

## CONTRACTOR WORK PERFORMANCE COMPLIANCE AND NOTIFICATION



Page: \_\_\_\_\_ of \_\_\_\_\_  
 Stage: \_\_\_\_\_  
 Contract No: \_\_\_\_\_

Inspection			Time Reviewed		Inspector		
MONTH	DAY	YEAR	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Emailed Copy to Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Sent		Time Sent		Check Box if Meeting will be scheduled	Recipient of Notification
MONTH	DAY	YEAR	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM			

Work Performance Issue(s) and SOW Section	AM Deficiency		PM Deficiency		Comments	Date/Time Corrected
	YES	NO	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**This Section is To Be Completed by Contractor\***

Proposed Remedy:

\* Contractor must provide a Proposed Remedy within 24 hours of receiving this Form