

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TRUCKER OBSERVATION & VERIFICATION

700-010-61
 CONSTRUCTION
 05/12

SECTION 1: PROJECT IDENTIFICATION						
1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District		
6. Prime Contractor Name			7. FEID No.			
SECTION 2: TRUCKING FIRM IDENTIFICATION						
8. What is the name of the Trucking company as shown on a subcontract, rental agreement or purchase order?						
9. On this contract, what is the arrangement for this trucking firm?						
<input type="checkbox"/> Not known	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Purchase order	<input type="checkbox"/> Rental Agreement			
Subordinate to:		Initiated by:	Lessee:			
SECTION 3: IDENTIFICATION OF TRUCK DRIVER (TD) & TRUCK OWNERSHIP						
OBSERVER	10. Date Observed			11. Observer's Name (print first/last name)		
TRUCK	12. Vehicle Tag #	13. Tag's State <input type="checkbox"/> FL. <input type="checkbox"/> _____	14. Truck USDOT/ Permit #	15. Company Name displayed on the Truck	16. How is name displayed? <input type="checkbox"/> removable <input type="checkbox"/> permanent <input type="checkbox"/> other _____	
DRIVER	17. Name on driver's license (first/last)			18. Type of CDL License <input type="checkbox"/> Class A <input type="checkbox"/> Class C	19. State issuing License <input type="checkbox"/> FL. <input type="checkbox"/> _____	
OWNER	20. Owner's Name on Registration <input type="checkbox"/> same as #17			21. Vehicle description, make & year		
MATERIAL IN TRUCK	22. Describe the material being hauled					
23. ACTIVITY	<input type="checkbox"/>	(a) Working within the project limits	<input type="checkbox"/>	(d) From commercial plant/pit to project (skip to 4C)		
	<input type="checkbox"/>	(b) Hauling within the project limits	<input type="checkbox"/>	(e) Haul from Project to commercial plant/pit (skip to 4C)		
	<input type="checkbox"/>	(c) From/to Project from/to dedicated or adjacent facility	<input type="checkbox"/>	(f) Haul from project to some other place (skip to 4C)		
			<input type="checkbox"/>	(g) Supplier- drop off & go (skip to 4C)		
SECTION 4: ADMINISTRATIVE REVIEW				24. Date Reviewed	25. Reviewer's Name	
P P R O Y O P E R E O R L L	SECT. 4A VALID OWNER OPERATOR (O-O)	26. Does the TD qualify as an Owner-Operator (box 17 = box 20)? <input type="checkbox"/> No -Go to Sect 4B <input type="checkbox"/> Yes -Go to # 27				
		27. If #26 Yes, is the TD's name (box 17) on a payroll for the observed date (box 10) with first/last name and 'Owner Operator' noted-(no other pay details required) <input type="checkbox"/> No -issue Notice of Noncompliance <input type="checkbox"/> Yes -Go to Sect.4C				
	If 23 (d),(e), (f) or (g) is checked Skip Sect. 4B & Go to Sect 4C	SECT. 4B NOT AN OWNER OPERATOR; EMPLOYEE OF A COMPANY	28. Did Company in box 8 submit a payroll for a week that includes the date observed (box 10)? <input type="checkbox"/> No-a payroll including date observed was not received. Issue Notice for Nonreceipt of Payroll. Go to Sect 4C <input type="checkbox"/> Yes-Go to #29			
			29. If #28 Yes, is the TD named in box 17 included on the payroll for the day observed (box 10)? <input type="checkbox"/> No- not listed for date observed. Issue Payroll Violation code 7. Go to Sect. 4C <input type="checkbox"/> Yes-Go to #30			
30. Is the correct TD classification shown (box 21) and is their payroll record complete and accurate? <input type="checkbox"/> No: improper classification and/or other errors. Issue Payroll Viol. Go to Sect .4C <input type="checkbox"/> Yes-Go to Sect 4C.						
31. Is the Co. (box 8) or owner (box 20) reported as a DBE in the FDOT DBE Directory? <input type="checkbox"/> No <input type="checkbox"/> Yes-Go to #32						
D C B E R E D I T	SECT. 4C IS SUBCONTRACTOR OR OWNER OPERATOR A DBE?	32. Is the Co. (box 8) or owner (box 20) on the ADBEPS? <input type="checkbox"/> No- contact prime to update ADBEPS <input type="checkbox"/> Yes-Go to #33				
		33. Is a payment recorded for this company (box 8) or owner (box 20) in the EOR System? <input type="checkbox"/> No- contact prime <input type="checkbox"/> Yes (end)				

State of Florida Department of Transportation Trucker Interview Instructions for Completing Form

General:

- The purpose of this form is to record the driver and owner of a truck on the project, determine if payroll is properly submitted for the driver, and determine if the trucking activity should be included in the DBE utilization.
- An observer, usually an inspector, records information regarding the truck and then stops the truck and asks the driver to produce their driver's license and vehicle registration.

Form Preparation:

- The RCS completes Sections 1 and 2 and gives it to the Observer. The Observer completes Section 3 and the RCS completes 4 once payrolls are received for the week that includes the observation date.

Field Observation:

- The inspector (or other FDOT representatives in the field) completes Section 3 of the form based on their actual observation of the truck and the documents produced by the driver.
- The completed form is returned to the RCS.

