

APPENDIX A

General Construction Administration Forms

The latest versions of these forms can be found on Alberta Transportation's website: <https://www.transportation.alberta.ca/919.htm>

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GENERAL CONSTRUCTION ADMINISTRATION FORMS**

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**ORDER FIXING
MAXIMUM SPEED LIMIT**

WHEREAS, by Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act, being Chapter T-6 of the Revised Statutes of Alberta, 2000, it is provided:

- 108 (1) In accordance with the following, a road authority may prescribe speed limits that are different from the speed limits established under section 106 or 107:**
- (g) in the case of a highway that**
 - (i) is under construction or repair, or**
 - (ii) is in a state of disrepair,**
a maximum speed limit may, with respect to that portion of the highway that is under construction or repair or in disrepair, be prescribed by
 - (iii) an engineer under the administration of or providing services on behalf of the Minister if**
 - (A) the highway is one in respect of which the Minister may set speed limits, or**
 - (B) the highway is being constructed or repaired by or on behalf of the Government,**
 - or**
 - (iv) a person authorized by a road authority if, subject to subclause (iii)(B), the highway is one in respect of which the road authority may prescribe speed limits, by erecting signs along the highway setting out the maximum speed limit;**

NOW THEREFORE, it is ordered that there be prescribed, pursuant to Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act, the following maximum speed limits applicable to all vehicles (or applicable to the following class or classes of vehicles):

While travelling over (highway no. & control section) _____
 Location between _____
 And _____

- 20 km/hr where signs are erected and displayed indicating such speed
- 30 km/hr where signs are erected and displayed indicating such speed
- 40 km/hr where signs are erected and displayed indicating such speed
- 50 km/hr where signs are erected and displayed indicating such speed
- 60 km/hr where signs are erected and displayed indicating such speed
- 70 km/hr where signs are erected and displayed indicating such speed
- 80 km/hr where signs are erected and displayed indicating such speed
- 100 km/hr where signs are erected and displayed indicating such speed

This order hereby designates the aforementioned highway as a highway under construction and repair and the aforementioned maximum speed limits are hereby prescribed pursuant to Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act.

DATED at _____ In the Province of Alberta this _____ Day of _____ A.D., 20 _____

Issued by:

Name/Title

Company

Signature

Reviewed by Alberta Transportation:	
Name/Title:	_____

Signature	

**ORDER FIXING
MAXIMUM SPEED LIMIT**

WHEREAS, by Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act, being Chapter T-6 of the Revised Statutes of Alberta, 2000, it is provided:

- 108 (1) In accordance with the following, a road authority may prescribe speed limits that are different from the speed limits established under section 106 or 107:**
- (g) in the case of a highway that**
 - (i) is under construction or repair, or**
 - (ii) is in a state of disrepair,**
a maximum speed limit may, with respect to that portion of the highway that is under construction or repair or in disrepair, be prescribed by
 - (iii) an engineer under the administration of or providing services on behalf of the Minister if**
 - (A) the highway is one in respect of which the Minister may set speed limits, or**
 - (B) the highway is being constructed or repaired by or on behalf of the Government,**
 - or**
 - (iv) a person authorized by a road authority if, subject to subclause (iii)(B), the highway is one in respect of which the road authority may prescribe speed limits, by erecting signs along the highway setting out the maximum speed limit;**

NOW THEREFORE, it is ordered that there be prescribed, pursuant to Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act, the following maximum speed limits applicable to all vehicles (or applicable to the following class or classes of vehicles):

While travelling over (highway no. & control section) Hwy xx:xx
 Location between West of the Area
 And East of the Area

- 20 km/hr where signs are erected and displayed indicating such speed
- 30 km/hr where signs are erected and displayed indicating such speed
- 40 km/hr where signs are erected and displayed indicating such speed
- 50 km/hr where signs are erected and displayed indicating such speed
- 60 km/hr where signs are erected and displayed indicating such speed
- 70 km/hr where signs are erected and displayed indicating such speed
- 80 km/hr where signs are erected and displayed indicating such speed
- 100 km/hr where signs are erected and displayed indicating such speed

NOTE: DO NOT CIRCLE ANY OF THE ABOVE SPEED LIMITS

This order hereby designates the aforementioned highway as a highway under construction and repair and the aforementioned maximum speed limits are hereby prescribed pursuant to Clause (g) of Subsection (1) of Section 108 of Part 5 of the Traffic Safety Act.

DATED at TOWN In the Province of Alberta this DATE Day of MONTH A.D., 20 13

Issued by:

 Consultant Name/Title
 Name/Title

 Consulting Company
 Company

 Signature*

Reviewed by Alberta Transportation:	
Name/Title:	_____ TRANS Name/Title Name/Title
_____ Signature*	

**One of the required signatures must belong to a P. Eng.*

PROJECT AND LOCATION DESCRIPTION
CONTRACT#:

- Highway number, control section, length, bridge file(s)
- Project limits (i.e use description in tender)

TYPE:
CMA:
Start date:
End date:
Schedule:

Lane(s) both northbound southbound
 eastbound westbound

Visibility: good fog dust smoke

Vehicle Restrictions: Height (m)
 Width (m)
 Weight (kg)
 Speed (km/hr)

ACTIVITIES
Construction

- none
- paving
- grading
- chip sealing
- milling
- line painting
- blasting
- other (specify)

Bridges

- none
- bridge repair
- deck repair
- bridge paving
- bridge painting
- bridge testing/inspection
- bridge washing
- other (specify)

DETAILS

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> road closed | <input type="checkbox"/> temp traffic signals | <input type="checkbox"/> loose chips | <input type="checkbox"/> pavement drop off |
| <input type="checkbox"/> bridge closed | <input type="checkbox"/> one-lane alt traffic | <input type="checkbox"/> speed reduction | <input type="checkbox"/> narrow lane |
| <input type="checkbox"/> lane closure | <input type="checkbox"/> lane direction rvsl | <input type="checkbox"/> rough road | <input type="checkbox"/> narrow shoulder |
| <input type="checkbox"/> sidewalk closed | <input type="checkbox"/> alt pedestrian xing | <input type="checkbox"/> fresh oil | <input type="checkbox"/> no wide loads |
| <input type="checkbox"/> ramp closed | <input type="checkbox"/> one-lane travel | <input type="checkbox"/> uneven pavement | <input type="checkbox"/> be prepared to stop |
| <input type="checkbox"/> use alternate route | <input type="checkbox"/> two-way traffic | <input type="checkbox"/> no cntrelne mrking | <input type="checkbox"/> pilot vehicles |
| <input type="checkbox"/> on-site detour | <input type="checkbox"/> no passing | <input type="checkbox"/> grooved pavement | <input type="checkbox"/> flag persons |
| <input type="checkbox"/> local road detour | | | |

ACTIVITY INFORMATION (brief description for travelling motorists; delays, changes to road conditions, etc...)

Expected delays:
PROJECT CONTACTS

Name of firm and personnel (print below)	POSITION	OFFICE PHONE	CELL PHONE	EMAIL
TRANS Project Administrator				
Engineering Consultant				
Contractor				

DISTRIBUTION LIST (via email)

- Regional Distribution (eg TRANS-ORG DS Region)
- TRANS-TSB trans.constructQA@gov.ab.ca
- Maintenance Contractor (name)
- RCMP Traffic Services Coordinator kim.astle@rcmp-qrc.qc.ca
- Local RCMP (local detachment)
- Transport Office, Sheriff's Branch andrea.calder@gov.ab.ca
- AB Health Services jill.thordarson@albertahealthservices.ca
- CVEB, District Supervisor (name)
- Rural/Urban Municipalities (name)

<http://municipalaffairs.gov.ab.ca/cfml/officials/Official.xls>

- 511Alberta trans.511@gov.ab.ca
- Information Management Branch trans.geodata.update@gov.ab.ca
- Transport Engineering (Central Permitting)

mizanur.rahman@gov.ab.ca	kim.durdle@gov.ab.ca
kerry.vonhollen@gov.ab.ca	dawn.liska@gov.ab.ca
- TRANS Communications/Public Affairs wayne.wood@gov.ab.ca
anna.neale@gov.ab.ca
- MLA Constituency Office (name)
http://www.assembly.ab.ca/net/index.aspx?p=mla_home
- Chamber of Commerce (name)
<http://www.abchamber.ca/list/>

- Report completed by consultant, submitted prior to work commencing & sent ELECTRONICALLY to Project Admin / Sponsor for distribution.
- Attach copy of Location Plan & Order Fixing Maximum Speed (if applicable).

REPORT PREPARED BY:

CONSULTANT:
 TELEPHONE:
 EMAIL:
 DATE:

PROJECT AND LOCATION DESCRIPTION

CONTRACT#: CON00xxxxx
 - Highway number, control section, length, bridge file(s) Highway xx:xx - description from contract
 - Project limits (i.e use description in tender) includes BFxxxxx & description from contract (type of work)

TYPE: PICK ONE
CMA: PICK ONE
Start date: START OF ACTUAL WORK
End date: END OF ACTUAL WORK
Schedule: (within the year)

Lane(s) both northbound southbound
 eastbound westbound
Visibility: good fog dust smoke
Vehicle Restrictions: Height (m)
 Width (m)
 Weight (kg)
 Speed (km/hr)

ACTIVITIES PICK BEST FIT FOR MOST OF THE WORK

Construction <input type="checkbox"/> none <input type="checkbox"/> paving <input type="checkbox"/> grading <input type="checkbox"/> chip sealing <input type="checkbox"/> milling <input type="checkbox"/> line painting <input type="checkbox"/> blasting <input type="checkbox"/> other (specify)	Bridges <input type="checkbox"/> none <input type="checkbox"/> bridge repair <input type="checkbox"/> deck repair <input type="checkbox"/> bridge paving <input type="checkbox"/> bridge painting <input type="checkbox"/> bridge testing/inspection <input type="checkbox"/> bridge washing <input type="checkbox"/> other (specify)
---	--

DETAILS

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> road closed | <input type="checkbox"/> temp traffic signals | <input type="checkbox"/> loose chips | <input type="checkbox"/> pavement drop off |
| <input type="checkbox"/> bridge closed | <input type="checkbox"/> one-lane alt traffic | <input type="checkbox"/> speed reduction | <input type="checkbox"/> narrow lane |
| <input type="checkbox"/> lane closure | <input type="checkbox"/> lane direction rvsl | <input type="checkbox"/> rough road | <input type="checkbox"/> narrow shoulder |
| <input type="checkbox"/> sidewalk closed | <input type="checkbox"/> alt pedestrian xing | <input type="checkbox"/> fresh oil | <input type="checkbox"/> no wide loads |
| <input type="checkbox"/> ramp closed | <input type="checkbox"/> one-lane travel | <input type="checkbox"/> uneven pavement | <input type="checkbox"/> be prepared to stop |
| <input type="checkbox"/> use alternate route | <input type="checkbox"/> two-way traffic | <input type="checkbox"/> no cntreline mrking | <input type="checkbox"/> pilot vehicles |
| <input type="checkbox"/> on-site detour | <input type="checkbox"/> no passing | <input type="checkbox"/> grooved pavement | <input type="checkbox"/> flag persons |
| <input type="checkbox"/> local road detour | | | |

ACTIVITY INFORMATION (brief description for travelling motorists: days, changes to road conditions, etc...)

Put in impact to travelling public, including speed reductions, weight or lane restrictions (detours), speed fine double signs, flaggers/traffic lights, etc...

Expected delays: PICK ONE

PROJECT CONTACTS

Name of firm and personnel (print below)	POSITION	OFFICE PHONE	CELL PHONE	EMAIL
TRANS Project Administrator NAME	WORK TITLE	(xxx) xxx-xxxx	(xxx) xxx-xxxx	EMAIL
Engineering Consultant NAME & COMPANY	WORK TITLE	(xxx) xxx-xxxx	(xxx) xxx-xxxx	EMAIL
Contractor NAME & COMPANY	WORK TITLE	(xxx) xxx-xxxx	(xxx) xxx-xxxx	EMAIL

DISTRIBUTION LIST (via email)

- Regional Distribution (eg TRANS-ORG DS Region) REGION
- TRANS-TSB trans.constructQA@gov.ab.ca
- Maintenance Contractor (name) NAME
- RCMP Traffic Services Coordinator kim.astle@rcmp-grc.gc.ca
- Local RCMP (local detachment) NAME
- Transport Office, Sheriff's Branch andrea.calder@gov.ab.ca
- AB Health Services jill.thordarson@albertahealthservices.ca
- CVEB, District Supervisor (name) NAME
- Rural/Urban Municipalities (name) NAME
- <http://municipalaffairs.gov.ab.ca/cfm/officials/Official.xls>
- 511Alberta trans.511@gov.ab.ca
- Information Management Branch trans.geodata.update@gov.ab.ca
- Transport Engineering (Central Permitting)
 - mizanur.rahman@gov.ab.ca kim.durdle@gov.ab.ca
 - kerry.vonhollen@gov.ab.ca dawn.liska@gov.ab.ca
- TRANS Communications/Public Affairs wayne.wood@gov.ab.ca
anna.neale@gov.ab.ca
- MLA Constituency Office (name)
http://www.assembly.ab.ca/net/index.aspx?p=mla_home
- Chamber of Commerce (name)
<http://www.abchamber.ca/list/>

- Report completed by consultant, submitted prior to work commencing & sent ELECTRONICALLY to Project Admin / Sponsor for distribution.
- Attach copy of Location Plan & Order Fixing Maximum Speed (if applicable).

