**LABOR COMPLIANCE PROGRAM ANNUAL REPORT**

*Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects*

Report for the reporting period **07/01/2017** to **06/30/2018**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP)</th>
<th>DELTA DIABLO SANITATION DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR)</td>
<td><strong>2013.01202</strong></td>
</tr>
<tr>
<td>3. Date of Initial Approval</td>
<td><strong>APRIL 18, 2014</strong></td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | BRIAN THOMAS  
2500 PITTSBURG-ANTIOCH HIGHWAY  
ANTIOCH, CA 94509  
PH: 925-756-1928  FAX: 925-756-1960  EMAIL: briant@deltadiablo.org |
| 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) | |

**SUBMITTED BY:**

BRIAN THOMAS, ENGINEERING SVCS DIRECTOR/DISTRICT ENGINEER  

Signature:  
Name and Title:  
Date: