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

**Administrative Review Report**

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

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