APPENDIX A

General Construction Administration Forms

The latest versions of these forms can be found on Alberta Transportation and Economic Corridors website: https://www.alberta.ca/volume-2-construction-contract-administration.aspx

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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

Alberta

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.

Alberta Transportation

NOTIFICATION OF HIGHWAY AND BRIDGE CONSTRUCTION OPERATIONS

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

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 *sarah.roden@rcmp-grc.gc.ca*
- Local RCMP *(local detachment)*
- Transport Office, Sheriff's Branch *tracey.coates@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 *andrew.pillman@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:

Alberta Transportation

NOTIFICATION OF HIGHWAY AND BRIDGE CONSTRUCTION OPERATIONS

PROJECT AND LOCATION DESCRIPTION
CONTRACT#:
- Highway number, control section, length, bridge file(s)
- Project limits (i.e use description in tender)

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	Bridges
☐ none	☐ none
☐ paving	☐ bridge repair
☐ grading	☐ deck repair
☐ chip sealing	☐ bridge paving
☐ milling	☐ bridge painting
☐ line painting	☐ bridge testing/inspection
☐ blasting	☐ bridge washing
☐ other (specify)	☐ other (specify)

DETAILS

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

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

Expected delays: PICK ONE

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 sarah.roden@rcmp-grc.gc.ca
- Local RCMP *(local detachment)*
- Transport Office, Sheriff's Branch tracey.coates@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 andrew.pillman@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:

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

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

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

ORDER FOR EXTRA WORK

PROJECT: Hwy xx:xx CONTRACT NO.: CON00xxxxx WAC/JOB NO.: WAC00xxxxx

FROM: W. of area km TO: E. of Area km

BRIDGE NAME: FILE NO.: LOCATION:

CONTRACTOR: NAME

PROJECT SPONSOR: NAME CONSULTANT: NAME CE NUMBER: Cexxx/xx or CON00xxxxx

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:

Explanation of extra work required (attach backup if available)

Lump Sum or Estimated Cost: $ AMOUNT

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

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

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: SEE PMA FOR APPROVAL Regional Director/Executive Director (Level 4)

Approved by: 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:

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: SEE PMA FOR APPROVAL — Regional Director/Executive Director (Level 4)

Approved by: SEE PMA FOR APPROVAL — Deputy Minister (Level 2)

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.:

Coding Details			
Project	**WAC/Job No.**	**Account**	**This Estimate Amount**
WA Description / Job Description	WA / Job ID		#VALUE!
		Total:	#VALUE!

10 % Payable to Provincial Treasurer: $ #VALUE!

Balance Payable to Contractor: $ #VALUE!

Total: $ #VALUE!

Modified Tender Price $ _____

Approved Overruns $ _____

Total Funding Approved To Date $ -

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

Previously Paid _____ (Date) $ _____

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)

_____
(Date)

_____
(Department Expenditure Officer)

_____
(Date)

CONTRACT LOG
FOR PROGRESS PAYMENT

PROJECT _____ CONTRACT No CON00xxxxx ESTIMATE No _____

CONTRACTOR _____

REGION _____ CONSULTANT _____

CONTRACT TENDER PRICE		**$** _____
Less Site Occupancy *(if applicable)*		$ _____
Less Lane Closure *(if applicable)*		$ _____
Less Supply of Aggregate *(if applicable)*		$ _____
MODIFIED TENDER PRICE		**$** _____
A) Supplemental Work-Scope Change or Extension *(if applicable)*	$ _____	
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.

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Type of Work _____ Project _____ Region _____ Dist. _____

Contractor _____ Contract # _____ WAC / Job No. _____

Consultant Representative _____ From _____

Report# _____ Week Ending _____ To _____

Other Projects in same Contract - File _____ C.S. _____ km _____ To C.S. _____ km _____

Total Length _____ km _____

WEEKLY CONSTRUCTION REPORT

Date									GRADING, GRAVEL SURFACING, BASE COURSE, SURFACING & SEAL COAT								
EQUIPMENT	SUN OP. HRS	MON OP. HRS	TUES OP. HRS	WED OP. HRS	THURS OP. HRS	FRI OP. HRS	SAT OP. HRS	TOTALS	TASK	Km	UNIT	TOTAL PROJECT		TOTAL QUANTITIES PLACED			% COMPLETED	
												Initial Estimate	Current Estimate	This Week	This Fiscal Year	Total Project to Date	One Week Ago	To Date

