



ADA Project Compliance Submittal*

*To be completed by the Project Engineer/Supervisor

SP#:

City:

TH(s):

Project Engineer/Supervisor:

Construction Year:

Project Chief Inspector:

Lead ADA Inspector:

Prime Contractor:

Project Description (Stand alone, Mill and Overlay, Reconstruction, etc...)

Company/Firm (e.g. MnDOT)

Designer Name

Project Designed by:

List of Sub-Contractor(s) working on ADA:

(rate 1 to 5 for each contractor, 1 being *poor* and 5 being *excellent*)

Type

Contractor

Rating

Remarks

Did Contractor(s) provide a responsible person familiar with PROWAG to be on site during all ADA construction as per Special Provisions 1803? Yes No

PROWAG Specialist:

Number of APS Quadrants

Number of NON APS Quadrants

Was a portion of any quadrant required to be rebuilt or redone? Yes No

Number of REDO's

How many ramps needed to be redone were contractor's responsibility? -

How many ramps needed to be redone were MnDOT's responsibility? -

How many were plan errors? -

Other -

Number of NON-COMPLIANT ramps due to:

Topography

Utilities

Structure(s)

Additional Remarks

I certify that the information entered on this form and the submitted compliance checklist forms are accurate to the best of my knowledge and were completed by me or under my direct supervision.