PRINT FORM

CWP Form (12-18)

pennsylvania
DEPARTMENT OF TRANSPORTATION

# CONTRACTOR WORK PERFORMANCE COMPLIANCE AND NOTIFICATION

Page: _____ of _____

Stage: _____

Contract No: _____

| Inspection MONTH | DAY | YEAR | Time Reviewed | Inspector |
|---|---|---|---|---|
| | | | _____ ☐ AM<br>_____ ☐ PM | |

| Emailed Copy to Contractor? | Date Sent MONTH | DAY | YEAR | Time Sent | Check Box if Meeting will be scheduled | Recipient of Notification |
|---|---|---|---|---|---|---|
| ☐ Yes ☐ No | | | | _____ ☐ AM<br>_____ ☐ PM | ☐ | |

| Work Performance Issue(s) and SOW Section | AM Deficiency YES | AM Deficiency NO | PM Deficiency YES | PM Deficiency NO | Comments | Date/Time Corrected |
|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | ☐ | | |
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| | ☐ | ☐ | ☐ | ☐ | | |

This Section is To Be Completed by Contractor*

Proposed Remedy:

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