.

Approval Date

Enter the month, day, year and the Approval Date. The change order will not be filed until it has been approved.

Time extension days

One of the following entries must be made:

1. Enter zero if there is no time extension.
2. Enter the number of Time Extension Days.
3. Enter "DEF" if consideration of a time extension has been deferred.

Category

Enter alpha-numeric code. Left justify if less than four characters.

CARD TYPE 2

EW or AC

Mark either the Extra Work or the Adjustment of Compensation boxes.

Payment Method

Mark one of the three Payment Method boxes, Force Account, Lump Sum or Unit price.

\$ Amount

Enter the dollar amount of the change.

CARD TYPE 3

Item Number Quantity

Enter the contract item number and the quantity change for each item shown on the change order.

CARD TYPE 4

Bridge Work

Enter the net amount of Bridge Work contained in this change order. Leave blank if zero.

CARD TYPE 5

Federal Participation

Enter FHWA Funding Participation determination on every change order.

Participating-in-Part funding

Indicate breakdown for Participating-in-Part funding.

Federal Segregation

If more than one funding source, mark if the CCO is to be funded as prescribed in contract or show the percentage allotted to each Federal funding source.



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
EXTRA WORK BILL (SHORT FORM)
 CEM-4902 REV 7/94 CT# 7541-3500-8

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CASEWB
 CONTRACT NO. _____ CCO NO. _____ REPORT NO. _____

01	DATE PERFORMED	DATE OF REPORT	CONTRACTOR JOB	CONTRACTOR RPT. NO.	E.W. +/-	F	LS	UP	F	A.C.	LS	UP	SW	FLAG	WORK	DELAY	RTW	PARTNERING	LABOR	WCT	CLASS	WCT	RATE
02	WORK PERFORMED BY																						
03	DESCRIPTION OF WORK																						

EQUIPMENT ID NUMBER	CLASS	EQUIPMENT DESCRIPTION		ATTACH	REGULAR HOURS	OVERTIME HOURS	FOR RESIDENT ENGINEERS ONLY	
		MAKE	CODE				<input type="checkbox"/> NEW BILL	<input type="checkbox"/> APPROVED FOR PAYMENT
04							<input type="checkbox"/>	<input type="checkbox"/>
05							<input type="checkbox"/>	<input type="checkbox"/>
06							<input type="checkbox"/>	<input type="checkbox"/>
07							DATE RECEIVED	DATE OF ACTION
08								
09								
10								

MATERIAL and/or WORK DONE BY SPECIALIST OR LUMP OR UNIT PRICE PAYMENTS									
VENDOR NAME	INVOICE NUMBER	MO	DAY	YR					
24	INVOICE DESCRIPTION	UNITS	UNIT COST OR NET PAY						
VENDOR NAME	INVOICE NUMBER	MO	DAY	YR					
25	INVOICE DESCRIPTION	UNITS	UNIT COST OR NET PAY						

CRAFT ID	LABOR NAME LAST	LABOR REGULAR HOURS		RATE	OVERTIME HOURS		RATE	SUBSISTENCE	
		INT	HRS		HRS	RATE		UNITS	RATE
34									
35									
36									
37									
38									
39									
40									

SIGNATURE OF RESIDENT ENGINEER _____
 IN CASE OF QUESTIONS CONTACT: (Resident Engineers Use Only)
 SIGNATURE OF PRIME CONTRACTORS REPRESENTATIVE _____ NAME _____ BUSINESS PHONE _____





EXTRA WORK BILL (SHORT FORM)

CEM-4902 REV 7/94 CT # 7541-3500-8

Preparing Form CEM 4902

This form is provided for entry of basic information related to extra work performed on a Contract Change Order. The majority of all Extra Work Bills will fit on this form. If more entries are required for equipment, labor or material, you must use the four part forms. (CEM-4902A, CEM-4902B, CEM-4902C, CEM-4902D)

The top of this form includes fields that are used to record basic information required on all Extra Work Bills. Following is a list of these fields: All switch fields, Bridge, flagging, sub work, RAW Delay and Partnering are set by entering a "Y" in the appropriate box. To remove a switch from an existing bill, place an "N" in the appropriate box.

FIELD

REMARKS

Contract Number Identifies the project. Must be a valid contract number that is on file in the Progress Pay System.
 CCO Number Identifies the Contract Change Order.
 Report Number This is assigned by the submitter (R.E.), in sequential order beginning with 0001 for each CCO.
 Line 01:
 Date Performed Enter the work performed date. "VAR" may be entered in this field if the pay method is lump-sum or unit-price and equipment.
 Date of Report Enter the date the bill is prepared.
 Contractor Job No. This is used by the contractor to identify the extra work bill.
 Contractor Rpt. No. This is used by the contractor to identify the extra work bill.
 Payment Method Required entry. Indicate + or -, and place an "X" in the appropriate box. A blank is considered a +.
 BR SW Set to "Y" in if the CCO indicates work on structure items.
 50% Flag Set to "Y" if the bill is for flagging. This will reduce the bill by 50%.
 Sub Work Set to "Y" to add subcontractor markup.
 R/W Delay Set to "Y" if bill is for right of way delay. No markup will be applied to the bill.
 Partnering Switch Set to "Y" if bill is for partnering. No markup will be applied to the bill.
 Labor Sur Enter the labor surcharge for the type of work normally performed by that contractor.

Line 02 and 03

Work Performed By Identify the party that is performing the work.
Description of Work Identify the location and description of the work.

Lines 04 - 10 Equipment Charges

Equipment Description Enter equipment ID, Class, Make, Code. If any are missing the bill will not be accepted.
Equipment Attachments Enter attachment codes.
Equipment Hours Enter regular and overtime hours. Hours must be greater than zero.

Lines 24 - 25 Materials and/or Work done by Specialist or Lump or Unit Price Payments

Vendor Name Enter the vendor's name.
Invoice data Enter the invoice number, date, and description.
Invoice units & cost Enter the number of units and the unit cost or net pay.

Lines 34 - 40 Labor Charges

Labor Description Enter labor craft, initial and last name.
Labor Hours & Rate Enter regular and overtime hours and rates. Hours and rates must not be zero.
Subsistence Enter subsistence hours and rate if subsistence was paid.

