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REST AREA MAINTENANCE EMERGENCY NOTIFICATION LIST

Site(s)#	Location:	Site Phone:	
Service Provider:	Office	Phone:	
Job Title:	Contact Name:	Cell Phone:	Home Phone:

DOT Region # Highway Maintenance Office Phone:

Region Contact: Phone:

Region Contact: Phone:

County Highway Department: Phone:

DOT Highway Maintenance Central Office (In Madison): Tom VanBeek (608) 261-8183

Rest Area Maintenance Contract Program Manger: Disability Service Provider Network

Office in Madison: Joseph Giertych: (608) 661-2917

After hours: Joseph Giertych (cell phone): (608) 712-4008

Professional Craftsperson:

Plumber:

Electrician:

Septic System:

Well/Pump:

HVAC:

Water Softener:

Utilities:

Water:

Gas: Phone:

Electric: Phone:

Authorities:

Emergency: 911 *If Applicable* Local Fire Department:

Local Ambulance/Rescue: State Patrol:

Local Sheriff: Local Police:

INCIDENT REPORT

Date of Report: _____ Time of Report: _____
Date of Incident: _____ Time of Incident: _____
Name of person filling out report: _____
Location of Incident: (Rest Area / Wayside #) _____ Highway: _____
Lane of Highway: (North Bound, East Bound, ...) _____ County: _____
Location of Incident on site: (sidewalk, rest room, lobby) _____
Weather Conditions: Sunny: _____ Cloudy: _____ Rain: _____ Snow: _____ Ice: _____ Temperature: _____
Staff on duty on site at time of report: _____

Name of person or persons involved:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Name(s) of witnesses:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Incident reported to:

Emergency/Ambulance Personnel - Name: _____
State Patrol - Name: _____
Local Sheriff or police - Name: _____
Wis. Department of Transportation - Central office - Name: _____
Wis. Department of Transportation - District office - Name: _____
Program Manager - Disability Service Provider Network - Name: _____
Work Center - Name: _____

Was a police or sheriffs report filled out? _____ If yes, with whom?
Was first aid administered? _____ If yes, by whom?
Was injured party Transported? _____ If yes, where to and by whom?

Were any photographs taken? _____ If yes, by whom?
Did the building or grounds in any way contribute to this accident?
If yes, how? _____

**FAX OR EMAIL A COPY TO SUSAN DAVIS AT
DSPN AND RETAIN A COPY FOR YOUR
RECORDS.**

INCIDENT REPORT PAGE 2

Date of Incident:

Time of Incident:

Person Filing Report: Wo

rk Center:

Description of Incident:

BUILDING AND/OR EQUIPMENT LOSS REPORT

Wisconsin Department of Transportation
DT1690 2000 (Replaces AS56)

Please investigate this loss. Notify the Governing Enforcement Agency of your findings. Send a copy of this completed form to: Risk Management Unit, Wisconsin Department of Transportation, 4822 Madison Yards Way, PO Box 7915, Madison, WI 53707-7915.

Current Date	Area Code-Telephone Number	Occurrence Date	County
Reference <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft-(<input type="checkbox"/> Forcible Entry) <input type="checkbox"/> Other		To / Of <input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Equipment	
Exact Location			

Vandalism or Other - Describe nature and extent of damages.

Theft - Describe stolen item(s) completely, including serial and/or other identifying numbers.

Amount of Damage to Vandalized/Damaged Property: \$ _____

Values of Stolen Property:	INVENTORY ORIGINAL COST	INVENTORY ADJUSTED VALUE
Item 1:	\$ _____	Item 1: \$ _____
Item 2:	\$ _____	Item 2: \$ _____
Item 3:	\$ _____	Item 3: \$ _____

Wisconsin Rest Area Maintenance (RAM) Program *Unsafe Conditions Report*

Inspected by:

Date & Time of Inspection:

Site Name:

Site Location:

Site Maintained By/Work Center Name:

Staff on Duty:

Condition Description:

Sketch of Location:

Action to be taken:

A copy of this report should be forwarded to DSPN:

Email: jgiertych@dspn.org; **Fax:** (888) 435-7455 **Mail:** 16 N. Carroll Street, Suite 300 Madison WI, 53703

Inspection Report Forms

The inspection report forms are examples of what the DSPN Quality Assurance Representatives use to inspect Rest Area, Wayside/Seasonal, and Park & Ride Lots/ Historical Marker. These forms may be used as a reference tool or as a tool to inspect your own sites on a daily, weekly or monthly basis. A copy of these inspections will be sent to your work center within three days of an inspection. If you would like additional copies of an inspection, please contact the DSPN office. All inspections are entered into a computer database by DSPN. A summary of inspections done at each site will be sent to the appropriate work center on a periodic basis.