REMARKS ON CONRACTOR'S PROGRESS, SITE OCCUPANCY, LANE CLOSURE AND WEATHER TO BE RECORDED ON FORM A.07 (SITE OCCUPANCY AND LANE RENTAL WEEKLY REPORT BRIDGES AND CONSTRUCTION)

STARTING DATE: Estimated: _____ Actual: _____ Shut Down for Season

COMPLETION DATE: Estimated: _____ Actual: _____ Date: _____

CONTRACTOR COMMENTS

_____

_____

_____

_____

Consultant: _____ Date: _____ Contractor Representative: _____ Date: _____

Alberta

Type of Work: Grading, Bridges and Other Work
Contractor: NAME
Consultant Representative: NAME
Report# # Week Ending: DATE
Other Projects in same Contract - File:

Project: Hwy XX:XX Region: NAME Dist.: NAME
Contract #: CON00XXXXX WAC / Job No.: WAC00XXXXX
From: Hwy XX:XX
To: Hwy XX:XX
C.S. _____ km _____ To C.S. _____ km _____
Total Length _____ km _____

WEEKLY CONSTRUCTION REPORT

Date								
EQUIPMENT	SUN OP. HRS	MON OP. HRS	TUES OP. HRS	WED OP. HRS	THURS OP. HRS	FRI OP. HRS	SAT OP. HRS	TOTALS
621 Scraper			6.0	8.0	12.0	8.0	5.0	39.0
621 Scraper				8.0				8.0
621 Scraper								0.0
621 Scraper								0.0
627 Scraper		12.0	12.0	12.0	12.0	8.0	5.0	61.0
400 Rock Truck		12.0	12.0	12.0	12.0	12.0	5.0	65.0
400 Rock Truck		6.0	6.0	12.0	12.0	5.0	5.0	46.0
400 Rock Truck					6.0	5.0	5.0	16.0
D7 Dozer					8.0			8.0
D6 Dozer		12.0	12.0	12.0	12.0	7.0	5.0	60.0
D5 Dozer				6.0	12.0	12.0	5.0	35.0
330 Hoe		12.0	12.0	12.0	12.0	12.0	2.0	62.0
270 Hoe		12.0	12.0	12.0	12.0	12.0	3.0	63.0
140H Grader		12.0	10.0	8.0	8.0	4.0		42.0
14G Grader		12.0	12.0	12.0	12.0	12.0	5.0	65.0
815 Packer		12.0	12.0	12.0	12.0	12.0	5.0	65.0
Protec Packer		12.0	6.0	6.0		12.0		36.0
JD and sheepsfoot packer		12.0	12.0	12.0	12.0	12.0	5.0	65.0
Water Truck								0.0

GRADING, GRAVEL SURFACING, BASE COURSE, SURFACING & SEAL COAT

TASK	Km	UNIT	TOTAL PROJECT		TOTAL QUANTITIES PLACED			%COMPLETED	
			Initial Estimate	Current Estimate	This Week	This Fiscal Year	Total Project to Date	One Week Ago	To Date
Roadway									
Common Excavation		m3	233,100	233,100	5,000	18,000	35,000	12.9%	15.0%
Borrow Excavation		m3	90,300	90,300	5,000	7,000	16,000	12.2%	17.7%
Culverts									
600mm		m	796	796	24	344	344	40.2%	43.2%
800		m	443	500	24	144	242	43.6%	48.4%
1200		m	49	98	0	98	98	100.0%	100.0%
BFXXXXX		LS	1	1	0	1	1	100.0%	100.0%
BFXXXXX		LS	1	1	0	1	1	100.0%	100.0%

REMARKS ON CONRACTOR'S PROGRESS, SITE OCCUPANCY, LANE CLOSURE AND WEATHER TO BE RECORDED ON FORM A.07 (SITE OCCUPANCY AND LANE RENTAL WEEKLY REPORT BRIDGES AND CONSTRUCTION)

STARTING DATE: Estimated DATE Actual: DATE
COMPLETION DATE: Estimated DATE Actual: DATE
Shut Down for Season Date: DATE

CONTRACTOR COMMENTS:

Consultant: _____ Date: _____ Contractor Representative: _____ Date: _____

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.