REPORT PREPARED BY:

CONSULTANT: NAME & COMPANY
TELEPHONE: (xxx) xxx-xxxx
EMAIL: EMAIL
DATE: DATE FORM COMPLETED

ORDER FOR EXTRA WORK

PROJECT: _____	CONTRACT NO.: _____	WAC/JOB NO.: _____
FROM: _____ km	TO: _____ km	
BRIDGE NAME: _____	FILE NO.: _____	LOCATION: _____
CONTRACTOR: _____		
PROJECT SPONSOR: _____	CONSULTANT: _____	CE NUMBER: _____
ORDER NO.: _____	ASSIGNED BID ITEM NO.: _____	DATE: _____

Give Description of Work, Location, Terms of Payment and Estimated Cost of Work

Authority is hereby requested to do the following work:

Lump Sum or Estimated Cost: _____

Identify anticipated impact on Site Occupancy Days, Lane Closure Days and/or Completion Dates

Number of Days Approved

Additional Site Occupancy Days ?	_____
Additional Lane Closure Days ?	_____
Adjustment to Completion Date ?	_____
Adjustment to Interim Completion Date ?	_____

Note: Any additional Site Occupancy Days, Lane Closure Days, and/or adjustments to Completion Dates related to the Extra Work Order require Project Sponsor approval in PMA.

This Order For Extra Work includes all costs, of whatever nature associated with the work described, and no additional claims for this work shall be made.

(Print) _____ (Sign) _____ Date _____

Contractor's Authorized Signing Officer

Amounts up to \$10,000.00 (when no additional Site Occupancy Days, Lane Closure Days, and/or adjustment to Completion Date Required)

Recommended by: _____ Consultant Date	Approved by: _____ Project Administrator (Level 6) or Consultant* (*as directed by Project Sponsor) Date
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Amounts up to \$50,000.00 (when no additional Site Occupancy Days, Lane Closure Days, and/or adjustment to Completion Date Required)

Recommended by: _____ Consultant Date	Approved by: _____ Project Administrator (Level 6) Date
---	---

Amounts up to the greater of \$75,000.00 or 5% of the Modified Tender Amount

Recommended by: _____ Project Administrator (Level 6) Date	Approved by: _____ Project Sponsor (Level 5) Date
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Amounts up to the greater of \$100,000 or 10% of the Modified Tender Amount

Recommended by: _____ Project Sponsor (Level 5) Date	Approved by: _____ Regional Director/Executive Director (Level 4) Date
--	--

Note: These authorities to approve Extra Work are only applicable if the total contract payments made to date are within the prescribed limits as detailed in the Department Authorities Matrix

APPROVAL OF ANTICIPATED CONSTRUCTION CONTRACT COST OVERRUNS AND INCREASES TO SIGNIFICANT BID ITEMS

Overrun Request #: _____

PMA CR #: _____

CONTRACTOR:			CONTRACT NO:	
Estimate No.	Original Modified Tender Price	Total Approved Funding for Contract	Total Overrun \$ (cumulative)	% Increase (cumulative)

Explanation for overrun and/or increase of more than 20% to the quantity of a significant bid item:

Prepared by: _____ **Date** _____

For overruns up to the greater of \$5,000 or 5% of the modified tender price:

Recommended by: _____ Consultant Approved by: _____
Project Administrator (Level 6) or
Consultant*
(*as directed by Project Sponsor)

For overruns up to \$50,000:

Recommended by: _____ Consultant Approved by: _____
SEE PMA FOR APPROVAL
Project Administrator (Level 6)

For overruns up to the greater of \$75,000 or 5% of the modified tender price:

Recommended by: _____ Consultant Approved by: _____
SEE PMA FOR APPROVAL
Project Sponsor (Level 5)

For overruns up to the greater of \$100,000 or 10% of the modified tender price:

Recommended by: _____
SEE PMA FOR APPROVAL
Project Sponsor (Level 5) Approved by: _____
SEE PMA FOR APPROVAL
Regional Director/Executive
Director (Level 4)

For overruns exceeding the greater of \$100,000 or 10% of the modified tender price:

Note: CRC review and recommendation required and DM approval to be processed through PMA.

Recommended by: _____ Approved by: _____
SEE PMA FOR APPROVAL
Regional Director/Executive Director (Level 4) SEE PMA FOR APPROVAL
Deputy Minister (Level 2)

**APPROVAL OF ANTICIPATED CONSTRUCTION CONTRACT
COST OVERRUNS AND INCREASES TO SIGNIFICANT BID ITEMS**

Overrun Request #: 3 PMA CR #: 5

CONTRACTOR:			CONTRACT NO: CON00xxxxx	
Estimate No.	Original Modified Tender Price	Total Approved Funding for Contract	Total Overrun \$ (cumulative)	% Increase (cumulative)
E1	\$10,000,000.00	\$10,200,000.00	\$200,000.00	2%
E3	\$10,000,000.00	\$10,500,000.00	\$500,000.00	5%
E5	\$10,000,000.00	\$11,000,000.00	\$1,000,000.00	10%

Explanation for overrun and/or increase of more than 20% to the quantity of a significant bid item:

SAMPLE

Prepared by: _____ **Date** _____

For overruns up to the greater of \$5,000 or 5% of the modified tender price:

Recommended by: _____ Consultant Approved by: _____ Project Administrator (Level 6) or Consultant* (*as directed by Project Sponsor)

For overruns up to \$50,000:

Recommended by: _____ Consultant Approved by: SEE PMA FOR APPROVAL Project Administrator (Level 6)

For overruns up to the greater of \$75,000 or 5% of the modified tender price:

Recommended by: _____ Consultant Approved by: SEE PMA FOR APPROVAL Project Sponsor (Level 5)

For overruns up to the greater of \$100,000 or 10% of the modified tender price:

Recommended by: SEE PMA FOR APPROVAL Project Sponsor (Level 5) Approved by: SEE PMA FOR APPROVAL Regional Director/Executive Director (Level 4)

For overruns exceeding the greater of \$100,000 or 10% of the modified tender price:
Note: CRC review and recommendation required and DM approval to be processed through PMA.

Recommended by: _____ Approved by: _____
SEE PMA FOR APPROVAL Regional Director/Executive Director (Level 4) SEE PMA FOR APPROVAL Deputy Minister (Level 2)



Transportation

Contract Progress Estimate

Date:

Date Printed:

Contract No: Construction Contract Business ID
Contractor: Party Name of Prime Contractor

Agreement No: Engineering Contract Business ID
Consultant: Party Name of Prime Contractor

Region/Dist.: Org Code Description

Estimate No.:

Table with 4 columns: Project, WAC/Job No., Account, This Estimate Amount. Includes a 'Coding Details' header and a 'Total' row.

10 % Payable to Provincial Treasurer: \$ #VALUE!

Modified Tender Price \$

Approved Overruns \$

Balance Payable to Contractor: \$ #VALUE!

Total Funding Approved To Date \$ -

Total Payment Authorized To (Date) \$ #VALUE!

Previously Paid (Date) \$

Total: \$ #VALUE!

Amount for (Date) \$ #VALUE!

I hereby certify the above to be correct material supplied, work performed, total payment authorized to date is within approved funding limits, prices according to contract, fair and just.

(Consultant)

(Department Expenditure Officer)

(Date)

(Date)



CONTRACT LOG FOR PROGRESS PAYMENT

PROJECT _____ CONTRACT No CON00xxxx ESTIMATE No _____

CONTRACTOR _____

REGION _____ CONSULTANT _____

CONTRACT TENDER PRICE		\$ _____
Less Site Occupancy <i>(if applicable)</i>		\$ _____
Less Lane Closure <i>(if applicable)</i>		\$ _____
Less Supply of Aggregate <i>(if applicable)</i>		\$ _____
MODIFIED TENDER PRICE		\$ _____
A) Supplemental Work-Scope Change or Extension <i>(if applicable)</i>	\$ _____	
B) Other Overrun(s)	\$ _____	
Add Total Contract Overrun(s) Cumulative (A+B)		\$ _____
TOTAL APPROVED FUNDING FOR CONTRACT		\$ _____

TOTAL VALUE OF CONTRACT PAYMENT (to date) \$ _____

LESS BONUS FOR		
Site Occupancy		\$ _____
Lane Closure		\$ _____
Traffic Accommodation		\$ _____
Diesel Fuel Adjustment		\$ _____
_____		\$ _____
_____		\$ _____

ADD PENALTY FOR		
Damages for Delay		\$ _____
Lane Closure		\$ _____
Site Occupancy		\$ _____
_____		\$ _____
_____		\$ _____

MODIFIED CONTRACT PAYMENT TOTAL \$ _____

NOTE: Modified Contract Payment Total cannot exceed Total Approved Funding for Contract.
*Typical bonus/penalties may include unit price &/or EPS adjustments, site occupancy, damages for delay, and any other bonus or penalty assessment.

Instructions:

Commencement of New Project

Enter project information in:

- Site Occupancy Days (Total Days Bid): - into Cell R7
- Site Occupancy Days (Unit Price): - into Cell R9
- Lane Closure (Total Lanes Bid): - into Cell R17
- Lane Closure (Unit Price): - into Cell R19
- Project: - into Cell C27
- Highway Number: Control Section or Bridge File: - into Cell M27
- Contractor: - into Cell C28
- Contract Number: - into Cell M28
- Consultant/Inspector - into Cell L29

Change to Contract

Enter additional project information in:

- Additional Site Occupancy Days Approved (Total Additional Days): - into Cell R8
- Additional Lane Closures Approved (Total Additional Lanes): - into Cell R18
- Revise Inspector name appropriately: - into Cell L29

Start of Each New Week

Copy and paste new Week spreadsheet into Workbook by:

- right click last week spreadsheet tab
- pick 'Move or Copy'
- pick '(move to end)'
- pick 'Create a Copy'
- pick 'OK'

Rename spreadsheet tab to Week ##

- right click new spreadsheet tab
- pick 'Rename'
- type in week number

Enter the last Weekly Report number - into Cell H3

Enter the four Site Occupancy values from the last Week Report spreadsheet - into Cell H7 to H13

Enter the Lane Closure tracking information - into Cell H17 and H19

Enter Week Ending date - into Cell C29

Enter status of day by:

- Yes/No for a Site Occupancy Day - into Cells G33, G39, G45, G51, G57, G63 and G69
- Yes/No for Scheduled Day Off - into Cells G34, G40, G46, G52, G58, G64 and G70
- Yes/No for Inclement Weather Day - into Cells G35, G41, G47, G53, G59, G65 and G71

Enter weather conditions appropriately for each day

Enter daily progress and comments appropriately including number of Lane Closures for each day.

*** NEW Enter weekly Labour Data as appropriate - into cells AE6, AE11, AF6, AF11**

Review

Print off and provide to contractor for comments and signing

Comments:

Only the cells needing information are unlocked - highlighted in yellow - all others are locked.

The spreadsheet tracks the SO Days, the 8 day off cycle and the 30 day cycle each day, as well as the penalty associated with SO. It automatically tracks the 8 and 30 day cycles and gives warnings when errors are made in the inputs of SO/Days Off/Inclement Weather. It also tracks and gives warnings with respect to days off, including, Phase Breaks and Winter Shutdown based upon the inputs to SO/Days Off/Inclement Weather.

Lane Closures are tracked in the Weekly Data input area (H17 and H19). The number of Closures each day can be noted in the Daily Progress and Comments section of the report.

If additional comment space is needed, row height can be adjusted to provide more space.

A Sample spreadsheet is provided for reference but can be deleted when not needed.

