

# **FLORIDA DEPARTMENT OF TRANSPORTATION DISTRICT 5**



## **INSPECTORS/PA COMPLIANCE WORKSHOP**

# FDOT DISTRICT OFFICE

- **JENNIFER L. TAYLOR**

District Operations Contracts Manager



- **GERALYNN MORGAN**

District Contract Compliance Manager



# **FDOT DISTRICT 5 RESIDENT COMPLIANCE SPECIALISTS**

- **Willie Allen - Daytona Construction**
- **Phyllis Butler - Brevard Operations**
- **Rosemarie Artura - Leesburg and Ocala Operations**
- **Kim Jones - Orlando and Interstate Construction**
- **Michele Maloney - SunRail Projects**
- **Cheryl Catron - District 5 LAP Projects**

# **ABBREVIATIONS**

- **FDOT** – Florida Department of Transportation
- **FHWA** – Federal Highway Administration
- **USDOL** – United States Department of Labor
- **EEO** – Equal Opportunity Office
- **D5** – District Five
- **EEO** – Equal Employment Opportunity
- **AA** – Affirmative Action
- **OJT** – On-The-Job Training

# **MORE ABBREVIATIONS**

- **FPN / FIN** - Financial Identification Number
- **FAP** - Federal Aid Participation
- **FEIN** – Employer Identification Number
- **DBE** – Disadvantaged Business Enterprise
- **OBE** – Other Business Enterprises
- **CFR** – Code of Federal Regulations
- **EOC** – Equal Opportunity Compliance System
- **SSN** – Social Security Number

# **MORE ABBREVIATIONS**

- **RCS** – Resident Compliance Specialist
- **DCS** – District Compliance Specialist
- **DCCM** – District Contract Compliance Manager
- **PA** – Project Administrator
- **PM** – Project Manager

# FOR FEDERALLY FUNDED PROJECTS

We will discuss:

- ✓ Commercially Useful Function (CUF)
- ✓ EEO / Labor Interviews
- ✓ On-The-Job Training
- ✓ Bulletin Board Inspections

# COMMERCIALLY USEFUL FUNCTION (CUF)

Is governed by the 49 CFR Part 26 Disadvantaged Business Enterprise which covers DBE subcontractor monitoring on Federally Funded Projects.



# WHAT IS A COMMERCIALY USEFUL FUNCTION?

- A Commercially Useful Function is performed to determine if a Disadvantaged Business Enterprise (DBE) firm performs work in their areas of certification.
- Aspects of work include: management, workforce, performance, equipment, and materials.
- At least 30% of the work listed on the Contract DBE Commitment Details Report must be performed by the DBE.

# MONITORING AND OBSERVING COMMERCIALY USEFUL FUNCTIONS

- The Department is responsible for monitoring and reporting the work performed by the DBE contractor(s).

# MONITORING AND OBSERVING COMMERCIALY USEFUL FUNCTIONS

- CUF reports are required for at least the first three (3) months the DBE firm is active in the areas of certification. More may be required.
- If it is determined a DBE does not perform a Commercially Useful Function, the DBE utilization cannot be counted.

**COMMERCIALLY USEFUL FUNCTION (CUF)**

**SECTION 1: PROJECT IDENTIFICATION**

1. Financial Project No.	2. F.A.P. No.	3. Contract No.
4. Prime Contractor	7. FEID No.	8. Contract Begin Date

**SECTION 2: DBE IDENTIFICATION**

9. DBE's FEID No.	12. DBE Co. Name
11. Mailing address & phone number used for project communication	
13. NAICS / Specialty Codes (from DBE's Profile in DBE Directory)	14. NAICS/ Specialty Code

15. DBE's function on this Contract  
 Subcontractor  
 Rental Agreement without operator  
 Rental Agreement

16. If DBE is a Subcontractor, Identify tier.

17. Name of company DBE is subordinate to (or 'Prime' if 1<sup>st</sup> tier)  Prime

**SECTION 3: OBSERVATION OF DBE'S, WORK, WORKFORCE & EQUIPMENT**

19. Date Observed	20. Observer's Name (first & last)
-------------------	------------------------------------

21. Description of work being performed

22. Foreman's name (first/last) & employer

23. Number & type of workers (exclude foreman)

24. Number and type of equipment & tools used

<input type="checkbox"/> None
-------------------------------

TRUE	FALSE	25. WORKFORCE OF THE DBE:	TRUE	FALSE	26. EQUIPMENT OF THE DBE:
------	-------	---------------------------	------	-------	---------------------------