Site Occupancy and Lane Closure Weekly

Report # 1

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

Site Occupancy and Lane Closure Weekly

Report # 3

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 Sunny High +10°C Low -1°C	SO Day No Day Off Yes Inclement No 14 / 4 / 28	Lane Closures this day: 1
September 30, 2013, Monday		
Weather Overcast High +15°C Low -1°C	SO Day Yes Day Off No Inclement No 15 / 4 / 29	Placing rebar centre pier Closed right lane for rebar delivery Wind 15 km/h SE Crew: 8 Lane Closures this day: 2
October 01, 2013, Tuesday		
Weather Raining High +9°C Low +1°C	SO Day No Day Off No Inclement Yes 15 / 4 / 30	Site shutdown at 10:00 due to rain Lane Closures this day: 1
October 02, 2013, Wednesday		
Weather Sunny High +1°C Low -10°C	SO Day Yes Day Off No Inclement No 16 / 0 / 1	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 Lane Closures this day: 2
October 03, 2013, Thursday		
Weather Sunny High -5°C Low -15°C	SO Day Yes Day Off No Inclement No 17 / 0 / 2	Heating and hoarding of grade beam
October 04, 2013, Friday		
Weather Sunny High -13°C Low -22°C **Review Site Occupancy Inputs**	SO Day Yes Day Off Yes Inclement No 18 / 1 / 3	Heating and hoarding of grade beam Crew: 6
October 05, 2013, Saturday		
Weather Phase Break or Winter Shutdown	SO Day No Day Off No Inclement No / /	Project shutdown for winter

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

****

Photo 1 -

****

photo 2

WEEKLY ENGINEERING HOURS REPORT
Construction Phase

Project: _____ **Report No:** _____

Contract No: _____ **Week Ending:** _____

CE Agreement No: _____

		Date										
Position/Grouping	**Name(s)**	**SUN (Hrs)**	**MON (Hrs)**	**TUES (Hrs)**	**WED (Hrs)**	**THUR (Hrs)**	**FRI (Hrs)**	**SAT (Hrs)**	**This Week (Hrs)**	**TO Date (Hrs)**	**CE Agree (Hrs)**	**CE Remaining (Hrs)**
								TOTAL:				

REMARKS: _____

Corporate Support Signature: _____ Date: _____

Project Man. Signature: _____ Date: _____

TYPICAL PRE CONSTRUCTION MEETING AGENDA
ROADS & BRIDGES

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

1. Introduction
2. Traffic Accommodation & Safety
3. Project Team Effectiveness / Communications
4. Contract Administration
5. Workmanship / Quality Control & Quality Assurance
6. Environmental Issues
7. Lessons Learned (see the attached lesson learned template to document the lessons learned)
8. Other

Lesson Learned Template

Title (that best describes your lesson)	
Background (What was planned to happen)	
What actually happened	
Lesson Learned	
Recommendations	
Submission Contact Name	
Additional Contact Name (Co-worker/Manager/SMEs name who is familiar with the project and can be contacted in your absence)	