CEM4902

CONTRACT NO. _____ CCO NO. _____ REPORT NO. _____ PAGE _____ OF _____

E.W.	A. C.				SUB WORK	RW DELAY	PARTNERING SWITCH
	FA	LS	UP	FA			
+/-							

0 1	DATE PERFORMED	DATE OF	CON. JOB. NO.	CONT. RPT. NO.
0 2	WORK PERFORMED BY			
0 3	DESCRIPTION OF WORK			

ATTACHED TO THIS BILL ARE:

Labor Charges CEM-4902B

Equipment Charges CEM-4902C

Material Charges CEM-4902D

FOR RESIDENT ENGINEERS USE ONLY

New Bill Approved for Payment

Resubmittal Returned for Correction

DATE RECEIVED _____

DATE OF ACTION _____

TOTAL COST SUMMARY, STANDARD MARK-UPS & SUBCONTRACTOR MARK-UP

Total Equipment (A)		Total Other Expense (F)	
Total Materials (B)		Subtotal (C) + (D) + Regular Surcharge + Premium Surcharge + (E) + (F)	
Subtotal Equipment & Materials (A) + (B)		% Standard Mark-up	
% Standard Mark-up		Total Labor (C) + (D) + Surcharge + (E) + (F) + Mark-up	
Total Equipment & Materials (A) + (B) + Standard Mark-up		Total Equipment & Materials	
Total Regular Labor (C)		Total Equipment & Materials + Total Labor	
% Regular Labor Surcharge		% of Mark-up on Subcontracted Work (Only)	
Total Premium Labor (D)		GRAND TOTAL	
% Premium Labor Surcharge			
Subtotal Regular & Premium (C+D)			
Subtotal (C) + (D) + Regular Surcharge + Premium Surcharge			
Total Subsistence (E)			

SIGNATURE (Resident Engineer) _____

SIGNATURE (Prime Contractor's Representative) _____

IN CASE OF QUESTION:
 (Resident Engineer Use Only)

NAME _____ BUSINESS PHONE _____

WHITE - Data Entry CANARY - Resident Engineer PINK - Contractor (After Approval) GOLDENROD - Contractor CEM4902A



EXTRA WORK BILL-TITLE PAGE

CEM-4902A NEW 7/94 CT# 7541-3496-7



Preparing Form CEM 4902A

Form CEM 4902A is provided for entry of basic information related to extra work performed on a Contract Change Order. It is the first of four input forms used to file the Extra Work Bill and are required for each billing. Entries in the shaded areas will not become part of the electronic copy of the bill and are for the user's information only.

The top of this form includes fields that are used to record basic information required on all Extra Work Bills. Following is a list of these fields: All switch fields, Bridge, flagging, sub work, R/W Delay and Partnering are set by entering an "Y" in the appropriate box. To remove a switch from an existing bill, place an "N" in the appropriate box.

FIELD **REMARKS**

Contract Number	Required entry
CCO Number	Required entry
Report Number	Required entry. This number is assigned by the submitter (R.E.), in sequential order beginning with 0001 for each CCO.
Date performed	This is required entry. "VAR" may be entered in this field if the pay method is lump-sum or unitprice and forms for equipment and labor bill are not used .
Date of Report	Required entry.
Cont. Job No.	Optional entry.
Cont. Rpt. No.	Optional entry.
Payment Method	Required entry. Indicate + or -, and place an "X" in the appropriate box. A blank is considered a +
BR Switch	Place a "Y" in this box if bridge work is involved. Use an "N" to remove BR Switch.
50% Flag	Place a "Y" in this box if pay is for 50% flagging. Use an "N" to remove 50% flagging.
Sub Work	Place a "Y" in this box if 5% Sub contractor markup is involved. Use "N" to remove Sub contractor markup.
R/W Delay	Place a "Y" in this box to indicate R/W delay. Use an "N" to remove R/W Delay.
Partnering Switch	Place a "Y" in this box to indicate this bill is for Partnering cost billing.
Work Performed By	Optional
Description of Work	Optional

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ADA Notice

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Preparing Form CEM 4902B

Form CEM 4902B is provided for entry of the contractor labor costs used to perform work on a contract change order. Information in the shaded area will not become part of the electronic copy of the bill. The top of this form includes fields that are used to record or calculate labor surcharges. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract Number	Required entry, same as on the Title Page
CCO Number	Required entry, same as on the Title Page
Report Number	Required entry, same as on the Title Page
Labor Surcharge	Enter Surcharge percent as a whole number. Use Surcharge rate that was in effect when the work was done. This percent surcharge will apply to all labor lines on this Bill.
WCI Class	Optional entry. Choose one of the WCI Classes G01, S01-S09, or D01
WCI Rate	Enter WCI rate if the WCI Class is entered. This rate will apply to all labor lines on this Bill and must be substantiated by the Contractor.
Craft ID	Required entry.
Name - Initial	Required entry.
Name - Last	Required entry.
Regular Hours - Hours	Enter number of regular hours worked.
Regular Hours - Rate	Enter the regular rate.
Premium Hours - Hours	Enter number of Premium hours worked.
Premium Hours - Rate	Enter the Premium rate.
Subsistence - Units	Enter the Units if subsistence was paid.
Subsistence - Rate	Enter the Rate if subsistence was paid.
Other - Description & Amount	Optional entry for expenses not included in equipment, labor or invoices.
Travel Expenses - Units & Rate	Optional entry when travel expense was required.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
EXTRA WORK BILL - EQUIPMENT CHARGES
 CEM-4902C NEW 7/94 CT# 7541-3498-1

CASEWB

EQUIP ID NUMBER	EQUIPMENT DESCRIPTION			ATTACH	REGULAR HOURS	OVERTIME HOURS	REG RATE	OT RATE	EXTENDED AMOUNT
	CLASS	MAKE	CODE						
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
SIGNATURE OF RESIDENT ENGINEER									
SIGNATURE OF PRIME CONTRACTORS REPRESENTATIVE									
SIGNATURE OF QUESTION CONTACT. (RESIDENT ENGINEERS USE ONLY)									
								TOTAL (A)	BUSINESS PHONE

CONTRACT NO. _____ CCO NO. _____ REPORT NO. _____ PAGE _____ of _____





Preparing Form CEM-4902C

Form CEM-4902C is provided for entry of the contractor equipment costs used to perform work on a contract change order. Information in the shaded area will not become part of the electronic copy of the bill. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract No.	Required entry, same as on the Title Page
CCO No.	Required entry, same as on the Title Page
Report No.	Required entry, same as on the Title Page
Equipment ID	Required entry. Enter the equipment's I.D. number.
Equipment Description	Each piece of equipment is identified by code. This code is either in the Equipment Rental Rate Book or is included in the Miscellaneous Equipment Listing.
Equipment Class	Required entry. In the Equipment Rental Rate book, this code is included in the heading for the class of equipment and is set off by brackets [].
Equipment Make	Required entry. In the Equipment Rental Rate book, this code is included in the subheading adjacent to the Manufacturer's name and is set off by brackets [].
Equipment Code	Required entry. In the Equipment Rental Rate book, this code is included in the line of the equipment being identified under the subheading "CODE".
Attach	Optional entry. In the equipment Rental Rate Book, the attachment codes are in the class "ATTACHMENTS" and are identified under the subheading "CODE."
Regular Hours	Enter the number of Regular hours worked.
Premium Hours	Enter the number of Premium hours worked.