Project:	Hwy #:CS or Bridge File:
Contractor:	Contract Number:
Week Ending: July 16, 2016	Consultant:

DATE & DAY		DAILY PROGRESS AND COMMENTS	
July 10, 2016, Sunday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 11, 2016, Monday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 12, 2016, Tuesday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 13, 2016, Wednesday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 14, 2016, Thursday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 15, 2016, Friday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			
July 16, 2016, Saturday			
Weather	SO Day	No	
	Day Off	No	
	Inclement	No	
/ /			
Phase Break or Winter Shutdown			

Inclement Weather Day Summary		Lane Closure Summary		Site Occupancy Day Summary	
This Week:	0	This Week:	0	This Week:	0
Brought Forward:	0	Brought Forward:	0	Brought Forward:	0
Total to Date:	0	Total to Date:	0	Total to Date:	0
		Total Lanes Bid:	0	Total Days Bid:	0
		Additional Lanes Approved:	0	Additional Days Approved:	0
		Penalty Assessment:		Penalty Assessment:	

Contractor's Comments: _____

Contractor's Signature: _____ Consultant's Signature: _____

Site Occupancy Count Total / Pre Scheduled Day Off Count out of 8 / Day Number in 30 Day Cycle

Project: Hwy 999 over Big River	Hwy #:CS or Bridge File: BF 99999
Contractor: XYZ Construction	Contract Number: 10999
Week Ending: October 5, 2013	Consultant: ABC Consulting / John Doe

DATE & DAY		DAILY PROGRESS AND COMMENTS	
September 29, 2013, Sunday			
Weather	SO Day	No	
Sunny	Day Off	Yes	
High +10°C	Inclement	No	
Low -1°C	14 / 4 / 28		
-----			Lane Closures this day: 1
September 30, 2013, Monday			
Weather	SO Day	Yes	Placing rebar centre pier Closed right lane for rebar delivery Wind 15 km/h SE
Overcast	Day Off	No	
High +15°C	Inclement	No	
Low -1°C	15 / 4 / 29		
-----			Crew: 8 Lane Closures this day: 2
October 01, 2013, Tuesday			
Weather	SO Day	No	Site shutdown at 10:00 due to rain
Raining	Day Off	No	
High +9°C	Inclement	Yes	
Low +1°C	15 / 4 / 30		
-----			Lane Closures this day: 1
October 02, 2013, Wednesday			
Weather	SO Day	Yes	Forming and placing rebar at centre pier Closed right lane for formwork installation Placed abutment 1 grade beam concrete Heating and hoarding of grade beam
Sunny	Day Off	No	
High +1°C	Inclement	No	
Low -10°C	16 / 0 / 1		
-----			Lane Closures this day: 2
October 03, 2013, Thursday			
Weather	SO Day	Yes	Heating and hoarding of grade beam
Sunny	Day Off	No	
High -5°C	Inclement	No	
Low -15°C	17 / 0 / 2		

October 04, 2013, Friday			
Weather	SO Day	Yes	Heating and hoarding of grade beam
Sunny	Day Off	Yes	
High -13°C	Inclement	No	
Low -22°C	18 / 1 / 3		
-----			Crew: 6
Review Site Occupancy Inputs			
October 05, 2013, Saturday			
Weather	SO Day	No	Project shutdown for winter
	Day Off	No	
	Inclement	No	
	/ /		
-----			Phase Break or Winter Shutdown

Inclement Weather Day Summary		Lane Closure Summary		Site Occupancy Day Summary	
This Week:	1	This Week:	6	This Week:	4
Brought Forward:	5	Brought Forward:	8	Brought Forward:	14
Total to Date:	6	Total to Date:	14	Total to Date:	18
		Total Lanes Bid:	9	Total Days Bid:	10
		Additional Lanes Approved:	3	Additional Days Approved:	5
		Penalty Assessment:	\$ 1,000	Penalty Assessment:	\$ 2,400

Contractor's Comments: _____

Contractor's Signature: _____ Consultant's Signature: _____

Site Occupancy Count Total / Pre Scheduled Day Off Count out of 8 / Day Number in 30 Day Cycle



Contract Number
Project Description:
Bridge File:
Highway:

Insp. Date:
Inspector:
Stream:

Photo 1 -

photo 2

PROJECT:

CONTRACT NO:

CONSULTANT:

CONTRACTOR:

PROJECT SPONSOR:

DATE:

TIME:

LOCATION:

1. Introductions

- 1.1 Alberta Transportation Team & Roles
- 1.2 Consultant Team & Roles
- 1.3 Contractor Team & Roles
- 1.4 Sub-Contractor & Activities
- 1.5 511 Alberta Responsibilities

2. Contract Administration

- 2.1 Lines of Communication
- 2.2 Partnering process and issue resolution ladder
- 2.3 Weekly Reporting
- 2.4 Site Occupancy/Lane Closure
- 2.5 Standard Alberta Transportation Forms
- 2.6 Special Requirements/Special Provisions
- 2.7 Progress Payments
- 2.8 Site Meeting & Minutes of Meeting
- 2.9 Extra Work, Completion Date Extensions and Claims Process
- 2.10 Process for Interim & Construction Completion Inspections
- 2.11 Warranty
- 2.12 Expectation for Tri-Party Meeting

3. Schedule and Contractor Work Plan

- 3.1 Start Date
- 3.2 Work Plan & Schedule
- 3.3 Hours of Work
- 3.4 On-Site Personnel/Superintendents
- 3.5 Schedule Update Frequency

4. Safety Pre-Construction

- 4.1 Safety TAS OH&S Review (refer to Appendix A.s01)
- 4.2 Attendees & Emergency Contacts (refer to Appendix A.10)
- 4.3 Traffic Accommodation Strategy
- 4.4 Monthly Health & Safety Summary (refer to Appendix A.11)
- 4.5 Project Completion Health & Safety Review (refer to Appendix A.15)
- 4.6 Worksite Inspection Reports
- 4.7 Accident Notification/Utility Reports (refer to Appendix A.s04 & A.s05)

5. Environmental

- 5.1 ECO Plan
- 5.2 Drainage/Erosion Control
- 5.3 Topsoil survey and conservation
- 5.4 Monitoring (Turbidity, Fish Capture & Release, etc...)
- 5.5 Borrow Excavation reclamation requirements
- 5.6 Regulatory Agency Notice

6. Utilities

- 6.1 Utility Co-ordination Meeting
- 6.2 Railways
- 6.3 Agreements
- 6.4 Issues

7. Construction/Bridges

- 7.1 Plans
- 7.2 Property Issues
- 7.3 Survey Requirements
- 7.4 ATV's in ROW Permits
- 7.5 Aggregate Sources
- 7.6 Quality Assurance and Quality Control
- 7.7 Clearing/Stripping/Excavation/Topsoil Placement & Seeding
- 7.8 Haul Routes/Maintenance of Access & Detour Roads
- 7.9 Identification information for truck haul registry
- 7.10 Dust Abatement
- 7.11 Bridge/culvert issues
- 7.12 Concrete/Aggregate Tests/Concrete Mix Designs
- 7.13 Layout/Stockpile Locations
- 7.14 Shop Drawings/Procedures
- 7.15 Welding Procedures/Certificate
- 7.16 Office Trailer
- 7.17 Piling
- 7.18 Girder Erection
- 7.19 Deck Pours
- 7.20 False Work Drawings
- 7.21 Fabrication Inspections
- 7.22 Illumination
- 7.23 Line painting

8. Other

- 8.1 Stakeholder Interests
- 8.2 Media & Public Contact



PRECONSTRUCTION MEETING

LIST OF ATTENDEES AND EMERGENCY TELEPHONE NUMBERS

Contract No: _____ **Hwy & Section** _____ **Date:** _____
Project Type: _____
Project Location: _____ **Meeting Location:** _____
Contractor: _____
Sub-Contractors: _____
Consultant: _____

REPRESENTATIVES	COMPANY / DEPARTMENT	POSITION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Estimated Start Up Date: _____
Proposed Hours of Work: _____

EMERGENCY TELEPHONES NUMBERS

Alberta Transportation Construction Engineer/Project Sponsor: _____
Alberta Transportation Maintenance Contract Inspector (MCI): _____
Consultant Project Manager: _____
Contractor Superintendent: _____
Consultant & Contractor OH&S Supervisor: _____
RCMP Detachment Phone No: _____
(must be contacted prior to commencement of work)
Hospital Location / Phone No: _____
Ambulance Location / Phone No: _____
Gas Utility: _____
Power Utility: _____
Telecom Utility: _____

MONTHLY HEALTH & SAFETY SUMMARY

FOR THE MONTH OF: _____

PROJECT: _____ CONTRACT#: _____ JOB/WAC#: _____

FROM: _____ TO: _____

CONTRACTOR: _____

PROJECT SPONSOR: _____ CONSULTANT: _____

TYPE OF WORK: _____

- 1. **Number of workers hired:** _____
Number who completed orientation: _____
- 2. **Number of tool box meetings conducted:** _____
- 3. **Number of inspections completed:** _____
Total unsafe acts / conditions identified: _____
Number outstanding: _____
- 4. **Number of incidents / accidents reported:** _____
Property damage: _____
Injury: _____
Injury and damage: _____
Near miss: _____
Number of incident / accident investigations completed: _____
Were corrective measures required?: _____

CONTRACTOR'S SITE REPRESENTATIVE: _____
Signature Date

Copies to: General Contractor's Head Office
 Alberta Transportation's Site Representative (Consultant)
 (Consultant to forward copy to Project Sponsor)

For Alberta Transportation Use Only

Project Sponsor: Forward copy to Department Safety Officer _____
Date

Safety Officer: Forward copy to Manager, OH&S, if:
 • on-going OH&S issues identified;
 • requested by the Manager

Post Construction Tri-Party Meeting
AGENDA

Project: _____ Contract #: _____ Contractor: _____

Consultant: _____ Alberta Transportation: _____

Date: _____ Time: _____ Location: _____

Distribution: Consultant, Contractor, Alberta Transportation Project Sponsor, Professional Services

1. Introduction
2. Traffic Accommodation & Safety
3. Project Team Effectiveness / Communications
4. Contract Administration
5. Workmanship / Quality Control & Quality Assurance
6. Environmental Issues
7. Other

For The Month Of: _____
 (month) (year)

TYPES OF WORK: WA Types of all construction work activities, comma separated
CONTRACTOR: Construction Contract Prime Contractor
CONTRACT DESCRIPTION: Construction Contract Description
CONSULTANT: Engineering Contract Prime Contractor
CONTRACT DESCRIPTION: Engineering Contract Description
TRANS PROJECT SPONSOR: Contract Sponsor
CONSULTANT PROJECT MANAGER: Contract Consultant Project Manager
CONSULTANT CONTACT: Contract Consultant Contacts, comma separated
START DATE: _____
 mm/dd/yyyy

CONST. CONTR#: Construction Contract Number
CE CONTRACT#: Engineering Contract Number
CO-SPONSOR(S): Contract Co-Sponsor(s), comma separated
EST. END DATE: _____
 mm/dd/yyyy

Construction	Original Budget	Approved Budget							
	PMA Original Contract Upset	PMA Current Contract Upset	Previous Years Expenditures	Current Year Expenditures Apr.1 to date	Forecast 2013-2014	Forecast 2014-2015	Forecast 2015-2016	Forecast 2016-2017 & Beyond	PROJECT TOTAL
Work Activity Description (as shown on Search WA and other PMA screens)									
WA Business ID		WA Current Cost Estimate	Populate						#VALUE!
Work Activity Description (as shown on Search WA and other PMA screens)									
WA Business ID		WA Current Cost Estimate	Populate						#VALUE!
Total Construction		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

ENGINEERING	Original Budget	Approved Budget							
	PMA Original Contract Upset	PMA Current Contract Upset	Previous Years Expenditures	Current Year Expenditures Apr.1 to date	Forecast 2013-2014	Forecast 2014-2015	Forecast 2015-2016	Forecast 2016-2017 & Beyond	PROJECT TOTAL
Work Activity Description (as shown on Search WA and other PMA screens)									
WA Business ID		WA Current Cost Estimate	Populate						#VALUE!
Work Activity Description (as shown on Search WA and other PMA screens)									
WA Business ID		WA Current Cost Estimate	Populate						#VALUE!
Total Engineering		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Job Costers for ROW, Utilities & Other Agreements	Previous Years Expenditures	Current Year Expenditures Apr.1 to date	Forecast 2013-2014	Forecast 2014-2015	Forecast 2015-2016	Forecast 2016-2017 & Beyond	PROJECT TOTAL
Job coster description							
Contract # (Contract Type) - Vendor							
Contract Description							
Job Business ID	Populate						#VALUE!
Job coster description							
Contract # (Contract Type) - Vendor							
Contract Description							
Contract # (Contract Type) - Vendor							
Contract Description							
Job Business ID	Populate						#VALUE!
Total Job Costers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

REMARKS: _____

DATE: _____
 (mm/dd/yyyy)

PROJECT MANAGER: _____

PROJECT COMPLETED OR SHUT DOWN REPORT

PROJECT: _____

CONTRACT: _____ WAC/JOB: _____

FROM: _____ TO: _____

CONTRACTOR: _____ CONSULTANT: _____

REGION: _____

TYPE OF WORK: _____

Km _____ to Km _____

Sta. _____ to Sta. _____

Route Length _____

PROGRESS

Work Started _____ Work Shutdown _____

Work Resumed _____ Work Completed _____

Work Completed *(when shutdown)* Grading _____ % Base _____ % Seal Coat _____ %

Paving _____ %

Int. Plan No. _____ Comp. _____ % Int. Plan No. _____ Comp. _____ %

Int. Plan No. _____ Comp. _____ % Int. Plan No. _____ Comp. _____ %

BASES – SURFACING

TYPE OF WORK	WIDTH (m)	THICKNESS (mm)	MATERIAL (Mix Type or Designation & Class)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS

DATE _____

CONSULTANT (Please Print) _____

NOTE: Submit this form along with the DETAILS OF WIDTHS AND THICKNESSES DIAGRAM as soon as the highway work is COMPLETED or at SEASONAL SHUTDOWN to the Project Administrator and the **Programming** section of **Regional Services Operations and Planning Branch** (andy.tsang@gov.ab.ca), **Technical Standards Branch** (trans.constructqa@gov.ab.ca), **Transport Engineering** (argyrios.fitzios@gov.ab.ca), and to **Information Management Branch** (trans.geodata.update@gov.ab.ca). For projects continuing through the winter, submit this form at fiscal year-end showing the job progress at that time.

PROJECT COMPLETION HEALTH & SAFETY REVIEW

PROJECT: _____ CONTRACT #: _____ JOB/WAC#: _____
 FROM: _____ FROM: _____ TO: _____
 FROM: _____ TO: _____
 CONTRACTOR: _____
 PROJECT SPONSOR: _____ CONSULTANT: _____
 PROJECT ADMINISTRATOR: _____
 PROJECT TYPE: _____ TYPE OF WORK: _____
 DURATION: FROM: _____ TO: _____

This report is to be completed by the Alberta Transportation's Site Representative and Contractor's Site Representative within two (2) days after completion of **primary** operations related to the contract. If major portions of the contract are undertaken by a sub-contractor, subsequent to the completion of the primary operations, a separate review must be conducted within two (2) days of the completion of the sub-contractor's work.