Work Type	☐All Paving Activities ☐Bridge Capital ☐Bridge Maintenance ☐Grading ☐Interchange ☐Intersection/Safety Improvement ☐Miscellaneous	☐Grade Widening ☐Twinning ☐Widen/Reconstruction ☐Highway Maintenance ☐Water Management ☐Slide Repair
Relates To (Phase/Activity/Process/Manual /Asset/Responsible Group/Party) *Note: Select all the terms that are related to the lesson learned*	☐Archival ☐Change Requests ☐Claims ☐Closing ☐Completion ☐Construction ☐Construction Program Development ☐Consultant ☐Consultant Selection ☐Contractor ☐Data Collection (Field Visit, Surveys) ☐Design ☐Detailed Design ☐Engineering Consulting Guidelines (ECG) ☐Environmental Permits/Approvals ☐Executing ☐Final Details ☐First Nation Consultation ☐Geotechnical Investigation ☐Highway and Roadside Planning Section ☐Initiating ☐Monitoring & Controlling ☐Municipality ☐Network & Capital Planning ☐Partnering ☐Planning ☐Planning Studies ☐PM Plans ☐Pre-Construction Meeting ☐Pre-Initialization Meeting ☐Preliminary Design ☐Preliminary Engineering ☐Procure Consultant ☐Program Development ☐Program Management Application Delivery (PMAD)	☐Program Management Section ☐Program Monitoring/Budget Control ☐Project Administration Manual (PAM) ☐Project Administrator ☐Project Definition ☐Project Management Office ☐Project Management Planning ☐Project Sponsor ☐Ranking List/Picklist ☐Regional Director ☐Regional Environmental Coordinator ☐Regional Infrastructure Group ☐Regional Operations Group ☐Regional Property Group ☐Regional Safety Officer ☐Rehabilitation ☐Reporting ☐RFP/Proposal Evaluation ☐Roadway ☐ROW/Permitting ☐Safety ☐Stakeholder Consultation` ☐Strategic Procurement ☐Structure ☐Technical Services Branch ☐Tender ☐Tender Award/Advertising ☐Tender Prep ☐Tender Review ☐TOR Preparation ☐Traffic Accommodation in Work Zones Manual (TAS) ☐Utilities and Land Section ☐Utility Coordination ☐Utility Coordination Process Manual ☐Warranty

PROJECT EXPENDITURE REPORT

For ROADS/BRIDGES

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

TYPES OF WORK: WA Types of all construction work activities, comma separated

CONTRACTOR: Construction Contract Prime Contractor — **CONST. CONTR#:** Construction Contract Number

CONTRACT DESCRIPTION: Construction Contract Description

CONSULTANT: Engineering Contract Prime Contractor — **CE CONTRACT#:** Engineering Contract Number

CONTRACT DESCRIPTION: Engineering Contract Description

TRANS PROJECT SPONSOR: Contract Sponsor — **CO-SPONSOR(S):** Contract Co-Sponsor(s), comma separated

CONSULTANT PROJECT MANAGER: Contract Consultant Project Manager

CONSULTANT CONTACT: Contract Consultant Contacts, comma separated

START DATE: _____ mm/dd/yyyy — **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: _____

CONRACTOR: _____ 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 ☐ or NO ☐
2.			YES ☐ or NO ☐
3.			YES ☐ or NO ☐

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

Send 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

(Date)

(Contractor)
(Address)

Attention: (Contractor's Name)

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

On <Footnote1> an inspection of the above noted project was carried out by (Consultant, Project Sponsor and Contractor) and, with the exception of <Footnote 2>, 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 3> to cover the cost of correcting the defective work.

2. The corrections of the defective work are to be completed by <Footnote 4>. If the corrections are not completed by this date the Department reserves the right to initiate action to have the work corrected utilizing Contract Securities as outlined in the General Specifications.

Should you complete the corrections of the defective work by <Footnote 4>, the warranty period shall be considered to have commenced on <Footnote 1>. If the corrections of the defective work are not completed by <Footnote 4> then the warranty period shall commence on the date that the corrections are actually completed.

To initiate the holdback release process, please execute a Statutory Declaration form which is available at https://www.alberta.ca/construction-contract-templates.aspx. Also, please provide your written confirmation of full compliance with all approvals, permits, licenses and/or written authorizations as set out in ENVIRONMENTAL MANAGEMENT contained in Section 1.2 General Specifications; and a Worker's Compensation Board letter of clearance.