NOTE: If the equipment was on R/W delay, place a "Y" in the R/W Delay box on the Title Page Form.

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
EXTRA WORK BILL - MATERIAL CHARGES
 CEM-4902D NEW 7/94 Front CT# 7541-3499-3

MATERIAL and/or WORK done by
 specialist

CASEWB

CONTRACT NO.	CCO NO.	REPORT NO.	PAGE
			1 of

VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
24							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
25							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
26							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
27							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
28							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
29							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
30							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
31							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
32							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR
33							
VENDOR NAME	INVOICE NUMBER	UNIT COST OR NET PAY	UNITS	EXTENDED TOTAL	MO	DAY	YR

SIGNATURE OF RESIDENT ENGINEER	SIGNATURE OF PRIME CONTRACTOR'S REPRESENTATIVE
--------------------------------	--





Preparing Form CEM-4902D

Form CEM 4902D is provided for entry of the contractor material and/or work done by specialist or LUMP SUM or UNIT PRICE PAYMENTS. It is not practical to use the Extra Work Bill to compute invoices, due to tax and discount; the net amount of the invoice should be entered as a unit. Information in the shaded area will not become part of the electronic copy of the bill. Following is a list of these fields:

<u>FIELD</u>	<u>REMARKS</u>
Contract No.	Required entry, same as on the Title Page
CCO Number	Required entry, same as on the Title Page
Report No.	Required entry, same as on the Title Page
Vendor Name	Optional entry.
Invoice Number	Optional entry.
Invoice Date	Optional entry. "VAR" is an acceptable invoice date entry.
Invoice Description	Optional entry.
Units	Required entry. Both lump-sum and unit-price entries require a unit to be input.
Unit Cost or Net Pay	

NOTE: The Material entry will not be processed unless there is a value in both the Unit and the Unit Cost fields.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, Sacramento, CA 95814.

CONTRACT CHANGE ORDER MEMORANDUM

CEM-4903 (REV 06/2006)

DATE _____

TO			FILE	
FROM			E. A. _____	
CCO NO.			CO-RTE-PM _____	
SUPPLEMENT NO.			FED NO. _____	
CATEGORY CODE			CONTINGENCY BALANCE (Including this change):	
			\$ _____	
\$ _____ <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE			HEADQUARTERS APPROVAL REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPPLEMENTAL FUNDS PROVIDED			IS THIS REQUEST IN ACCORDANCE WITH ENVIRONMENTAL DOCUMENTS?	
\$ _____			<input type="checkbox"/> YES <input type="checkbox"/> NO	
ORIGINAL CONTRACT TIME:	TIME ADJUSTMENT THIS CHANGE:	PREVIOUSLY APPROVED CCO TIME ADJUSTMENTS:	PERCENTAGE TIME ADJUSTED (Including this change)	UNRECONCILED DEFERRED TIME CCOs (Including this change)
_____ DAY(S)	_____ DAY(S)	_____ DAY(S)	_____ %	_____

THIS CHANGE ORDER PROVIDES FOR (Use additional pages as needed):

CONCURRED BY:		ESTIMATE OF COST		
CONSTRUCTION ENGINEER/BRIDGE ENGINEER	DATE	THIS REQUEST		TOTAL TO DATE
PROJECT ENGINEER	DATE	ITEMS	_____	_____
PROJECT MANAGER	DATE	FORCE ACCOUNT	_____	_____
FHWA REP.	DATE	AGREED PRICE	_____	_____
ENVIRONMENTAL	DATE	ADJUSTMENT	_____	_____
OTHER (SPECIFY)	DATE	TOTAL	_____	_____
_____	DATE	FEDERAL PARTICIPATION		
HQ OR DISTRICT PRIOR APPROVAL BY	DATE	<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> PARTICIPATING IN PART <input type="checkbox"/> NONE		
RESIDENT ENGINEER SIGNATURE	DATE	<input type="checkbox"/> NON-PARTICIPATING (Maintenance) <input type="checkbox"/> NON-PARTICIPATING		
		FEDERAL SEGREGATION (If more than one funding source or P.I.P. type)		
		<input type="checkbox"/> CCO FUNDED PER CONTRACT <input type="checkbox"/> CCO FUNDED AS FOLLOWS		
		FEDERAL FUNDING SOURCE	PERCENT	
		_____	_____	
		_____	_____	
		_____	_____	

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
CONTRACT CHANGE ORDER MEMORANDUM

CEM-4903 (REV 06/2006)

Page ____ of ____

THIS CHANGE ORDER PROVIDES FOR (Use additional pages as needed):





CONTRACT ADMINISTRATION SYSTEM (CAS) - REPORT REQUESTS

CEM-6002 (REV. 02/2001)

To: EDP: Please obtain the reports indicated below.

NOTE: See Section 5-1
of the *Construction*

Priority Class S/C 5092

Procedure: **CASRPT**

REQUESTS R 1	TITLE OF REPORT	SELECTION CRITERIA S 1
		DISTRICT 2 3
	DISTRICT (XX) ESTIMATE STATUS	<input type="checkbox"/> 2 4 10
	PROJECT MANAGEMENT (Exceptional Contracts, Project File Status and Summary of Control Report)	<input type="checkbox"/> 3 4 10
	DISTRICT (XX) PROJECT STATUS	<input type="checkbox"/> 4 4 10
	PROGRESS PAYMENT-WORK DONE BY OFFICE OF STRUCTURES	<input type="checkbox"/> 5 4 10
	PROJECT RECORD ESTIMATE (Schedule of Extra Work, Schedule of Deductions, Project Record Estimate, Progress Payment Voucher)	<input type="checkbox"/> 6 4 10
	STATUS OF CONTRACT ITEMS	<input type="checkbox"/> 7 4 10
	PROJECT RECORD ITEM SHEET	<input type="checkbox"/> 8 4 10
	STATUS OF PROJECT CHANGE ORDERS	<input type="checkbox"/> 9 4 10
	CCO MASTER LISTING	<input type="checkbox"/> 10 4 10
	BRIDGE QUANTITIES BY STRUCTURE	<input type="checkbox"/> 11 4 10
	DISTRICT (XX) STATUS OF ANTICIPATED CHANGES	<input type="checkbox"/> 12 4 10
	PROJECT RECORD-ESTIMATE (DUMMY)	<input type="checkbox"/> 13 4 10
	CONTRACT CONTENTS REPORT	<input type="checkbox"/> 14 4 10
	CONTRACT CONTENTS REPORT (Contract Item Records)	<input type="checkbox"/> 15 4 10
	CONTRACT CONTENTS (Contract Progress)	<input type="checkbox"/> 16 4 10
	DEWRS IN HOLDING FILE	<input type="checkbox"/> 17 4 10
	RENTAL RATES & CODES FOR MISCELLANEOUS EQUIPMENT	<input type="checkbox"/> 18 4 10

