

# INITIAL PHASE CHECKLIST

DATE:

**PROJECT TITLE: Lower River**

AGENCY REPRESENTATIVE(S) NOTIFIED: YES    NO

PERSONNEL PRESENT	NAME	COMPANY/AGENCY
<b>SUBMITTALS</b>	SUBMITTALS APPROVED? <span style="float: right;">YES    NO</span> IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED?	
<b>MATERIALS</b>	ALL MATERIALS AND EQUIPMENT ON HAND? <span style="float: right;">YES    NO</span> IF NO, WHAT ITEMS ARE MISSING?	
	MATERIALS AND EQUIPMENT STORED PROPERLY? <span style="float: right;">YES    NO</span> IF NO, WHAT ACTION IS TAKEN?	
<b>WORK</b>	WORK PERFORMED IN ACCORDANCE WITH WORK PLANS? <span style="float: right;">YES    NO</span> IF NO, WHAT ACTION IS TAKEN?	
<b>TESTING</b>	IDENTIFY TEST (S) TO BE PERFORMED, WHEN, WHERE, AND BY WHOM:	