Forward all clearance documents to: TenderAdmin@gov.ab.ca

Yours truly,

Consultant's Representative

cc: Regional Director, __**<Region>**__
Construction / Bridge Manager, __**<Region>**__
Operations Manager, __**<District>**__
Project Administrator, __**<Region>**__
Director, Vendor Management via TenderAdmin@gov.ab.ca
Geomatics Section via trans.geodata.update@gov.ab.ca

1. **Use the date of the Conditional Construction Completion Inspection.**
2. **Either list the defective work or refer to a letter dated "MM/DD/YYYY" which includes a list of defective work.**
3. **Typically, twice the estimated cost to the Department to correct the defective work.**
4. **Reasonable deadline to correct the defective work (usually June 15th of following year).**

CONSTRUCTION COMPLETION CERTIFICATE

(Date)

(Contractor)
(Address)

Attention: (Contractor's Name)

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

Please be advised that a construction completion inspection of the above noted project was carried out on **__<date>__** by **<Consultant's Representative>**, **<Project Sponsor>** and **<Contractor's Representative>**. All work on this Contract has been satisfactorily completed and is accepted as complete effective **__<footnote 1>__**, subject to the terms and conditions of the Contract and Specifications.

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

To initiate the holdback release process, please execute a Statutory Declaration form which is available at https://www.alberta.ca/construction-contract-templates.aspx. Also, please provide your written confirmation of full compliance with all approvals, permits, licenses and/or written authorizations as set out in ENVIRONMENTAL MANAGEMENT contained in Section 1.2 General Specifications; and a Worker's Compensation Board letter of clearance.

Forward all clearance documents to: TenderAdmin@gov.ab.ca

Yours truly,

Consultant's Representative

cc: Regional Director, **__<Region>__**
Construction / Bridge Manager, **__<Region>__**
Operations Manager, **__<District>__**
Project Administrator, **__<Region>__**
Director, Vendor Management via TenderAdmin@gov.ab.ca
Geomatics Section via trans.geodata.update@gov.ab.ca

1. Use the last date any defective work was corrected or, if there was no defective work, 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 and if the date by which all defective work listed in the CCCC was completed on or prior to the stipulated date identified in the CCCC, in which case the date will be back-dated to the warranty commencement date identified in the CCCC.

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)

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

	Satisfactory	Unsatisfactory
APPROACHES	☐	☐
MOVING PARTS CLEAR & LEVEL	☐	☐
ENDS OF DECK CLEAR	☐	☐
BEAM CONDITION, CLEARANCE	☐	☐
BEAM SHACK INSTALLATION	☐	☐
SENSITIVITY ZERO	☐	☐
SENSITIVITY FULL LOAD	☐	☐
SEALS AND MARKINGS	☐	☐

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

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

Consultant to forward a copy to the Project Sponsor.

REMARKS:

INSPECTION FIRM:	
INSPECTED BY:	*print name* *signature*
CONSULTANT:	
CONSULTANT'S REPRESENTATIVE:	

1 Scale accuracy testing to be conducted in the presence of the Consultant.

2 The most recent certificate issued be Measurement Canada is to be displayed. Refer to manual "Inspection and Testing Portable Weigh Scales", Alberta Transportation.

Scale Accuracy Inspection

CONTRACT NO.	PROJECT NO.	DATE INSPECTED (dd-mm-year)
XXXXXX	Hw XX:xx	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.]	HOW LONG WILL THE SCALE BE AT THIS LOCATION:
1-Jan-2012	60 days

MAKE & MODEL OF SCALE	MIN.GRAD.	SERIAL NO.	CAPACITY (kg)
AUSI, DR-1000	10 kg	B15586	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	☑	☐
MOVING PARTS CLEAR & LEVEL	☑	☐
ENDS OF DECK CLEAR	☑	☐
BEAM CONDITION, CLEARANCE	☑	☐
BEAM SHACK INSTALLATION	☑	☐
SENSITIVITY ZERO	☑	☐
SENSITIVITY FULL LOAD	☑	☐
SEALS AND MARKINGS	☑	☐

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

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

Consultant to forward a copy to the Project Sponsor.

REMARKS:

INSPECTION FIRM:	XXX
INSPECTED BY:	John Doe *print name* *John Doe* *signature*
CONSULTANT:	XXX
CONSULTANT'S REPRESENTATIVE:	XXX

1 Scale accuracy testing to be conducted in the presence of the Consultant.

2 The most recent certificate issued be Measurement Canada is to be displayed. Refer to manual "Inspection and Testing Portable Weigh Scales", Alberta Transportation.