IN CASE OF QUESTION CONTACT

S/C 5092

NAME _____

VERIFY

PHONE _____ DATE _____

PAGE _____ OF _____

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PROJECT KEY

FB	DIST.	CONTRACT NUMBER	
1	2 3 4	4	9

INSTRUCTIONS FOR CARD C05
 -CONTRACT SUSPENSION: ENTER SUSPENSION DATE AND 'S' IN SR
 -CONTRACT REACTIVATION: ENTER REACTIVATION DATE AND 'R' IN SR
 -FOR CORRECTION: ENTER CORRECT DATE OR 00/00/0000 AND 'C' IN SR
 -FOR PROJECT REQUIRING 5% RETENTION: ENTER 'X' IN PE
 -FOR PROJECTS AWARDED AFTER 1/1/88:
 ENTER DATE WHICH IS 15 CALENDAR DAYS AFTER APPROVAL DATE IN BEGIN CONSTRUCTION DATE

MISCELLANEOUS INPUT

C	CARD TYPE	RESIDENT ENGINEERS PHONE NUMBER	RESPON. UNIT	DATE WORK STARTED	EST. DATE FOR COMPLETION	PASSWORD	SUSPENSION OR REACTIVATION DATE	S	P	E	BEGIN CONSTRUCTION DATE
C	0 5										

RESIDENT ENGINEERS MAILING ADDRESS

C	0 6	
C	0 7	
C	0 8	

CONTRACTOR NAME AND ADDRESS

C	0 9	NAME	ADDRESS
C	1 0		
C	1 1		
C	1 2		
C	1 3		
C	1 4		

ADA Notice
 For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CONTRACTORS PHONE NUMBER

BRIDGE DEPARTMENT DATA

C	CARD TYPE	BRIDGE REP. NAME	RESPON. UNIT	ORIGINAL AUTHORIZED AMOUNT FOR BRIDGE WORK *	MOBIL %	C
C	1 5					

* (INCLUDE MOBIL-AMT.)

REMARKS

BY: _____

NAME	DATE
PHONE	

VERIFY

LINE NO.	DATE			SOURCE DOCUMENT DESCRIPTION	BRIDGE	CONTRACT ITEM ENTRIES			ALL OTHER ENTRIES			ENT BY	BY	
	MO.	DAY	YEAR			ITEM NO.	QUANTITY (UNITS)	CODE	CCO NO.	AMOUNT(\$)	TYPE			
18	20	22	24		43									
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														

VERIFY

IN CASE OF QUESTION CONTACT: NAME _____ PHONE _____



CONTRACT TRANSACTIONS INPUT

1. Enter district and contract numbers on each input page.
2. Enter the password assigned to this contract number.
3. Assign page numbers sequentially throughout the life of the contract starting with Page Number 001. Be careful. This number is important.
4. Each line entry must include the date and a source document description. All source documents are to be cross referenced to this input page using the page and line numbers and the "date of entry." There are two classes of transaction entries.

A. Contract Item Transactions:

<u>TRANSACTION TYPE</u>	<u>ITEM NO.</u>	<u>QUANTITY</u>	<u>CODE</u>
Item Payment	Enter	Enter	Blank
Item Quantity Balance	Enter	Enter	Q
Anticipated Change to Item	Enter	Enter	A
*Item Final Balance	Enter	Blank	F
*Item Final Balance (Reopen)	Enter	'Reopen'	F

*Source Document Description may be left blank and a standard description will be supplied.

B. All Other Entries:

<u>TRANSACTION TYPE</u>	<u>CCO NO.</u>	<u>AMOUNT</u>	<u>TYPE</u>
Anticipated Change	Blank	Enter	ANT
Materials on Hand	Blank	Enter	MHS
SFM & E Allotment Change	Blank	Enter	SFM
Total Allotment Change	Blank	Enter	TAC
Anticipated Change to CCO	Enter	Enter	ACC
*CCO Final Balance	Enter	Blank	BAL
*CCO Final Balance (Reopen)	Enter	'Reopen'	BAL

*Source Document Description may be left blank and a standard description will be supplied.



FOR STATE USE ONLY	
Received by _____ (For resident engineer)	Date _____

TO (resident engineer)	CONTRACT NUMBER	DATE
_____	_____	_____

This is a Notice of Potential Claim for additional compensation under the provisions of Section 9-1.04 of the *Standard Specifications*. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on

DATE _____

The particular circumstances of this potential claim are described in detail as follows:

The reasons for which I believe additional compensation may be due are:

The nature of the costs involved and the amount of the potential claim are described as follows:
(If accurate cost figures are not available, provide an estimate, or describe the types of expenses involved.)

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered unless resolved, must be restated as a claim in response to the states proposed final estimate in accordance with Section 9-1.07B of the Standard Specifications.

SUBCONTRACTOR or CONTRACTOR
(Circle one)

(Authorized Representative)

For subcontractor notice of potential claim

This notice of potential claim is acknowledged and forwarded

PRIME CONTRACTOR

(Authorized Representative)

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CEM6201



FOR STATE USE ONLY	
Received By	Date
(For resident engineer)	

TO	CONTRACT NUMBER	DATE	IDENTIFICATION NUMBER
(resident engineer)			

This is an Initial Notice of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04, "Notice of Potential Claim," of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on:

DATE:

The particular nature and circumstances of this potential claim are described as follows:

(attach additional sheets as needed)

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements and attached documents are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 9-1.04 of the Standard Specifications and must be restated as a claim in the Contractors written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.

SUBCONTRACTOR or CONTRACTOR
(Circle One)

(Authorized Representative)

For a subcontractor potential claim

This notice of potential claim is acknowledged, certified and forwarded by

PRIME CONTRACTOR

(Authorized Representative)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



FOR STATE USE ONLY	
Received By	Date
(For resident engineer)	

TO	CONTRACT NUMBER	DATE	IDENTIFICATION NUMBER
(resident engineer)			

This is a Supplemental Notice of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04, "Notice of Potential Claim," of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on:

DATE:

The particular nature and circumstances of this potential claim are described in detail as follows:

(attach additional sheets as needed)

The basis of this potential claim including all relevant contract provisions are listed as follows:

(attach additional sheets as needed)

The estimated dollar cost of the potential claim including a description of how the estimate was derived and an itemized breakdown of individual costs are attached hereto.

(attach sheets as required)

A time impact analysis of the disputed disruption has been performed and is attached hereto. The affect on the scheduled project completion date is as follows:

(attach time impact analysis as required)

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements and attached documents are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 9-1.04 of the Standard Specifications and must be restated as a claim in the Contractors written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.

