

# LABOR COMPLIANCE PROGRAM ANNUAL REPORT

*Suggested Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))*

Report for the reporting period 07/01/2010 to 06/30/2011  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): **Covina Valley Unified School District**

3. Date of Initial Approval: **July 22, 2003**

2. LCP I.D. Number (assigned by DIR): **2003.00298**

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

**Bob Macauley, Labor Compliance Officer**

**519 E. Badillo Street**

**Covina, CA 91723**

**(626) 974-7600 x2126 Office (626) 974-7032 Fax**

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:

**YES**

If Yes, proceed to item 6 on the next page

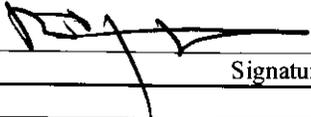
**NO**

If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,

455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) Please make this form **INTERACTIVE** like the DAS-140 form so it will be easier to use. Thank you.

**SUBMITTED BY:**

  
Signature

Robert J. Macauley, Labor Compliance Officer  
Name and Title

August 29, 2011  
Date

6. LC § 1771.5 Enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
South Hills HS – 2 Story Modular (6) Classrooms Bldg	10/17/08 – Bid # 08-09-109 01/29/10 – Bid # 09-10-102 03/19/10 – Bid # 09-10-103	Silver Creek Industries Silver Creek Industries Simplex Grinell	\$2,156,541.78
<b>Total</b>			<b>\$2,156,541.78</b>

B. List any project subject to the limited exemption clause of LC § 1771.5(a), if applicable.

Project Name	Description of Project	Contract Amount
N/A		
<b>Total</b>		

C. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
South Hills HS – 2 Story Modular (6) Classrooms Bldg	Alternative Fire Protection	\$110.48	\$110.48	No	Underpayment of PW
South Hills HS – 2 Story Modular (6) Classrooms Bldg	Pro Tec Mechanical	\$309.05	\$309.05	No	Underpayment of PW due to pre-determined increase
<b>Total</b>		<b>\$419.53</b>	<b>\$419.53</b>		

D. For any amount identified in item C for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
South Hills HS – 2 Story Modular (6) Classrooms Bldg	\$110.48	\$110.48	Inadvertent contractor error. Contractor paid back wages owed directly to worker.
South Hills HS – 2 Story Modular (6) Classrooms Bldg	\$309.05	\$309.05	Inadvertent contractor error. Contractor paid back wages owed directly to worker.
<b>Total</b>	<b>\$419.53</b>	<b>\$419.53</b>	

E. For any amount identified in item C for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
N/A										
<b>Total</b>										

F. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

G. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  YES  NO

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:

H. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  YES  NO

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:

# FedEx US Airbill

Express

FedEx  
Tracking  
Number

8682 5059 5930

Sender's Copy

**1 From** Please print and press hard.Date 8/30/11Sender's FedEx  
Account Number1882-7731-4Sender's  
NameR. MacauleyPhone (626) 974-7000Company COVINA VALLEY UNIFIED SCHL DISAddress 519 E BADILLO ST

Dept./Floor/Suite/Room

City COVINAState CAZIP 91723-2803**2 Your Internal Billing Reference**First 28 characters will appear on invoice.

OPTIONAL

**3 To**Recipient's  
NameDIR, Office of the Director Phone ( )  
Attn: LCP Special Assistant

Company

Recipient's  
Address455 Golden Gate Ave., 10th FloorWe cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

To request a package be held at a specific FedEx location, print FedEx address here.City San FranciscoState CAZIP 94102

0394708993

**4a Express Package Service** **FedEx Priority Overnight**Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx Standard Overnight**Next business afternoon.\* Saturday Delivery NOT available.**Packages up to 150 lbs.** **FedEx First Overnight**  
Earliest next business morning delivery to select locations.\* Saturday Delivery NOT available. **FedEx 2Day**Second business day.\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx Express Saver**Third business day.\* Saturday Delivery NOT available.FedEx Envelope rate not available. Minimum charge: One-pound rate.

\* To most locations.

**4b Express Freight Service** **FedEx 1Day Freight™**Next business day.\*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx 2Day Freight**Second business day.\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.**Packages over 150 lbs.** **FedEx 3Day Freight**  
Third business day.\*\* Saturday Delivery NOT available.

\* Call for Confirmation.

\*\* To most locations.

**5 Packaging** **FedEx Envelope\*** **FedEx Pak\***  
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. **FedEx Box** **FedEx Tube** **Other**

\* Declared value limit \$500.

**6 Special Handling**

Include FedEx address in Section 3.

 **SATURDAY Delivery NOT Available** for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight. **HOLD Weekday** at FedEx Location NOT Available for FedEx First Overnight. **HOLD Saturday** Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.**Does this shipment contain dangerous goods?**  
One box must be checked. **No** **Yes**As per attached Shipper's Declaration. **Yes**Shipper's Declaration not required. **Dry Ice**Dry Ice, 9, UN 1845x \_\_\_\_\_ kgDangerous goods (including dry ice) cannot be shipped in FedEx packaging. **Cargo Aircraft Only****7 Payment B/EI to:**

Enter FedEx Acct. No. or Credit Card No. below.

 **Sender**  
Acct. No. in Section 1 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**FedEx Acct. No.  
Credit Card No.

Exp. Date

Total Packages

Total Weight

Total Declared Value†

\$ .00

†Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.**8 Residential Delivery Signature Options**

If you require a signature, check Direct or Indirect.

 **No Signature Required**Package may be left without obtaining a signature for delivery. **Direct Signature**Someone at recipient's address may sign for delivery. Fee applies. **Indirect Signature**If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

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