DAILY TRUCK SCALE SHEET SUMMARY

PROJECT _____ MATERIAL _____

CONTRACTOR _____ DATE _____

SCALE _____ SHEET NO. _____ OF _____ SHEETS

																			TOTAL	SUMMARY	
TRUCK NO.																					
TARE WEIGHT																					
NAME																				t/m³	t.km/m³.km
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

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						

TOTAL NET:	TOTAL TONNES/m3:

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

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	143	7:47
	30	7	140	7:49
	31	7	134	7:50
	32	7	139	7:53
	33	7	143	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.
JUNE 26/81 21

TR #	KM	WT.	TIME	REMARKS
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 BFXXXX-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: _____

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

Diesel Fuel Cost Adjustment

Calculation of Adjustments by WAC

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

Project: Hwy XX:xx (km 12.7 to 45.76) or BFXXXX-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: _____

			Quantities (Q)					
Date (mm/yyyy)	**MDPI ¢ / litre**	**Price Ratio***	**Grading (cubic metres)**	**Crushing (tonne)**	**ACP (tonne)**	**GBC (tonne)**	**Payment Adjustment**	**Remarks**
January-2013	98.93	0.8720					No Adjust	
February-2013	122.35	1.0784		1,000.00			No Adjust	
March-2013	62.87	0.5542	1,000.00	1,000.00			-$704.73	
April-2013	99.68	0.8786			1,000.00		No Adjust	
May-2013	62	0.5465				1,000.00	-$826.37	
June-2013	96	0.8462		2,000.00			-$4.31	
July-2013	115	1.0137		1,000.00			No Adjust	
August-2013	135.85	1.1974	1,500.00				$129.06	
September-2013	141.07	1.2435				1,000.00	$254.58	
October-2013	125.2	1.1036			2,500.00		No Adjust	
			2,500.00	**5,000.00**	**3,500.00**	**2,000.00**	**-$1,151.77**	

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

Alberta

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)

Alberta Transportation

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: _____ (dd-mmm-yyyy)

Pit Operations Ended: _____ (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 aggreement.**
   a) **For conversions from weight to volume use 1.632 t/m^3 (gravel); 1.365 t/m^3 (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 throught the Project Sponsor.**
7. **Overcrush and reject is *always* measured by cross-section in the pile.**

AGGREGATES ROYALTY PAYMENT

NAME OF PIT:	XRAY	NE ¼	27	38	22	W 4
		Quarter-section	Section	Township	Range	Meridian

Pit Operations Commenced:	1-Jan-2013 (dd-mmm-yyyy)	Pit Operations Ended:	31-Jan-2013 (dd-mmm-yyyy)

Between these dates the following amounts of aggregates were removed from this pit:

for Project: xxx **under Contract #** xxxxxx

The Prime Contractor was: xxx

The Material was Crushed by: xxx

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: BB	Date:	feb25 2013		
Agreement Name:	XXX RAY	Rate:	$1.5/t	Expiry Date:	1-Jan-2015

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 aggreement.**
   a) **For conversions from weight to volume use 1.632 t/m^3 (gravel); 1.365 t/m^3 (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 throught 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: _____ (dd-mmm-yyyy)

Operations Ended: _____ (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		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/m^3 (gravel); 1.365 t/m^3 (sand).**

MAT 2-22/13

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.

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

Pit Source Consistency:	
Very Consistent	☐
Consistent	☐
In-Consistent	☐

Material Removed from			
Below Water Table	☐	Quantity	m^3
Above Water Table	☐	Quantity	m^3

AMBIENT TEMPERATURE AT THE TIME OF STOCKPILING °C

ESTIMATED % OVERSIZE IN P.R.S.P. %

COMMENTS:

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

AGGREGATE STOCKPILE CONSTRUCTION REPORT

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

NAME OF STOCKPILE:	Stockpile Site #2 (Pit Name)	NE ¼ (Quarter-section)	26 (Section)	007 (Township)	1 (Range)	W 5 (Meridian)

Stockpiling Operations Commenced: 24-Jan-2013 (dd-mmm-yyyy) **Operations Ended:** 29-Mar-2013 (dd-mmm-yyyy)

