GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

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:
_____
_____

GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

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.: _____

GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____

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 GMX 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.