Contractor's OH&S Certificate of Recognition (COR) #: _____
 Head Office Address: _____
 Contractor's Site Representative: _____
 Alberta Transportation's Representative: _____
 Date of Pre-Construction Meeting: _____

Sub-Contractors	OH&S Certificate of Recognition #	Attended Pre-Construction Meeting	
1. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FIELD PERSONNEL

1. Did the contractor employ competent workers? _____
2. Were all the flagpersons employed on site certified? _____
3. Did contractor meet First Aid legislated requirements? _____

SITE CONDITIONS

1. During the duration of the project were the department's traffic accommodation standards met? _____
 2. Did contractors identify hazards and take the appropriate action? _____
 3. Was appropriate personal protective equipment used? _____
 4. Did contractors conduct safety meetings? _____
 5. Did contractors conduct and record safety inspections? _____
 6. Number of Alberta Transportation Safety Officer inspections: _____
 7. Number of inspections by Alberta Labour, Workplace OH&S Officers: _____
 8. Number of Workplace H&S orders issued: _____
- Note: A copy of the Alberta Labour, Workplace H&S inspection reports may be required.*
9. Were there re-occurring health and safety issues? YES or NO
- If yes, please explain: _____

NUMBER OF CONTACTOR INCIDENTS

1. Number of personal injury incidents/accidents: _____
 Medical Aid: _____
 Lost Time: _____
 Fatalities: _____
2. Total number of incidents/accidents involving vehicle/equipment/property damage (including 3rd party liability occurring in the work zone): _____
3. Number of incidents involving utilities: _____
4. Number of investigations conducted by contractor: _____
5. Were authorities involved? YES or NO
 Which authorities? _____

CONTRACTOR'S OCCUPATIONAL HEALTH AND SAFETY PERFORMANCE

1. Overall was the general contractor/sub-contractors health and safety performance satisfactory? _____
 Please comment on the contractor's sub-contractor's OH&S program: _____

CONTRACTOR'S SITE REPRESENTATIVE: _____
 Signature _____ Date _____

ALBERTA TRANSPORTATION'S SITE REPRESENTATIVE: _____
 Signature _____ Date _____

For Alberta Transportation Use Only

- Sent to: 1. General Contractor's Head Office (by the Contractor's Site Representative)
 2. Project Sponsor (by the Alberta Transportation Site Representative)
- Project Sponsor forwards copies to: 1. Department Safety Officer

CONDITIONAL CONSTRUCTION COMPLETION CERTIFICATE

<Contractor>
<date>
<Address>

RE: Contract # _____
Project number & limits
Type of work

On <date> an inspection of the above noted project was carried out by (Consultant, Project Sponsor and Contractor) and, with the exception of <Footnote 1>, all work on this contract has been satisfactorily completed.

You are therefore advised that this contract is conditionally accepted subject to the following:

1. The Department will hold an amount equal to \$ <Footnote 2> to cover the cost of correcting these deficiencies.
2. The repair of deficiencies is to be completed by <Footnote 3>. If the repairs are not completed by this date the Department reserves the right to initiate action to have the work completed utilizing Contract Securities as outlined in the General Specifications.

Should you complete the deficiencies by <Footnote 3> the warranty period shall be considered to have commenced on <Footnote 4>. If the repair of the deficiencies is not completed by <Footnote 3> then the warranty period shall commence on the date that the repair of the deficiencies is actually completed.

You will be hearing from the Department's Strategic Procurement Branch about providing the necessary Statutory Declaration forms as required by the contract General Specifications

Consultant

cc: Regional Director, <Region>
Construction / Bridge Manager, <Region>
Operations Manager, <District>
Project Administrator, <Region>
Director, Tender Administration via TenderAdmin@gov.ab.ca
Director, Professional Services
Executive Director, Project Delivery via PDC.Shared@gov.ab.ca
Information Management Branch via trans.geodata.update@gov.ab.ca

1. **Either list deficiencies or refer to a letter dated "MM/DD/YYYY" which includes a list of deficiencies.**
2. **Typically, twice the estimated cost to complete the repairs.**
3. **Reasonable deadline to get deficiencies corrected (Usually June 15th of following year)**
4. **Use the date of the Conditional Construction Completion Inspection.**

CONSTRUCTION COMPLETION CERTIFICATE

(Date)

(Contractor)

(Address)

Attention: (Contractor's Name)

Re: Contract No.
Project Number & Limits
Type of Work

Please be advised that an inspection of the above noted project was carried out on <date> by <Consultants Representative>, <Project Sponsor> and <Contractor>. All work on this Contract has been satisfactorily completed and is accepted as complete, subject to the terms and conditions of the Contract and Specifications.

The effective date for the start of the warranty period will be <footnote 1>. For the record, the last day of work on this project was <footnote 2>.

You will be hearing from the Department's Strategic Procurement Branch about providing the necessary Statutory Declaration forms as required by the Contract General Specifications.

Yours truly,

Consultants Representative

cc: Regional Director, <Region>
Construction / Bridge Manager, <Region>
Operations Manager, <District>
Project Administrator, <Region>
Director, Tender Administration via TenderAdmin@gov.ab.ca
Director, Professional Services
Executive Director, Project Delivery via PDC.Shared@gov.ab.ca
Information Management Branch via trans.geodata.update@gov.ab.ca

1. Use last date any deficiencies were corrected or, if there were no deficiencies, the date the project was ready for the Construction Completion Inspection
2. Use the same date as footnote 1, unless a Conditional Construction Completion Certificate had been issued; in that case, use the date the contractor completed all clean-up & deficiency repairs identified in the Conditional Construction Completion Certificate



CERTIFICATE OF CALIBRATION

PROJECT NO: _____ CONTRACT NO: _____
CONTRACTOR: _____ DATE CALIBRATED: _____

PLANT TYPE, MAKE & MODEL: _____

I hereby certify that the asphalt plant has been calibrated to produce a uniform mixture in accordance with the specified mix.

The plant is accurate within the following range of production rates:

Aggregate Belt Scale or Aggregate Feed
From: _____ tonnes/hr To: _____ tonnes/hr

Asphalt Proportioning System
From: _____ tonnes/hr To: _____ tonnes/hr

Calibration Certified by: _____
Position: _____

Received by: _____
*Consultant Signature**

Date Received: _____ Time: _____

**Signature indicated receipt of Calibration Certificate on the Date and Time indicated.*

Scale Accuracy Inspection

CONTRACT NO.		PROJECT NO.		DATE INSPECTED (dd-mm-year)	
CONTRACTOR		SCALE LOCATION (provide as much detail as possible) Pit Name: ¼ Sec. Twp. R. W. M. additional detail:			
LAST DATE CERTIFIED BY MEASUREMENT CANADA ⁽²⁾		HOW LONG WILL THE SCALE BE AT THIS LOCATION:			
MAKE & MODEL OF SCALE		MIN.GRAD.	SERIAL NO.	CAPACITY (kg)	

Preliminary Performance Test	➔	1	2	3	4	5	6	➔
Verification	←							←

	Satisfactory	Unsatisfactory
APPROACHES	<input type="checkbox"/>	<input type="checkbox"/>
MOVING PARTS CLEAR & LEVEL	<input type="checkbox"/>	<input type="checkbox"/>
ENDS OF DECK CLEAR	<input type="checkbox"/>	<input type="checkbox"/>
BEAM CONDITION, CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>
BEAM SHACK INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY ZERO	<input type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY FULL LOAD	<input type="checkbox"/>	<input type="checkbox"/>
SEALS AND MARKINGS	<input type="checkbox"/>	<input type="checkbox"/>

WEIGHT TEST	
TEST WEIGHTS APPLIED	(kg)
SCALE INDICATION	(kg)
VARIANCE	(kg)

STRAIN LOAD TEST	
INDICATED VEHICLE WEIGHT	(kg)
PLUS TEST WEIGHTS	(kg)
SCALE SHOULD INDICATE	(kg)
ACTUAL SCALE INDICATION	(kg)
ERROR + or (-)	(kg)

Original copy to:

Measurement Canada
9305 50th Street
EDMONTON, AB T6B 2L5
Ph (780) 495-2491
Fax (780) 495-7724

REMARKS:

OR
Measurement Canada
#400, 639-5th Avenue
CALGARY, AB T2P 0M9
Ph (403) 292-5605
Fax (403) 292-6175

INSPECTION FIRM:	
INSPECTED BY:	<i>print name</i>
CONSULTANT:	<i>signature</i>
CONSULTANT'S REPRESENTATIVE:	

Also forward a copy to:
the Consultant

Consultant to forward a
copy to the Project Sponsor.

- Scale accuracy testing to be conducted in the presence of the Consultant.
- The most recent certificate issued by Measurement Canada is to be displayed. Refer to manual "Inspection and Testing Portable Weigh Scales", Alberta Transportation.

Scale Accuracy Inspection

CONTRACT NO. XXXXXX	PROJECT NO. Hw XX:xx	DATE INSPECTED (dd-mm-year) 1-Jun-2013	
CONTRACTOR	SCALE LOCATION (provide as much detail as possible) Pit Name: XYZ PIT NE ¼ Sec. 26 Twp. 007 R. 01 W. 5 M. additional detail: (5.0 km West of Bartsville)		
LAST DATE CERTIFIED BY MEASUREMENT CANADA ⁽²⁾ 1-Jan-2012	HOW LONG WILL THE SCALE BE AT THIS LOCATION: 60 days		
MAKE & MODEL OF SCALE AUSI, DR-1000	MIN.GRAD. 10 kg	SERIAL NO. B15586	CAPACITY (kg) 100,000

	1	2	3	4	5	6
Preliminary Performance Test →	20,120	20,120	20,100	20,100		→
Verification ←	20,120	20,105	20,100	20,080		←

	Satisfactory	Unsatisfactory
APPROACHES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOVING PARTS CLEAR & LEVEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ENDS OF DECK CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEAM CONDITION, CLEARANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEAM SHACK INSTALLATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY ZERO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SENSITIVITY FULL LOAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEALS AND MARKINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WEIGHT TEST		
TEST WEIGHTS APPLIED	(kg)	2,000
SCALE INDICATION	(kg)	2,010
VARIANCE	(kg)	(10)

STRAIN LOAD TEST		
INDICATED VEHICLE WEIGHT	(kg)	20,120
PLUS TEST WEIGHTS	(kg)	2,000
SCALE SHOULD INDICATE	(kg)	22,120
ACTUAL SCALE INDICATION	(kg)	22,130
ERROR	+ or (-)	(kg) + 10

Original copy to:

Measurement Canada
9305 50th Street
EDMONTON, Alberta T6B 2L5
Ph (780) 495-2491
Fax (780) 495-7724

REMARKS:

OR

Measurement Canada
#400, 639-5th Avenue
CALGARY, AB T2P 0M9
Ph (403) 292-5605
Fax (403) 292-6175
Also forward a copy to:
the Consultant

INSPECTION FIRM:	XXX
INSPECTED BY:	John Doe <i>print name</i> <i>John Doe</i> <i>signature</i>
CONSULTANT:	XXX
CONSULTANT'S REPRESENTATIVE:	XXX

Consultant to forward a copy to the Project Sponsor.

- Scale accuracy testing to be conducted in the presence of the Consultant.
- The most recent certificate issued by Measurement Canada is to be displayed. Refer to manual "Inspection and Testing Portable Weigh Scales", Alberta Transportation.

DAILY TRUCK SCALE SHEET SUMMARY

PROJECT _____
 CONTRACTOR _____
 SCALE _____

MATERIAL _____
 DATE _____
 SHEET NO. _____ OF _____ SHEETS

TRUCK NO.																TOTAL	SUMMARY	
	TARE WEIGHT																	t/m ³
NAME																		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
TOTAL TONNES OR CUBIC METRES																		

LOAD OR TRIP

SAMPLE

NOTES: _____

TOTAL

ENTERED BY _____ CHECKED BY _____

NO. 1393

DAILY TRUCK HAUL CARD

DATE _____ OWNER _____ TRUCK NO. _____

PROJECT _____ MATERIAL _____ CAPACITY _____

#	TIME OF LOADING	LOAD NET KILOGRAMS	INITIALS: SCALE CHECKER	TIME OF UNLOADING	KILOMETRE	INITIALS: ROAD CHECKER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

SAMPLE

TOTAL NET: _____ TOTAL TONNES/m3: _____

55:20 C. S. B. C. 20
JUNE 25/81

REMARKS	TR#	KM	Wt.	TIME
	16	7	138	7:32
	17	7	150	7:35
	18	7	144	7:36
	20	7	151	7:37
	23	7	150	7:40
	24	7	148	7:41
	26	7	153	7:44
	27	7	140	7:46
	28	7	145	7:47
	30	7	140	7:49
	31	7	134	7:50
	32	7	139	7:53
	33	7	145	7:54
	34	7	138	7:55
	35	7	131	7:57
	37	7	145	7:59
	2	7	148	8:01
	3	7	158	8:05
	4	8	158	8:06
	5	8	150	8:13
	6	8	141	8:16
	7	8	155	8:18
	9	8	150	8:19
	10	7	140	8:22
	11	8	143	8:24

55:20 C. S. B. C. 21
JUNE 26/81

REMARKS	TR#	KM	Wt.	TIME
	12	8	140	8:26
	13	8	152	8:27
	14	8	138	8:28
	15	8	154	8:30
	16	8	139	8:32
	17	8	150	8:33
	18	8	144	8:34
	20	8	150	8:35
	23	8	149	8:38
	24	8	146	8:40
	26	8	153	8:41
	27	8	140	8:42
	28	8	143	8:44
	29	8	144	8:47
	30	8	139	8:48
	31	8	134	8:50
	32	8	142	8:54
	33	8	144	8:55
	34	8	143	8:56
	35	8	139	8:58
	37	8	133	9:00
	3	8	150	9:01
	4	8	159	9:03
	5	8	159	9:05
	6	8	152	9:08

SAMPLE FIELD CHECKER'S NOTES



Diesel Fuel Cost Adjustment Calculation of Adjustments by WAC

Base Price Index (BPI) [cents/litre]:
113.45

Project: Hwy XX:xx (km x.xx to x.xx) or BFXXXXX-x on Hwy XX:xx km x

Category	Category Description	Diesel Fuel Consumption Rate (CR)	
Grading	Grading	1.6	litres / m3
Crushing	Crushing and Stockpiling	0.5	litres / tonne
ACP	Asphalt Concrete Pavement	2.8	litres / tonne
GBC	Granular Base Course (Des.2)	2.4	litres / tonne

NOTE: Confirm Contractor has **NOT** Opted Out of the Departments diesel fuel cost adjustment process.

