



## CONTRACTOR'S WINTER SHUTDOWN INSPECTION

_____	_____
Project Name	Department's Contract Number
_____	_____
Department's Project Number	Inspection Date
_____	_____
Contractor	Name of Contractor's Representative

**This form must be completed by the Contractor's representative conducting the inspection.  
The Contractor verifies the inspection by initialing each subject.**

\_\_\_\_\_ The Contractor has visually inspected the project, and verifies that the work complies with the specifications and the requirements of the contract and no maintenance is required at this time.

\_\_\_\_\_ The Project required the following repairs and corrective action has been taken,

- \_\_\_\_\_ Repaired: \_\_\_\_\_
- \_\_\_\_\_ Repaired: \_\_\_\_\_
- \_\_\_\_\_ Repaired: \_\_\_\_\_
- \_\_\_\_\_ Repaired: \_\_\_\_\_

\_\_\_\_\_ The Project requires the following repairs and corrective action will be taken on the following dates as per the agreement by the Contractor and the Project Manager.

- \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_\_\_ Date: \_\_\_\_\_

**If corrective action has not been completed by the specified date, contract time will be charged according to Subsection 104.05.2 until it is complete.**

\_\_\_\_\_  
Signature of Contractor's Representative

\_\_\_\_\_  
MDT Project Manager

\_\_\_\_\_, 200\_\_\_\_\_  
Date

\_\_\_\_\_, 200\_\_\_\_\_  
Date Received