<input type="checkbox"/>	<input type="checkbox"/>	A. Uniforms have DBE's Co. name <input type="checkbox"/> No uniforms	<input type="checkbox"/>	<input type="checkbox"/>	A. Name is painted or a permanent decal <input type="checkbox"/> No name on any <input type="checkbox"/> No name on some
--------------------------	--------------------------	--	--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	B. Only Workers/Foremen from the DBE company are performing the work	<input type="checkbox"/>	<input type="checkbox"/>	B. Name on equipment is DBE Co. name (box 12)
--------------------------	--------------------------	--	--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	C. DBE appears to control/supervise their own work	<input type="checkbox"/>	<input type="checkbox"/>	C. DBE appears to be using their own equipment
--------------------------	--------------------------	--	--------------------------	--------------------------	--

27. Observer's comments:  
 N/A

**SECTION 4: DBE ADMINISTRATIVE REVIEW**

28. Date Reviewed	29. Reviewer's Name:	30. ADBEPS amount
-------------------	----------------------	-------------------

FALSE	31. Observ. VS Payrolls, Daily Work Report, Bizweb	TRUE	FALSE	34. DBE Sublet & ADBEPS Data
-------	--	------	-------	------------------------------

<input type="checkbox"/>	A. DBE's Payroll reflects no. & type or workers in #23	<input type="checkbox"/>	<input type="checkbox"/>	A. Observed work is included in DBE's certified areas (Box 14)
--------------------------	--	--------------------------	--------------------------	--

<input type="checkbox"/>	B. Daily Diary reflects foreman (#22) and workers (#23)	<input type="checkbox"/>	<input type="checkbox"/>	B. Observed work is listed on the ADBEPS
--------------------------	---	--------------------------	--------------------------	--

<input type="checkbox"/>	C. Payrolls from other contractors do not include the names of the DBE's employees or the DBE's foreman	<input type="checkbox"/>	<input type="checkbox"/>	C. DBE has not subcontracted to other companies. If False (DBE has subcontracted work to others) List the companies DBE - Y or N
--------------------------	---	--------------------------	--------------------------	--

<input type="checkbox"/>	D. Payments to DBE are in EOR System <input type="checkbox"/> Too close to DBE's begin date (see Box 16)			
--------------------------	--	--	--	--

32. Reviewer's Comments  None

33. Attachments: Mark 'Y' or 'NA'

Daily Work Report	DBE's Certified Payroll
Certification of Sublet Work w/Schedule A	Notice of Rental Agreements
Notification for Use of Temporary Employment Agency	DBE Directory-print out of DBE's
EOR payment screens	Photos of DBE's work

**SECTION 5: RECORD OF REPORT REVIEW**

36. Title	36. First & last name-print/type	37. Signature	38. Date	39. Recorded data reflects CUF
-----------	----------------------------------	---------------	----------	--------------------------------

<input type="checkbox"/>	more investigation	<input type="checkbox"/>	Yes
--------------------------	--------------------	--------------------------	-----

<input type="checkbox"/>	more investigation	<input type="checkbox"/>	Yes
--------------------------	--------------------	--------------------------	-----



The RCS will complete section 1 and 2 prior to emailing the PA the form. Only Section 3 - Observation - needs to be completed in the field. Then the PA sends the form to the RCS. RCS reviews the form and provides backup documents. RCS the email completed form with backup to the PA. PA to review, sign, date, and form to back to RCS.



**Any  
Questions????**



# **EEO/LABOR INTERVIEWS**

# COMPLETING THE INTERVIEW FORM

- All interviews are required to be done monthly during the life of the project. The RCS will communicate the number required.
- Spell out the name of the company – we do not always know the abbreviations.
- Write the employee's name legibly.
- Fill in the section where you determine the classification at time of observation.
- Interview different people throughout the life of the project. If no one is available who has not been interviewed in the past six months, contact your RCS.
- If a sub is on the project, interviews should be obtained.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
EMPLOYEE INTERVIEW FORM-labor/eo

700-010-63  
CONSTRUCTION  
03/11

\*Confidential: All information in this form shall remain confidential to the extent permitted by law, including Florida Statutes Chapter 119\*