Rest Area Inspection Report

6-DIGIT SITE I.D. #:	SITE #:	DATE:	TIME:	A.M.	Announced	Daytime	Evening	Weekend	DSPN Mgr. Initial	
COUNTY:	LOCATION:	WORKCENTER:	P.M.		INSPECTORS:					
AREAS INSPECTED		DOES NOT MEET STANDARDS	MEETS STANDARDS	CUSTODIAL			COMMENTS			MAINTENANCE
Exterior, Entrances, and Lobby										
1. Doors, windows, phone										
2. Ceilings, air vents, light fixtures										
3. Walls, wall fixtures, signs										
4. Floors, baseboards, corners										
5. DTN										
6. Comment card box										
7. Display cases, benches, info racks										
8. Vending machines										
9. Waste containers										
10. Drinking fountains, jug fillers										
11. Building exterior										
12. Emergency lights, CO2										
13. Employee's uniforms										
Rest Rooms (men /, women X)										
14. Doors, windows										
15. Floors, baseboards, corners										
16. Light fixtures, emergency lights										
17. Walls, ceilings, air vents										
18. Waste containers, hand dryers										
19. Dispensers (tissue, towel, soap)										
20. Diaper changing area										
21. Sinks, faucets, mirrors										
22. Hardware (coat hooks, latches)										
23. Odors										
24. Partitions, graffiti										
25. Toilets & urinals										
Storage & Mechanical Areas										
26. Organized & safe										
27. Fire extinguishers/CO2										
28. Floors, walls, utility sinks										
29. Shelves - chemicals labeled										
30. Emergency telephone numbers										
Grounds										
31. Entrance ramps, curbs										
32. Car & truck parking lots										
33. Lights, flags, signs										
34. Plaza area, sidewalks, benches										
35. Telephones & booths										
36. Lawn, trees, shrubs, flowers										
37. Picnic tables, slabs, shelters										
38. Waste/recycling containers										
39. Info shelter, map cases, racks										
40. Vending, newspaper racks										
41. Well caps, utility boxes, fixtures										
42. Garage--overall condition										
43. Trash dumpsters/recycling shelter										
44. Historical markers, welcome signs										

Seasonal Wayside Inspection Report

6-DIGIT SITE I.D. #:	SITE #:	DATE:	TIME:	A.M.	Announced	Daytime	Evening	Weekend	DSPN Mgr. Initial
P.M.	COUNTY:	LOCATION:	WORKCENTER:	INSPECTORS:					
AREAS INSPECTED	DOES NOT MEET STANDARDS	MEETS STANDARDS	COMMENTS						
			CUSTODIAL	MAINTENANCE					
Building Exterior/Rest Rooms (Men / , Women X)									
1. Doors, vault covers, exterior									
2. Floors, baseboards, corners									
3. Walls, ceilings									
4. Toilets & urinals									
5. Hardware (coat hooks, etc.)									
6. Partitions, graffiti									
7. Light fixtures, skylights									
8. Windows (glass, screens), trim									
9. Air vents, fans, turbines, roof									
10. Vault level, odor									
Well Shelter									
11. Structural condition									
12. Roof (cobwebs, bird nests)									
13. Benches									
14. Water pump/fount., casing sealed									
15. Floor drain, slab condition									
Grounds									
16. Parking Lots									
17. Lights									
18. Sidewalks									
19. Grass area									
20. Grills									
21. Picnic tables, slabs, shelters									
22. Signs									
23. Trees, shrubs, flowers									
24. Map, display case									
25. Waste containers									
26. Recycling									
27. Historical markers									
28. Welcome signs									

**PARK & RIDES/MONUMENTS/HISTORICAL MARKERS/TABLE
SITES/SCENIC OVERLOOKS INSPECTION REPORT**

DISABILITY SERVICE PROVIDER NETWORK

SIX-DIGIT SITE I.D. #	DATE:	TIME:	A.M.	DSPN Mgr. Initial	
COUNTY:	LOCATION:	WORKCENTER:	P.M.	Announced Daytime	
SITE #	INSPECTORS:			Random Daytime	
AREAS INSPECTED	DOES NOT MEET STANDARDS	MEETS STANDARDS	COMMENTS		
Grounds					
1. Entrance ramps & curbs					
2. Parking lots					
3. Fences					
4. Islands					
5. Signs					
6. Bus Shelters					
7. Sidewalks					
8. Grass area					
9. Flower & Shrub beds					
10. Litter					
11. Waste/Recycling Containers					
12. Lights					
13. Monument/Historical Marker Condition					

RAM Site Forms

31.10 & 31.11 Seasonal Site Opening Checklist & Seasonal Site Closing Checklist: These forms should be completed and sent to the DSPN office before the opening and closing of a seasonal site on an annual basis. The forms should be faxed Attention: Joseph Giertych to (888) 435-7455 or e-mail jgiertych@dspn.org or mail to: DSPN, Attention: Joseph Giertych 16 N. Carroll Street, Suite 300 Madison WI, 53703

31.13 Daily Quality Checklist: This form can be used to check for the quality of the site on a per shift basis. This form should be retained by work center for site cleaning history.

31.14 RAM Signage Request Form: To receive restroom, recycling container, and other signage. Fill out this form and return it to DSPN. Smaller quantities are sent directly to the work center; large quantities are dropped off at your site by a DSPN Quality Assurance Representative.

31.15 Borrowed Key Contract: Complete when handing over building keys to contractors / vendors who will need access to secure areas of the building.

