
APPENDIX 15-1

FE QUALIFICATION PERFORMANCE REPORT

Employee Information

Employee Name (or): _____
Employee TIN: _____
District: _____
Resident Office: _____

Independent Assurance Information

Project #: _____
Date: _____
Time: _____
Location: _____

Attachments: _____

Areas Reviewed:

Earthwork: _____

Asphalt: _____

Concrete: _____

Penalties Assessed: _____

Contract Administration: _____

Assessment of deficiencies, _____
Adjustments & disposition of samples

Summary of Observation:

The Discrepancy was: _____

If results were unsatisfactory, indicate action taken:

- 1st Action: results documented. (cc: Employee, and Resident Engineer (RE)).
- 2nd Action: results documented. (cc: Employee, RE, and District Final Estimates Manager (DFEM))
- 3rd Action: written summary of observations sent to Employee, District Construction Engineer (DCE), RE, and DFEM for disposition.

Independent Assurance Observer

Date

Original: Data entry Tallahassee

cc: See above Other: _____