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE		Section A -RCS'S PROJECT IDENTIFICATION																									
1. Employee	<table border="1"> <tr> <td>first &amp; last name</td> <td></td> </tr> <tr> <td>signature</td> <td></td> </tr> </table>	first & last name		signature		A. Fin. Project #																					
first & last name																											
signature																											
2. Employed by:		B. F.A.P. #	C. Contract #																								
3. Four digit ID or SS No.		D. Prime																									
4. How Long with company?		Section B-INTERVIEWER'S IDENTIFICATION																									
5. How Long on this project?		E. Interviewer	<table border="1"> <tr> <td>first &amp; last name</td> <td></td> </tr> <tr> <td>signature</td> <td></td> </tr> </table>	first & last name		signature																					
first & last name																											
signature																											
6. Employee Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	F. Interviewer's Employer																									
7. Employee Race	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/Al <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> 2+/races <input type="checkbox"/> Native HI/P. Islander	G. Date of Interview																									
Section 2-JOB & PAY DATA SUPPLIED BY EMPLOYEE		Section C-INTERVIEWER'S OBSERVATION																									
8. What have you worked on today?		H. Describe employee's work at time of interview																									
9. What tools are you using today?	<input type="checkbox"/> No Tools	I. Name hand tools the employee was using	<input type="checkbox"/> No Tools																								
10. Are you running any equipment today?	<input type="checkbox"/> No Equip	J. Name of equipment employee was operating	<input type="checkbox"/> No Equip																								
11. What is your job or position?		K. What is the proper job classification for this work?																									
12. How much are you paid an hour?	\$ _____	(Optional 2 <sup>nd</sup> observation same day)	<input type="checkbox"/> Yes <input type="checkbox"/> No 2 <sup>nd</sup> Observation																								
13. Are you paid every week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. Was work, tools, equipment same as previous observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO provide the following:																								
14. Do you get extra money if you work over 40 hours? How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	M. Describe employee's work at 2 <sup>nd</sup> observation																									
15. Did the company pay for your hardhat, vest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N. Tools used	<input type="checkbox"/> No Tools																								
16. Is money taken from your check for insurance, loans, uniforms, child support etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	O. Equipment operated	<input type="checkbox"/> No Equip																								
17. Were you told to give someone money or favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P. What is the proper classification for this work																									
Section 3-EEO DATA SUPPLIED BY EMPLOYEE		Section D-RCS' REVIEW & ACTION																									
18. Are the company's buildings and service open to everyone no matter their race or sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Q. RCS	<table border="1"> <tr> <td>First &amp; last name</td> <td></td> <td>Date of RCS review</td> <td></td> </tr> <tr> <td>As shown on Payroll</td> <td>Classification</td> <td>Rate Paid</td> <td>Fringe Paid</td> </tr> <tr> <td>WD FOR THIS PAYROLL CLASSIFICATION</td> <td>Rate Min</td> <td>Fringe Min</td> <td></td> </tr> <tr> <td>WD FOR CLASSIF. IN "K" &amp; "P" ABOVE <input type="checkbox"/> same as WD for payroll classif.</td> <td>Rate Min</td> <td>Fringe Min</td> <td></td> </tr> <tr> <td>If fringe is required, How are fringes paid to the employee???</td> <td><input type="checkbox"/> NA-not required</td> <td><input type="checkbox"/> Cash</td> <td><input type="checkbox"/> Combination</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Benefits</td> <td></td> <td></td> </tr> </table>	First & last name		Date of RCS review		As shown on Payroll	Classification	Rate Paid	Fringe Paid	WD FOR THIS PAYROLL CLASSIFICATION	Rate Min	Fringe Min		WD FOR CLASSIF. IN "K" & "P" ABOVE <input type="checkbox"/> same as WD for payroll classif.	Rate Min	Fringe Min		If fringe is required, How are fringes paid to the employee???	<input type="checkbox"/> NA-not required	<input type="checkbox"/> Cash	<input type="checkbox"/> Combination		<input type="checkbox"/> Benefits		
First & last name		Date of RCS review																									
As shown on Payroll	Classification	Rate Paid	Fringe Paid																								
WD FOR THIS PAYROLL CLASSIFICATION	Rate Min	Fringe Min																									
WD FOR CLASSIF. IN "K" & "P" ABOVE <input type="checkbox"/> same as WD for payroll classif.	Rate Min	Fringe Min																									
If fringe is required, How are fringes paid to the employee???	<input type="checkbox"/> NA-not required	<input type="checkbox"/> Cash	<input type="checkbox"/> Combination																								
	<input type="checkbox"/> Benefits																										
19. Do you feel discriminated against because of your race or sex? Treated differently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	R. PAYROLL VESUS WD MIN. RATE & FRINGE																									
20. Who is your company's EEO Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	S. Is there a discrepancy between work, tools equipment, classification, rate paid or fringes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain																								
21. Have you seen the project bulletin board with the wage and job posters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	T. Any concerns from Sections 2 or 3?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
22. Have you been asked to bring people in to apply for a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	U. RCS Comments	<input type="checkbox"/> see attached <input type="checkbox"/> none																								
Section 4-FRINGE DATA SUPPLIED BY EMPLOYEE																											
23. Are you paid for holidays, sick days, vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
24. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
25. Interviewer comments/exp	<input type="checkbox"/> see attached <input type="checkbox"/> none																										

RCS will fill out section A & D. All others sections to be filled out by inspector.