SUBCONTRACTOR or CONTRACTOR
(Circle One)

(Authorized Representative)

For a subcontractor potential claim

This notice of potential claim is acknowledged, certified and forwarded by

PRIME CONTRACTOR

(Authorized Representative)

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FOR STATE USE ONLY	
Received By (For resident engineer)	Date

TO (resident engineer)	CONTRACT NUMBER	DATE	IDENTIFICATION NUMBER
---------------------------	-----------------	------	-----------------------

This is the Full and Final Documentation of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04, "Notice of Potential Claim," of the Standard Specifications. The act of the engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on:

DATE:

The complete and factual narration of events which fully describe the nature and circumstances that caused the dispute or disagreement and potential claim are attached hereto.

(attach sheets as required for full and final documentation)

The basis of this claim including all relevant contract provisions and a statement of the reasons these provisions support and provide basis for entitlement of the potential claim are attached hereto.

(attach sheets as required for full and final documentation)

The identification and copies of any documents and substance of any oral communication that support the potential claim are attached hereto.

(attach sheets as required for full and final documentation)

The exact dollar amount requested and an itemized breakdown of individual costs segregated by labor, materials, equipment and other are attached hereto.

(attach sheets as required for full and final documentation)

The exact amount of any time adjustment requested including justification thereof and time impact analysis are attached hereto.

(attach sheets as required for full and final documentation)

The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements and attached documentation are made in full cognizance of the California False Claims Act, Government Code sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 9-1.04 of the Standard Specifications and must be restated as a claim in the Contractors written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.

 SUBCONTRACTOR or CONTRACTOR
 (Circle One)

 (Authorized Representative)

For a subcontractor potential claim

This notice of potential claim is acknowledged, certified and forwarded by

 PRIME CONTRACTOR

 (Authorized Representative)

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DISPUTES REVIEW BOARD (DRB) ESTABLISHMENT
 CP-CEM-6202 (New 02/2002)

Instructions for use - Complete this form after the initial DRB meeting has been held. Fax the completed form to the Division of Construction (headquarters) DRB coordinator.

CURRENT DATE _____

CONTRACT NUMBER _____ **ROUTE** _____

WORK DESCRIPTION _____

CONTRACTOR _____

RESIDENT ENGINEER _____ **PHONE** _____

ENGINEER'S ESTIMATE _____ **BID AMOUNT** _____

ORIGINAL NUMBER OF PROJECT WORKING DAYS _____

BID OPENING DATE _____ **CONTRACT AWARD DATE** _____

CONTRACT APPROVAL DATE _____ **FIRST WORKING DAY DATE** _____

DRB ESTABLISHMENT DATE _____ **DRB AGREEMENT DATE** _____

DRB CCO APPROVAL DATE _____

INITIAL DRB MEETING DATE _____

SUBSEQUENT STATUS MEETING SCHEDULED DATE _____

PLANNED FREQUENCY OF DRB STATUS MEETINGS (4 months max.) _____

DRB MEMBERS

NAME	NOMINATED	NOMINATION	APPROVED BY	APPROVAL DATE
	Department		Contractor	
	Contractor		Department	
	DRB members		Cont./Dept. - HQ*	

*DRB chairman nomination requires the Division of Construction (headquarters) construction coordinator approval. Enter both the contractor's

RETENTION TAKEN FOR DELAYED DRB ESTABLISHMENT _____ **YES** _____ **NO**

COMMENTS _____

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 653-3657 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.





DISPUTE REVIEW BOARD (DRB) UPDATE REPORT

CEM-6203 (NEW 02/2002)

Instructions for use - Complete this form yearly beginning on the anniversary of the first contract working day. Fax the completed form to the Division of Construction (headquarters) DRB coordinator.

CURRENT DATE _____

CONTRACT NUMBER _____

RESIDENT ENGINEER _____ **PHONE** _____

INITIAL DRB MEETING DATE: _____

DRB STATUS MEETINGS:

STATUS MEETING DATE	DRB SITE VISIT INCLUDED (Y/N)

DRB ISSUE MEETINGS:

ISSUE MEETING DATE	BRIEF DESCRIPTION OF ISSUE

TOTAL NUMBER OF POTENTIAL CLAIMS RECEIVED TO DATE _____

TOTAL NUMBER OF UNRESOLVED POTENTIAL CLAIMS _____

TOTAL NUMBER OF DISPUTE ISSUES REFERRED TO DRB _____

TOTAL NUMBER OF DRB RECOMMENDATIONS* _____

* Typically there is one recommendation per issue referral. Occasionally one recommendation will address more than referred issue. Record the total number of issues the DRB has provided recommendations on.

DRB EXPENDITURES TO DATE (DRB CCO COSTS) _____

COMMENTS _____

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DISPUTE REVIEW BOARD (DRB) ISSUE REPORT

CEM-6204 (NEW - 02/2002)

Instructions for use - Complete this form when the Department's response to the DRB recommendation is sent and the contractor's response has been received or has been accepted by default. Fax the completed form, the DRB recommendation, and the Department's response to the Division of Construction (headquarters) DRB coordinator.

CURRENT DATE _____

CONTRACT NUMBER _____

RESIDENT ENGINEER _____ **PHONE** _____

ISSUE INFORMATION:

BRIEF DESCRIPTION OF ISSUE: _____

DATE OF INITIAL NOTICE OF POTENTIAL CLAIM _____

NOTICE OF POTENTIAL CLAIM NUMBER _____

DATE OF ENGINEER'S RESPONSE TO POTENTIAL CLAIM _____

DATE OF REFERRAL TO DRB _____

DATE OF ISSUE MEETING _____

DOLLAR VALUE OF POTENTIAL CLAIM (per contractor) _____

DELAY DAYS ON NON CONTROLLING ITEM(S) OF WORK (per contractor) _____

DELAY DAYS ON CONTROLLING ITEM(S) OF WORK (per contractor) _____

DRB RECOMMENDATION INFORMATION:

DRB REQUEST FOR ADDITIONAL INFORMATION (Y/N) _____

ADDITIONAL INFORMATION REQUESTED FROM (DEPT./CONT.) _____

DRB RECOMMENDATION DATE _____

DRB RECOMMENDATION IN FAVOR OF WHICH PARTY _____

DEPARTMENT RESPONSE (ACCEPTED/REJECTED*) _____

*Rejection of any DRB decision requires approval of the Chief of Division of Construction. Acceptance of an unfavorable DRB recommendation requires approval in conformance with the CCO approval authority table.

DATE OF DEPARTMENT RESPONSE APPROVAL _____

NAME & TITLE OF APPROVAL AUTHORITY _____

CONTRACTOR'S RESPONSE (ACCEPTED/REJECTED) _____

RESOLUTION INFORMATION:

HAS THE DISPUTE ISSUE BEEN RESOLVED IN ITS ENTIRETY (Y/N) _____

(If yes, provide the details in the "comments" section below. Include quantification of the dispute resolution in time and dollars and identify the corresponding CCO.)

