

**Arizona Department of Transportation
CUF Field Review Form - DBE CONTRACTOR/SUBCONTRACTOR**

Date:	Project No./TRACS:	Inspector:
Project:	Unit:	Diary #

*Name/Title of DBE Person Interviewed:	DBE Firm:
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*Note: Interview most senior/lead/supervisor onsite.

FIELD REVIEW QUESTIONS (Questions Inspector Asks)	
1. Name and title of who the DBE person interviewed reports to:	
2. Who does your paycheck come from?	
3. Who do you contact for hiring, firing or to modify the contract?	
4. Who is in charge of scheduling your work activities, material deliveries and other related on-site work?	
5. Has the DBE owner been present on the jobsite or involved with any activities related to the project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you worked for any other firm while on this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, firm name:
OBSERVATIONS (Information Inspector Provides)	
1. Describe the type of work observed (include Item #):	
2. Is the DBE managing the work without interference from other contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, describe:
3. Is the person interviewed an employee of the DBE firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain:
4. Is the DBE scheduling its own work activities, material deliveries and other related on-site work?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain:

FIELD REVIEW QUESTIONS (Questions Inspector Asks)	
1. Is the DBE's equipment owned or leased?	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> UNSURE
2. If leased, who is the equipment leased from?	
3. If leased, is the operator a DBE employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain:

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OBSERVATIONS (Information Inspector Provides)	
1. List the major self-propelled (engine) equipment used by the DBE:	
2. Does the equipment have the DBE's logo or emblem?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain:
3. If another firm's logo or emblem is present, note the name:	
4. Is the equipment under the direct supervision of the DBE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FIELD REVIEW QUESTIONS (Questions Inspector Asks)	
<i>(Ask multiple DBE employees who they work for.)</i> Do the DBE employees know who they work for?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain:
OBSERVATIONS (Information Inspector Provides)	
List the names of the DBE employees observed working during the operation described above:	

FIELD REVIEW QUESTIONS (Questions Inspector Asks)	
1. Who makes arrangements for delivery of materials?	
2. Who scheduled delivery of materials?	
3. In whose name are materials shipped?	
OBSERVATIONS (Information Inspector Provides)	
<i>(Provide additional information if needed.)</i>	

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