# SECTION 1 - IDENTITY SUPPLIED BY THE EMPLOYEE BEING INTERVIEWED

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE		
1. Employee	first & last name	
	signature	
2. Employed by:		
3. Four digit ID or SS No.		
4. How Long with company?		
5. How Long on this project?		
6. Employee Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female
7. Employee Race		<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/Al <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> 2/+races <input type="checkbox"/> Native Hi./P. Islander



# SECTION 2 - JOB AND PAY DATA SUPPLIED BY EMPLOYEE BEING INTERVIEWED

<b>Section 2-JOB &amp; PAY DATA SUPPLIED BY EMPLOYEE</b>	
8. What have you worked on today?	
9. What tools are you using today?	<input type="checkbox"/> No Tools
10. Are you running any equipment today?	<input type="checkbox"/> No Equip
11. What is your job or position?	
12. How much are you paid an hour?	\$ ____ . ____
13. Are you paid every week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you get extra money if you work over 40 hours? How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the company pay for your hardhat, vest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is money taken from your check for Insurance, loans, uniforms, child support etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were you told to give someone money or favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# SECTIONS 3 AND 4 EEO AND FRINGES - ANSWERED BY PERSON BEING INTERVIEWED

<b>Section 3-EEO DATA SUPPLIED BY EMPLOYEE</b>	
18. Are the company's buildings and service open to everyone no matter their race or sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you feel discriminated against because of your race or sex? Treated differently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Who is your company's EEO Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you seen the project bulletin board with the wage and job posters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you been asked to bring people in to to apply for a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section 4-FRIDGE DATA SUPPLIED BY EMPLOYEE</b>	
23. Are you paid for holidays, sick days, vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Interviewer comments/exp	<input type="checkbox"/> see attached <input type="checkbox"/> none

# SECTIONS A AND B

<b>Section A - RCS'S PROJECT IDENTIFICATION</b>		
<b>A. Fin. Project #</b>	Already-filled-out-by-RCS	
<b>B. F.A.P. #</b>		<b>C. Contract #</b>
<b>D. Prime</b>		
<b>Section B-INTERVIEWER'S IDENTIFICATION</b>		
<b>E. Interviewer</b>	first & last name	<input type="text"/>
	signature	<input type="text"/>
<b>F. Interviewer's Employer</b>	<input type="text"/>	
<b>G. Date of Interview</b>	<input type="text"/>	

*To be completed  
by project staff  
doing the  
interview*

# SECTION C – INTERVIEWER’S OBSERVATION

<b>Section C-INTERVIEWER’S OBSERVATION</b>	
<b>H. Describe employee’s work at time of interview</b>	
<b>I. Name hand tools the employee was using</b>	<input type="checkbox"/> No Tools
<b>J. Name of equipment employee was operating</b>	<input type="checkbox"/> No Equip
<b>K. What is the proper job classification for this work?</b>	
<i>(Optional 2<sup>nd</sup> observation same day)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No 2 <sup>nd</sup> Observation
<b>L. Was work, tools, equipment same as previous observation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO provide the following:
<b>M. Describe employee’s work at 2<sup>nd</sup> observation</b>	
<b>N. Tools used</b>	<input type="checkbox"/> No Tools
<b>O. Equipment operated</b>	<input type="checkbox"/> No Equip
<b>P. What is the proper classification for this work</b>	

# SECTION D – RCS’ REVIEW & ACTION

<b>Section D-RCS’ REVIEW &amp; ACTION</b>				
<b>Q. RCS</b>	First & last name			Date of RCS review
<b>R. PAYROLL VESUS WD MIN. RATE &amp; FRINGE</b>	As shown on Payroll	Classification	Rate Paid	Fringe Paid
	WD for this Payroll Classification		Rate Min	Fringe Min
	WD FOR CLASSIF IN “K” &” P” above <input type="checkbox"/> same as WD for payroll classif.		Rate Min	Fringe Min
	If fringe is required, How are fringes paid to the employee???		<input type="checkbox"/> NA-not required <input type="checkbox"/> Benefits	<input type="checkbox"/> Cash <input type="checkbox"/> Combination
<b>S. Is there a discrepancy between work, tools equipment, classification, rate paid or fringes?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain
<b>T. Any concerns from Sections 2 or 3?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>U. RCS Comments</b>			<input type="checkbox"/> see attached <input type="checkbox"/> none	



**Any  
Questions????**



# **ON-THE-JOB TRAINING**

# ..TWO IMPORTANT THINGS TO REMEMBER:



Completeness  
and  
Accuracy!



Do things in order!

**These things make the OJT Program flow smoothly.**

# THE OJT PROCESS

1. PA reviews the submitted OJT Schedule and the Proficiency Record for On-the-Job Training. If they are acceptable, the PA signs, dates, and sends them to the RCS for further processing. (RCS sends them to DCCM for approval.)



