



Department of Engineering  
**POST CONSTRUCTION REPORT**

Contract TA Number:	D Number:	Contractor:
Thruway Designer:	Thruway Design Project Manager:	Consultant Designer:
Construction Supervisor:	Project Engineer:	Consultant Inspection:
Date of Letting:	Date of Award:	Date of Start of Work:
Scheduled Completion Date:	Actual Completion Date:	Final Acceptance Date:
Bid Value:	Final Construction Value:	# of Order-on-Contracts:
# of Time Extensions:	# of New Items:	Consultant Construction Inspection Cost:

Description of Project: (including location and scope of work)

Design documents clear and complete for the scope of the work proposed?  Yes  No  
Comments:

Engineer's Estimate work-ups clear and complete?  Yes  No  
Any excessive quantity overruns/underruns?  Yes  No  
Comments:

Was any necessary information missing such as "Report on Design", contact people, Survey information, Permits and/or Agreements, etc.  Yes  No  NA  
Comments:

Were all necessary utility relocations provided for on the plans? Did the utility companies relocate in a timely manner?

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Were the contract documents reasonably well adapted to the field conditions? Were the studies and/or testing performed during design sufficient?

Was the time allowed for construction reasonable? Was the planned sequence of construction activities followed? If not, why was it changed?

Was contact made with the designer, where appropriate, to discuss any problems and/or proposed changes to the contract documents, prior to committing to the work and the order-on-contract?

Designer response to questions/problems timely?  Excellent  Good  Fair  Poor  NA  
Comments:

Specifications and Special Notes used on this project clear and appropriate?  Yes  No  NA

Suggested improvements to special specifications and/or Special notes?

Suggested modifications to standard details?

New specification and/or material used on Project?  Yes  No  NA  
Comments:

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Were there any construction-related backups? Traffic Control Plans adequate and complete? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Was any construction work carried out at night? Any winter work? Did the night work or winter work present any difficulties?			
Was there adequate space for the contractor's equipment to access the site and perform the work?			
Was there Value Engineering proposed on this project? If it was approved, what was the Value Engineering savings? Briefly describe the benefits.			
Was there formal Disputed Work on this project? If yes, how many 2nd level disputes? How many 3rd level disputes?			
How would you rate the overall design of this project? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA			
In the space below please comment on beneficial details, procedures, construction methods, specifications, etc. in the Contract			

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Issues that arose during construction and action taken

Additional comments

\_\_\_\_\_  
Project Engineer

\_\_\_\_\_  
Date

\* Note: Where appropriate attach photos