INITIAL PHASE CHECKLIST

DATE:

	INTIAL I HASE CHECKLIST	DATE.			
PROJECT TITLE: Lower River					
AGENCY REPR	RESENTATIVE(S) NOTIFIED:	YES	NO		
PERSONNEL PRESENT	NAME	COMPANY/AGENCY			
SUBMITTALS	SUBMITTALS APPROVED? IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED?	YES	NO		
MATERIALS	ALL MATERIALS AND EQUIPMENT ON HAND? IF NO, WHAT ITEMS ARE MISSING?	YES	NO		
	MATERIALS AND EQUIPMENT STORED PROPERLY? IF NO, WHAT ACTION IS TAKEN?	YES	NO		
WORK	WORK PERFORMED IN ACCORDANCE WITH WORK PLANS? IF NO, WHAT ACTION IS TAKEN?	YES	NO		
	IDENTIFY TEST (S) TO BE PERFORMED, WHEN, WHERE, AND BY W	HOM			
TESTING	IDEATH T TEST (5) TO BETER OKWED, WHEN, WHERE, AND BT W				

SAFETY	HAZARD ANALYSIS PERFROMED? IF NO, WHAT ACTION IS TAKEN?	YES	NO
OTHER COMMENTS OR REMARKS	OTHER ITEMS OR REMARKS:		
QUALITY COOF	DINATOR DATE		