

APPENDIX A

Division 00 and 01 Forms

- ❖ Public Works Contract
- ❖ Harborview Public Works Contract
- ❖ Substitution Request Form
- ❖ Change Order Proposal
- ❖ Change Order Transmittal
- ❖ Application and Certificate For Payment
- ❖ UW Invoice Voucher
- ❖ UW Invoice Voucher Retainage
- ❖ Monthly Subcontractors Certification
- ❖ Statement of Apprenticeship Utilization
- ❖ Monthly Safety Report
- ❖ Certificate of Payment of Labor and Materials
- ❖ Request for Information
- ❖ Short Interval Schedule
- ❖ Contractor Declaration – Chemicals of Interest
- ❖ Contractor Quality Control Daily Report
- ❖ Sample Project Identification Sign
- ❖ Non-Conformance Report
- ❖ Utility Shutdown Request
- ❖ Utility Shutdown Request Harborview Medical Center
- ❖ Apprenticeship Utilization Plan

Forms also available from the website: <https://facilities.uw.edu/projects/business-opportunities/contracts-forms>

- ❖ Escrow Agreement
- ❖ Retainage Bond
- ❖ COP Forms for Projects over \$3M
- ❖ COP Forms for Projects under \$3M
- ❖ Public Works Invoice Template

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

THIS CONTRACT is made and entered into by and between the University of Washington (Owner), and _____, a _____ Corporation / Partnership / Sole Proprietor, (Contractor). Contractor and Owner may hereinafter be referred to as "Parties." This Contract shall be effective on the last date set forth on the signature page. This Contract shall be the agreed basis of performing the Work identified and defined in the Contract Documents.

FIRST: The Contractor agrees to furnish all material, labor, tools, equipment, apparatus, facilities, etc. necessary to perform and complete in a workmanship like manner the Work called for in the Contract Documents for the Project noted above, according to the terms of this Contract and the Contract Documents, which documents are incorporated herein by reference, as if set forth herein in full.

The Contract Documents include the Advertisement for Bids, Instructions for Bidders, completed Bid Form, Payment and Performance Bonds, General Conditions for Washington State Facility Construction, Modifications to the General Conditions, Supplemental Conditions to the General Conditions, other Special Forms, this Public Works Contract, and the following Drawings, Specifications, and Addenda:

Drawings dated: _____ Specifications dated: _____

Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:

SECOND: Time for Completion: The Work to be performed under this Contract shall commence as soon as the Contractor has been officially notified to proceed and shall be substantially complete within ____ calendar days of the Notice to Proceed.

The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$_____ for each calendar day thereafter that the Work remains uncompleted, which sum is agreed upon as the liquidated damages, and the Parties agree this sum is not to be construed as in any sense a penalty.

The Contractor acknowledges that apprenticeship utilization goals should be met, and that the Owner has determined monetary incentives for meeting the goals, and monetary penalties for not meeting the goals. The Contractor further agrees that, from

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

the compensation otherwise to be paid, the Owner may retain the sum of \$ _____ as a monetary penalty for not meeting the apprenticeship utilization goals. The Contractor further agrees, that in addition to the compensation otherwise to be paid, the Owner will pay by issuance of a Change Order \$ _____ as an incentive for meeting the apprenticeship utilization goals.

THIRD: Owner hereby agrees to pay the Contractor the Contract Award Amount indicated below, not including State Sales Tax, as consideration for the agreements set forth above, including but not limited to, Contractor's completion of all Work, in strict accord with the Contract Documents, as follows:

Base Bid = _____
Alternates Awarded:
 Alternate Bid No. ____
 Alternate Bid No. ____
None

CONTRACT AWARD AMOUNT= _____

This Contract shall be construed and governed by the laws and statutes of the State of Washington.

IN WITNESS WHEREOF: The Parties hereto have executed this Contract by having their authorized representatives affix their signatures below.