COMMENTS: _____

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CONTRACT ACCEPTANCE

CEM 6301 (Rev. 1/2001)

CONTRACT NUMBER	COUNTY, ROUTE, BRIDGE, POST KILOMETERS	FEDERAL NO.
CONTRACTOR NAME AND BUSINESS ADDRESS		

CONTRACT DESCRIPTION AND DELIVERY

DESCRIPTION	QUANTITY DELIVERED	UNITS
New Construction		Centerline Kilometers
		Lane Kilometers
		Structures
Reconstruction		Lane Kilometers
		Structures
New HOV		Lane Kilometers
Operations		Lane Kilometers
Rehabilitation		Lane Kilometers
Preservation		Lane Kilometers
Roadside: New Highway Planting		Hectares
Soundwall		Linear Kilometers

CONTRACT WORK WAS SATISFACTORILY COMPLETED _____

Date

CONTRACT ACCEPTANCE IS RECOMMENDED - in accordance with Section 7-1.17, "Acceptance of Contract," of the *Standard Specifications*.

Signature, Resident Engineer

CONTRACT IS ACCEPTED IN ACCORDANCE WITH ABOVE RECOMMENDATION

Date

Signature, District Division Chief
for the Director

CONTRACT ACCEPTANCE

CEM 6301 (Rev. 1/2001)

Instructions for Form CEM-6301, *Contract Acceptance*

Contract Description Definitions:

New Construction:

New transportation facility that did not previously exist in the corridor or as the addition of an interchange. Lane kilometers include High Occupancy Vehicles (HOV) lanes.

Reconstruction:

- Addition of a mainline through lane, including HOV lanes
- Significant changes in horizontal and vertical alignment
- Reconstruction of an interchange by adding, moving or relocating ramps
- Replacement of an entire bridge or major portions of an existing bridge on a new vertical or horizontal alignment
- Seismic Retrofit

Operations:

Turnouts, passing lanes, truck climbing lanes

Rehabilitation:

Restoration and replacement of lanes, excluding any major maintenance of lanes (AC overlays greater than 25mm)

Preservation:

Major maintenance and other pavement life extension work (Thin blanket AC overlays 25mm or less, chip seals, slurry seals, etc.)

Roadside-New Highway Planting:

Landscaping

Soundwalls:

Linear kilometers of new soundwall

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



CONSTRUCTION MANUAL PROPOSED CHANGE

CEM-9001 (New 11/1992)

ADA Notice

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CHAPTER	SECTION	PAGE
SUBMITTED BY	DISTRICT/UNIT	DATE
PROPOSED CHANGE		

NUMBER OF ATTACHED PAGES

APPROVED BY	APPROVAL DATE
-------------	---------------



<input type="checkbox"/> PRELIMINARY TESTS	SAMPLE SENT TO: <input type="checkbox"/> HDQTRS. LAB <input type="checkbox"/> BRANCH LAB <input type="checkbox"/> DIST. LAB	FIELD NO.
<input type="checkbox"/> PROCESS TESTS		DIST. LAB NO.
<input type="checkbox"/> ACCEPTANCE		LOT NO.
INDEPENDENT ASSURANCE TESTS		
<input type="checkbox"/> DIST. LAB		SHIPMENT NO.
<input type="checkbox"/> TRANS. LAB		P.O. OR REQ. NO.
<input type="checkbox"/> SPECIAL TESTS		AUTHORIZATION NO.

SAMPLE OF _____
 FOR USE IN _____

 SAMPLE FROM _____

 DEPTH _____
 LOCATION OF SOURCE _____

THIS SAMPLE IS SHIPPED IN (NO. CONTAINERS)	AND IS ONE OF A GROUP OF	SAMPLES REPRESENTING (TONS, GALS, BBLs)
OWNER OR MANUFACTURER _____		
TOTAL QUANTITY AVAILABLE	TEST RESULTS DESIRED <input type="checkbox"/> NORMAL <input type="checkbox"/> PRIORITY	DATE NEEDED
REMARKS _____ _____ _____		

COVER ADDITIONAL INFORMATION WITH LETTER
 DATE SAMPLED _____
 BY _____ TITLE _____
 DIST, CO, RTE, PM _____

LIMITS _____

 CONT. NO. _____
 FED. NO. _____
 RES. ENGR. OR SUPT. _____
 ADDRESS _____
 CONTRACTOR _____

<input type="checkbox"/> PRELIMINARY TESTS	SAMPLE SENT TO: <input type="checkbox"/> HDQTRS. LAB <input type="checkbox"/> BRANCH LAB <input type="checkbox"/> DIST. LAB	FIELD NO.
<input type="checkbox"/> PROCESS TESTS		DIST. LAB NO.
<input type="checkbox"/> ACCEPTANCE		LOT NO.
INDEPENDENT ASSURANCE TESTS		
<input type="checkbox"/> DIST. LAB		SHIPMENT NO.
<input type="checkbox"/> TRANS. LAB		P.O. OR REQ. NO.
<input type="checkbox"/> SPECIAL TESTS		AUTHORIZATION NO.

SAMPLE OF _____
 FOR USE IN _____

 SAMPLE FROM _____

 DEPTH _____
 LOCATION OF SOURCE _____

THIS SAMPLE IS SHIPPED IN (NO. CONTAINERS)	AND IS ONE OF A GROUP OF	SAMPLES REPRESENTING (TONS, GALS, BBLs)
OWNER OR MANUFACTURER _____		
TOTAL QUANTITY AVAILABLE	TEST RESULTS DESIRED <input type="checkbox"/> NORMAL <input type="checkbox"/> PRIORITY	DATE NEEDED
REMARKS _____ _____ _____		

COVER ADDITIONAL INFORMATION WITH LETTER
 DATE SAMPLED _____
 BY _____ TITLE _____
 DIST, CO, RTE, PM _____

LIMITS _____

 CONT. NO. _____
 FED. NO. _____
 RES. ENGR. OR SUPT. _____
 ADDRESS _____
 CONTRACTOR _____



**FIELD SAMPLE OF PORTLAND CEMENT CONCRETE
SAMPLE CARD**

TL-0502 (REV. 6/97)

NO.			
CONTR. NO		FED NO.	
DIST.	CO.	RT.	P.M.
LIMITS OF WORK			

RES. ENG. OR SUPT

ADDRESS

CONTRACTOR

SOURCE OF MATERIALS

CEMENT	CERTIFICATE NO.
FINE AGGREGATE	SMARA
COARSE AGGREGATE	SMARA

FIELD SAMPLE NO.	_____
SIZE OF SPECIMEN - mm	_____
DATE CAST	_____
CEMENT - kg/m ³	_____
PERCENT AIR	_____
KELLY BALL PENETRATION	_____
WATER - kg/m ³	_____
SAMPLED FROM	_____
ADMIXTURE	_____