WAC: _____

Region: _____

Contract No.: _____

Contractor: _____

Date (mm/yyyy)	MDPI ¢ / litre	Price Ratio*	Quantities (Q)				Payment Adjustment	Remarks
			Grading (cubic metres)	Crushing (tonne)	ACP (tonne)	GBC (tonne)		
			0.00	0.00	0.00	0.00	\$0.00	

MDPI = Monthly Diesel Price Index, available on website at: <http://www.transportation.alberta.ca/703.htm>

Price Ratio* = MDPI/BPI, Price adjustment only applies when Price Ratio is less than 0.85 or greater than 1.15

EARTH BORROW LETTER OF UNDERSTANDING

STAGE I – Borrow Disturbance (to be completed prior to construction)

I _____ being the owner of the lands described as:

Legal Land Description

acknowledge and agree to the terms of the Earth Borrow Agreement that was executed on _____. I consent to the taking of earth borrow on the said lands based on the following terms as known to date.

Earth Borrow Type: _____
Approximate Disturbed Area: _____
Approximate Depth: _____

Location, Design, Proposed Drainage Patterns and Approximate Earth Borrow Quantities, Haul Road and Topsoil Stockpile dimensions shall be as shown on the Earth Borrow plan attached. Any significant changes to the plan will be discussed with the landowner.

Date: _____

Project Manager

Landowner

STAGE II- Post Earth Borrow Acknowledgement (To be completed after the completion of the Earth Borrow)

I _____, being the owner of the said lands, agree and acknowledge that the Earth Borrow removal has been done in accordance with the terms that were agreed to in Stage I above.

Date: _____

Project Manager

Landowner

Payment for Liquid Anti-Strip

Date: _____

Date Printed: _____

Contract No.: _____

Agreement No: _____

Contractor: _____

Consultant: _____

Asphalt Supplier: _____

Region: _____

Estimate No.: _____

Payment Rate Listed in Contract:
(\$/kg of liquid anti-strip additive) _____

Quantity of Treated ACP (t) _____

Method Number 1 - Based Upon Invoices from the Asphalt Supplier (added at the refinery)

Total Quantity Asphalt Binder Supplied (t)	Anti-Strip Additive (% by wt of binder)	Wt. of Anti-Strip Added (kg)	WAC/ Job No.	Payment (\$)
		0		\$0.00
Total				

Method Number 2 - Based Upon Invoices of Delivered and Used Liquid Anti-Strip Additive (added at the mixing plant)

Total Liquid Anti-Strip Added (kg)	WAC/ Job No.	Payment (\$)
		\$0.00
Total		

(Consultant's Representative)

(Date)

Payment for Liquid Anti-Strip

Date: _____

Date Printed: _____

Contract No.: _____

Agreement No: _____

Contractor: _____

Consultant: _____

Asphalt Supplier: _____

Region: _____

Estimate No.: 5

Payment Rate Listed in Contract:
(\$/kg of liquid anti-strip additive) \$9.00

Quantity of Treated ACP (t) 28300

Method Number 1 - Based Upon Invoices from the Asphalt Supplier (added at the refinery)

Total Quantity Asphalt Binder Supplied (t)	Anti-Strip Additive (% by wt of binder)	Wt. of Anti-Strip Added (kg)	WAC/ Job No.	Payment (\$)
1535.00	0.4	6140	00234	\$55,260.00
Total				

Method Number 2 - Based Upon Invoices of Delivered and Used Liquid Anti-Strip Additive (added at the mixing plant)

Total Liquid Anti-Strip Added (kg)	WAC/ Job No.	Payment (\$)
6140	00234	\$55,260.00
Total		

(Consultant's Representative)

(Date)

APPENDIX A

Aggregates Folder



AGGREGATES ROYALTY PAYMENT

NAME OF PIT: _____	¼	_____	_____	_____	_____
	Quarter-section	Section	Township	Range	Meridian
Pit Operations Commenced: _____			Pit Operations Ended: _____		
	(dd-mmm-yyyy)		(dd-mmm-yyyy)		

Between these dates the following amounts of aggregates were removed from this pit:	
for Project: _____	under Contract # _____
The Prime Contractor was: _____	
The Material was Crushed by: _____	

PAYMENT TO THE PIT OWNER IS NOW IN ORDER			
AGGREGATE USED ON PROJECT:			
Pit-Run Gravel		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Material for Dead Haul		tonnes =	m ³
RIP RAP		tonnes =	m ³
Other		tonnes =	m ³

OVERCRUSH ON PROJECT:			
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³

TOTAL REMOVED	tonnes =	m ³
----------------------	----------	----------------

HAVE YOU COMPLETED YOUR AGGREGATES REMOVAL REPORT AND PLANS ?	YES / NO
HAVE YOU CROSS SECTIONED ALL SURPLUS CRUSHED AGGREGATES ?	YES / NO
IS THIS THE FINAL PAYMENT FOR YOUR PROJECT ?	YES / NO

CODING: _____
PROJECT MANAGER: _____
DATE: _____

Office Use Only			
Agreement Verified:	Initials:	Date:	
Agreement Name:	Rate:	Expiry Date:	

- NOTE:**
1. Please submit to the Project Sponsor immediately after gravel or sand has been removed. **DO NOT** hold for submission with Final Details.
 2. Convert aggregates removed by weight or volume to the units shown in the agreement.
 - a) For conversions from weight to volume use 1.632 t/m³ (gravel); 1.365 t/m³ (sand).
 3. Dry weight of sand along, plus 3% moisture, payable for soil-cement material.
 4. Gross weight of mix, with no corrections, payable for all gravel.
 5. Reject is not payable unless actually used or the result of a chip contract.
 6. Overcrush is not payable unless arrangements have already been made through the Project Sponsor.
 7. Overcrush and reject is always measured by cross-section in the pile.

AGGREGATES ROYALTY PAYMENT

NAME OF PIT: <u>XRAY</u>	<u>NE</u> ¼	<u>27</u>	<u>38</u>	<u>22</u>	<u>W 4</u>
	<small>Quarter-section</small>	<small>Section</small>	<small>Township</small>	<small>Range</small>	<small>Meridian</small>
Pit Operations Commenced: <u>1-Jan-2013</u> <small>(dd-mmm-yyyy)</small>	Pit Operations Ended: <u>31-Jan-2013</u> <small>(dd-mmm-yyyy)</small>				

Between these dates the following amounts of aggregates were removed from this pit:	
for Project: <u>xxx</u>	under Contract # <u>xxxxxx</u>
The Prime Contractor was: <u>xxx</u>	
The Material was Crushed by: <u>xxx</u>	

PAYMENT TO THE PIT OWNER IS NOW IN ORDER

AGGREGATE USED ON PROJECT:

Pit-Run Gravel		5,000 tonnes =	3,064 m ³
Des-Class	2-20	55,600 tonnes =	34,069 m ³
Des-Class	1-12.5	55,000 tonnes =	33,701 m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³
Material for Dead Haul		tonnes =	m ³
RIP RAP		tonnes =	m ³
Other		tonnes =	m ³

OVERCRUSH ON PROJECT:

Des-Class		tonnes =	m ³
Des-Class	2-25	5,000 tonnes =	3,064 m ³
Des-Class		tonnes =	m ³
Des-Class		tonnes =	m ³

TOTAL REMOVED	120,600 tonnes =	73,897 m ³
----------------------	------------------	-----------------------

HAVE YOU COMPLETED YOUR AGGREGATES REMOVAL REPORT AND PLANS ?	YES
HAVE YOU CROSS SECTIONED ALL SURPLUS CRUSHED AGGREGATES ?	YES
IS THIS THE FINAL PAYMENT FOR YOUR PROJECT ?	YES

CODING:	
PROJECT MANAGER:	I. Patch
DATE:	1-Jan-2013

Office Use Only

Agreement Verified: Initials: <u>BB</u>	Date: <u>feb25 2013</u>	
Agreement Name: <u>XXX RAY</u>	Rate: <u>\$1.5/t</u>	Expiry Date: <u>1-Jan-2015</u>

- NOTE:**
1. Please submit to the Project Sponsor immediately after gravel or sand has been removed. **DO NOT** hold for submission with Final Details.
 2. Convert aggregates removed by weight or volume to the units shown in the agreement.
 - a) For conversions from weight to volume use 1.632 t/m³ (gravel); 1.365 t/m³ (sand).
 3. Dry weight of sand along, plus 3% moisture, payable for soil-cement material.
 4. Gross weight of mix, with no corrections, payable for all gravel.
 5. Reject is not payable unless actually used or the result of a chip contract.
 6. Overcrush is not payable unless arrangements have already been made through the Project Sponsor.
 7. Overcrush and reject is always measured by cross-section in the pile.



AGGREGATE STOCKPILE CONSTRUCTION REPORT

(To be used ONLY when stockpiling aggregates for FUTURE CONSTRUCTION)

NAME OF STOCKPILE:		¼				
	Pit Name	Quarter-section	Section	Township	Range	Meridian
Stockpiling Operations Commenced:	_____	Operations Ended:		_____		
	(dd-mmm-yyyy)			(dd-mmm-yyyy)		

Between these dates the following amounts of aggregates were stockpiled at this site for future use on:

Project(s): _____

THIS IS A _____ **SITE**
(Crown, Private, or A.T.)

Names of Source Pits		Locations of Source Pits				
	Pit Name	Quarter-section	Section	Township	Range	Meridian
1.		¼				
2.		¼				
3.		¼				

Materials stockpiled from this contract (must be surveyed or weighed)

S.P. NUMBER ON PLAN	Des - Class	WEIGHT	VOLUME
		tonnes	m ³
		tonnes	m ³
		tonnes	m ³
		tonnes	m ³
		tonnes	m ³
TOTAL STOCKPILED			m ³

Stockpiles remaining at the site from previous work (may be estimated)

S.P. NUMBER ON PLAN	Des - Class	WEIGHT	VOLUME
			m ³
			m ³
			m ³
			m ³
			m ³
			m ³
			m ³

- NOTES:**
1. DO NOT use this form for District Maintenance Crushing Projects.
 2. DO NOT use this form for Interim Crushed Stockpiles created as part of a CONSTRUCTION CONTRACT.
 3. Update the Microstation plan with the following information
 - a. Positions of all stockpiles, with descriptions and quantities;
 - b. Location and size of proposed area for crusher and asphalt plant;
 - c. Limits of the authorized stockpile site;
 4. For conversions from weight to volume use 1.632 t/m³ (gravel); 1.365 t/m³ (sand).

PROJECT AVERAGE TEST RESULTS																					
Please enter below a weighted average of the test results obtained for each class of material stockpiled.																					
GRADATION																					
SIEVE ANALYSIS - % PASSING (µm)																					
DES-Class	No. of Tests	125,000	80,000	50,000	40,000	25,000	20,000	16,000	12,500	10,000	5,000	2,500	1,250	630	315	160	80	M.C. %	% Frac	P.I.	