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

Project(s): Stockpiling Pit Run Oldman River Dam Reservoir

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

	Names of Source Pits (Pit Name)	Locations of Source Pits: Quarter-section	Section	Township	Range	Meridian
1.	Gravel Area #2	¼	36	007	1	W 5
2.		¼				
3.		¼				

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

S.P. NUMBER ON PLAN	Des - Class	WEIGHT		VOLUME	
11222 (Pit Run Agg.)		621,472	tonnes	380,804	m^3
			tonnes		m^3
			tonnes		m^3
			tonnes		m^3
			tonnes		m^3
		TOTAL STOCKPILED		380,804	m^3

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

S.P. NUMBER ON PLAN	Des - Class		VOLUME
Nil			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/m^3 (gravel); 1.365 t/m^3 (sand).

MAT 2-22/13

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-RUN	9	100	100	100	71			43		35	29		19	15	10	6.0	3.9	3.5		

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

Pit Source Consistency:
Very Consistent
Consistent
In-Consistent

Material Removed from			
Below Water Table	Quantity	152,322	m^3
Above Water Table	Quantity	228,482	m^3

AMBIENT TEMPERATURE AT THE TIME OF STOCKPILING -10.0 °C

ESTIMATED % OVERSIZE IN P.R.S.P. 18 %

COMMENTS:

CONSULTANT: ABC (Company Name) XYZ (Company Representative) 780-463-4444 (Phone Number) 19-Apr-2013 (Date)

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 ____________ (Crown, Private, or A.T.) ____________ (Pit or Stockpile Site)

Project:	**under Contract #:**
Operations Commenced: ____________ Date (dd-mmm-yyyy)	**Operations Ended:** ____________ 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 ☑ in the box provided.

from Pre-existing Stockpile?	Des - Class	WEIGHT	QUANTITY
☐		tonnes	m³
☐		tonnes	m³
☐		tonnes	m³
☐		tonnes	m³
☐		tonnes	m³
☐		tonnes	m³
☐		tonnes	m³
TOTAL REMOVED		tonnes	m³

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

S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
		m³				m³
		m³				m³
		m³				m³

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

S.P. # on plan	Des - Class	Quantity		S.P. # on plan	Des - Class	Quantity
		m³				m³
		m³				m³
		m³				m³

RECLAIMATION 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. **<u>All inorganic Overburden</u>, Topsoil and Subsoil, and <u>surplus natural fines</u>. 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 then Dec.31 of the year in which the aggregate was processed or removed, or both.

SIGNATURE: ____________ (print name) ____________ (signature) **DATE:** ____________ (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. <u>DO NOT WAIT</u> 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
Quarter-section		Section	Township	Range	Meridian

THIS IS A A.T. (Crown, Private, or A.T.) Pit (Pit or Stockpile Site)

Project: Hwy. 881:24 & Hwy. 63 TSA **under Contract #:** 777712

Operations Commenced: 11-Jun-2013 (Date (dd-mmm-yyyy)) **Operations Ended:** 28-Jun-2013 (Date (dd-mmm-yyyy))

Prime Contractor: Build roads ltd **Crushing Sub:** crush R us

Project Consultant: _____ (Company Name) _____ (Contact Name) _____ (Phone number)

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	
	2-25	92,871	tonnes	56,906	m^3
	1-12.5	32,179	tonnes	19,718	m^3
	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	m^3

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

RECLAIMATION STATUS:

	1.	Total area disturbed including stockpile sites, haul road, etc. before this contract started	8.00	ha
☑	2.	Total area disturbed including stockpile sites, haul road, etc. at completion of this contract	10.00	ha
☑	3.	Total area reclaimed (if any) , or partially reclaimed	1.50	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/m^3 (gravel); 1.365 t/m^3 (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 then Dec.31 of the year in which the aggregate was processed or removed, or both.

SIGNATURE: _____ (print name) _____ (signature) **DATE:** _____ (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.

