

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

CPFF

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

\$

CWHSSA¹ UNDERPAYMENTS

\$

CWHSSA¹ LAW VIOLATIONS

\$

CORRECTIVE ACTIONS TAKEN

RESTITUTION MADE

YES

NO

AMOUNT OF RESTITUTION

\$

CONTRACTORS PAYMENT WITHHELD

YES

NO

WITHHELD FOR DAVIS-BACON VIOLATIONS

\$

WITHHELD FOR CWHSSA¹ UNDERPAYMENTS

\$

WITHHELD FOR CWHSSA¹ VIOLATIONS

\$

REMARKS

PREPARED BY

DATE

TITLE

SIGNATURE

¹ Contract Work Hours and Safety Standards Act