# SAMPLE COPY

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**PROFICIENCY RECORD FOR ON-THE-JOB TRAINING**

FD-521-01  
 EQUAL OPPORTUNITY OFFICE  
 8/09  
 Page 1 of 1

SECTION 1: PROJECT IDENTIFICATION				
1. Financial Project No. 405596-2-52-01	2. F.A.P. No. 4932039P	3. Contract No. E6N21	4. County Brevard	5. District 5
6. Contractor Name Hubbard Construction Company		7. FBID No. 59-0594298		
SECTION 2: PROFICIENCY STANDARDS				
8. On the Job Training Classification Title: Traffic Control Specialist				
9. Established Proficiency Standards (label as 9A, 9B, 9C, 9D, 9E)				
9A) To read and interpret traffic control plans				
9B) To locate and place MOT devices.				
9C) To perform routine inspection and complete MOT reports				
9D) To properly set up lane closures				
9E) To attend and complete an advanced MOT course				
SECTION 3: CONCURRENCE WITH PROFICIENCY STANDARDS				
10. Contractor's Signature <i>John J. ...</i>		11. Project Administrator's Signature <i>[Signature]</i>		12. SOCM's Signature <i>Deborah Morgan 6/11/11</i>
Date: 6/8/11		Date: 6/8/11		Date: 6/11/11
SECTION 4: TRAINEE IDENTIFICATION				
13. Trainee's Name			14. Location Requested For Observation	
SECTION 5 & 6: PROFICIENCY OBSERVATION REQUEST & OBSERVATION RESULTS				
S E C T I O N  5	15. OBSERVATION #1	16. OBSERVATION #2	17. OBSERVATION #3	18. OBSERVATION #4
	Trainee has completed at least minimum hours of training for the classification.	Trainee has completed at least the minimum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.
	Date for Observation	Date for Observation	Date for Observation	Date for Observation
	Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date
S E C T I O N  6	19. RESULTS OBSERV #1	20. RESULTS OBSERV #2	21. RESULTS OBSERV #3	22. RESULTS OBSERV #4
	DATE	DATE	DATE	DATE
	Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?
	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No
	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No
	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No
	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No
	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Observer Signature	Observer Signature	Observer Signature	Observer Signature
	Contractor Signature	Contractor Signature	Contractor Signature	Contractor Signature
Trainee's Signature	Trainee's Signature	Trainee's Signature	Trainee's Signature	

2. When a trainee has been submitted for enrollment, the RCS will provide a training interview form to the PA. Staff performs OJT Interview with the proposed trainee.
3. Completed interview is given to the RCS.
4. When the trainee has been approved by the DCCM, the RCS will notify the PA to begin monitoring the trainee.
5. Project staff documents the trainee's name and activities on the DWR in Site Manager, each day.

SECTION 1: PROJECT IDENTIFICATION				
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		
SECTION 2: TRAINEE IDENTIFICATION				
8. Proposed Training Classification:		9. Trainee's Name ( first/ middle initial /last)		
10. Four digit employee Identifier	11. Trainee's Race <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian/Nat AI <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/PI <input type="checkbox"/> 2 or more races			12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
SECTION 3: INTERVIEW TO DETERMINE PRIOR WORK EXPERIENCE IN PROPOSED CLASSIFICATION AND/OR PRIOR TRAINING IN PROPOSED CLASSIFICATION				
13. What company do you work for?		<input type="checkbox"/> Same as #6 above <input type="checkbox"/> Other (specify)		
14. When did you begin working for this company? What Job Class (Title) did you start in?		Yr. Hired	Job Class (title) at hire	
15. Have you worked for other construction Companies? Which companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, company names	
16. What kind of work have you done for the past two years for this Co. & or others?		Recent Jobs (title)		
17. Has this or any company ever enrolled you in the FDOT Training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what company & what training class (title)?	
18. Do you know that your Company wants to enroll you in a training program for "___" (see #8 above)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who told you and when?	
19. Have you done that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long, when & for what Company?	
20. Have you been trained for that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when, for how long & for what Company?	
SECTION 4: PROFICIENCY ASSESSMENT FOR PROPOSED CLASSIFICATION				
Refer to Question # 9 on Form 275-021-01 "Proficiency Record for OJT" for this classification on this project- Read the proficiency one at a time and ask "Have you had experience doing this? Do you know this? Etc"				
Interviewer Read from Form:	"Have you done/ Do you know, etc"	Comments of Enrollee		
Proficiency 9a	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9b	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9c	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9d	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9e	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 5: HAS TRAINEE RECEIVED OJT PROGRAM INFORMATION?				
<i>NOTE: RCS- inform contractor if data is needed</i>				
21. Have you received a 'Monthly Time Report' listing training topics and hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
22. Have you received information on the total training hours and skills (proficiencies) you will need to achieve for graduation?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
23. Have you received a Trainee Identification card OR been advised that you will receive one?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
SECTION 6: SIGNATURES & COMMENTS				
24. Interview Date	25. Interviewer's Signature		26. Trainee's Signature	
27. Comments of Interviewer &/or RCS (optional)				

RCS will fill in Section 1.

The rest of the form is to be completed by the PA's staff, in the field.

If the person performing the interview has comments, they can be written in Section 6.

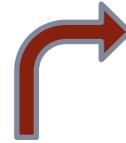
The completed form is returned to the RCS.

