

LABOR STANDARDS INVESTIGATION SUMMARY SHEET

FORM APPROVED
OMB NO. 9000-0089
CONTRACT NUMBER

REPORTING OFFICE

CONTRACT AMOUNT

DATE OF CONTRACT

TYPE OF CONTRACT

 FIXED PRICE OPIF OTHER (Specify)

CONTRACTOR'S NAME AND ADDRESS (include ZIP Code)

EMPLOYER'S NAME AND ADDRESS (include ZIP Code) (if other than prime contractor)

PROJECT AND LOCATION

DESCRIPTION OF WORK

BASIS FOR INVESTIGATION

WAGE DETERMINATION NUMBER

WAGE DETERMINATION DATE

NATURE AND EXTENT OF VIOLATION

NO. EMPLOYEES INVOLVED

ARE VIOLATIONS CONSIDERED WILLFUL?

 YES NO

COPELAND ACT VIOLATIONS

 YES NO

DAVIS-BACON ACT UNDERPAYMENTS

CWHSSA * UNDERPAYMENTS

CWHSSA * LAW VIOLATIONS

\$

\$

\$

CORRECTIVE ACTIONS TAKEN

RESTITUTION MADE

 YES NO

AMOUNT OF RESTITUTION

\$

CONTRACTORS PAYMENT WITHHELD

 YES NO

WITHHELD FOR DAVIS-BACON VIOLATIONS

WITHHELD FOR CWHSSA * UNDERPAYMENTS

WITHHELD FOR CWHSSA * VIOLATIONS

\$

\$

\$

REMARKS

PREPARED BY

DATE

TITLE

SIGNATURE

* Contract Work Hours and Safety Standards Act