OWNER:
University of Washington

CONTRACTOR:
[Enter Contractor's Business Name]

By: _____
Signature Date

By: _____
Signature Date

Name: _____

Name: _____

Title: _____

Title: _____

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

Washington State Contractor's Registration No.

Contractor's Federal Tax ID No.

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

THIS CONTRACT is made and entered into by and between King County (Owner), the University of Washington (Owner's Representative), and _____, a Washington Corporation / Partnership / Sole Proprietor, (Contractor). Contractor, Owner, and Owner Representative may hereinafter be referred to as "Parties." This Contract shall be effective on the last date set forth on the signature page. This Contract shall be the agreed basis of performing the Work identified and defined in the Contract Documents.

FIRST: The Contractor agrees to furnish all material, labor, tools, equipment, apparatus, facilities, etc. necessary to perform and complete in a workmanship like manner the Work called for in the Contract Documents for the Project noted above, according to the terms of this Contract and the Contract Documents, which documents are incorporated herein by reference, as if set forth herein in full.

The Contract Documents include the Advertisement for Bids, Instructions for Bidders, completed Bid Form, Payment and Performance Bonds, General Conditions for Washington State Facility Construction, Modifications to the General Conditions, Supplemental Conditions to the General Conditions, other Special Forms, this Public Works Contract, and the following Drawings, Specifications, and Addenda:

Drawings dated: _____

Specifications dated: _____

Addendum No. Dated:

Addendum No. Dated:

Addendum No. Dated:

Addendum No. Dated:

Addendum No. Dated:

Addendum No. Dated:

SECOND: Time for Completion: The Work to be performed under this Contract shall commence as soon as the Contractor has been officially notified to proceed and shall be substantially complete within _____ calendar days of the Notice to Proceed.

The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$_____ for each calendar day thereafter that the Work remains uncompleted, which sum is agreed upon as the liquidated damages, and the Parties agree this sum is not to be construed as in any sense a penalty.

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

The Contractor acknowledges that apprenticeship utilization goals should be met, and that the Owner has determined monetary incentives for meeting the goals, and monetary penalties for not meeting the goals. The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$_____ as a monetary penalty for not meeting the apprenticeship utilization goals. The Contractor further agrees, that in addition to the compensation otherwise to be paid, the Owner will pay by issuance of a Change Order \$_____ as an incentive for meeting the apprenticeship utilization goals.

THIRD: Owner hereby agrees to pay the Contractor the Contract Award Amount indicated below, not including State Sales Tax, as consideration for the agreements set forth above, including but not limited to, Contractor's completion of all Work, in strict accord with the Contract Documents, as follows:

Base Bid _____ = _____
Alternates Awarded:

Alternate Bid No. ____
Alternate Bid No. ____
None

CONTRACT AWARD AMOUNT= _____

This Contract shall be construed and governed by the laws and statutes of the State of Washington.

IN WITNESS WHEREOF: The Parties hereto have executed this Contract by having their authorized representatives affix their signatures below.

OWNER'S REPRESENTATIVE:
University of Washington

CONTRACTOR:
[Enter Contractor's Business Name]

By _____ By _____

Title _____ Title _____

Date _____ Date _____

PUBLIC WORKS CONTRACT

Project Name:

Project Number:

OWNER:
King County

Washington State Contractor's Registration No.

By _____

Contractor's Federal Tax ID No.

Title _____

Date _____

Substitution Request Form

To: _____ Date: _____

Attn: _____

Project Name: _____
University of Washington project name and number

Requester: _____

1. We hereby submit for consideration, the following product instead of the specified item for above project (submit 4 copies of all information):

Section	Paragraph	Specified Item
Proposed substitution:	_____	_____
	_____	_____
	_____	_____

2. Attach complete dimensional information and technical data, including laboratory tests, if applicable.

3. Include complete information on changes to Drawings and Specifications which proposed substitution will require for its proper installation.

4. Submit with request all necessary samples and substantiating data to provide equivalent quality, performance, and appearance to that specified. Clearly mark Manufacturer's literature to indicate equivalence in performance. Indicate differences in quality of materials and construction.

