CUF Field Review – Inspector to Complete

Con	tract ID:	Job No.:	Date:			
			Date: _ DBE Contractor:			
DBE	DBE Representative:					
DBE	DBE Representative Reports to:					
Fully complete the form, mark N/A where section does not apply to DBE firm.						
Manufa	acturers – a DBF fabri	cates an item, which may	include installation			
			employee name:			
			employee name:			
3.	At what facility were	the product(s) used toda	y manufactured?			
4.	Who ensures produc	ct quality? List employee r	name:			
	*Can be conducted via	phone or email.		□ N/A		
1	& Install (Traffic Con lks, etc.)	trol, Guardrail/cable, Strip	oing, Landscaping, Electrical, rebar, curb/gutter,			
1		peen present on the jobsit	re?			
	☐ Yes Owner!	Name:				
	☐ No Owner I	Name:				
2.	Who is present on th	ne job site today? Provide	first and last names of everyone present on the	site.		
3.	Do you have equipm	ent (trucks, heavy equipm	nent, distribution) on the job site today?			
		re they \square Leased or \square Ov	vned? 🗆 Don't Know			
	□ No □ D					
4.	•	ntractors working under the	· · ·			
	☐ Yes Name of Fift	n:		□ N/A		
1		sphalt mix, dump trucking				
1	List license plate #'s:	ers 🗆 Leased or 🗆 Owne	d? Don't Know			
1	•		npany as a second tier subcontractor? No			
			· ,			
				□ N/A		
1			d asphalt, electrical, lighting/signals – no installat):			
	License Plate #'s:		J			
1		ne materials picked up fro				
II.	-		lers ☐ Leased or ☐ Owned? ☐ Don't Know			
	*Can be conducted via	phone or email.		□ N/A		
*Please I	Print					
			Title:			
	-					



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Field O	bservation Review					
1.	Describe the recent type of work observed and/or take photos:					
2.	Were there any employees that you observed and appeared to be part of the DBE crew that the DBE					
	representative did not mention above?					
	Yes, if so, conduct a wage rate interview on these employee(s).					
2	□ No					
3.	· · · · / · · / · · · · · · · · · · · ·					
	☐ Yes. Continue to question #4					
1	□ No. Skip to question #7.					
4.	List the types of major equipment (trucks, heavy equipment, distribution) used by the DBE:					
5.	Does the equipment have the DBE's markings or emblems?					
	☐ Yes					
	☐ No, list other name, and take photo :					
6.	Do you believe the DBE operators are controlling their own work?					
	☐ Yes, if yes list the name of the employee(s) responsible for the equipment:					
						
	☐ No, list the name of the individuals directing the work:					
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7.	Do you believe the DBE employees are directing their own work?					
	☐ Yes					
0	□ No, list observations here:					
8.	Issue(s) reported to ECR:					
						
	Reported by: Date Reported:					
N/A, phone interview conducted						
1474, priorie interview conducted						
	ECR Findings					
Special	ist: Date: Date:					
Finding	gs:					
-						
						
No	No findings, DBE in compliance					