

FOLLOW-UP PHASE CHECKLIST

DATE:

PROJECT TITLE: Lower River

AGENCY REPRESENTATIVE(S) NOTIFIED:

YES NO

**PERSONNEL
PRESENT**

NAME

COMPANY/AGENCY

SUBMITTALS

UNRESOLVED SUBMITTALS FROM PREPARATORY PHASE APPROVED?
IF NO, WHEN WILL SUBMITTALS BE APPROVED?

YES NO

WORK

WORK COMPLETED AND APPROVED?
IF NO, WHEN WILL WORK BE COMPLETED AND APPROVED?

YES NO

TESTING

TEST(S) COMPLETED AND APPROVED?
IF NO, WHEN WILL TEST(S) BE COMPLETED WITH APPROVAL?

YES NO

**OTHER COMMENTS
OR REMARKS**

OTHER ITEMS OR REMARKS:

QUALITY COORDINATOR

DATE