5. Fill in blanks below:

A. Does the substitution affect the dimensions shown on the drawings?

No _____ Yes _____ If yes, clearly indicate changes:

B. Will the undersigned pay for the changes to the building design, including engineering and detailing costs caused by the requested substitution No _____ Yes _____

Comment: _____

C. What effect does the substitution have on other trades, other Contracts, and the completion date? _____

D. What effect does the substitution have on applicable code requirements? _____

E. List any differences between the proposed and specified item: _____

F. Manufacturer's warranties of the proposed and specified items are:

_____ Identical _____ Different
Comment: _____

G. List the names and addresses of three similar projects in which the product was used, the date of installation, and the A/E's name and address (attach a list with the requested information):

1 _____
2 _____
3 _____

H. Cost impact:

The undersigned attests function and quality are equivalent to the specified items.

Certification of equivalent performance and assumption of liability for equivalent performance.

_____	By _____	_____
Signature	Remarks	Type or Print Name
_____	_____	_____
Firm	_____	_____
_____	_____	_____
Address	_____	_____
_____	_____	_____

Signature must be by a person having authority to legally bind the Contractor to the above terms.

For use by A/E

_____ Accepted _____ Not Accepted
_____ Accepted as Noted _____ Received Too Late

Final approval by the University of Washington

_____ Accepted _____ Not Accepted by _____

Reviewed by plant engineering

_____ Accepted _____ Not Accepted by _____

Change Order Proposal

Project Name:

Proposal #:

Title of Change:

Date:

Please furnish your proposal for executing the following change(s) including all associated costs and time for this revision:

Issued by: _____

Date: _____

Optional

FIELD ORDER

When signed, this is a field order to execute the above change to avoid undue delay or stoppage of work (when final costs are available complete the remainder of the Change Order Proposal prior to invoicing):

THE COST OF THE CHANGE SHALL NOT EXCEED \$ _____ WITHOUT PROPER AUTHORIZATION FROM THE UW.

Contractor: _____

Date: _____

University of Washington: _____

Date: _____

TO: UW - Capital Planning & Development

PROPOSAL

We propose to perform all changes described in the above request for a total ADDITION/DEDUCTION to the contract sum of:

_____ \$ _____

The foregoing amount covers all costs associated with this change order. All other provisions of the contract remain in full force and effect. We understand that no invoices incorporating the amount of this change will be honored prior to the performance of the work specified and return of the fully executed Change Order. If a time extension is required, critical path justification must be provided otherwise the extension will not be allowed. An addition of _____ days (calendar) is requested.

Contractor: _____

Date: _____

TO:

ARCHITECT/ENGINEER RECOMMENDATION

We have carefully examined this proposal Change Order and find it to be in order and the cost to be reasonable. We recommend it's acceptance.

Architect/Engineer: _____

Date: _____

Authorization

CHANGE ORDER

The University of Washington hereby accepts the foregoing proposal and authorized the performance and invoicing for the changes specified. This instrument constitutes a change order to the contract only when authorizing signature is affixed.

C.O. Number: _____

Recommended by: Owner's Rep: _____ Date: _____ Proj. Mgr: _____ Date: _____

Authorized by: Owner's Rep: _____ Date: _____

Change Order Transmittal



To: _____ Date: _____
Contract Number: _____
Change Order Number: _____

The contract has been revised as follows:

COP #	Amount

Original contract sum

Sum of changes by previously authorized change orders

Contract sum prior to this change order

Contract value will be changed by this change order in the amount of

New contract sum including this change order

Contract duration will be changed by

Date of substantial completion as of this change order

BY: _____ CC: Capital Projects Accounting

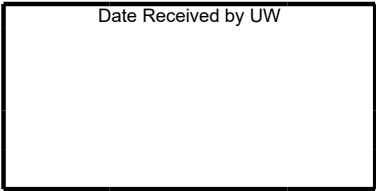
APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT