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): ______________________

		Quarter-section	Section	Township	Range	Meridian
2. a) NAME OF GRAVEL PIT:						
b) NAME OF S.P. SITE:						

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

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

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	**Surplus Nat. Fines**																N/A	
Select type																		
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

Quarter-section	Section	Township	Range	Meridian
NE	26	007	1	W 5

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	Pavel Checkov	Pavel Checkov	403-123-4567	21-Aug-2012
		(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.

CONSTRUCTION INSPECTION ACTIVITIES FOR DEPARTMENT CONTROLLED PITS

ACTIVITY (Primary reference document)	Minimum Inspection Frequency	PRIMARY CONCERN (additional reference document)
CLEARING & TIMBER SALVAGE (Spec 5.2)	1st day	• Proper area (Pit Plan), • Stump/brush disposal or windrows (Burning Permit) • Log storage location not on top of gravel area
STRIPPING: **Topsoil Removal** **Subsoil Removal** **Overburden Removal** (Spec 5.2)	1st day 1st day 1st day	• 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
CRUSHING and STOCKPILING (Spec 3.2)	1st day and weekly	• 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
MINING (Spec 5.2, Special Provisions)	Combine with crushing inspection	• 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
PIT CLEANUP (Spec 5.2, Special Provisions, environmental approval)	Combine with Crushing inspection and a Final joint inspection	• 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.
COMMON TO ALL PHASES		• 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

[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

[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

SAFETY TAS OH&S REVIEW

Contract #: _____

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

CONT'D

TRAFFIC ACCOMMODATION STRATEGY
COMPONENT CHECK LIST

Contract # _____

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

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**

REPORT OF MOTOR VEHICLE TRAFFIC COLLISIONS OCCURRING IN WORK ZONES

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

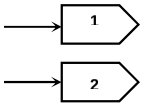
DIAGRAM TO SHOW ALL PROJECT SIGNS AND ROAD CONDITIONS EACH SIDE OF COLLISION

INFORMATION NEEDED

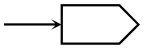
1

SHOW ON THE PLAN OF THE ROADWAY:

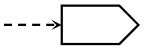
1. ROADWAY WIDTHS
2. INDICATELOCATION AND TYPE OF ALL PAVEMENT MARKING, SIGNS AND DELINEATORS
3. SHOW SIGHT DISTANCES FROM BOTH DIRECTIONS
4. SHOW PERCENT OF GRADE
5. SHOW DEGREE OF CURVE
6. NUMBER VEHICLES



7. USE SOLID LINE TO SHOW PATH BEFORE COLLISION



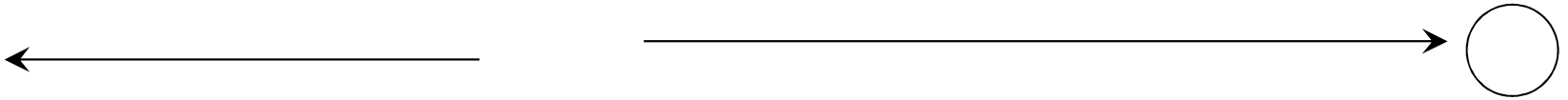
DOTTED LINE AFTER COLLISION



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

DRAW DIAGRAM IN THIS SPACE

INDICATE NORTH BY ARROW



n.t.s

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

SKETCH CROSS SECTION OF ROAD WHERE COLLISION OCCURRED

2

SHOW ON THE CROSS-SECTION DIAGRAM

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

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

BRIEF DESCRIPTION:

MAINTENANCE ACTIVITY (before, during, or after):

INFO. REPORTED BY: _____ DATE: _____ TIME: _____ AM ☐ PM ☐
FORM COMPLETED BY: _____ PHONE #: _____
DEPT. SITE REP: _____ PHONE #: _____

		EMAIL ADDRESS	FAXED	EMAILED	FILE COPY
COPIED TO:	Office of the ADM		☐	☐	
	Regional Director		☐	☐	
	Operations Manager		☐	☐	☐
	Communications		☐	☐	
	Safety Officer		☐	☐	
	511Alberta	trans.511@gov.ab.ca	☐	☐	
			☐	☐	
			☐	☐	

NOTE: THIS FORM IS FOR DEPARTMENT USE ONLY