



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

MDX CONTRACT NO.: _____
MDX WORK PROGRAM NO.: _____
MDX PROJECT/SERVICE TITLE: _____

DATE: _____ Monthly: [] (Invoice #: _____) Final: [] (Project Close Out)

_____, Prime Contractor for the above referenced contract, hereby verifies based on personal knowledge or reasonable investigation and good faith belief, all work done and all Quality Control functions and Quality Control sampling and testing results are in substantial compliance with the pertinent specification requirements and the approved Quality Control Plan for the above Contract.

This represents work done between _____ and _____.

Exceptions to these requirements are listed below.

- 1) Item No.: _____ Exception: _____
2) Item No.: _____ Exception: _____
3) Item No.: _____ Exception: _____
4) Item No.: _____ Exception: _____
5) Item No.: _____ Exception: _____
6) Item No.: _____ Exception: _____

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

Quality Control Manager Signature Print Name

STATE OF _____
COUNTY OF _____

Sworn, and subscribed to before me this _____ day of _____, 20_____.
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC:

Signature: _____
Name: _____
Typed, Printed or Stamped
My Commission Expires: _____
Commission No.: _____

Project Manager Signature Print Name

STATE OF _____
COUNTY OF _____

Sworn, and subscribed to before me this _____ day of _____, 20_____.
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC:

Signature: _____
Name: _____
Typed, Printed or Stamped
My Commission Expires: _____
Commission No.: _____

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

Instructions to report exceptions:

For the monthly certification, list the following:

1. QC samples that did not compare with VT samples and had VT results upheld by RT samples.
2. Any samples that had Engineering Analysis Report or Delineation Test(s) performed.
3. Any failed QC samples.
4. Any QC samples that do not have results entered into MDX Material Tracking System.
5. Any QC samples that were performed by unqualified technicians or laboratories.
6. Any materials placed without an approved QC Plan or when the QC Plan is suspended.
7. Any materials provided from an unapproved producer or supplier.

The following **would not be listed as an exception on the subject form:**

1. QC samples that have been tested but not verified.
2. QC samples that have been tested and had verification test results that did not compare.

When exceptions listed on the monthly have been resolved, provide the proper documentation for those items.

For the final certification, all unresolved issues to QC sampling and testing must be shown on the certification.



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CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

MDX CONTRACT NO.: _____ (A)

MDX WORK PROGRAM NO.: _____ (B)

MDX PROJECT/SERVICE TITLE: _____ (C)

DATE: _____ (D)

Monthly: (Invoice #: _____)

Final: (Project Close Out)

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This represents work done between _____ (G) and _____ (H).

Exceptions to these requirements are listed below.

1) Item No.: _____ (I)
Exception:

2) Item No.: _____
Exception:

3) Item No.: _____
Exception:

4) Item No.: _____
Exception:

5) Item No.: _____
Exception:

6) Item No.: _____
Exception:

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

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J

Quality Control Manager Signature _____
Print Name

STATE OF _____

COUNTY OF _____

K

Sworn, and subscribed to before me this _____ day of _____, 20_____.

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

NOTARY PUBLIC:

Signature: _____

Name: _____

Typed, Printed or Stamped

My Commission Expires: _____

Commission No.: _____

L

Project Manager Signature _____
Print Name

STATE OF _____

COUNTY OF _____

K

Sworn, and subscribed to before me this _____ day of _____, 20_____.

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

NOTARY PUBLIC:

Signature: _____

Name: _____

Typed, Printed or Stamped

My Commission Expires: _____

Commission No.: _____

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Instructions to complete: *Construction Compliance with Specifications and Plans*

Intent:

The intent of this form is certify compliance with the Contract Specifications and Plans and, when applicable, list and explain all exceptions

Instructions:

- A) Include MDX Procurement/Contract No. (MDX, RFP, RFQ, ITB, ITN-XX-XX, as applicable).
Example: RFP-13-01.
- B) Include Work Program Number (112XX.XXX, 836XX.XXX, 874XX.XXX, 878XX.XXX, 924XX.XXX).
Examples: 11211.051, 83608.030, 87404.060, 87801.051, 92405.030.
- C) Include Project/Service Title.
Example: Central Boulevard Reconstruction.
- D) Include the date when the certification is prepared.
- E) Mark Monthly and include the corresponding Invoice #, or mark Final, as applicable.
- F) Include the Prime Contractor's or Design-Build Firm's full company name.
- G) Include the start date the Invoice corresponds to. For final certification, show the start date for the Contract.
- H) Include the ending date the Invoice corresponds to. For final certification, show the Final Acceptance date.
- I) List all applicable exceptions following the instructions detailed in this form.
- J) Signature and printed name of the approved Quality Control Manager for the Project.
- K) Signature and name must be notarized.
- L) Signature and printed name of the Contractor's or Design-Build Firm's Project Manager.