Certificate for _____ payment. <small>partial/final</small>		For the period from _____ to _____				
Contract: _____		Project No.: _____				
Location: _____		Purchase Order No.: _____				
Contractor: _____						
Original Contract Amount		\$ _____				
Change Order Numbers thru _____		\$ _____				
Adjusted Contract Amount		\$ _____				
Item No.	Schedule of Values Detail	Estimated Cost	Total Amount Earned	%	Previously Claimed	This Estimate
1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		
11			-	#DIV/0!		
12			-	#DIV/0!		
13			-	#DIV/0!		
14			-	#DIV/0!		
C/O No.	Change Orders Detail	(If details are on separate page, include total below)				
1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		
Basic Contract (Schedule of Values) Total		\$ -	\$ -		\$ -	\$ -
Change Orders Total		\$ -	\$ -		\$ -	\$ -
Subtotal #1		\$ -	\$ -		\$ -	\$ -
Sales Tax on Applicable Items 9.50%		-	-		-	-
Subtotal #2		\$ -	\$ -		\$ -	\$ -
Less Retainage (based on subtotal #1) 5.00%			-		-	-
Net			\$ -		\$ -	\$ -
Less Previously Claimed			-			
Adjustment (specify on main invoice)						
Amount Due This Estimate			\$ -			\$ -

This is to certify that, the contractor, having complied with the terms of the above mentioned contract, there is due and payable from the State of Washington, the amount set after "Amount Due This Estimate."

(Contractor)

(Architect/Engineer)



Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.		INVOICE DATE		INVOICE NUMBER		PURCHASE ORDER NO.	
VENDOR/CLAIMANT-NAME				U.S. TAXPAYER I.D. NUMBER			
REMITTANCE ADDRESS				UNIVERSITY OF WASHINGTON			
				PROJECT NUMBER			
CITY		STATE		ZIP CODE		PROJECT NAME	
VENDORS CERTIFICATE: I certify under penalty of perjury under the laws of the State of Washington that the totals listed herein are true, correct, and proper charges for materials, merchandise or services furnished to the University of Washington.							
SIGNATURE				DATE			

	Amount
Subtotal	-
plus Sales tax _____ %	-
less Retainage _____ % [please specify type of retainage]	-
adjustment specify: _____	
Total amount due this request	\$ -

ACCOUNTING DETAIL							
Item Above	Funding Source Worktag			Spend Category	Cost including Sales Tax and Freight	Notes	LIQ
	Cost Center	Fund/Resource	Other Worktag				
Purchase Order Number		INVOICE TOTALS		\$	-	Final Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Departmental Approval (Accounting)				Goods/ Services Received & Approved By		Approval Date	
				Print Name & Sign			

Date Received by UW

RETAINAGE INVOICE VOUCHER

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.				INVOICE DATE		INVOICE NUMBER		P. O. NO. FOR RETAINAGE	
BANK NAME			C/O VENDOR/CLAIMANT NAME			U.S TAXPAYER I.D. NUMBER			
BANK'S REMITTANCE ADDRESS						UNIVERSITY OF WASHINGTON			
CITYSTATEZIP CODE						PROJECT NUMBER			
						PROJECT NAME			
VENDORS CERTIFICATE: I certify under penalty of perjury under the laws of the State of Washington that the totals listed herein are true, correct, and proper charges for materials, merchandise or services furnished to the University of Washington.									
SIGNATUREDATE									
						Amount			
Retainage Amount									
						\$-			
Total amount due this request									
DO NOT WRITE BELOW THIS LINE									
ACCOUNTING DETAIL									
Item Above	Funding Source Worktag			Spend Category	Cost including Sales Tax and Freight	Notes	LIQ		
	Cost Center	Fund/Resource	Other Worktag						
Purchase Order Number		INVOICE TOTALS							
Departmental Approval (Accounting)				Goods/ Services Received & Approved By			Approval Date		
				Print Name & Sign					

MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address 0		Project Name 0	
Billing Period: 12/31/1899 through 12/31/1899		Purchase Order No. 0	Invoice Date: 12/31/1899
		Invoice Number 0	

Business Equity Subcontractors and Suppliers

1. Firm Name	2. Intent No.	3. Federal Tax Payer ID Number	4. Select all that apply		5. OMWBE Certification number (if applicable)	Amount Paid Through the End of Previous Billing Period	Amount Paid During This Billing Period	Total Paid to Date
			sbe/dbe	Woman-owned (W) or Minority owned (M)				
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-

All Other Subcontractors and Suppliers

Firm Name	Intent No.	Firm Name	Intent No.	Firm Name	Intent No.

INVOICE ATTACHMENT--INSTRUCTIONS

- Report payments made by your firm during this billing period to subcontractors/suppliers who are small business entities, disadvantaged business enterprises, and/or minority or woman-owned. Only report payments already made during this pay period, not payments you expect to make in the future from the payment of this invoice. Do not "self report" payments made by UW/CPD to your firm even if your firm is sbe, db, or MWBE.
- Indicate whether the firm is a small business entity (sbe), a disadvantaged business enterprise (db), or is minority owned or woman-owned (MWBE): (50% + owned and controlled by a person who are woman or members of a minority group).
- Where there is no payment to report, enter "\$0.00."
- Contact your UW/CPO Construction Manager with any questions.

Definitions:

Small Business Entity: An in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that:

(a) Certifies, under penalty of perjury, that it is owned and operated independently from all other businesses and has either:

(1) Fifty or fewer employees:

(2) **or** gross revenue of less than seven million dollars annually, averaged over the previous three consecutive years;

(3) **or** is certified by the Office of Minority and Women Business Enterprises (OMWBE)

Disadvantaged Business Enterprise: Any business entity certified by the OMWBE.

Certifications:

1) I have listed **all** of the subcontractors of any tier who performed work on the project site and suppliers who provided materials in excess of \$2,500 during the current billing period noted above (regardless of whether my application for payment includes a payment request for their work).

2) Prevailing wages for this period have been paid in accordance with the prefilled statement or statements of intent to pay prevailing wages, approved by the Industrial Statistician of the Department of Labor and Industries, which are on file with the Owner.

3) I have paid all of my subcontractors and materials suppliers for the invoice covering the previous billing period (this amount less retainage) (not applicable if this is the first billing period).

I certify under penalty of perjury the laws of the State of Washington that all of the above information and certification statements are true and correct, except for the information in column 4 in the Business Equity Section, above.

Authorized Signature of Contractor:	Printed Name:	Date Signed:
	Printed Title:	
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials:

STATEMENT OF APPRENTICE/ JOURNEY LEVEL WORKERS UTILIZATION

Contractor's Name & Address: 0 0 0		Project Name: 0		Contract No.: 0	
		Contract Award Amount		Notice to Proceed Date	
Reporting Period: 12/31/1899 through 12/31/1899		Required Apprenticeship Percentage:			

APPRENTICE SUMMARY

Apprentice Name	Craft or Trade	Apprentice Registration Number	Name of Contractor or Subcontractor	Apprentices	
				Total Number	Hours Worked

JOURNEY LEVEL WORKERS SUMMARY

	Craft or Trade		Name of Contractor or Subcontractor	Journey	
				Total Number	Hours Worked

Apprentice total hours worked this period:	0
Journey level workers total hours worked this period:	0

	Previous Total	New Total	Percentage
Cumulative Apprentice labor hours brought forward from last reporting period:		0	#DIV/0!
Cumulative Journey level workers labor hours brought forward from last reporting period:		0	

I, the undersigned, do hereby certify under penalty of perjury that the information provided herein represents the true and correct hourly totals for Apprentice/ Journey level workers utilization during this reporting period.