Wisconsin Rest Area Maintenance (RAM) Program Seasonal Site Opening Checklist

Opening Date (mm/dd/yy): _____

Service Provider: _____ Person Completing Form: _____

County: _____ Site: _____

Check off if the items below have been completed. Add comments for uncompleted work as necessary: Done

1. Unlock and unwrap building.	
2. Arrange to have electricity turned on by the WisDOT region electrician.	
3. Clean floors, walls, toilet fixtures, screens, ceilings and building exterior. Replace any damaged signs.	
4. Make arrangements to have vault pumped if needed. Add sufficient water and bioaugmentation product.	
5. Check building and take inventory of needed repairs and painting. Proceed to correct.	
6. Electric wells – Follow start up procedure in Section 8.14 in RAM Program Manual.	
7. Check the operation of the pump and the condition of the platform and shelter and make note of items that need to be repaired or replaced. Thoroughly grease pump rod.	
8. Electric exhaust fans - Remove cover and assure no blockage in fan or pipes.	
9. Install pump handle. Take water samples and send to testing lab.	
10. Replace or repaint worn signage.	
11. Place new State map and fresh literature in map case.	
12. Check information boards and display cases. Proceed with needed repairs and painting.	
13. Check well shelter for necessary paint and repairs and proceed to correct.	
14. Set up picnic tables. Make note of tables which need to be repaired, repainted, or stained and begin process.	
15. Check grills. Wire brush entire grill. Paint grill housing and post.	
16. Clean trash containers and install liners.	
17. Paint trash containers and lids as necessary. Assure "TRASH" tag is in good repair.	
18. Clean recycling containers and install liners. Install new plaques, if necessary.	
19. Check walkways, slabs, and parking areas. Mark any trip hazards per RAM Program procedures.	
20. Rake, mow and clean grounds as necessary.	
21. Remove "CLOSED" signs from highway plaques.	
22. Fax site opening notification to Sheriff's Department.	

Additional Comments:

Forward completed for to:
DSPN Fax:(888) 435-7455

Email: jgiertych@dspn.org Mail:16 N. Carroll Street, Suite 300 Madison WI, 53703

Wisconsin Rest Area Maintenance (RAM) Program Seasonal Site Closing Checklist

Closing Date (dd/mm/yy): _____

Company Name: _____

Person Completing Form: _____

County: _____

Site: _____

Check off if the items below have been completed. Add comments for uncompleted work as necessary:

	Done
Clean entire interior and sweep down exterior.	
Make arrangements to have vault pumped if needed.	
Check building and take inventory of needed repairs.	
Check the operation of the pump and the condition of the platform and shelter and make note of items that need to be repaired or replaced.	
Check well drop pipe drain holes. Open them to allow water to drain to a point below the frost line. Cut off power to electric pump. Drain and blow out all lines above ground.	
Remove pump handle. Wrap and secure pump with plastic bag. (if applicable)	
Electric wells – Follow shut down procedures in Section 8.14 of the RAM Manual	
Remove all materials from display case, including map.	
Mow and trim if necessary	
Make note of tables which need to be repaired, repainted or stained during off-season.	
Check grills. Make note of any worn or damaged parts (if applicable).	
Place plastic waste bags over each grill and secure (if applicable).	
Check and clean grounds. Make note of needed improvements.	
Check all signs. Order needed replacements.	
Clean waste receptacles. Make note of containers that need to be repainted or replaced. Store in restroom building.	
Clean recycling containers and store in the restroom building. Order needed container plaques.	
Close and lock building.	
Install and wrap snow fences around building.	
Affix "CLOSED" sign to front of restroom building (just below windows), or to front fascia.	
Arrange to have electricity turned off by the DOT district electrician. (if applicable)	
If any transportable component needs painting or repair, take it back to the shop and complete before opening date.	
Place the "CLOSED" signs on the highway plaques.	

Additional Comments:

Forward completed form to:
DSPN Fax:(888) 435-7455

Email: jgiertych@dspn.org

Mail:16 N. Carroll Street, Suite 300 Madison WI, 53703



TO: _____

FROM: _____

DATE: _____

RE: Wisconsin Department of Transportation Waysides Open to Public

We provide the custodial care and landscape maintenance services at state owned waysides through a contract with the Wisconsin Department of Transportation (WisDOT) at the following locations: _____

Please note that the waysides are now open for the season and we would very much appreciate if your officers would take the time to drive through the wayside parking lots when patrolling the area. This will help to keep the waysides a safe and pleasant place for tourists to stop by keeping vandalism and other illegal activities at a minimum. Please feel free to contact us with questions or concerns at the following telephone number: _____

Thank you for your assistance.

**DAILY SITE QUALITY ASSURANCE
SUPERVISOR'S CHECK LIST**

Inspected By: _____

Site # _____

Date: _____

LOBBY

- _____ Clear Cobwebs
- _____ Dust/Clean Baseboards
- _____ Clean Drinking Fountain
- _____ Clean Phones _____
- _____ Clean Windows & Window Sills
- _____ Clean Entrance Doors
- _____ Dust Vending Machines
- _____ Sweep Under Vending Machines
- _____ Sweep/Mop Floors

RESTROOMS

- _____ Clear Cobwebs
- _____ Wipe Walls/Partitions
- _____ Clean Mirrors
- _____ Fill Dispensers
- _____ Clean Sinks
- _____ Clean Toilets/Urinals
- _____ Polish Fixtures
- _____ Sweep/Mop Floors

GROUNDS

- _____ Pick Up Litter _____
- _____ Empty Trash/Recyclable
- _____ Empty Ash Trays
- _____ Mow
- _____ Sweep Sidewalks

RAM Sign Request Form

Please indicate the quantity and reason for the signage requested below.
 This form can be faxed to DSPN at (888) 435-7455 or e-mail DSPN at jgiertych@dspn.org.

