**STATE OF WISCONSIN DEPARTMENT OF TRANSPORTATION**

 **BUREAU OF AERONAUTICS**

 **Construction Progress and Inspection Report**

|  |  |
| --- | --- |
| Contractor:       | Airport:       |
| Subcontractor:       | Project #:       |
|  | Project Description:       |
|  | Type of Inspection:       |
| Equipment on Job: | Attendance (name & title):  |
| No. of People Working:  |  |
|  Adequacy of:  |  |
|  Testing:  |  |
|  Progress:  |  |
|  Inspection:  |  |
| Current Work in Progress: |
| Comments and Recommendations: [ ]  **FINAL INSPECTION CHECKLIST ATTACHED USE OTHER SIDE IF NECESSARY** |
| By:  | Date:  |

cc: Contractor: (contractor)

 Owner: (owner)

 Consultant: (consultant)

Equal Rights Officer: Shannon Clary – WisDOT - BOA**Final Inspection Checklist**

A. List Contract Change Orders:

B. Contract time status: Type of Contract - Working Days / Calendar Days / Completion Date

Days in contract including modifications for CCO’s - \_\_\_\_\_\_\_\_\_\_\_

Days worked to date - \_\_\_\_\_\_\_\_\_

Days liquidated damages = \_\_\_\_\_\_\_ days X $ \_\_\_\_\_\_\_\_ per day = $\_\_\_\_\_\_\_\_\_\_

Time extension requested: [ ]  YES [ ]  NO

C. Other pay adjustments: Punch list work remaining: [ ]  YES [ ]  NO

Punch list attached \_\_\_\_\_\_\_ Dollars of work remaining $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retainer: Current amount - $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Retainer can be reduced to - $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Liens: [ ]  YES [ ]  NO

Concrete strength pay reductions & / or increase: [ ]  YES [ ]  NO

Describe:

Concrete thickness pay reductions: [ ]  YES [ ]  NO

Describe:

Bituminous concrete pay reductions & / or increase: [ ]  YES [ ]  NO

Describe:

Additional pay adjustments:

D. Materials certifications supplied: [ ]  YES [ ]  NO

Certifications needed:

E. Operation & Maintenance manuals provided: [ ]  YES [ ]  NO

F. Affidavit of Employment Compliance: [ ]  YES [ ]  NO

1. Partial acceptance of any work [ ]  YES [ ]  NO

Describe accepted work & start of warranty:

Is warranty a standard 1 year? [ ]  YES If not describe:

H. Final pay quantities: [ ]  in agreement [ ]  agreement needed

I. Equipment: Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J. Other comments: