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| moseal | STATE OF MISSOURIOFFICE OF ADMINISTRATIONDIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION**PREVAILING WAGE COMPLIANCE REVIEW** |
| PROJECT NUMBER |
| PROJECT TITLE      |
| PROJECT LOCATION      |
| REVIEW NUMBER      | % COMPLETE (Reviews should be done at 25% and 100%, at a minimum)      |
| PAY APPLIOCATION NUMBER      | DATE OF REVIEW      |
| **REVIEW CRITERIA** |
| 1. Project name is correct on documents. [ ]  Yes [ ]  No
2. All payrolls are in numerical order. [ ]  Yes [ ]  No
3. Name and address of each employee is complete. [ ]  Yes [ ]  No

 1. The rate of pay is correct. [ ]  Yes [ ]  No
2. Specifically recorded by occupational title classification (per wage order) and

 type of worker (journeyman, entry level worker, or federally-registered apprentice) [ ]  Yes [ ]  No1. Item (4) a or b is marked. [ ]  Yes [ ]  No
2. Statement of Compliance/Affidavit is signed. [ ]  Yes [ ]  No
3. Apprentice program enrollment is included with certified payroll. [ ]  Yes [ ]  N/A
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| **CORRECTIVE ACTION TAKEN** |
| Describe any corrective action the Contractor had to take during the review process:  |
| Did this review result in violation which was then reported to the Division of Labor Standards by e-mail, mail or telephone? [ ]  Yes [ ]  No Amount withheld from Pay App (if Applicable): $0.00If so, which method [ ]  e-mail [ ]  mail [ ]  telephone |
| **I have examined the certified payrolls and other necessary records of each contractor and** **subcontractor on the above referenced project, and to the best of my knowledge, the documents** **are in accordance with 8 CSR 30-3.010.** |
| **APPROVAL SIGNATURE BY THE FMDC REPRESENTATIVE** |
| NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | SIGNATURE | DATE      |

*Revised* 10/24/22