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| moseal | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION 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  No   1. 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 | | | | | |
| **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): $0.00  If 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