# SAMPLE COPY

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ON-THE-JOB TRAINING TRAINEE INTERVIEW**

275-021-02  
EQUAL OPPORTUNITY OFFICE  
01/11  
Page 1 of 2

SECTION 1: PROJECT IDENTIFICATION				
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Contractor Name		7. FEID No.		
SECTION 2: TRAINEE IDENTIFICATION				
8. Proposed Training Classification:		9. Trainee's Name (first/ middle initial /last)		
10. Four digit employee Identifier	11. Trainee's Race	12. Sex		
	<input type="checkbox"/> Black (incl. of Mexican Origin) <input type="checkbox"/> White (incl. of Mexican Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian/Nat AI <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/PI <input type="checkbox"/> 2 or more races	<input type="checkbox"/> Male <input type="checkbox"/> Female		
SECTION 3: INTERVIEW TO DETERMINE PRIOR WORK EXPERIENCE IN PROPOSED CLASSIFICATION AND/OR PRIOR TRAINING IN PROPOSED CLASSIFICATION				
13. What company do you work for?		<input type="checkbox"/> Same as #6 above <input type="checkbox"/> Other (specify)		
14. When did you begin working for this company? What Job Class (Title) did you start in?		Yr. Hired	Job Class (title) at hire	
15. Have you worked for other construction Companies? Which companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, company names	
16. What kind of work have you done for the past two years for this Co. & or others?		Recent Jobs (title)		
17. Has this or any company ever enrolled you in the FDOT Training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what company & what training class (title)?	
18. Do you know that your Company wants to enroll you in a training program for "___" (see #8 above)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who told you and when?	
19. Have you done that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long, when & for what Company?	
20. Have you been trained for that type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when, for how long & for what Company?	
SECTION 4: PROFICIENCY ASSESSMENT FOR PROPOSED CLASSIFICATION				
Refer to Question # 9 on Form 275-021-01 "Proficiency Record for OJT" for this classification on this project. Read the proficiency one at a time and ask "Have you had experience doing this? Do you know this? Etc"				
Interviewer Read from Form:	Have you done? Do you know, etc?	Comments of Enrollee		
Proficiency 9a	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9b	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9c	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9d	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proficiency 9e	<input type="checkbox"/> not listed <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 5: HAS TRAINEE RECEIVED OJT PROGRAM INFORMATION?				
21. Have you received a 'Monthly Time Report' listing training topics and hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
22. Have you received information on the total training hours and skills (proficiencies) you will need to achieve for graduation?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
23. Have you received a Trainee Identification card OR been advised that you will receive one?		<input type="checkbox"/> Yes <input type="checkbox"/> No*		
SECTION 6: SIGNATURES & COMMENTS				
24. Interview Date	25. Interviewer's Signature	26. Trainee's Signature		
27. Comments of Interviewer &/or RCS (optional)				



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**PROFICIENCY RECORD FOR ON-THE-JOB TRAINING**

275-021-01  
EQUAL OPPORTUNITY OFFICE  
0019  
Page 1 of 1

SECTION 1: PROJECT IDENTIFICATION						
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District		
406906-2-62-01	4932039P	E6N21	Brevard	5		
6. Contractor Name		7. FEID No.				
Hubbard Construction Company		69-0694288				
SECTION 2: PROFICIENCY STANDARDS						
8. On the Job Training Classification Title:		Traffic Control Specialist				
9. Established Proficiency Standards (label as 9A, 9B, 9C, 9D, 9E)						
9A) To read and interpret traffic control plans						
9B) To locate and place MOT devices.						
9C) To perform routine inspection and complete MOT reports						
9D) To properly set up lane closures						
9E) To attend and complete an advanced MOT course						
SECTION 3: CONCURRENCE WITH PROFICIENCY STANDARDS						
10. Contractor's Signature		Date	11. Project Administrator's Signature		Date	
<i>John P. Lee</i>		6/2/14	<i>[Signature]</i>		6/8/14	
			12. DCCM's Signature		Date	
			<i>Wendy Morgan</i>		6/9/14	
SECTION 4: TRAINEE IDENTIFICATION						
13. Trainee's Name			14. Location Requested For Observation			
SECTION 5 & 6: PROFICIENCY OBSERVATION REQUEST & OBSERVATION RESULTS						
S R E C I T I S T I O N	15. OBSERVATION #1		16. OBSERVATION #2		17. OBSERVATION #3	
	The Trainee has completed at least Minimum Hours of training for the classification.		The Trainee has completed at least the minimum hours of training for the classification.		The Trainee has completed the maximum hours of training for the classification.	
	Date for Observation		Date for Observation		Date for Observation	
	Contractor Signature & Date		Contractor Signature & Date		Contractor Signature & Date	
S E C T I O N	18. RESULTS OBSERV #1		20. RESULTS OBSERV #2		21. RESULTS OBSERV #3	
	DATE		DATE		DATE	
	Proficiency Demonstrated?		Proficiency Demonstrated?		Proficiency Demonstrated?	
	9A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9A.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9B.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9B.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9C.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	9E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observer Signature		Observer Signature		Observer Signature		
S E C T I O N	Contractor Signature		Contractor Signature		Contractor Signature	
Trainee's Signature		Trainee's Signature		Trainee's Signature		

On the approved Proficiency form, please refer to question 9. Read each proficiency and ask the proposed Trainee "Have you had experience doing this?" "Do you know this?" etc."

