



Form 517014 (03/16)

DBE Commercially Useful Function Checklist

Project Number: _____

Prime Contractor: _____

DBE Sub-Contractor: _____

Work Type: _____

Type of Work Observed: _____

Does DBE on-site representative effectively manage the work being performed? Yes No

If No, explain: _____

Does DBE appear to have control over methods of work and equipment needed for their contract items? Yes No

If No, explain: _____

To your knowledge, has anyone other than the DBE's personnel worked on the sub-contracted items? Yes No

If Yes, explain: _____

Has the DBE used their own, leased, or rented equipment for these contract items? Yes No

If No, explain: _____

Has the DBE used any of the prime contractor's people or equipment? Yes No

If Yes, explain: _____

Does it appear that someone other than the DBE is furnishing material for the items the DBE is responsible for? Yes No

If Yes, explain: _____

Reviewer: _____ Date: _____