

PREPARATORY PHASE CHECKLIST		DATE:
PROJECT TITLE: Lower River		
AGENCY REPRESENTATIVE(S) NOTIFIED: YES NO		
PERSONNEL PRESENT	NAME	COMPANY/AGENCY
SUBMITTALS	SUBMITTALS APPROVED? YES NO	
	IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED?	
MATERIALS	ALL MATERIALS AND EQUIPMENT ON HAND? YES NO	
	IF NO, WHAT ITEMS ARE MISSING?	
	MATERIALS AND EQUIPMENT STORED PROPERLY? YES NO	
	IF NO, WHAT ACTION IS TAKEN?	
WORK	WORK PERFORMED IN ACCORDANCE WITH WORK PLANS? YES NO	
	IF NO, WHAT ACTION IS TAKEN?	
TESTING	IDENTIFY TEST (S) TO BE PERFORMED, WHEN, WHERE, AND BY WHOM:	

SAFETY	HAZARD ANALYSIS PERFROMED? IF NO, WHAT ACTION IS TAKEN? <div>YESNO</div>
OTHER COMMENTS OR REMARKS	OTHER ITEMS OR REMARKS:
<div>QUALITY COORDINATORDATE</div>	