6. When the trainee has enough hours, the contractor will ask the PA for an observation of the proficiency standards. Field staff completes the observation form, which is given back to the contractor.

SECTION 5 & 6: PROFICIENCY OBSERVATION REQUEST & OBSERVATION RESULTS					
SECTION 5	REQUEST	15. OBSERVATION #1	16. OBSERVATION #2	17. OBSERVATION #3	18. OBSERVATION #4
		Trainee has completed at least Minimum Hours of training for the classification.	Trainee has completed at least the minimum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.
		Date for Observation	Date for Observation	Date for Observation	Date for Observation
		Completed by Contractor			
		Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date
		Completed by Contractor			
SECTION 6	RESULTS	19. RESULTS OBSERV #1	20. RESULTS OBSERV #2	21. RESULTS OBSERV #3	22. RESULTS OBSERV #4
		DATE	DATE	DATE	DATE
		Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?
		9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No
		Observer Signature	Observer Signature	Observer Signature	Observer Signature
		Contractor Signature	Contractor Signature	Contractor Signature	Contractor Signature
Trainee's Signature	Trainee's Signature	Trainee's Signature	Trainee's Signature		

- 
7. The proficiency observation will need to be repeated if the trainee is unable to perform all the standards.
  8. When the DCCM has approved the graduation, the RCS will notify the PA. The trainee will no longer need to be observed in the field, and the DWR will not reflect further training of the employee at this time.



**Any  
Questions????**



# **SUBCONTRACTS**

# REQUIREMENTS FOR ALL SUBCONTRACTORS

- All certificates of sublet must be approved prior to performing work on the project. (Is it a product or service?)
- The PA is responsible to notify project staff of all approved subcontractors on a weekly basis. One way to do this is a copy subs from CIM and give to all inspectors associated with the project keep a copy.

# SAMPLE SUBCONTRACT

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATION OF SUBLET WORK**

700-010-36  
 CONSTRUCTION  
 10/07  
 Page 1 of 2

TO: THE STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

Date:	03/29/2013
Request No.:	49
FAP No.:	N/A
Fin. Proj. ID:	412994-3-52-01
Cont. No.:	BDT74
County:	Seminole, Orange, Volusia
Total Contract Amount	
Total Work	
\$27,584,500.00	

General Info	
Prime Contractor	
Archer Western Contractors, LLC	
F.E.I.D. #	
36-3286318	

Archer Western Contractors, LLC (Seal)  
 Contractor

By: *[Signature]*  
 IF CORPORATION, AFFIX SEAL  
 2490 Country Club Road  
 Address  
 Sanford, FL 32771

Change	Subcontractor Name	PK	FEID #	Subcontract to Whom	Work Description	Part	Total Amt Sublet	DBE / NON-DBE
	Altel Systems Group, Inc. #55501	3	59-3533504	Life Safety Designs, Inc.	Provide a turnkey public address system.	P	\$ 441,129.00	N
Total							\$ 441,129.00	

All pertinent provisions and requirements of the prime contract including but not limited to Required Contract Provisions Federal-Aid Construction Contracts (FHWA-1273) and Special Provisions - Specific Equal Opportunity Responsibilities (Per 23 CFR-633B of Federal-Aid Policy Guide) will be part of the subcontract. It is agreed that an Executed or a certified copy of the subcontract will be submitted upon request, to the State of Florida Department of Transportation. All sublets will be in continued compliance with all Contract provisions and that the Contractor will continue to perform the minimum percentage of Contract work with its own organization, as required by said Contract. It is recognized and agreed that, as prime contractor, the undersigned remains responsible for the proper performance of all requirements of said contract does not relieve or release the undersigned and his surety or either of them of any liability under the contract bond. The Contractor shall send a copy of this form to the subcontractor/ subordinate (with a copy of FHWA-1273 on Federal-Aid Projects) and the Surety Company. The Prime certifies that firms or individuals, debarred or suspended by the FHWA or the Department, are not being used as subcontractors.

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

**SCANNED**

APR 12 2013  
 District Construction

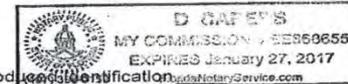
State of Florida  
 County of Seminole

Sworn to and subscribed before me this 2 day  
 of April, 2013, by James Capp  
 (Print name of person signing Certification)

*[Signature]*  
 Notary Public

Commission Expires 12/10  
 Personally Known X OR Produced Identification

Type of Identification Produced \_\_\_\_\_



4/11/13 ✓ DR  
 ML - 4/12/13



# **RENTAL AGREEMENTS**

# RENTAL AGREEMENTS

- The PA reviews and signs the rental agreement, and sends a copy to the RCS.

