**Rhode Island Department of Transportation | Office on Highway Safety**

**Administrative Review Report**

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| --- | --- | --- |
| Agency: |  | Contract$: |
| Project Title: |  |
| Project Number: |  |
| Funds Obligated: | $ | Expended $ | (As of Date:  |
| Project Director: |  |
| Agency Type:Check One | Enforcement [ ]  | Non-Profit [ ]  | State Agency[ ]  | Other [ ]  |
|  |
| HS-1Check Box | Original?Yes [ ]  No [ ]  | Modified?Yes [ ]  No [ ]  | Is Modified Contract in the File?Yes [ ]  No [ ]  N/A [ ]  |
|  |
| Agency Contract Administrator: |  | Telephone:  |
| Agency Representative this visit |  |  |
| Review Information |
| Date: | Monitoring Type: | Phone [ ]  | On Site [ ]  |
|  |
| 1. Are contract project activities on schedule:
 | Yes [ ]  | No [ ]  |  |
| 1. Are activity reports up to date:
 | Yes [ ]  | No [ ]  |  |
| 1. Are claims being submitted on time and in the proper format:
 | Yes [ ]  | No [ ]  |  |
| 1. Is the project staffed as required:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Has contract equipment been purchased:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. If so, has equipment been put in service:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Inspect all contract purchased equipment:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Factory serial number attached:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Artwork / Safety message approved:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Travel reports submitted on time and accurate:
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Time Sheets: Are they readily available for review and are they updated weekly?
 |
| 1. *Are copies of citations, written warnings, and/or other activity reports available for review?*
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| Deficiency Information |
| Notes: |
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| Continue on Page 2 if necessary |

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| Deficiency Information – Continued from page 1 |
| Agency: |  |  | Contract$: |
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| Notes: |
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| Print Name:  |
| Program Administrator (Signature): Date: |