Minnesota Department of Transportation

Field Compliance Review on Labor Provisions *(Mn/DOT Contract Administration Manual*, Section .320, Part 14)

Interviewer's Name:			**Prime Contractor:**
State Project Number:	**Federal Project Number:**		**Year:**

NOTE: Interview a random sample of employees from each company that performed work on the project.

Today's Date	Time	Employee Name	Classification Number And/Or Title	Employer	Hourly Rate	Benefit*	Observation or Comments

The poster board on this project was checked on _____ for the appropriate State and Federal (if applicable) wage determinations and posters.

Problems Noted: _____

Steps to be taken to resolve problems: _____

*Benefits the employee receives from the company: {Write (P) Pension (M) Medical, (O) Other and for Union Members write in their Local Number.

Today's Date	Time	Employee Name	Classification Number And/Or Title	Employer	Hourly Rate	Benefit*	Observation or Comments