Authorized Signature of Contractor:	Printed Name:	Date Signed:
	Printed Title:	

Fill out this form and submit it with your invoice and as part of your Application for Payment

UW ACM Review Initials:

MONTHLY SAFETY REPORT

Project Name:	0			UW Project Number:	0	
Construction Start Date:			Construction End Date:			
Data for Billing Period of:			Date Submitted:			
Check here if in the construction phase but not yet mobilized or if substantially complete with no activity on site.						
INCIDENT TYPES	Number of Cases			Incident Rates (%)		
	Current Month	Year to Date	Project to Date	Current Month	Year to Date	Total Project
OSHA Recordable Incidents						
DART Incidents						
Lost Work Incidents						
Non-recordables, near misses, etc.						
				Number of Cases		
RECORDABLE INCIDENTS + COMPLETE UW CONTRACT NOTIFICATION REQUIREMENTS 01 35 23 1.5				Current Month	Year to Date	Project to Date
Classify Incident type:						
Fall (e.g. slips, trips, floors, platforms, roofs)						
Struck by/against (e.g.falling objects, vehicles)						
Sprain/Strain/Laceration/Debris in eye						
Caught in/between (e.g.cave-ins, unguarded machinery, equipment)						
Electrical (e.g., overhead power lines, power tools/cords, outlets, wiring)						
Spills/Releases (e.g. hazmat/reg building material - air/water/ground)						
Other (other items e.g. regulatory violations/deficiencies)						
EMPLOYMENT INFORMATION						
(include direct employee and subcontract employees on site)						
Average Daily Number of Employees (FTE's)						
Total Hours Worked by Employees						
PROJECT SAFETY ACTIVITIES						
Safety Orientations Completed						
Safety Huddles/Tool Box/Similar Activities Completed						
Documented Safety Inspections/Hazard Observations Completed						
Incident investigation reports completed (Root Cause Analysis/Improvement)						
Safety Recognition Events (lunches/giveaways)						
Other (other items e.g. Work permits and JHAs completed and accurate)						
Contractor Firm Name			Contractor Representative		Date	
0			Print Name & Sign			
Reviewed by UW Construction Project Manager			Date			
Print Name & Sign						



FACILITIES

UNIVERSITY *of* WASHINGTON

CERTIFICATE OF PAYMENT OF LABOR AND MATERIALS

Project Name:	Project No.:
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Payment Certification: It is hereby certified by the undersigned Contractor that all laborers, mechanics, subcontractors, and materialmen, and all persons who have supplied such person or persons, or subcontractors with provisions and supplies for the carrying on of work on the above-referenced project for the University of Washington have been paid in full except for the following:

☐ No exceptions

Name of Business or Person	Reason Full Payment Not Made

List of All Subcontractors (of all tiers) on Project: (list below and/or attach separate list of all subcontractors)

Subcontractor Names	Subcontractor Names

Subcontractor Submittals: In addition to other requirements of the Contract, the Contractor is reminded that it must have on file at the Department of Labor and Industries the approved Affidavit of Wages Paid (for prevailing wages) for itself and each subcontractor of any tier.

Signature:		Date Signed:
Contractor's Business Name:	Printed Name of Signatory:	Printed Title of Signatory:

Fill out this form after establishment of the Final Acceptance Date and return to:
University of Washington, Project Delivery Group, Box 359451 Seattle, WA 98105

Request for Information (RFI)

Project Name: _____
Project No. _____

RFI No. _____
Date: _____

To: _____

From: _____

Attn: _____

Subject:		Reply Req'd By:	
Dwg./Spec. No.		Detail/Sect. No.	
Problem/Recommended Solution:			
Problem Presented By:		Date:	Reviewed/Submitted By:
			Date:
Distribution:			
Response Presented By:		Date:	UW Reviewed By:
			Date:
Owner's Rep.		Date:	<input type="checkbox"/> Approve <input type="checkbox"/> Reject
			Remarks: COP Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No
Distribution:			

NOTE: This is not a notice to proceed with work involving additional cost and/or time. Notification must be given in accordance with the contract documents, if any response causes any change to the contract documents.

