

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**CONSTRUCTION COMPLIANCE WITH
SPECIFICATIONS AND PLANS**

FIN PROJECT I.D.(s) _____

DATE: _____
CONTRACT NO: _____
Monthly:
Final:

_____, Prime Contractor for the above referenced contract, hereby verifies based on personal knowledge or reasonable investigation and good faith belief, all work done and all Quality Control functions and Quality Control sampling and testing results are in substantial compliance with the pertinent specification requirements and the approved Quality Control Plan for this project. This includes the input of test results into the Department's LIMS database within 24 hours of results being received. This represents work done between _____ and _____. Exceptions to these requirements are listed below.

1.) Item No.: _____
Exception:

2.) Item No.: _____
Exception:

3.) Item No.: _____
Exception:

4.) Item No.: _____
Exception:

5. Item No.: _____

Exception: _____

6.) Item No.: _____

Exception: _____

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.

State of Florida

County of _____

Sworn to and subscribed before me this _____ day

of _____, _____, by _____

(Print name of person signing Certification)

Quality Control Manager

By

Notary Public

Company

Commission Expires

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

State of Florida

County of _____

Sworn to and subscribed before me this _____ day

of _____, _____, by _____

(Print name of person signing Certification)

Contractor

By

Notary Public

Title

Commission Expires

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Financial Project Number(s): List all financial project numbers on the contract.

Date: Show the date the certification is completed.

Contract No.: Show the contract number the certification represents.

Monthly/Final: Indicate which type of estimates this certification represents, monthly or final.

Prime Contractor: In this field, show the Prime Contractor's full company name.

Date Began: Show the beginning the certification represents. For a monthly or progress estimate, show the beginning date the estimates corresponds to. For a final certification, show the date the contract work began.

Date Ended: Show the ending dates the estimate corresponds to. For final certification, show the final acceptance date.

Item No.: Show the pay item number the exception is associated with.

Exceptions: For the monthly certification, list the following:

1. QC samples that did not compare with VT samples and had VT results upheld by RT samples.
2. Any samples that had Engineering Analysis Report or Delineation Test(s) performed.
3. Any failed QC samples.
4. Any QC samples that do not have results entered into LIMS.
5. Any QC samples that were performed by unqualified technicians or laboratories.
6. Any materials placed without an approval QC Plan or when the QC Plan is suspended.
7. Any materials provided from an unapproved producer or supplier.

The following **would not be listed as an exception** on the subject form:

1. QC samples that have been tested but not verified.
2. QC samples that have been tested and had verification test results that did not compare.

When exceptions listed on the monthly have been resolved, provide the proper documentation for those items.

For the final certification, all unresolved issues to QC sampling and testing must be shown on the certification.

Notary Information: The Notary of the Public completes this section. This certification must be notarized.

Quality Control Manager: Signature of the Quality Control Manager signing the certification.

By: Type or print the name represented by the signature in "Quality Control Manager" section.

Company: Type or print the title of the Company.

Contractor: To be signed by an officer or director of the Contractor with an authority to bind the Contractor.

By: Type or print the name represented by the signature in "Contractor:" section.

Title: Type or print the title of the person signing the certification.

It is not the Department's intent for Contractor's to list as exceptions samples and results for which they are not responsible, such as verification and independent verification samples and test results. Additionally, the Department will accept printouts of the Sample Status Progress Report in LIMS, as an attachment to assist in documenting the status of samples.