REMARKS

SAMPLED BY

TITLE

ENCLOSURE WITH SAMPLE

**FIELD SAMPLE OF PORTLAND CEMENT CONCRETE
SAMPLE CARD**

TL-0502 (REV. 6/97)

NO.			
CONTR. NO		FED NO.	
DIST.	CO.	RT.	P.M.
LIMITS OF WORK			

RES. ENG. OR SUPT

ADDRESS

CONTRACTOR

SOURCE OF MATERIALS

CEMENT	CERTIFICATE NO.
FINE AGGREGATE	SMARA
COARSE AGGREGATE	SMARA

FIELD SAMPLE NO.	_____
SIZE OF SPECIMEN - mm	_____
DATE CAST	_____
CEMENT - kg/m ³	_____
PERCENT AIR	_____
KELLY BALL PENETRATION	_____
WATER - kg/m ³	_____
SAMPLED FROM	_____
ADMIXTURE	_____

REMARKS

SAMPLED BY

TITLE

ENCLOSURE WITH SAMPLE



STATE OF CALIFORNIA-DEPARTMENT OF TRANSPORTATION
JOB CEMENT SAMPLES RECORD
 MR 0518 (Rev. 6/93)#CT-7541-6019-0

024070

Note: THIS IS A RECORD OF JOB CEMENT SAMPLES SHIPPED
 TO THE LABORATORY BY THE RESIDENT ENGINEER.

DISTRICT	COUNTY	ROUTE	P.M.
----------	--------	-------	------

CONTRACT OR W.O. NUMBER

CONTRACTOR

RESIDENT ENGINEER

PHONE NUMBER

ADDRESS

SAMPLE REPRESENTS *(bbl.)*

TYPE *(Circle one.)*

I II III IV V 1P N F C

BRAND

Mineral admixture Cement

MILL OR SOURCE LOCATION

TYPE WORK

Certificate of Compliance Received From (name)	MILL OR SOURCE
	READY-MIX MANUFACTURER
	CONCRETE PRODUCTS MANUFACTURER

CERTIFICATE OF COMPLIANCE NUMBERS

SAMPLED BY *(print)*

DATE SAMPLED

REMARKS

White--Enclose with sample
 Yellow--For Resident Engineer

G920167 93 96159



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
PRODUCT, MATERIAL, OR METHOD REPORT
(For Highway Planting or Erosion Control)
 LA - 16 (REV 04/2001)

Purpose of Report: _____

LOCATION		DISTRICT	COUNTY	ROUTE	P.M. OR STA. AT EACH LOCATION
INSTALLED BY		CONTRACT NUMBER		MAINTENANCE OR OTHER	
DATE INSTALLED	COSTS		PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		

Evaluation and Comments: _____

FINANCIAL SAVINGS	ADDITIONAL EVALUATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

If yes, state reason: _____

INITIATED BY	DEPARTMENT	PHONE
REVIEWED BY	DEPARTMENT	PHONE

Send copy to: California Department of Transportation
 Office of State Landscape Architecture, MS 28
 Standards Branch
 1120 N Street, Sacramento, CA 95814

DATE

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA. 95814





REPORT OF CHEMICAL SPRAY OPERATIONS

LA-17 (REV 04/2001)

REPORT OF CHEMICAL SPRAY OPERATIONS

CONTRACTOR		WEEK ENDING DATE	PROJECT DESCRIPTION		PROJECT NUMBER																
CHEMICAL MIXTURE AND PERCENT ACTIVE MATERIAL		A	B	C	D																
WATER RATE																					
APPLICATION PER SQUARE FOOT OR ACRE																					
CHECK PROPER BOX		PLANTING SPRAYED			PEST KILLED	DESCRIPTION OF AREA (STA., LOOP, ETC.)															
DAY	WINDY	CALM	A.M.	P.M.	CLOUDY	SUNNY	CHEMICAL USED				TRES	SHRUBS	IVY	ICE PLANT	GROUND COVER	GRASS	BROADLEAF	STOLONS	SCALE, MOTH, ETC.	DISEASE	
							A	B	C	D											
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
RESIDENT ENGINEER COMMENTS:		CONTRACTOR'S REPRESENTATIVE																			
		COPY TO: DISTRICT _____ MAINTENANCE FOR FILE																			

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 263-2041 or TDD (916) 263-2044 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

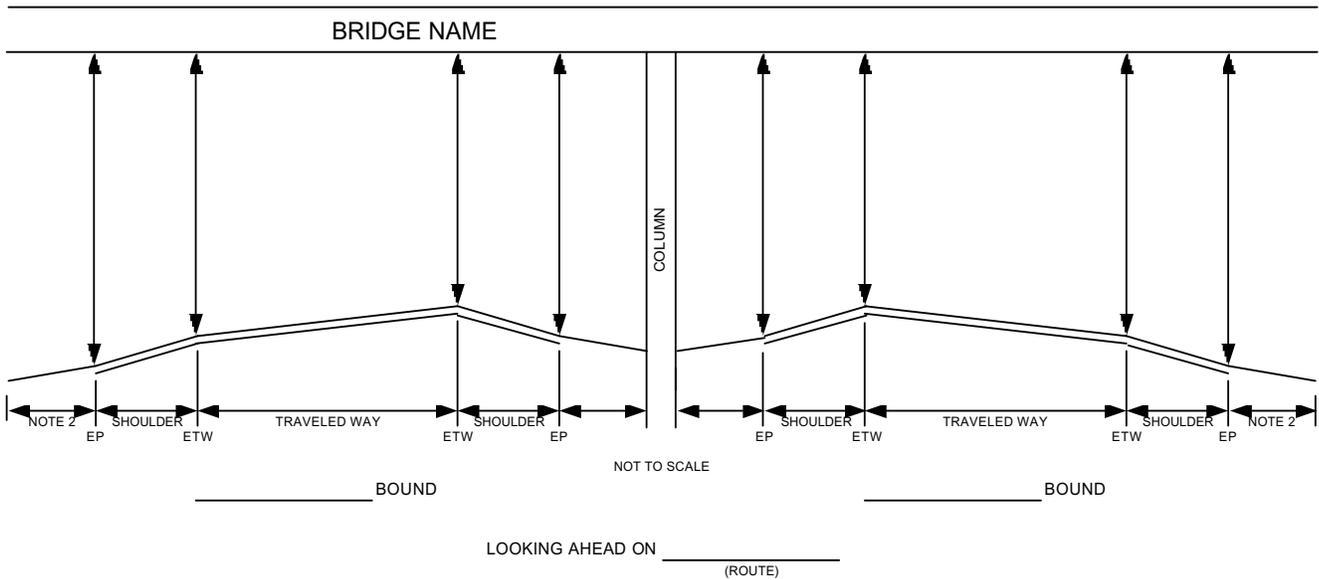
NOTICE OF CHANGE IN CLEARANCE OR BRIDGE WEIGHT RATING

TR-0019 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
 SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