Pit Source Consistency:

Very Consistent

Consistent

In-Consistent

Material Removed from		
Below Water Table	<input type="checkbox"/>	Quantity m ³
Above Water Table	<input type="checkbox"/>	Quantity m ³

M.C. = Moisture Content
Frac. = % Fractures by Weight (2 Faces)
P.I. = Plasticity Index

AMBIENT TEMPERATURE AT THE TIME OF STOCKPILING _____ °C	ESTIMATED % OVERSIZE IN P.R.S.P. _____ %
--	---

COMMENTS: _____

CONSULTANT: _____ (Company Name) _____ (Company Representative) _____ Phone Number _____ Date _____

MAT 2-22/13



AGGREGATES REMOVAL REPORT FOR DEPARTMENT CONTROLLED AGGREGATE PITS AND STOCKPILE SITES

NAME OF PIT OR SITE: _____		¼	Quarter-section	Section	Township	Range	Meridian
THIS IS A _____		(Pit or Stockpile Site)					
(Crown, Private, or A.T.)							
Project: _____				under Contract #: _____			
Operations Commenced: _____				Operations Ended: _____			
Date (dd-mmm-yyyy)				Date (dd-mmm-yyyy)			
Prime Contractor: _____				Crushing Sub: _____			
Project Consultant: _____		(Company Name)		(Contact Name)		(Phone number)	

Material Removed for this Contract: if material was taken from an existing stockpile indicate with an <input checked="" type="checkbox"/> in the box provided.			
from Pre-existing Stockpile?	Des - Class	WEIGHT	QUANTITY
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
<input type="checkbox"/>		tonnes	m ³
TOTAL REMOVED		tonnes	m ³

Stockpiles remaining at the site from <u>this</u> Contract (measured by cross-section):						
S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
		m ³				m ³
		m ³				m ³
		m ³				m ³

Stockpiles remaining at the site from <u>previous</u> work (measured by cross-section if partially used, otherwise refer to inventory on plan):						
S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
		m ³				m ³
		m ³				m ³
		m ³				m ³

- RECLAMATION STATUS:**
1. Total area disturbed including stockpile sites, haul road, etc. before this contract started _____ ha
 2. Total area disturbed including stockpile sites, haul road, etc. at completion of this contract _____ ha
 3. Total area reclaimed (if any) , or partially reclaimed _____ ha

- NOTES:**
1. Plot the following information to scale on the appropriate levels of a Microstation format Aggregates Testing Plan.
 - a. All areas depleted, partially excavated, reclaimed, backfilled, stripped and cleared areas; water bodies.
 - b. All surplus crushed Stockpiles (and number).
 - c. All inorganic Overburden, Topsoil and Subsoil, and surplus natural fines. Include estimated quantities.
 - d. Heights and slopes of all open faces. New Test holes in the pit floor?
 2. For conversions from weight to volume use 1.632 t/m³ (gravel); 1.365 t/m³ (sand).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has clean-up been completed, natural fines levelled, sloping completed, and the final condition of this pit or site and its access been accepted by the owner? For AT owned or reserved (DRS) pits, acceptance shall be sought from the Regional Aggregates Coordinator.
<input type="checkbox"/>	<input type="checkbox"/>	2. Was the local official of Alberta Sustainable Resource Development contacted?
<input type="checkbox"/>	<input type="checkbox"/>	3. If this is a Private Pit, have you submitted your Aggregates Royalty Payment?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you submitted the Aggregate Source Quality Report and if required the Aggregate Stockpile Construction Report?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is this the Final Report for the project? If not, submit a rough sketch and this form no later then Dec.31 of the year in which the aggregate was processed or removed, or both.
SIGNATURE: _____		DATE: _____
(print name)		(signature)
		(dd-mmm-yyyy)

SUBMIT THIS FORM IMMEDIATELY AFTER SEASONAL SHUT DOWN AND WHEN PIT OPERATIONS ARE ENDED, WITH A COPY OF THE AGGREGATE TESTING PLAN, TO THE PROJECT SPONSOR / REGIONAL AGGREGATE COORDINATOR. DO NOT WAIT TO SUBMIT WITH THE FINAL DETAILS.

AGGREGATES REMOVAL REPORT

FOR DEPARTMENT CONTROLLED AGGREGATE PITS AND STOCKPILE SITES

NAME OF PIT OR SITE:	XRAY	SE	¼	18	083	11	W 4
		<small>Quarter-section</small>		<small>Section</small>	<small>Township</small>	<small>Range</small>	<small>Meridian</small>
THIS IS A	A.T.	Pit					
	<small>(Crown, Private, or A.T.)</small>	<small>(Pit or Stockpile Site)</small>					
Project:	Hwy. 881:24 & Hwy. 63 TSA	under Contract #:	777712				
Operations Commenced:	11-Jun-2013	Operations Ended:	28-Jun-2013				
	<small>Date (dd-mmm-yyyy)</small>		<small>Date (dd-mmm-yyyy)</small>				
Prime Contractor:	Build roads ltd	Crushing Sub:	crush R us				
Project Consultant:	_____	_____	_____				
	<small>(Company Name)</small>		<small>(Contact Name)</small>				
			<small>(Phone number)</small>				

Material Removed for this Contract: if material was taken from an existing stockpile indicate with an in the box provided.

from Pre-existing Stockpile?	Des - Class	WEIGHT	QUANTITY
<input type="checkbox"/>	2-25	92,871 tonnes	56,906 m ³
<input type="checkbox"/>	1-12.5	32,179 tonnes	19,718 m ³
<input type="checkbox"/>	4-20	500 tonnes	m ³
		tonnes	m ³
		tonnes	m ³
		tonnes	m ³
		tonnes	m ³
TOTAL REMOVED		125,550 tonnes	76,624 m³

Stockpiles remaining at the site from this Contract (measured by cross-section):

S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
SP # 5	1-12.5	800 m ³		SP # 6	2-25	4,500 m ³
		m ³				m ³
		m ³				m ³

Stockpiles remaining at the site from previous work (measured by cross-section if partially used, otherwise refer to inventory on plan):

S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
SP # 2	4-20	3,500 m ³				m ³
		m ³				m ³
		m ³				m ³

RECLAMATION STATUS:

- | | | | | |
|-------------------------------------|--------------------------|--|-------|----|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Total area disturbed including stockpile sites, haul road, etc. before this contract started | 8.00 | ha |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Total area disturbed including stockpile sites, haul road, etc. at completion of this contract | 10.00 | ha |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Total area reclaimed (if any) _____, or partially reclaimed | 1.50 | ha |
- NOT :
1. Plot the following information to scale on the appropriate levels of a Microstation format Aggregates Testing Plan.
 - a. All areas depleted, partially excavated, reclaimed, backfilled, stripped and cleared areas; water bodies.
 - b. All surplus crushed Stockpiles (and number).
 - c. All inorganic Overburden, Topsoil and Subsoil, and surplus natural fines. Include estimated quantities.
 - d. Heights and slopes of all open faces. New Test holes in the pit floor?
 2. For conversions from weight to volume use 1.632 t/m³ (gravel); 1.365 t/m³ (sand).

Yes	No	
		1. Has clean-up been completed, natural fines levelled, sloping completed, and the final condition of this pit or site and its access been accepted by the owner? For AT owned or reserved (DRS) pits, acceptance shall be sought from the Regional Aggregates Coordinator.
		2. Was the local official of Alberta Sustainable Resource Development contacted?
		3. If this is a Private Pit, have you submitted your Aggregates Royalty Payment?
		4. Have you submitted the Aggregate Source Quality Report and if required the Aggregate Stockpile Construction Report?
		5. Is this the Final Report for the project? If not, submit a rough sketch and this form no later than Dec.31 of the year in which the aggregate was processed or removed, or both.
SIGNATURE: _____		DATE: _____
<small>(print name)</small>		<small>(signature)</small>
		<small>(dd-mmm-yyyy)</small>

SUBMIT THIS FORM IMMEDIATELY AFTER SEASONAL SHUT DOWN AND WHEN PIT OPERATIONS ARE ENDED, WITH A COPY OF THE AGGREGATE TESTING PLAN, TO THE PROJECT SPONSOR / REGIONAL AGGREGATE COORDINATOR. DO NOT WAIT TO SUBMIT WITH THE FINAL DETAILS.



AGGREGATE SOURCE QUALITY REPORT

To be used in ALL cases when GRAVEL is removed from a Department Optional Source,
and used for BASE COURSE or PAVING CONSTRUCTION,
or crushed and stockpiled for FUTURE BASE COURSE or PAVING CONSTRUCTION

1. a) Projects: _____ Under Contract # _____
 b) Projects (cont'd): _____

2. a) NAME OF GRAVEL PIT: _____
Quarter-section Section Township Range Meridian

b) NAME OF S.P. SITE: _____
Quarter-section Section Township Range Meridian

3. a) Was BLEND SAND actually used for your project? YES or NO

b) NAME OF SAND PIT: _____
(fill out if yes box above is checked) Quarter-section Section Township Range Meridian

4. Please show on the charts below, the weighted averages of the various blending proportions actually used for each class of material produced

	DES-CLASS	AMOUNT OF SURPLUS NATURAL FINES LEFT IN STOCKPILE ▲ (m ³ , tonnes or percentage)	
ACP			

	DES-CLASS	% FINES ELIMINATED (m ³ , tonnes, or percentage) ■	
GBC			
Others			

- ▲ Percent fine split rejected (fine split left in stockpile) based on the total weight of the final blended aggregate.
- Percent fines eliminated during crushing, based on the total weight of the final blended aggregate.

The following data is required for all surplus aggregate stockpiles.

This data is important to AT because if there is any leftover aggregate we need to know if it can be used on another job.

5. Enter below a weighted average of the test results obtained for each type of aggregate material produced for this project. If blend sand was used, give the gradation of the sand separately. Indicate in the right hand column whether or not the final gravel gradation quoted includes the blending sand.

SIEVE ANALYSIS - % PASSING (µm)																		
TYPE OF WORK	AGG. TYPE	CD or CF *	No. of Tests	40,000	25,000	20,000	16,000	12,500	10,000	5,000	2,500	1,250	630	315	160	80	% Frac	
ACP	Coarse Split																	
	Fine Split																	N/A
ACP	Coarse Split																	
	Fine Split																	N/A
ACP	Coarse Split																	
	Fine Split																	N/A
ACP	Coarse Split																	
	Fine Split																	N/A
GBC	Surplus Nat. Fines																	N/A
OTHER Select type	Surplus Nat. Fines																	N/A
BLEND SAND																		N/A

* CD = Crusher Discharge CF = Cold Feed % Frac. = % fractures by weight (2 faces)

Comments: Compatibility? Tenderness? Other Mix Properties? Recommendations for future use? (enter in boxes below)

PROJECT MANAGER _____
(Please enter your name and sign here) Phone Number Date (dd-mmm-yyyy)

PLEASE SUBMIT THIS FORM IMMEDIATELY AFTER PIT OPERATIONS ARE ENDED. PLEASE SUBMIT A COMPLETED COPY OF THIS FORM AND A COPY OF THE AGGREGATE TESTING PLAN TO THE PROJECT SPONSOR / AGGREGATE COORDINATOR.



AGGREGATE SOURCE QUALITY REPORT

To be used in ALL cases when GRAVEL is removed from a Department Optional Source,
and used for BASE COURSE or PAVING CONSTRUCTION,
or crushed and stockpiled for FUTURE BASE COURSE or PAVING CONSTRUCTION

1. a) Projects: Hwy 6:04 Under Contract # 123654
 b) Projects (cont'd): _____

2. a) NAME OF GRAVEL PIT: _____
Quarter-section Section Township Range Meridian

b) NAME OF S.P. SITE: Stockpile Site #2a NE 26 007 1 W 5
Quarter-section Section Township Range Meridian

3. a) Was BLEND SAND actually used for your project? YES or NO
 b) NAME OF SAND PIT: _____
(fill out if yes box above is checked) Quarter-section Section Township Range Meridian

4. Please show on the charts below, the weighted averages of the various blending proportions actually used for each class of material produced

	DES-CLASS	AMOUNT OF SURPLUS NATURAL FINES LEFT IN STOCKPILE ▲ (m ³ , tonnes or percentage)	
ACP	S1 1-10		total shown is from all production.
	H2 1-12.5		
	H1 1-16	9,106 tonnes	
	S3 1-25		

	DES-CLASS	% FINES ELIMINATED ■ (m ³ , tonnes, or percentage)	
GBC	2-25	1,000 tonnes	
Others			

- ▲ Percent fine split rejected (fine split left in stockpile) based on the total weight of the final blended aggregate.
- Percent fines eliminated during crushing, based on the total weight of the final blended aggregate.

The following data is required for all surplus aggregate stockpiles.

This data is important to AT because if there is any leftover aggregate we need to know if it can be used on another job.

5. Enter below a weighted average of the test results obtained for each type of aggregate material produced for this project. If blend sand was used, give the gradation of the sand separately. Indicate in the right hand column whether or not the final gravel gradation quoted includes the blending sand.

SIEVE ANALYSIS - % PASSING (µm)																		
TYPE OF WORK	AGG. TYPE	CD or CF *	No. of Tests	40,000	25,000	20,000	16,000	12,500	10,000	5,000	2,500	1,250	630	315	160	80	% Frac	
ACP S1 1-10	Coarse Split	CD	54					100.0	97.0	64.6		28.9		15.2	10.1	6.2	98.7	
	Fine Split	CD	43					100.0	100.0	88.0		51.0		10.0	6.1	4.7	N/A	
ACP M1 1-12.5	Coarse Split	CD	68				100.0	97.6	85.7	49.3		25.0		13.6	10.4	6.2	96.5	
	Fine Split	CD	23				100.0	100.0	100.0	92.0		67.3		33.3	7.6	4.5	N/A	
ACP H1 1-16	Coarse Split	CD	104			100.0	97.6	82.1	66.8	39.0		19.0		12.0	9.1	8.2	90.6	
	Fine Split	CD	74			100.0	100.0	100.0	100.0	96.1		57.7		32.3	10.5	6.2	N/A	
ACP S3 1-25	Coarse Split	CD	31		99.0	84.0	71.0	61.0	54.0	36.0		20.0		8.0	6.3	5.6	73.8	
	Fine Split	CD	15		100.0	100.0	100.0	98.8	92.9	50.3		50.3		29.3	9.4	5.3	N/A	
GBC 2-20	Surplus Nat. Fines																N/A	
		CD	3		100	92	79		56	38		22		14	10.1	7.4	76.0	
OTHER Select type	Surplus Nat. Fines																N/A	
BLEND SAND																	N/A	

* CD = Crusher Discharge CF = Cold Feed % Frac. = % fractures by weight (2 faces)

Comments: Compatibility? Tenderness? Other Mix Properties? Recommendations for future use? (enter in boxes below)

very sandy material requires screening to produce all material.