# SAMPLE COPY

## NOTICE OF RENTAL AGREEMENT

11  
CONSTRUCTION  
11/11

PROJECT ENGINEER: Ryan Conrad DATE: 03/11/13  
CONTRACT NO: XXX F.A.P. NO(S): 8887866A  
FIN PROJECT NO(S): XXXXXXXXXX  
PRIME CONTRACTOR: Construction Industries, Inc.  
CONTRACTOR RENTING EQUIPMENT: Ranger Construction Industries, Inc.  
LESSOR: Superior Roadway LESSOR PHONE: \_\_\_\_\_  
LESSOR ADDRESS: \_\_\_\_\_  
DOES THE ESTIMATED TOTAL AMOUNT OF THIS AGREEMENT EXCEED \$10,000?  YES  NO

### EQUIPMENT TO BE RENTED:

With Operators  Operators will be on Lessor's Payroll  
Without Operators  Operators must be carried on the payroll of the Lessees, i.e., Prime Contractor or Authorized Subcontract

- NOTES:
1. All operators are subject to applicable wage rate provisions included in the contract for this project.
  2. Only equipment which requires the reasonably constant attention of an operator or operation staff may be rented on a "with operator" basis. Items such as forms, hand tools, pumps, air compressors, etc., may not be rented on a "with operator" basis.
  3. When equipment is rented on a "with operator" basis for use on a Federal Aid project, the lessor must submit certified copies of weekly payroll listings covering the operators to the Project Engineer.
  4. This written agreement will not be required when contractor rents equipment (without operator) from a firm whose principal business is renting or leasing equipment.

### EQUIPMENT LISTED AS FOLLOWS:

- |              |     |
|--------------|-----|
| 1. Vac Truck | 7.  |
| 2.           | 8.  |
| 3.           | 9.  |
| 4.           | 10. |
| 5.           | 11. |
| 6.           | 12. |

### DESCRIPTION OF WORK TO BE PERFORMED BY THIS AGREEMENT:

- A. Sweep Excess Milling/Asphalt - Clean Surfaces
- B.

Signed: \_\_\_\_\_  
(Contractor's Designated Official)

REVIEWED BY: Ryan Conrad Date: 3-13-13  
Resident Engineer

Distribution: Original - Project File  
1 Copy - Compliance Officer



# DIFFERENCE BETWEEN SUBCONTRACTS AND RENTAL AGREEMENTS

- Subcontracts are required for any contractor other than the prime who is on the jobsite delivering a product.
- Rental Agreements are used when equipment is needed that is incidental to the work (crane). If a specialized operator is needed that can be included in the rental agreement.
- Rental agreements are not used to hire employees.



**Any  
Questions????**



# **BULLETIN BOARD**

# PROJECT BULLETIN BOARD

- The Prime Contractor is responsible for the installation and maintenance of the jobsite Bulletin Board.
- The location should be provided at the Pre-Construction Meeting and the board should be Inspected prior to the start of work on the project.
- **The Inspector should notify the RCS anytime the board is in non-compliance.**

# PROCEDURES FOR INSPECTING THE BULLETIN BOARD

- Inspection of the Bulletin Board is done periodically to see that the items displayed and the update of requirements are done.
- The RCS will email the Inspector and Request the Inspector take a photo of the Bulletin Board.
- The Inspector will take a photo of the Bulletin Board and notify the RCS of its location.
- **The board must remain posted until Final Acceptance. All information is to be kept up to date through the duration of the project.**

# WHAT NEEDS TO BE DISPLAYED ON THE BULLETIN BOARD?

- **FDOT Standard Posters**
  - EEO is the Law
  - Florida Law Prohibits Discrimination
  - Notice
  - Important
  - Wage Determination Appeal Process
- **FDOT Project Specific Posters**
  - Poster of EEO Policy & Officers
  - Wage Rate Decisions
  - Additional Wage Determinations

# WHAT NEEDS TO BE DISPLAYED ON THE BULLETIN BOARD?

- **U.S. Department of Labor Posters**
  - Employee Rights & Responsibilities under Family & Medical Leave Act
  - OSHA: Safe and Healthful Workplace Rights (English)
  - Employee Polygraph Protection
- **Whistleblower Poster if applicable**

# WHAT NEEDS TO BE DISPLAYED ON THE BULLETIN BOARD?

- The EEO Policy & Officers Form (275-020-028) sets out a brief EEO policy statement adopted by the contractor. Each EEO Officer is listed along with phone number and address. This is for the prime contractor and all subcontractors with contracts \$10,000.00 or more.
- **This information is to be kept up to date through the duration of the project.**

# THE BULLETIN BOARD SHOULD BE WEATHER PROOF





**Any  
Questions????**



**THANK YOU**