DATE: _____

LOCATION: _____

Item	Quantity	Reason
REST AREA RECYCLE BIN SIGNAGE		
	Aluminum	_____
	Tin	_____
	Plastic	_____
	Clear Glass	_____
	Brown Glass	_____
	Green Glass	_____
	Newspaper	_____
	RECYCLE AREA signs (large)	_____
	NO DUMPING signs (large)	_____
	WAYSIDE RECYCLE BIN signs	
	Aluminum Only	_____
	Tin Only	_____
	Plastic Only	_____
	Clear Glass Only	_____
	Brown Glass Only	_____
	Green Glass Only	_____
	Mixed Recycling Only	_____
	BLUE RESTROOM SIGNS (Rest Area)	
	Men	_____
	Women	_____
	Restroom	_____
	BROWN RESTROOM SIGNS (Wayside)	
	Men	_____
	Women	_____
	Restroom	_____
	DIAPER CHANGING STATION	_____
	VAN ACCESSIBLE sign (12x6 - white w/green letters)	_____
	RESERVED PARKING - handicapped (12x18)	_____
	NO PETS ALLOWED window application	_____
	NO SMOKING window application	_____
	LAWNCARE APPLICATION - STAY OFF GRASS	_____

BORROWED KEY CONTRACT

I, _____, of _____
(Print Name of Borrower) (Print Name of Company)

have received _____ keys to the rest area building(s) _____ for
(# of keys) (Building #'s)

access to perform work as designated by WisDOT. I assume responsibility for the protection of
for the key(s) and for the security and the protection of property and physical plant in non-public
areas of the rest area building(s) when no rest area staff is on-site or on duty.

(Borrower's Signature) (Date)

The above noted key(s) were returned to me, _____
(Print Name of Site Supervisor)

on _____
(Date key(s) returned) (Site Supervisor's Signature)

Forms Sent To DSPN On A Monthly Basis

The following reports are used by DSPN staff in preparing reports required by WisDOT. Reports should be forwarded to DSPN at the end of each month--**prior to the 15th of the following month**. If you have any questions about any of the forms, please contact the DSPN office at 608/661.2917.

31.17 RAM Monthly Site Activity Reports: Project managers or site supervisors are required to provide a "brief description" of projects/work performed by their crew. Any activity or project, other-than the routine services provided under contract. Example: *Replaced men's room roof turbine, contacted local well driller and met with him on-site to evaluate leaking pump housing.* Also any possible repairs that can be planned for or future projects that need DOT/DSPN approval should be listed. The normal or routine services provided by crew do not need to be listed. Example: *washed and waxed lobby floor, oiled hinges on all doors, policed walkways and lawn for litter, mowed and trimmed site.*

31.18 RAM Monthly Water Meter Readings Form: Water meter readings should be recorded at Year-Round Sites on a daily basis. At the end of the month, the report should be sent to the DSPN office.

31.19 RAM LP Tank Readings Form (Daily / Weekly): It is required that the Year-Round Sites utilize one of the forms for checking on tank levels to ensure LP is always available to the heating system. Forms should be kept in an on-site file for 90 days before discarding.

Each site manager must determine which form will be utilized by relying on historical LP usage and good judgment.

Wisconsin Rest Area Maintenance (RAM) Program

Monthly Site Activity Report

County:

Site:

Organization:

Report Submitted By:

Month:

Year:

REPORT DIRECTIONS: COMPLETE FORM AT THE END OF EACH MONTH AND FORWARD A COPY TO THE DSPN OFFICE: FAX: (888) 435-7455 or EMAIL: jgiertych@dspn.org

Maintenance/Landscape Concerns or Requests:

Unusual Occurrence: (vandalism, abandon vehicle, accidents, etc.) (Submit appropriate Incident and/or Loss report to DSPN)

Water Quality/Water System Problems:

County Hwy. Department Activity (on-site):

Law Enforcement Involvement:

Other:

Wisconsin Rest Area Maintenance (RAM) Program
Monthly Site Activity Report

County:

Site:

Organization:

Report Submitted By:

Month:

Year:

Other Comments Continued:

Wisconsin Rest Area Maintenance (RAM) Program

Water Meter Readings

REST AREA NO:
SITE ID:

HIGHWAY:
COUNTY:

MONTH:
YEAR:

(PLEASE READ METER DAILY)

METER READS IN: CU. FT. GALLONS

Day of Month	Day of Week	Time AM/PM	Current Meter Reading	Remarks For water related problems only:

LP TANK READINGS

Site No: _____ County: _____ Month: _____

Site ID: _____ Highway: _____ Year: _____

DAY	DATE:	TANK # 1 (percentage)	TANK #2 (percentage)	TANK # 3 (percentage)	NAME	TIME OF DAY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

LP TANK READINGS

Site No: _____ County: _____ Month: _____

Site ID: _____ Highway: _____ Year: _____

WEEK	DATE:	TANK #1 (percentage)	TANK #2 (percentage)	TANK # 3 (percentage)	NAME	TIME OF DAY
1						
2						
3						
4						
5						

CCLM Administrative/Accounting Forms

31.21 & 31.22 Three Part-Contractor's Invoice Form & Invoice Supporting Documentation Forms:

These forms should be used for the Rest Area Maintenance Custodial Care and Landscape Maintenance billing. For specific information on how to complete these forms, please see Section 20.1 of this manual.