PROJECT MANAGER	<u>Pavel Checkov</u> <small>(Please enter your name and sign here)</small>	<u>403-123-4567</u> <small>Phone Number</small>	<u>21-Aug-2012</u> <small>Date (dd-mmm-yyyy)</small>
-----------------	---	--	---

PLEASE SUBMIT THIS FORM IMMEDIATELY AFTER PIT OPERATIONS ARE ENDED. PLEASE SUBMIT A COMPLETED COPY OF THIS FORM AND A COPY OF THE AGGREGATE TESTING PLAN TO THE PROJECT SPONSOR / AGGREGATE COORDINATOR.

CONSTRUCTION INSPECTION ACTIVITIES FOR DEPARTMENT CONTROLLED PITS

ACTIVITY	Minimum Inspection Frequency	PRIMARY CONCERN (additional reference document)
(Primary reference document)		
CLEARING & TIMBER SALVAGE	1 st day	<ul style="list-style-type: none"> • Proper area (Pit Plan), • Stump/brush disposal or windrows (Burning Permit) • Log storage location not on top of gravel area
(Spec 5.2)		
STRIPPING: Topsoil Removal	1 st day	<ul style="list-style-type: none"> • Correct area being stripped (Pit Plan); • Use of proper size and type of equipment and operating procedures to prevent admixing, compaction or rutting including when soil is frozen or saturated (Environmental Approval) • Camp set-up area approved and stripped • Pile placement (Pit Plan) • Temporary Fencing required
Subsoil Removal	1 st day	
Overburden Removal	1 st day	
(Spec 5.2)		
CRUSHING and STOCKPILING	1 st day and weekly	<ul style="list-style-type: none"> • Approved crushing plan and Aggregate quality assessment • Suitable stockpile locations • Crushing all rock including +300mm rock (Special Provision) • Excessive gravel in fine fraction.(Spec 3.2.3.4.2 and Table 3.2.3.2c) • QC results submitted and reviewed • Blend sand screened (no +5 000µm material) • Approval for interim haul
(Spec 3.2)		
MINING	Combine with crushing inspection	<ul style="list-style-type: none"> • Temporary fencing for livestock protection • Camp set-up, capture of black and grey water, garbage bins • Mining full depth and below water (Test Plan) • Mining sequentially (Pit Plan) • Undermining overburden/maintaining stripped buffer • Testing of water diverted off-site (Environmental Permit) • Gully erosion at outfall of water diversion • Siltation maintained on site
(Spec 5.2, Special Provisions)		
PIT CLEANUP	Combine with Crushing inspection and a Final joint inspection	<ul style="list-style-type: none"> • Slopes of pit faces 2h:1v or flatter • Reject fines placed in backslopes or leveled in depleted pit floor. • Backfill along property lines to required slopes • Construction refuse (timbers, screens cones, pails, filters, tires, barrels, etc.) removed from site • Leftover ACP, ASBC produced this contract, removed from site • Contaminated soil (diesel, oil) remediated or removed from site • Topsoil, subsoil, overburden piles contoured, and seeded. • Confirmation Testholes dug in mined area (full depth mined) • Survey measurements of remaining stockpiles • DETERMINE HOLDBACK for any deficiencies not corrected, if required.
(Spec 5.2, Special Provisions, environmental approval)		
COMMON TO ALL PHASES		<ul style="list-style-type: none"> • Monitor ECO plan Compliance • Monitor warning signs in place (TEB1.59) • Temporary fencing required

Payment for Surplus Crushed Aggregate

Contract No. _____ Highway(s) _____

Project Description _____

Pit Name _____ Pit Location(Sec.,Twp.,Rge.,W. of M) _____

Contractor _____ Consultant _____

Project Sponsor _____ Report Date _____

Stock Pile No.	Aggregate		Quantity (t)			Quantity Subject to		Quantity Not Eligible A-(B+C)	Payment Rate (\$/t)		Surplus Payment (\$)		Total (D+E) (\$)
	Des.	Class	Placed	Modified Tender	Total Surplus (A)	Rate 1 (t) (B)	Rate 2 (t) (C)		Rate 1	Rate 2	Rate 1 (D)	Rate 2 (E)	
1													
2													
3													
4													
5													
Contract Total													

Comments:

Notes: _____

- * Definitions for surplus crushed aggregates, Modified Tender Quantity, and quantities eligible for payment are contained in Specification 3.2 Aggregate Production and Stockpiling;
- * Payment values for Rate No. 1 and Rate No. 2 are contained in Specification 3.2 or Specification Amendment, if applicable;
- * Complete and submit pit plans and report forms for Aggregate Royalty Payment(if applicable), Aggregate Removal Report and Aggregate Source Quality Report;
- * In comments, indicate if Designation 1 aggregate stockpile is crushed coarse or extra manufactured fines.

Payment for Surplus Crushed Aggregate

Contract No. 12345 Highway(s) Hwy 888:06
 Project Description Grading,base, paving and other work
 Pit Name ABC Creek Pit Pit Location(Sec.,Twp.,Rge.,W. of M) 1-55-26-W6
 Contractor XYZ Paving Consultant BYZ Engineering Ltd.
 Project Sponsor XXX.YYY, North Central Region Report Date 2013-September-09

Stock Pile No.	Aggregate		Quantity (t)			Quantity Subject to		Quantity Not Eligible A-(B+C)	Payment Rate (\$/t)		Surplus Payment (\$)		Total (D+E) (\$)
	Des.	Class	Placed	Modified Tender	Total Surplus (A)	Rate 1 (t) (B)	Rate 2 (t) (C)		Rate 1	Rate 2	Rate 1 (D)	Rate 2 (E)	
1	1	25	95,000	100,000	17,000	5,000	10,000	2,000	4.50	3.50	22,500	35,000	57,500
2	2	20	110,000	120,000	11,000	10,000	1,000	0	2.75	2.00	27,500	2,000	29,500
Contract Total												\$87,000	

Comments: Designation1 aggregate is crushed coarse.

Notes: _____

- * Definitions for surplus crushed aggregates, Modified Tender Quantity, and quantities eligible for payment are contained in Specification 3.2 Aggregate Production and Stockpiling;
- * Payment values for Rate No. 1 and Rate No. 2 are contained in Specification 3.2 or Specification Amendment, if applicable;
- * Complete and submit pit plans and report forms for Aggregate Royalty Payment(if applicable), Aggregate Removal Report and Aggregate Source Quality Report;
- * In comments, indicate if Designation 1 aggregate stockpile is crushed coarse or extra manufactured fines.

APPENDIX A

Damage Claims Folder

ALBERTA TRANSPORTATION PROCEDURES FOR DAMAGE CLAIMS

QUESTION: HOW CAN I FILE A CLAIM FOR DAMAGES?

ANSWER: Your claim must be in writing and contain the following information:

- date
- time
- location
- estimate of damage
- description of the incident
- your name and address (Phone number optional)

Forward your claim to the Alberta Transportation office at the address on the accompanying letter.

QUESTION: WHAT HAPPENS TO MY CLAIM?

ANSWER: Alberta Transportation personnel will forward your claim to the contractor for his action.

The contractor will respond to you in writing, setting out his position with respect to your claim. He will either settle your claim or, if he considers your claim to be invalid, will provide reasons why your claim is being rejected. If you do not hear from the contractor within two weeks please advise the Alberta Transportation office at the address on the accompanying letter.

QUESTION: WHAT IF I DISAGREE WITH THE CONTRACTOR'S RESPONSE?

ANSWER: If you are unsatisfied with the contractor's response, the next course of action available to you is dependant on the value of your claim:

- If your claim is in an amount that is **GREATER than \$2,000.00** your only recourse would be to pursue the issue either through legal avenues (eg. small claims court), or deal with it as an insurance issue through your insurance carrier.
- If your claim is in an amount that is **LESS than \$2,000.00** your claim file can be forwarded to an independent adjuster who will review your file and give his decision based on the information in that file and the contract terms.

QUESTION: HOW DO I GET MY CLAIM TO THE ADJUSTER?

ANSWER: In situations where you and the contractor cannot agree to a settlement, please advise the Alberta Transportation office at the address on the accompanying letter and the department will forward the claim file containing your claim and the contractors response, to the adjuster.

Under the terms of his agreement with the department, the adjuster will review the file and make a considered decision on the validity and amount of the claim. He will advise you in writing of his decision and forward copies of this decision to the contractor and the department. The adjuster's decision is binding on the contractor and the department.

QUESTION: WHO IS THIS ADJUSTER AND WHAT CAN HE DO FOR ME?

ANSWER: The adjuster is an individual who has been retained by the department with the concurrence of the contracting industry, to review claim files as they relate to the contractor's responsibility in the contract, and make a considered decision on the validity and value of the claim. He has expertise in the insurance adjustment area and a history of familiarity with this type of claim. If he rules in your favour, the contractor is obliged to pay the amount of the decision.

QUESTION: WHAT DO I DO IF THE ADJUSTER RULES AGAINST ME?

ANSWER: The adjuster is neither a judge nor a mediator. His authority is restricted to making a decision based on whether or not the contractor followed the conditions of his contract.

The adjuster's review is based on the written information provided to him and under the terms of his agreement, is not rescindable. Once his decision is made the department cannot assist either the contractor or the claimant to have the decision changed.

If the adjuster does rule against you and you are unsatisfied with his response, you still have the right to pursue the issue through legal avenues (eg. Small claims court), or discuss the matter with your insurance carrier.

[DATE]

[CLAIMANTS NAME]
[ADDRESS]

DEAR [CONTACT PERSON]

RE: [CONTRACT NUMBER –PROJECT NUMBER]
Damage Claim Filed Against [CONTRACTOR’S NAME]

We have received your letter dated [DATE OF LETTER], regarding damage involving [TYPE OF DAMAGE AND LOCATION]. As you are aware, the work on [PROJECT NUMBER] was under contract with [CONTRACTOR NAME], [ADDRESS & PHONE NUMBER].

[INSERT PARAGRAPH A, OR B]

A	The Department has forwarded a copy of your letter to the contractor with a request that they investigate and deal with your concerns.
B	Before the Department can forward a copy of your letter to the contractor with a request that they investigate and deal with your concerns, we will require some additional information. Please supply us with [LIST OF INFORMATION REQUIRED]

For your information, I am attaching an outline of the damage claims procedure as adopted by Alberta Transportation.

If you have any questions or require assistance please contact our office at :

(ADDRESS)
(PHONE NUMBER)
(FAX NUMBER)

Yours truly,

[PROJECT SPONSOR]
[TITLE]

enclosure



Transportation

[DATE]

[CLAIMANTS NAME]

[ADDRESS]

DEAR [CONTACT PERSON]

RE: [CONTRACT NUMBER –PROJECT NUMBER]

Damage Claim Filed Against [CONTRACTOR’S NAME]

We have received your letter dated [DATE OF LETTER], regarding damage involving [TYPE OF DAMAGE AND LOCATION], and the contractor has denied your claim.

[INSERT PARAGRAPH A, B OR C]

A	In accordance with the enclosed damage claims procedure, the Department has forwarded your claim to an independent adjuster for a decision on this issue
B	Before the Department can forward your claim to the adjuster, we will require some additional information. Please supply us with [LIST OF INFORMATION REQUIRED]
C	We are sorry but, since your claim is greater than \$2,000.00, the department cannot provide any further assistance on this matter. If you are dissatisfied with the response from [CONTRACTOR NAME], you still have the option to pursue this matter through other legal avenues (e.g. Small claims court), or deal with it as an insurance issue through your insurance carrier.

For your information, I am attaching an outline of the damage claims procedure as adopted by Alberta Transportation.

If you have any questions or require assistance please contact our office at :

(ADDRESS)

(PHONE NUMBER)

(FAX NUMBER)

Yours truly,

[PROJECT SPONSOR]

[TITLE]

enclosure



Transportation

[DATE]

[CLAIMANTS NAME]

[ADDRESS]

DEAR [CONTACT PERSON]

RE: [CONTRACT NUMBER –PROJECT NUMBER]

Damage Claim Filed Against [CONTRACTOR'S NAME]

We have received a copy of a letter dated [DATE] sent to you from [CONTRACTOR] denying any compensation for the damages to your vehicle on the above noted Alberta Transportation highway contract. Please be advised that, if the damage to your vehicle is less than \$2,000.00, the department has a damage claims procedure that may be of some assistance to you.

For your information, I am attaching an outline of the damage claim guidelines which is in a question and answer format. Once you have read the guidelines, and if you disagree with the contractor's response to you, please forward your claim in writing to our office at the address below. Your claim must contain the date, time and location of the incident as well as an estimate of the damages and a description of the incident so that we can forward it to the adjuster for a second opinion:

If you have any questions or require assistance please contact our office at :

(ADDRESS)

(PHONE NUMBER)

(FAX NUMBER)

Yours truly,

[PROJECT SPONSOR]

[TITLE]

enclosure

APPENDIX A

Safety Folder

1. Occupational Health & Safety

Owner / Prime Contractor Responsibilities

Does the contractor have a system in place to assume prime contractor responsibilities?