Administrative Review:

- This section has two distinct purposes: Sections 4A & 4B are completed once certified payrolls for the date observed are received.
 - Section 4A and 4B confirm if the truck driver's payroll record was properly received if they were determined to be an owner operator (section 4A) of an employee (section 4B).
 - Section 4C determine if the trucking company or the owner operator are DBE's in the FDOT DBE directory and if so, that they are included in the Anticipated DBE participation statement and payments are recorded in EOR system.

Section 1: Project Identification (completed by RCS)

Box 1: Fin. Project No. – The Financial Project Number.

Box 2: F.A.P. No. – The Federal Aid Project Number assigned to federally funded projects. Leave Blank or insert N/A when training is performed on state funded projects.

Box 3: Contract No. - The project contract number.

Box 4: County – County or counties project work is being performed in.

Box 5: District – The Department's District Number Designation for this project.

Box 6: Prime Contractor Name – The name of the prime contractor.

Box 7: FEID No. – The contractor's Federal Identification Number.

Section 2: Trucking Firm Identification

Box 8: What is the name of the Trucking Company as shown on a subcontract, rental agreement or purchase order? Complete this based on project records (sublet, rental agreement or purchase order).

Box 9: On this contract, what is the arrangement for this trucking firm? Check one: If the trucking firm is a subcontractor, indicate who they are subordinate to; if a Purchase order, state who initiated it or if a Rental, indicate the Lessee.

Section 3: Identification of Truck Driver and Truck Ownership

This section is completed at the project site by an observer, usually the inspector. The operation of the truck is observed to determine its markings, materials and operation and then the observer approaches the driver and asks to see the driver's license and vehicle registration.

OBSERVER INFORMATION

Box 10: Date Observed- Month/day/year of this observation.

Box 11: Name of Observer (print first/last name) - First and Last name of person doing the observation.

TRUCK INFORMATION- based on observation of vehicle

Box 12: Vehicle Tag # – Enter the number as displayed on the trucks' license plate.

Box 13: Tag's State – the State issuing the license tag. Check Florida or indicate name of issuing state.

Box 14: Truck's USDOT #/Permit No. – Enter USDOT No. or permit no; usually on exterior of the truck door(s).

Box 15: Company name displayed on the Truck – Record the company name on the truck.

Box 16: How is name displayed – Check appropriate box or state other method.

DRIVER INFORMATION- based on license produced by the driver

Box 17: Name on Driver's License (first/last) – Record the driver's name as it is shown on their Driver's License.

Box 18: Type of CDL Driver License – Check class of license shown on the license. **NOTE:** If the trucker is improperly Licensed, observer is to notify the Project Administrator for communication to the Prime Contractor,

Box 19: State Issuing License – Check Florida or indicate name of issuing state.

OWNER INFORMATION- based on vehicle registration produced by the driver

Box 20: Owner's Name on Registration – full name as shown on registration; may be a company or an individual. Mark 'same as #17' if registration name and driver's license names are identical with no variation.

Box 21: Vehicle Description, Make & Year – Enter a description of the vehicle (type of truck, number of axles) and the Make & year as shown on the vehicle registration.

MATERIAL HAULED

Box 24: Describe the Material being hauled – Enter the material the truck is hauling (asphalt, pipe, debris, etc.).

23. ACTIVITY

Chose (a) to (g) that best describes the hauling activity. **NOTE: 'Skip to 4c' Is instructions for the person completing Section 4, Administrative Review** – More information regarding these hauling activities is in the EEO Construction Contract Compliance Workbook, Table 1.7.4.1.

Section 4: Administrative Review

GENERAL: For each question, check YES or NO and then follow the directions provided thereafter

PROPER PAYROLLS:

Complete this section once payrolls have been received for the week that includes the Observation Date (Box 10)

The "PROPER PAYROLL" has two parts:

4A is for payroll verification of owner operators

4B is for payroll verification of a drivers who is an employee of a company

If #23(d), (e), (f) or (g) is checked, SKIP 4B and go to 4C

SECTION 4A: VALID OWNER-OPERATOR (O-O)

Box 26: Does the TD qualify as an Owner-Operator (box 17 = box 20)?

Box 27: If #26 yes, is the TD's name (box 17) on a payroll for the observed date (box 10) with full name and 'Owner Operator' noted-(no other pay details required)

SECTION 4B: DRIVER IS NOT AN OWNER OPERATOR; EMPLOYEE OF A COMPANY

Box 28: Did Company in box 8 submit a payroll for a week that includes the date observed (box 10)?

Box 29: If #28 yes, is the TD named in box 17 included on the payroll for the day observed (box 10)?

Box 30: Is the correct TD classification shown (box 21) and is their payroll record complete/accurate?

DBE CREDIT:

Complete this section to determine if the company or owner operator is a certified DBE and if so, is properly listed on the Anticipated DBE Participation Statement (FDOT FORM 275-030-11A or 275-030-12) and payments to the DBE are recorded in the

SECTION 4C: IS SUBCONTRACTOR OR OWNER OPERATOR A DBE

Box 31: Is the Co. (box 8) or owner (box 20) reported as a DBE in the FDOT DBE Directory

Box 32: Is the Co. (Box 8) or owner (box 20) on the ADBEPS?

Box 33: Is a payment recorded for this company (box 8) or /owner (box 20) in the EOR System?