CONTRACTOR DECLARATION AND REPORTING FORM
For Department of Homeland Security
CHEMICALS OF INTEREST

UW Project Name:	UW Project Number:
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In accordance with Section 01 35 23, paragraph 1.8, the Contractor shall complete this Contractor Declaration and Reporting Form and submit it to the Owner prior to work being performed onsite. In addition, the Contractor shall ensure that each of its Subcontractors complete this form and submit it to the Contractor. The Contractor shall submit the completed forms for all of its Subcontractors to the Owner prior to their work being performed onsite. The Contractor or Subcontractor completing this form shall list all Chemicals of Interest to be used on the Project. For a complete list of all Chemicals of Interest which must be reported, refer to Appendix A, 6 CFR Part 27, or visit the following website address for the complete list: http://www.dhs.gov/xlibrary/assets/chemsec_appendixa-chemicalofinterestlist.pdf.

Chemical of Interest	Product Name ^a	Manufacturer	Max Quantity Onsite ^b	Max Container Size

Notes:

- a. Name of product to be used onsite, which contains the Chemical of Interest
- b. Refers to the maximum quantity of the product which would be onsite at any given time.

☐ Check here if no Chemicals of Interest will be used on this Project or brought onsite throughout the course of the entire Project. This form must still be signed and submitted by the Contractor and each Subcontractor.

Print Name of Authorized Individual

Print Title

Print Contractor's or Subcontractor's Name

Signature of Authorized Individual

Date of Signature

This form shall be completed and submitted to the Owner with the Pre-Job Submittals



FACILITIES

UNIVERSITY *of* WASHINGTON

CONTRACTOR QUALITY CONTROL DAILY REPORT

Contractor Quality Control Representative shall complete each field or item in the CQC Daily Report. If a field or item is Not Applicable - mark it with the symbol 'NA'

Project Name: _____ Report No.: _____
Project No.: _____ Contractor: _____ Date: _____

Location of work: _____

Weather:	<input type="checkbox"/> AM	Lo Temp: _____	Wind Velocity: _____ mph
	<input type="checkbox"/> PM	Hi Temp: _____	Rain Accumulation: _____ inches

1. ACTIVITY: By Contractor / Subcontractor

<u>Work in Progress</u>	<u>Contractor / Subcontractor</u>	<u>Equipment</u>	<u>Trade / Craft</u>	<u>Number of Workers</u>	<u>Total Hours Worked</u>
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					

2. INSPECTIONS: List the specific inspection performed (pre-installation, initial, and follow up) and the results of these inspections (including corrective actions).

3. TESTS: List type and location of the tests performed and the results of these tests.



CONTRACTOR QUALITY CONTROL DAILY REPORT

4. CHANGE ORDER WORK: List Contractor/Subcontractor work done under change order.

5. TOTAL DAILY HOURS WORKED BY ALL TRADES:				Number of Workers	Total Hours Worked
COP or FO in Progress	Subcontractor	Equipment	Craft		
6. SAFETY: Activity Safety Inspection					
B.					
C. Safety Deficiencies Observed		Corrective Action Taken			
D.					
E.					
F.					
G. Remarks:					
H.					
I.					
J.					
K.					
L.					

B. Safety Statistics

Number of First Aid incidents: _____

Number of Recordable incidents: _____

Number of Lost Time days: _____

CONTRACTOR QUALITY CONTROL DAILY REPORT

7. **CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the Contractor and each Subcontractor, and have determined that materials, equipment, and workmanship are in compliance with the plans and specifications, except as may be noted above.

Signature of Contractor's Quality Control Representative

Date

**Contractor Quality Control Daily Report
END OF FORM**



"Project Title"

UNIVERSITY OF WASHINGTON

Project No.