Does the contractor have a system in place to ensure compliance to the OH&S Act for their sub-contractors / owner operators? _____

Prime contractor's certificate of recognition number (COR#) _____

Who will represent the designated 'prime contractor' if absent from worksite? (MUST confirm in writing)

Procedure to Handle Violation of Health & Safety Regulations

Procedure to Handle "Imminent Danger" (consultant's project inspector's authority – see owner's guidelines)

Policy on PPE (mandatory PPE required for everyone on worksite)

Accident Reporting

Personal injury / third party / utility _____

Site Specific Safety Issues

Have any specific hazards been identified? _____

Emergency plan _____

Who is on-site designated safety representative? _____

2. Public Safety / Traffic Accommodation

Do all traffic control devices meet department standards? _____

Are all flaggers trained & certified? _____

Who will be responsible for signing the various components of the work?

Primary signing _____

Sub-contractor _____

Utility _____

Who will be responsible for maintaining the regulatory and warning signs?

Site Specific Traffic Accommodation Issues

Have specific traffic accommodation issues been identified? _____

Is there a need to implement unique traffic control procedures? _____

Contractor / sub-contractor / utility company MUST develop & supply traffic accommodation plans

Who is designated to monitor & maintain traffic accommodation? _____

3. Additional Items

Monitoring the Project:

How will the project be monitored / inspected? _____

Contractor – Who? _____

How often? _____

Consultant – Who? _____

How often? _____

Will the project be monitored / inspected after hours? _____

Any areas of concern that have occurred on previous projects? _____

Is everyone aware of the Bonus/Penalty system that has been implemented for this contract season?

Reminders: [Monthly H&S Meetings](#) – [Monthly H&S Summary](#) – [Project Completion H&S Review](#)
[Notification of Construction Operations](#) – [Order Fixing Maximum Speed](#)

TRAFFIC ACCOMMODATION STRATEGY COMPONENT CHECK LIST

Contract # _____	YES	NO	N/A
1. Is Project Identified? - contract number - highway number - project limits shown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Project 'Scope of Work' Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is Contractor Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are Sub-Contractors Identified? - contact names/phone numbers - assorted tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is Schedule Identified? - date of commencement/completion - milestone dates/interim stage of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the Process for Sign Installation/Covering/Removal Identified? - two-lane highways - four-lane highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the Project be Pre-Signed? - strategy for covering/monitoring signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the Type of Sign Supports Identified? - posts/portables/windmaster/etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the Sign Height Requirements Identified? - long duration signs (1.5m) - short duration signs (0.3m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are Responsibilities for TCS Identified? - name(s) of on-site designate & contact numbers - monitoring of TCD's during inactive periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are Day/Night Procedures Established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is Accommodating Vehicles Around Tack Coat & Non-Standard Lane Widths Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are Special User Issues Identified? - over-dimensional loads, emergency vehicles, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are Non-Typical Conditions Identified? - did contractor address items from S.P.'s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is Work Staging Identified? - template for each stage - no situations missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONT'D

TRAFFIC ACCOMMODATION STRATEGY COMPONENT CHECK LIST

Contract # _____	YES	NO	N/A
16. Are Detour(s) Identified? - customized drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are Drawings Submitted? -all activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is Parking of Vehicles/Equipment Identified? - during working hours - during non-working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have the Requirements for Flagpersons Been Identified? - certifying agency - protective clothing - certificate readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the Procedure for Centreline Spotting Been Identified? - strategy for the protection of workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Speed Limits Identified? - all activities - non-active periods - distinct phase breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the Use of Pilot Vehicles Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have the Requirements for the Daily Sign Log Been Identified? - include timeline for submission of information to consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has the Reporting of Accidents Been Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the Haul Route(s) Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the Process for Truck Turning Movements Within the Work Area/Zone Identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Emergency Response Strategy? - names/contact numbers - arrangement with emergency responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

Strategy must conform to TRANS Traffic Accommodation In Work Zones Manual (current edition). Not an all-inclusive list. Additional information may have to be considered & provided on a project-by-project basis.

REVIEWED BY

Name	Title/Position	Date
------	----------------	------

1. Date of Collision: Day _____ Month _____ Year _____

Time of Collision _____ (Hour : Minute) _____ (AM/PM)

2. Highway Number _____ km in a _____ Direction from _____
(East, West, etc.) (Nearest Key Point)

Contract Number _____ Station Number _____

3. Type of Construction Involved _____

Project Manager or MCI _____ Project Manager or MCI Contact Number _____

Region _____ CMA _____

4. Contractor _____

5. Number of Persons Injured _____

6. Number of Persons Killed _____

7. Names and Addresses of Operators Involved

1. _____

2. _____

3. _____

4. _____

8. Names and Addresses of Pedestrians Involved

1. _____

2. _____

3. _____

4. _____

9. Weather Conditions

Clear Cloudy Fog Mist Smoke Dust Rain Snow Sleet Not Known

10. Light Conditions

Daylight Dusk Dawn Darkness with Road Not Lighted

Darkness with Road Lighted Flashing Lights Not Known

11. Road Surface Type

Oilbound Subgrade Gravel Soil Cement Gravel Base

Pavement Tacked Pavement Not Tacked Concrete Dust Control

Chip Seal Other _____

12. Road Surface Condition

- Dry Wet Muddy Snowy Icy Loose Sand or Gravel
 Oily Not Known

13. Names of Alberta Transportation and/or Consultant Involved if Any _____

1. _____
2. _____
3. _____

14. Identification Numbers of Alberta Transportation and/or Consultant Units if Any _____

1. _____
2. _____
3. _____

15. If Alberta Transportation and/or Consultant Equipment Involved Unit was: _____

1. Parked off Highway Yes No
2. Parked on Highway Right side Left side
3. Travelling along highway: In Direction of Travel Against Direction of Travel
4. Making Turning Movements
5. Backing

16. Was Contractor's Personnel Involved? Yes No

17. Was Contractor's Equipment Involved? Yes No

18. If Contractor's Equipment Involved Unit Was: _____

1. Parked off highway Yes No
2. Parked on highway Right side Left side Driving Lane Shoulder
3. Travelling along highway: In Direction of Travel Against Direction of Travel
4. Making Turning Movements
5. Backing

19. Details of Involvement with Project. _____

20. All Signs and Barricades on Diagram Were:

1. Reflectorized in accordance with standards for construction signs Yes No
2. Clean Dirty
3. General Condition of Signs _____ (1. Good 2. Fair 3. Unacceptable)

21. Flashing Lights Were Operating Yes No

22. Pavement Markings Were

Spotting Only

Davidson Markers Yes No

Reflectorized Tape Yes No

Other _____

New

Adequate

Badly Worn

None

23. Number of Flagpersons on Duty at Time of Collision _

24. Were Flagpersons Wearing Proper Uniform? Yes No

25. Number of Flagpersons was Adequate? Yes No

26. What Action was Taken After the Collision was Reported to Correct Any Hazardous Conditions? _____

27. When and By Whom? (Contractor, Project Engineering Crew, District Maintenance Crew, etc.) _____

28. Attached Diagram Must Indicate:

1. Location of Collision.
2. Paths of Vehicles Immediately Before and After Collision.
3. Location and Position of Vehicles After Collision.
4. North Arrow.
5. All signs, flares, flashing lights, etc., and barricades in place at time of collision. (Show Chainage)
6. Pavement Markings at Location of Collision.
7. Location of any Flagpersons on Duty.
8. Geometrics of Highway Including Width of Travel Surface, Entrances, Detours, etc.
9. All physical hazards such as Potholes, Bumps, Excavations and Windrows leading up to and including those at the collision scene.

29. Visible Damage of Public Property (Barricades, Flexbeams, etc.) _____

Estimated Cost of Damaged Property _____

30. Full Written Description of the Collision

31. Alberta Transportation Representative's Opinion or Impressions as to What May Have Caused the Collision.

Report Prepared by:

Name

Signature

Date

Phone Number

Email Address

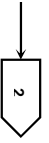
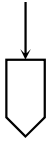
DIAGRAM OF CONSTRUCTION COLLISION

INFORMATION NEEDED

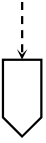
1. SHOW ON THE PLAN OF THE ROADWAY.

1. ROADWAY WIDTHS
2. INDICATE LOCATION AND TYPE OF ALL PAVEMENT MARKING, SIGNS AND DELINEATORS
3. SHOW SIGHT DISTANCES FROM BOTH DIRECTIONS
4. SHOW PERCENT OF GRADE
5. SHOW DEGREE OF CURVE
6. NUMBER VEHICLES

7. USE SOLID LINE TO SHOW PATH BEFORE COLLISION



DOTTED LINE AFTER COLLISION



8. INDICATE DISTANCE TO NEAREST INTERSECTION, BRIDGE OR SECTION LINE
9. INDICATE THE NEAREST TOWN BY ARROW IN EACH DIRECTION OF TRAVEL
10. DATE OF INSPECTION

2. SHOW ON THE CROSS-SECTION DIAGRAM

1. TYPE AND WIDTH OF ROADWAY FOR:
 - a. shoulder
 - b. pavement
 - c. median
2. SHOW SLOPE OF PAVEMENT AND SHOULDERS

DIAGRAM TO SHOW ALL PROJECT SIGNS AND ROAD CONDITIONS EACH SIDE OF COLLISION

DRAW DIAGRAM IN THIS SPACE



n.t.s

NOTE: Detail plans from contract can be used if more convenient.

SKETCH CROSS SECTION OF ROAD WHERE COLLISION OCCURRED

DRAW CROSS SECTION IN THIS SPACE

UTILITY ACCIDENT REPORT

To: _____ **From:** _____
Project Sponsor **Consultant's Representative**

Contract Number **Consultant**

Date of Accident: Day _____ Month _____ Year _____ Time _____ AM PM

- For your information and records
- For claims investigation
- Other (Explain) _____

Project: _____ Description: _____
 Station: _____ Offset: _____
 Legal Description: ¼ SEC _____ TWP _____ RGE _____ W _____ M _____

Contractor Name: _____ Phone No: _____
 Equipment Used During Accident: _____
 Government or Hired Equipment: _____ Unit No: _____
 Operator Name: _____ Phone No: _____

Utility Company: _____ Contact: _____
 Type of Utility: Pipeline Size: _____ Commodity: _____
 Powerline Tel Cable TV Cable
 Other (Explain) _____

Was Utility Locate Requested? Yes No
 If "Yes" Requested Through Alberta One Call Reg No: _____
 Requested Through Utility Owner Date (d/m/y): _____
 If "No" (Explain) _____

Severity of Accident: Fatal Injury Property Damage

Brief Description of Injury

Name: _____ Name: _____
 Employer: _____ Employer: _____
 Injury: _____ Injury: _____

Description of Accident: _____

Remarks: _____

	Witness 1:	Witness 2:	Witness 3:
Name:	_____	_____	_____
Address:	_____	_____	_____
Phone:	_____	_____	_____
Position:	_____	_____	_____
Employer:	_____	_____	_____

Sketch Area if Required:

NOTE: For all pipeline hits & major cable cuts, photographs to accompany report within 72 hrs.

cc: _____

Signature

Title

Date

ACCIDENT NOTIFICATION

INCIDENT REPORT INVOLVING THIRD PARTY OR CONTRACTOR'S EQUIPMENT

DATE OF ACCIDENT: _____ TIME: _____ AM PM

HWY. NO: _____ LOCATION: _____

CONSTRUCTION ZONE: _____ MAINTENANCE ZONE: _____ OTHER: _____

IS HIGHWAY CLOSED: _____ TRAFFIC RESTRICTED: _____ DURATION: _____

WEATHER CONDITION: _____ ROAD CONDITIONS: _____

COLLISION TYPE: REAREND: SIDESWIPE: HEAD-ON: OTHER:

POLICE CONTACTED: _____ DETACHMENT: _____

OFFICER: _____ FILE# (if available): _____

If applicable CONTRACTOR NAME: _____	SITE REP: _____
---	-----------------

NUMBER & TYPES OF VEHICLES INVOLVED: (company name/address if applicable and available)

1.	_____
2.	_____
3.	_____

NUMBER OF OCCUPANTS IN EACH VEHICLE:

1.	_____
2.	_____
3.	_____

NUMBER & TYPES OF INJURIES: THIRD PARY: NONE _____ MINOR _____ SERIOUS _____ FATAL _____

Number & types for contractor staff (if applicable) CONTRACTOR:	NONE _____	MINOR _____	SERIOUS _____	FATAL _____
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BRIEF DESCRIPTION:

MAINTENANCE ACTIVITY (before, during, or after):

INFO. REPORTED BY: _____ DATE: _____ TIME: _____ AM PM

FORM COMPLETED BY: _____ PHONE #: _____

DEPT. SITE REP: _____ PHONE #: _____

COPIED TO: Office of the ADM
Regional Director
Operations Manager
Communications
Safety Officer
511Alberta

EMAIL ADDRESS

trans.511@gov.ab.ca

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NOTE: THIS FORM IS FOR DEPARTMENT USE ONLY