

CONNECTICUT DEPARTMENT OF TRANSPORTATION
CONSTRUCTION PROJECT SITE RECORD REVIEW

Project Number _____

Review Date: _____

Percent Complete: _____

Contract Name: _____

Contractor Representatives Present:

_____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

Municipality Representatives Present:

_____ TITLE: _____

_____ TITLE: _____

Consultant Representative Present:

_____ TITLE: _____

_____ TITLE: _____

DOT Representatives Present:

_____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

Is this Project in Compliance: Yes _____ No _____

Full Compliance Review Recommended: Yes _____ No _____

Municipal/Inspector EEO Coordinator: _____

Contractor's EEO Coordinator _____

Municipal Official: _____