EPA Project Inspection Review

For EPA Special Projects Authorized by FY 2001 Appropriations and Later

The project inspection is intended to ensure that the project as-built complies with the original project objectives and detail. It is intended to serve as a tracking metric to assist the EPA inspector in the field with construction inspection. While it is beneficial to see a successful project take shape, the field is the location where problems and their results can be first identified. The more thorough an understanding of the management of the project, the more likely it is to find problems before they occur. Take your time and do not rush through the form, the more thorough the detail, the more likely it will save time and resources later on.

1. **General Project Information:** *Provide general project information consistent with information associated with grant approval package.*
   a. Project Name: _____
   b. Project Description *(1 - 2 line brief description)*:_____
   _____
   _____
   c. Grant Number:_____
   d. Project Owner *(Name of Municipality or Utility including State)*:_____
   _____
   _____
   e. Name of Primary Grantee Contact and phone number: _____
   _____

2. **Inspection Type:** *Provide information on this inspection relative to status of overall project. Include location(s) of site(s) being inspected.*
   a. Date of this inspection _____
   b. Date of last inspection _____
   c. Initial ( ) Yes _____% Complete _____% Paid
   d. Interim ( ) Yes _____% Complete _____% Paid
   e. 90% ( ) Yes _____% Paid
   f. Final ( ) Yes _____% Paid
   g. Estimated construction complete date: _____
   h. Grant project complete date: _____
   i. Facilities inspected:_____
   _____

3. Day of Inspection Personnel Information: *List personnel attending inspection, including firm represented and service provided for project.*

a. EPA Inspector: _____

b. Representatives on site:

Grantee/Owner's Representative :

Name _____ Firm _____

Phone # _____ Title _____

Project Inspector :

Name _____ Firm _____

Phone # _____ Title _____

A/E :

Name _____ Firm _____

Phone # _____ Service Providing _____

Other :

Name _____ Firm _____

Phone # _____ Service Providing _____

Name _____ Firm _____

Phone # _____ Service Providing _____

4. Site Documentation

a. EPA approved plans and specifications on-site? Yes ☐ No ☐

b. Contractor progress schedule available? Yes ☐ No ☐

c. A/E Approved shop drawings available on site? Yes ☐ No ☐

d. Are Wage Rates posted? *(not required for SPAP Project)* Yes ☐ No ☐ NA ☐

e. Permit to construct obtained and posted? Yes ☐ No ☐ NA ☐

5. Inspection Report

Do the daily/weekly inspection reports include:

a. Description of work activities? Yes ☐ No ☐

b. Equipment Log? (utilized) Yes ☐ No ☐

c. Labor Schedule? Yes ☐ No ☐

d. Labor Utilized? Yes ☐ No ☐

e. Weather and site conditions? Yes ☐ No ☐

f. In general, are the on-site Engineers Reports complete and acceptable? Yes ☐ No ☐

g. Daily Reports? Yes ☐ No ☐

h. Weekly Report? Yes ☐ No ☐

i. If no, actions to be taken to correct and by whom:_____

_____

_____

_____

6. Field Work Performance: *Provide brief overall evaluation of personnel and site conditions.*

a. Construction appears to be in accordance with the plans, specifications, and change orders? Yes ☐ No ☐

b. Summary and Recommendation(s):

_____

_____

_____

_____

_____

7. Accounting: *Confirm grantee tracking of funds relative to actual project status.*

a. Location of Contract Financial Documents:

_____

b. Contractor Paid Invoices or Application for Payment available? Yes ☐ No ☐

c. Contractors Application for Payment identify:

i. Work in place? Yes ☐ No ☐ N/A ☐

ii. Materials on site? Yes ☐ No ☐ N/A ☐

iii. Change orders? Yes ☐ No ☐ N/A ☐

iv. Verified by A/E Yes ☐ No ☐ N/A ☐

d. A/E Invoice for payment available? Yes ☐ No ☐

i. Invoice identifies payment amount? Yes ☐ No ☐

ii. Invoice identifies services provided? Yes ☐ No ☐ N/A ☐

iii. Invoice identifies percent completed? Yes ☐ No ☐ N/A ☐

iv. A/E Invoice for payment identifies services provided? Yes ☐ No ☐

e. Force Account (Time & Material) work is properly documented, including time cards, work description, materials and equipment purchased, and equipment usage? Yes ☐ No ☐ N/A ☐

f. If no to any of the previous, actions taken to correct and by whom:

_____

_____

_____

_____

_____

8. Administrative Documentation: *Confirm that the following items are properly documented as required.*

a. Tracking of material received, stored, and consumed? Yes ☐ No ☐

b. Construction proceeding according to schedule? Yes ☐ No ☐

c. Tracking of equipment received and installed? Yes ☐ No ☐

d. Tracking of contractors schedule of operations? Yes ☐ No ☐

e. As-built plans available? Yes ☐ No ☐

f. As-built current within one month of change? Yes ☐ No ☐

g. Request for information (RFI) register maintained? Yes ☐ No ☐

h. Response to RFI current within 15 days? Yes ☐ No ☐

i. Project status quarterly reports? Yes ☐ No ☐

j. MBE/WBE quarterly reports? Yes ☐ No ☐

k. Certified Operators hired by 50% completion? Yes ☐ No ☐ N/A ☐

l. If yes, provide name and certification details:_____

_____

_____

9. Material Control: *Confirm documentation of material delivered, stored and incorporated in project*.

a. If appropriate, has a certificate of compliance for materials called for in specifications been issued? Yes ☐ No ☐ N/A ☐

b. Materials properly stored and protected in accordance with specifications? Yes ☐ No ☐

c. Log available for on-site testing performed and current within 10 days? Yes ☐ No ☐ N/A ☐

d. Log tracking conformance/nonconformance available and current within 10 days? Yes ☐ No ☐

e. Log tracking actions taken to remedy nonconformance? Yes ☐ No ☐

f. Summary and recommendation:_____

_____

_____

_____

10. Change Order Information: *Provide overall impacts (financial and construction time) for approved change orders processed since last inspection.*

a. Number of Change Orders Approved by A/E:_____

b. Impacts on Contract Amount: _____

_____

_____

c. Impacts on Construction Schedule: _____

_____

_____

11. Overall Summary and Recommendations:

a. Overall impression of project: _____

_____

_____

b. If there are deficiencies, what needs to be corrected and what is the impact on the construction schedule:_____

_____

_____

c. Any items of note to be ready for the next site visit:_____

_____

_____

d. Any other recommendations or comments:_____

_____

_____

e. Are there any related issues outside of the project that may impact this project, e.g. another related project with a significant delay?_____

_____

_____

_____ _____

Project Officer Signature **Date**