BRIDGE NAME			BRIDGE NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY	
SUBMITTED BY		PHONE NUMBER		FAX NUMBER	
TYPE OF CHANGE (SELECT ONE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (SEE NOTE 1)		TENTATIVE START DATE		TENTATIVE END DATE	
BRIDGE WEIGHT RATING CHANGE (SELECT ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING BRIDGE WEIGHT RATING		NEW BRIDGE WEIGHT RATING	

CLEARANCE DIAGRAM



NOTES:

- 1) FOR TEMPORARY VERTICAL CLEARANCE CHANGES, DIMENSIONS ARE TO BOTTOM OF FALSEWORK
- 2) INCLUDE DISTANCE TO ANY OBSTRUCTION (i.e. -GUARDRAIL, COLUMNS, K-RAIL)

FOR LIAISON USE ONLY:

DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
--------------------------	------------------------	-------------------



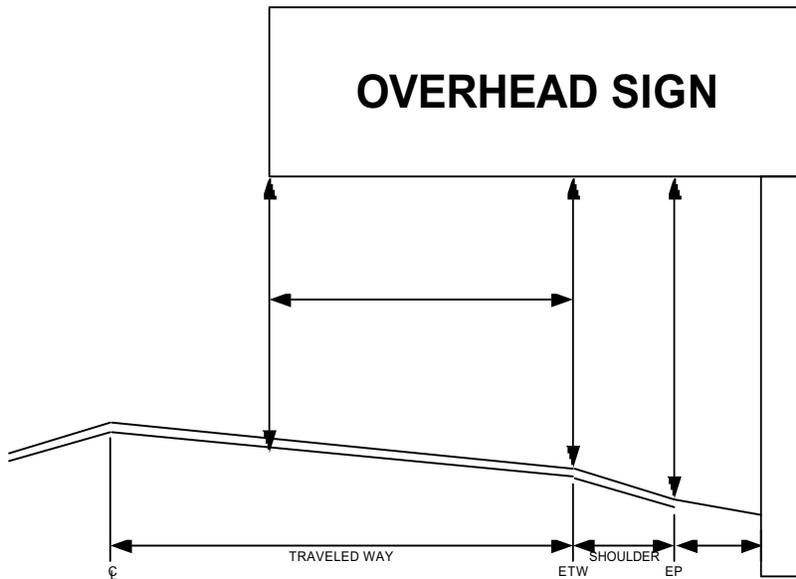
NOTICE OF CHANGE IN VERTICAL OR HORIZONTAL CLEARANCE

TR-0020 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
 SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

SIGN NAME			SIGN NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY	
SUBMITTED BY		PHONE NUMBER		FAX NUMBER	

CLEARANCE DIAGRAM



NOT TO SCALE

LOOKING _____ ON _____
 (DIRECTION) (ROUTE)

MAINLINE RAMP

FOR LIAISON USE ONLY:

DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
--------------------------	------------------------	-------------------



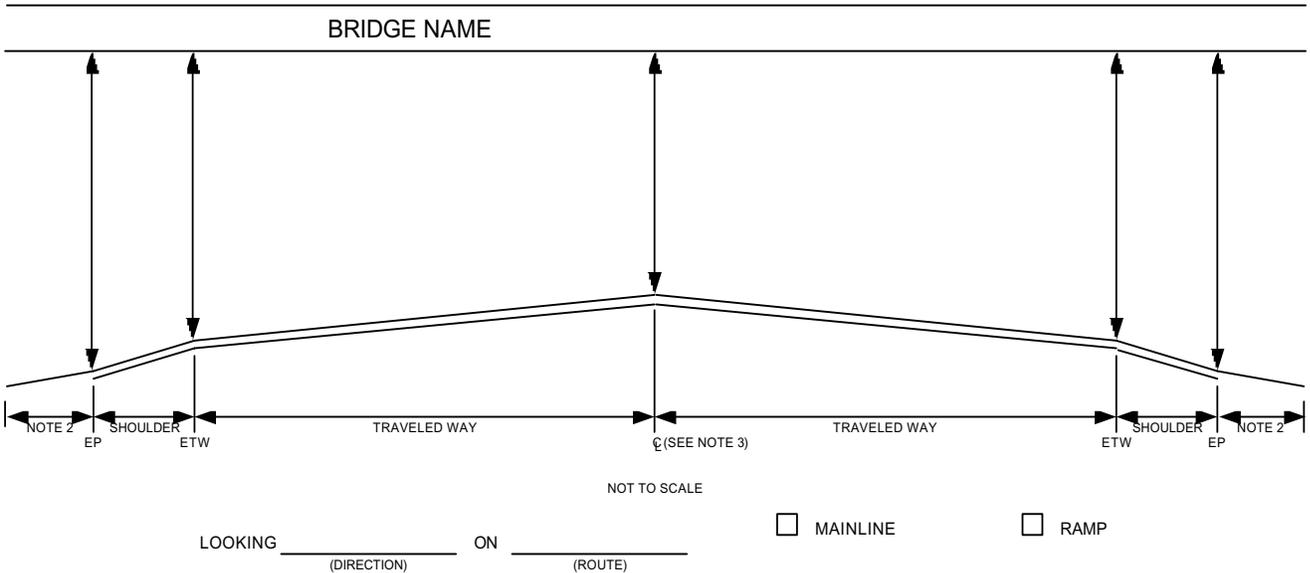
NOTICE OF CHANGE IN CLEARANCE OR BRIDGE WEIGHT RATING

TR-0029 (NEW 6/2000)

PLEASE FAX THIS FORM TO: NORTH REGION CONST/MAINT LIAISON (916) 322-4081
 SOUTH REGION CONST/MAINT LIAISON (909) 383-4296

BRIDGE NAME		BRIDGE NUMBER		DATE
DISTRICT	COUNTY	ROUTE	PM	CITY
SUBMITTED BY		PHONE NUMBER	FAX NUMBER	
TYPE OF CHANGE (SELECT ONE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (SEE NOTE 1)		TENTATIVE START DATE	TENTATIVE END DATE	
BRIDGE WEIGHT RATING CHANGE (SELECT ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING BRIDGE WEIGHT RATING	NEW BRIDGE WEIGHT RATING	

CLEARANCE DIAGRAM



NOTES:

- 1) FOR TEMPORARY VERTICAL CLEARANCE CHANGES, DIMENSIONS ARE TO BOTTOM OF FALSEWORK
- 2) INCLUDE DISTANCE TO ANY OBSTRUCTION (i.e. -GUARDRAIL, COLUMNS, K-RAIL)
- 3) FOR DIVIDED HIGHWAYS, USE FORM NUMBER TR-0019

FOR LIAISON USE ONLY:

DATE RECEIVED BY LIAISON	DATE OF RCD/TRD CHANGE	LIAISON SIGNATURE
--------------------------	------------------------	-------------------