31.24 Extra Work/Facilities Maintenance Form: The "Extra Work Identification Sheet" must be sent to DSPN with the invoice that contains the Extra Work costs. For more information on what constitutes "extra work," please see Section 20.1 of this manual.

31.25 Equipment Acquisition Information Form: This form is used when requesting equipment costing over \$1,500 and is not budgeted for--prior to purchasing the equipment.

31.26 Cost Analysis: This form can be used for drafting Rest Area and Roadside Sites budgetary costs.

EXAMPLE: THREE-PART CONTRACTOR'S INVOICE

Contractor: Address:	INVOICE:	
	DATE:	
	PURCHASE ORDER #	
TO: WIS-DOT -- DTSD Attention: Lisa Meinholz Bureau of Highway Maintenance P.O. Box 7986 Madison, WI 53707-7986	PROJECT ID #	
	WISDOT REGION #	
	Sites: Custodial Care & Landscape Maintenance	
		\$
		\$
TOTAL DUE		

RAM Custodial Care and Landscape Maintenance\Recycling Services
 INVOICE SUPPORTING DOCUMENTATION

RAM-INV-025.XLS

A. Contractor Name and Address	D. Project Identification Number
B. Contractor Invoice Number & Date	E. Site Description
C. Time Period Covered by This Invoice	F. County

(payments may be held until correct figures are submitted)

G. Total Cost This Invoice..... **\$** _____ -

H. Total Costs Previously Invoiced To The CCLM\Recycling Project.....*

I. Total Cost Invoiced To Date To The CCLM\Recycling Project..... **\$** _____ -

J. Purchase Order Amount For the CCLM\Recycling Project (including amendments)..... _____

WisDOT Approval

Date Invoice Received	Amount Approved for Payment
-----------------------	-----------------------------

_____ Partial _____ (Name)

_____ Final _____ (Title)

RAM Custodial Care and Landscape Maintenance/Recycling Services

INVOICE SUPPORTING DOCUMENTATION

Site:
Invoice Month:

1.	SALARIES	\$	-
2.	FRINGE BENEFITS	\$	-
3.	MATERIAL & SUPPLIES	\$	-
4.	EQUIPMENT	\$	-
5.	VEHICLES	\$	-
6.	CONTRACTOR SERVICE COST	\$	-
7.	SITE LIABILITY INSURANCE	\$	-
8.	SPECIAL VENDOR SERVICES	\$	-
9.	MISCELLANEOUS	\$	-
10.	TOTAL COSTS	\$	-

WHEN SUBMITTING THIS DOCUMENT TO WISDOT, IMMEDIATELY FAX THIS PAGE TO DSPN,
ATTENTION: SUSAN DAVIS TO (888) 435-7455 OR EMAIL TO SDAVIS@DSPN.ORG.
(MUST BE SUBMITTED NO LATER THAN THE 20TH OF EACH MONTH)

1. SALARIES

Total Hours
Include supervisor & worker regular & overtime hours / wages

2. FRINGE BENEFITS

include FICA (7.65%)

3. MATERIAL & SUPPLIES

(Listed Separately On Page 5)

C: \$ - B: \$ - T: \$ -
P: \$ - G: \$ - U: \$ - M: \$ -

\$ -

4. EQUIPMENT

Equipment Purchase

Equipment costing \$100.00 or greater listed under "EQUIPMENT PURCHASE".
Pre-approved equipment purchases over \$5,000.00, depreciate over a three year period.
Equipment purchases under \$5,000.00, list total cost.

- A.
B.
C.
D. Equipment Fuel
E. Equipment Operating (including oil, parts, maintenance, etc.)

TOTAL EQUIPMENT \$ -

5. VEHICLE

- A. Depreciation (list vehicle, payment number)
B. Mileage Rate: mi. \$
C. Vehicle Fuel
D. Vehicle Operating
D. Other Major Repairs (Please List)
E. Insurance

TOTAL VEHICLE COSTS \$ -

6. CONTRACTOR SERVICE COST

The Wisconsin DOT will not reimburse for more than the maximum amount listed in the contract.

7. SITE LIABILITY INSURANCE

8. SPECIAL VENDOR SERVICES

List Work Completed and Location:

- A. Trash / Recycling Service:
B. HVAC System Service:
C. Electrical Service:
D. Plumbing Service:
E. Well Service:
F. Septic Service:
G. Portable Toilet Service:
H. Fire Extinguisher Service:
I. Landscape
J. Building
K. Other (please list):

TOTAL SPECIAL VENDOR SERVICE COSTS \$ -

9. MISCELLANEOUS COSTS

(Including water testing, storage, telephone & internet, etc.)

- A.
B.
C.
D.

TOTAL MISCELLANEOUS COSTS \$ -

MATERIALS & SUPPLIES LISTING

List all material and supply purchases for the month. Do not send receipts or copies of receipts. Retain receipts for your files.

Codes:

- C - Cleaning
- P - Paper & Other Consumable Supplies
- B - Building Repairs and Maintenance

- G - Grounds Repairs and Maintenance
- T - Tools

- U - Uniforms
- M - Miscellaneous

DATE	SUPPLIER	QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST	CODE

Sub-Totals By Codes

C - \$ _____ -	B - \$ _____ -	T - \$ _____ -	M - \$ _____ -
P - \$ _____ -	G - \$ _____ -	U - \$ _____ -	
TOTALS (Enter on Page 3, Item #3)\$			
			\$ _____ -

DATE	SUPPLIER	DESCRIPTION	Vehicle			Equipment			Misc.
			GAS	Oil	Maint.	GAS	Oil	Maint.	
		Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Total	
Vehicle Gas	\$0.00	\$0.00
Vehicle Oil	\$0.00	
Vehicle Maint.	\$0.00	
Equipment Gas	\$0.00	\$0.00
Equipment Oil	\$0.00	
Equipment Maint.	\$0.00	
Miscellaneous	\$0.00	

"Extra Work" Identification Sheet

Rest Area Maintenance (RAM) Program

INSTRUCTIONS: Occasionally it may be necessary to perform unscheduled, unspecified services called "Extra Work". An example would be vandalism or weather damage repairs. Extra Work costs should be billed on the normal monthly invoices (in the usual categories) for "Custodial Care and Landscape Maintenance" services. The "Extra Work" Identification Sheets will justify additional costs and detail extra work tasks for DOT reports. Send Extra Cost Identification Sheets to WisDOT with RAM invoice.

Site:	Month, Year of Service:
-------	-------------------------

Description of Work:

Office Use:	Other Extra Work
Facility Mtnc.	

List costs billed which have been incurred to perform extra work. Generally these are labor and materials.

1.	<u>SALARIES</u>	(only include labor hours that exceed normally scheduled hours)	\$	_____
	Supervisor Hrs	_____ x \$ _____ Per Hour	= \$	_____
	Worker Hrs	_____ x \$ _____ Per Hour	= \$	_____
2.	<u>FRINGE BENEFITS (include FICA)</u>		\$	_____
	_____		\$	_____
	_____		\$	_____
3.	<u>MATERIAL & SUPPLIES</u>		\$	_____
	_____		\$	_____
	_____		\$	_____
4.	<u>EQUIPMENT</u>		\$	_____

5.	<u>VEHICLE COSTS</u>		\$	_____

6.	<u>CONTRACTOR SERVICE COST</u>		\$	_____

7.	<u>SITE LIABILITY INSURANCE</u>		\$	_____
8.	<u>SPECIAL VENDOR SERVICES</u>			
	_____	_____		
	_____	_____		
	_____	_____		
			\$	_____
9.	<u>MISCELLANEOUS</u>		\$	_____
	_____		\$	_____
	_____		\$	_____
10.	<u>TOTAL COSTS</u>		\$	

PLEASE ATTACH ALL APPLICABLE INVOICES TO THIS FORM AND SUBMIT TO WISDOT WITH THE APPROPRIATE RAM CCLM INVOICE.

Wisconsin Rest Area Maintenance (RAM) Program Equipment Acquisition Information Form

Please complete this form when requesting equipment costing over \$5,000 and is not budgeted for prior to purchasing the equipment. Fax to (888) 435-7455 or email to jgiertych@dspn.org the completed form to DSPN. A DSPN representative will contact you when the form is received.

Contractor Name: _____ Date: _____

Name of Person Completing Form: _____

Please describe new equipment requested: (be as specific as possible)

Please describe why equipment is needed: (replacing existing, improve quality of service, etc.)

At what site(s) will the equipment be used? _____

Will new equipment replace existing equipment? Yes No

If yes, what will be replaced? _____

Estimated purchase price of equipment: _____

Will purchase of new equipment require an increase in total contract dollars? Yes No

If yes, what is the total increase requested? _____

Please Note:

*Purchases over \$5,000 require 3 bids.

*Cost of equipment used for multiple contracts must be shared between contracts.

*If purchase is approved, please forward a copy of the receipt to the DSPN office. RAM

Approved	Yes	No
Date	_____	
DSPN Staff	_____	

Salaries

July		SUPERVISORS HRS					WORKERS HRS						
		Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month	Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Total \$	\$0.00												
Total hrs	0.0												
		Regular hours:											
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
		Totals	0.0	0.0	\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00
		Overtime hours:											
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
		Totals	0.0	0.0	\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00
Aug		SUPERVISORS HRS					WORKERS HRS						
		Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month	Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Total \$	\$0.00												
Total hrs	0.0												
		Regular hours:											
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
			0.0	0.0	\$0.00	\$0.00			0.0	0.0	\$0.00	\$0.00	
		Totals	0.0	0.0	\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00
		Overtime hours:											
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
		Totals	0.0	0.0	\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00
Sept		SUPERVISORS HRS					WORKERS HRS						
		Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month	Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Total \$	\$0.00												
Total hrs	0.0												
		Regular hours:											
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
					\$0.00	\$0.00				0.0	0.0	\$0.00	\$0.00
		Totals			\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00
		Overtime hours:											
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
				0.0	\$0.00	\$0.00				0.0	\$0.00	\$0.00	
		Totals		0.0	\$0.00	\$0.00			Totals	0.0	0.0	\$0.00	\$0.00

Oct
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

WORKERS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

Nov
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

WORKERS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

Dec
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

WORKERS HRS					
Worker	Shift	Hours Per Week	Hours Per Month	Hourly Wage	Total Wages Per Month
Regular hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00
Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
		Totals	0.0		\$0.00

Apr
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

WORKERS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

May
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

WORKERS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

June
 Total \$
\$0.00
 Total hrs
 0.0

SUPERVISORS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

WORKERS HRS		Hours	Hours	Hourly Wage	Total Wages
Worker	Shift	Per Week	Per Month		Per Month
Regular hours:					
		0.0	0.0	\$0.00	\$0.00
		0.0	0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

Overtime hours:					
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
			0.0	\$0.00	\$0.00
Totals			0.0		\$0.00

RAM CONTRACTOR SERVICE COST WORKSHEET

Work Center: _____ Fiscal Year: _____

ADMINISTRATIVE LABOR COST

Support Personnel (non-site personnel who bill RAM for all or a portion of their time; admin., A/P, A/R, Executive Director, etc.):

<u>POSITION TITLE AND %</u>	<u>RAM PAID SALARY</u>	<u>RAM PAID BENEFITS</u>
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
ADMINISTRATIVE LABOR COST TOTALS:	\$ _____	\$ _____

OVERHEAD COSTS

RAM Office Supplies:	\$ _____
RAM Office Equipment:	\$ _____
RAM Office Rent:	\$ _____
RAM Utilities:	\$ _____
RAM Property Insurance:	\$ _____
RAM Other (explain cost on reverse):	\$ _____
OVERHEAD Costs Total:	\$ _____

LABOR / BENEFIT COSTS TOTAL:	\$ _____
OVERHEAD COSTS TOTAL:	\$ _____
Grand CSC Total Costs (ALL CATEGORIES):	\$ _____
TOTAL RAM CONTRACT COST LESS CSC: ÷	\$ _____
= Cost per Dollar:	\$ _____

RAM Vehicle Mileage Affidavit

(Use for any vehicle placed in service which is not listed on the equipment inventory)

Work Center: _____

County: _____

Site: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

VIN #: _____

Odometer mileage is _____ on this date of (mm/dd/yy) _____

Placed in service on (mm/yy) _____

Signature

Print Name

RAM

Vehicle Mileage Affidavit

Organization

County / Site

<input type="text" value="Equip ID"/>	Model:	S/N:
	Description:	WC Equip ID:
Odometer Mileage is _____ on this date of (mm/dd/yy) _____		
If vehicle was removed from service this year, state month removed and mileage at removal date.		
Date (mm/yy) : _____		Mileage: _____
Signed: _____		
Print Name: _____		

Wednesday, April 06, 2011

VEHICLE AND EQUIPMENT REPLACEMENT AFFIDAVIT

Date: _____

County _____

Site(s) _____

___ Replacement ___ Addition (check one)

If a **replacement**, fill in the following:

Date of Purchase _____ Cost \$ _____

Description _____

Make of item being replaced _____

Model # / Name of item being replaced _____

Serial # / VIN # of item being replaced _____

NEW EQUIPMENT / VEHICLE (REQUIRED INFORMATION)

Date of Purchase _____ Cost \$ _____

Description _____

Make _____

Model # / Name _____

Serial # / VIN # _____

Sign: _____

Print Name: _____

FAX / E-MAIL PURCHASE RECEIPT AND FORM IMMEDIATELY TO SUSAN DAVIS AT

DSPN FAX: (888) 435-7455 / E-MAIL: SDAVIS@DSPN.ORG



**WisDOT/DSPN Roadside Facilities
Asset Data/Preventative Maintenance Equipment for Scheduled PMs**

Name of Person Completing : _____ **Date:** _____

NEW	EDIT	INACTIVE
Please go to Asset Name Section Below	Asset # Enter Changes Below	Asset # Inactive Date:

** Please complete form as detailed as possible.

Asset Name:		Date:	
Asset Name/Number		Serial #	
Asset Class (Please see attached list)		Asset Rank	
Manufacturer		Model	
Asset Description		Vendor	
Asset Safety Comment		Status Comments	

Documentation: (add documentation/photos--attach or email (to psmith@dspn.org) for scan/upload)

Location Information			
Property		Floor	
Space		Room/Area	
Quantity Available		Asset Comments	

Warranty Information: (If New Asset, please attach or email (to psmith@dspn.org) warranty paperwork for scan/upload)			
Warranty Contract #			
Effective Date		Expiration Date	
Expiration Contact		Expir Contact Phone	
Warranty Vendor		Warranty PO#	
Maintenance Contract #		Maintenance Vendor	
Contract Expiration Date		# of Days Notify Exp.	

Purchase Information:			
Purchase Date		Purchase Amount	
Estimated Life (yrs)		Purchase Order#	
Est Repl. Cost			

**Please see reverse side for additional information needed.

**If you have any questions, please contact Patrice Smith/DSPN 608.661.2916.
Please return this form with any attachments to psmith@dspn.org.**

**WisDOT/DSPN Roadside Facilities
Asset Data/Preventative Maintenance Equipment for Scheduled PMs**

Part Detail:			
Part #	Description/Size	Qty	Storage Room Area or Location
		4/24/2019	

Motor Detail:			
Description		Voltage	
Model #		Frame	
Serial #		Phase	
Manufacturer		Bearing Type/Size	
RPM		FLA	
HP		Drive	
HZ		Other	
Amperage		Other	

Schedule, Procedure, and Additional Comments:			
Frequency of PM: (Please circle one)			
Monthly	Quarterly	Semi-Annually	Annually
Starting month of each frequency: (Please circle one)			
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
Amount of time needed for this procedure (in minutes/hours):		Hours	Minutes
Procedures for PM (if not already on file):			

Roadside's Master List of Asset Classes and Asset Names:

(Which ones have scheduled PMs vs condition of asset monitored via scheduled inspections)