Architect:

(Name of Architect)

Consultants:

(Name of Consultant)

(Name of Consultant)

(Name of Consultant)

General Contractor:

(Name of Contractor)

Mechanical:

(Name of Mechanical Sub)

Electrical:

(Name of Electrical Sub)

UW Construction Manager (and phone number):

This Project has worked

man hours w/o lost time incident

Note: Mount sign on 4 X 4 posts
at location directed by owner.

SAMPLE PROJECT IDENTIFICATION SIGN

UTILITY SHUTDOWN REQUEST

PHYSICAL PLANT

Submittal Date	Requester	
Shutdown Date	Start Time	Duration
Proposed Scope of Work		
Requisition/Job Number		Work Order Number
Project Name		Project Number
Contractor Name		Telephone Number
Project Supervisor		Telephone Number
UW Project Coordinator		Telephone Number
Maintenance Coordinator Review		
Systems Affected:		
<p> _____ Plumb. Shop _____ Refrig. Shop _____ Hospital Shop _____ Signal Shop _____ Elect. Util. Shop _____ Elect. Shop _____ Comm. Center _____ Controls Shop _____ FOMS Shop _____ Plant Ops. Mgmt. _____ Power Shop _____ Elevator Shop _____ Const. Coordinator _____ Contractor _____ Other _____ HS Bldg. Mgr. _____ UWMC Bldg. Mgr. _____ Bldg. Coordinator _____ Other _____ Other _____ Environmental Health </p>		
SHUTDOWN APPROVAL		
Maintenance Coordinator/Supervisor Signature		Date
Outage Program Coordinator Signature		Date

Harborview Medical Center Utility Shutdown Request

Project Information:

HMC Project Name: _____ Date: _____
HMC Project #: _____ ISIS#: _____
Shutdown Date: _____ Start Time: _____ Duration: _____
UW/HMC Coordinator: _____ Phone: _____
Cell: _____
Contractor Name: _____ Main Office #: _____
Superintendent: _____ Cell #: _____

Systems:

Area to be shut down: _____
Areas to be affected by shut down: _____

Scope of Work:

☐ HVAC ☐ Electrical ☐ Sprinkler ☐ Potable Water ☐ Medical Gas: _____

☐ Fire Alarm: ☐ Audible Signals ☐ Visual Signals ☐ Elevator Recall ☐ Dampers
☐ Alarm Company ☐ Pressurization Fans ☐ Fan Shutdown ☐ Door Holders ☐ Roll Doors

Shop Approval Initial and Date:

<input type="checkbox"/> Electronics Shop: _____	<input type="checkbox"/> Plumbing Shop: _____
<input type="checkbox"/> FOMS: _____	<input type="checkbox"/> Electrical Shop: _____
<input type="checkbox"/> HVAC Shop: _____	<input type="checkbox"/> Other: _____

Approvals:

HMC Engineering Operations Manager: _____ Date: _____
HMC Engineering Supervisor: _____ Date: _____
HMC Patient Care Services: _____ Date: _____
Agreed to by Contractor: _____ Date: _____

Notes:

- A) Fire alarm or fire sprinkler shut down for over four hours in length require SFD notification.
- B) Fire watch must be initiated and logged every fifteen minutes in area without sprinkler or fire alarm coverage.
- C) Fire watch person must be a dedicated person who knows how to initiate fire alarm. (Vested)
- D) Dedicated firewatch is required for all open flame (welding, solder, etc.) procedures. Fire watch is to continue for one hour post conclusion of open flame procedure. Contractors will follow NFPA 51B for open flame work.

Person performing fire watch: _____ Phone: _____
Company: _____ Phone: _____

- E) Fire sprinklers not to be refilled prior to HMC Engineering inspection.
- F) All systems are to be returned to normal operations by 3:00pm.
- G) All leak testing/pressure testing to be verified by HMC Engineering prior to activating system.



Contract Number	Contract Title		
Prime Contractor			
Apprenticeship	Utilization based on planned values		
Utilization	Contract Total Labor Hours		
Requirement	Contract Total Apprentice Hours		

[illegible]



Printed Name: _____
Signature: _____

Totals
Date: