Attachment J – Monthly Compliance Report

Hawaii Department of Transportation Monthly Com	pliance Report
DOH NGPC File No	
Project Name:	
Project No:	
Reporting Month and Year: Date Prepared:	
Complete this form within 2 working days of the end of site and made available by the end of the next busines applicable boxes below and include attachments when	s day when requested by DOH. Check the
☐ Corrective Action Reports for this month are attac	hed.
\square Changes to the information on file with DOH for t	he past month are attached.
\square No changes, updates, or any incidences of non-con-	npliance to report.
I certify under penalty of law that this document and direction or supervision in accordance with a system properly gather and evaluate the information submitt persons who manage the system, or those persons dir information, the information submitted is, to the best and complete. I am aware that there are significant pincluding the possibility of fine and imprisonment for	designed to assure that qualified personnel ed. Based on my inquiry of the person or ectly responsible for gathering the of my knowledge and belief, true, accurate, enalties for submitting false information,
Signature:	Oate:
Person Name: <u>Mr. Pratt M. Kinimaka</u>	
Person Position Title: <u>HDOT Resident Engineer</u>	
Person Company or Agency: <u>State of Hawaii</u>	
Department: <u>Department of Transportation</u> Div	sion: <u>Highways Division</u>
Phone Number: (808) 831-6700 ext. 126	Cax No.: <u>(808) 831-6725</u>
Person Email: <u>Pratt.Kinimaka@hawaii.gov</u>	