Asset Class	Asset Name	Scheduled PM	On Inspection Forms
Building Exterior	Door		yes
Building Exterior	Overhead Door	yes	
Building Exterior	Siding/Trim		yes
Building Exterior	Ext Windows		yes
Building Interior	Floor		yes
Building Interior	Mirror		yes
Building Interior	Bathroom Partitions		yes
Building Interior	Walls		yes
Building Interior	Int Windows		yes
Electrical - General	Electrical Switchgear	yes	
Electrical - General	Electrical Light Starters	yes	
Electrical - Panels	Electrical Panel	yes	
Electrical - Panels	Sewage Pump Controls	yes	
Electrical - Panels	Wastewater Control Panel	yes	
Furniture-Misc	Int Bench		yes
Generators	Generator	yes	
HVAC - Air Compressors	Air Compressor	yes	
HVAC - Air Handlers	Air Handler	yes	
HVAC - Air Handlers	Furnace	yes	
HVAC - Boilers	Boiler	yes	
HVAC - Condensers	Air Conditioner	yes	
HVAC - Electric Heaters	Baseboard Heater	yes	
Irrigation Equipment	In-Ground Sprinkler System	yes	
Lighting/Fan	Ceiling Fan		yes
Lighting/Fan	Lighting		yes
Operational Equip-Janitorial	Clothes Washer		yes
Operational Equip-Janitorial	Clothes Dryer		yes
Operational Equip-Misc	ADA Auto Door Control	yes	
Plumbing	Drinking Fountain		yes
Plumbing	Showers		yes
Plumbing	Sinks		yes
Plumbing	Toilet		yes
Plumbing	Urinal		yes
Plumbing	Wastewater Valves	yes	
Plumbing	Water Inlet (Drain)	yes	
Plumbing	Water Filter	yes	
Plumbing - Pumps	Grinder Pump	yes	
Plumbing - Pumps	Hand Pump	yes	
Plumbing - Pumps	Mixing Pump	yes	
Plumbing - Pumps	Sump Pump	yes	
Plumbing - Pumps	Wastewater Pumps	yes	
Plumbing - Pumps	Well Pump	yes	
Roof	Gutters/Downspouts		yes
Roof	Roof		yes
Roof	Soffit/Vent		yes

Asset Class	Asset Name	Scheduled PM	On Inspection Forms
Security Equipment	Security Camera	yes	yes
Security Equipment	Security Recorder	yes	yes
Security Equipment	Security System	yes	yes
Site	Ext Bench		yes
Site	Culvert		yes
Site	Ditch		yes
Site	Fencing		yes
Site	Flag Poles		yes
Site	Historical Marker		yes
Site	Map Case		yes
Site	Parking Lots/Ramps		yes
Site	Picnic Tables		yes
Site	Picnic Shelter		yes
Site	Play Area		yes
Site	Retaining Wall		yes
Site	Rock Wall		yes
Site	Shed		yes
Site	Signage		yes
Site	Trash Receptical		yes
Site	Walkway		yes
Site	Well Shelter		yes
Tanks	Pressure Tank	yes	
Tanks	Propane Tank	yes	
Tanks	Septic Tank/Vault	yes	
Water - Conditioning	Water Softner	yes	
Water - Heaters	Water Heater	yes	
Weighing Infrastructure	Static Scale	yes	yes
Weighing Infrastructure	Weigh In Motion	yes	yes
Weighing Infrastructure	Virtual Weigh In Motion	yes	yes

Static Scales PM: get annual DTCAP inspect & cert, get engineering inspection

Elective Use Forms

The forms in this section may be used by a RAM service provider if the provider finds them useful.

31.31 Equipment Maintenance Schedule: Record maintenance history on each piece of equipment used at the site. Keep this form on-site for the life of the equipment.

31.32 Vehicle Maintenance Schedule: Record maintenance history on each vehicle used at the site. Keep this form on-site for the life of the vehicle.

EQUIPMENT MAINTENANCE SCHEDULE	
20___	
SITE:	CONTRACTOR:
Name of Equipment:	
Model Number:	
Serial Number:	
Date of Purchase:	Acquisition Cost: \$

Months Used:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Engine Hours												
Change oil/filter												
Replace spark plugs												
Lubricate chassis												
Clean air filter												
Replace fuel filter												
Inspect/replace drive belts												
Inspect gear case lube												
Check battery level												
Transmission/Filter												
Tire Pressure/Wheel Bearings												
Other												

Please fill out the back of this sheet with equipment history

Equipment History:

VEHICLE MAINTENANCE SCHEDULE

20__

SITE:	CONTRACTOR:
Vehicle Type:	
Model Number:	
Serial Number:	
Date of Purchase:	Acquisition Cost: \$

Months Used:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Lubrication												
Oil Change												
Oil Filter												
Check Fluid Levels												
Service Air Cleaner												
Service Emission Control System												
Service PCV Valve												
Service Cooling System												
Service Automatic Transmission												
Replace Fuel Filter												
Rotate Tires												
Wheel Balance												
Pack Front Wheel Bearings												
Front End Alignment												
Inspect Shocks, Suspension and Steering												
Inspect and Service Brakes												
Inspect and Adjust all Belts												
Scope and Set												
Check and Reset Idle												
Replace Spark Plugs												
Drain and Flush Cooling System												
Complete Safety Inspection												

Please fill out the back of this sheet with equipment history

GVYZIV History: