INITIAL PHASE CHECKLIST

		SPEC SECTION	DATE
CONTRACT NO	DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.	INDEX #

PERSONNEL PRESENT

GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES ☐ NO ☐

NAME	POSITION	COMPANY/GOVERNMENT

PROCEDURE COMPLIANCE

IDENTIFIY FULL COMPLIANCE WITH PROCEDURES IDENTIFIED AT PREPARATORY. COORDINATE PLANS, SPECIFICATIONS, AND SUBMITTALS.

COMMENTS:

PRELIMINARY WORK

ENSURE PRELIMINARY WORK IS COMPLETE AND CORRECT. IF NOT, WHAT ACTION IS TAKEN?

WORKMANSHIP

ESTABLISH LEVEL OF WORKMANSHIP.

WHERE IS WORK LOCATED?

IS SAMPLE PANEL REQUIRED? YES ☐ NO ☐

WILL THE INIITAL WORK BE CONSIDERED AS A SAMPLE? YES ☐ NO ☐

(IF YES, MAINTAIN IN PRESENT CONDITION AS LONG AS POSSIBLE AND DESCRIBE LOCATION OF SAMPLE)

RESOLUTION

RESOLVE ANY DIFFERENCES.

COMMENTS:

CHECK SAFETY

REVIEW JOB CONDITIONS USING EM 385-1-1 AND JOB HAZARD ANALYSIS

COMMENTS:

OTHER

OTHER ITEMS OR REMARKS

QC MANAGER DATE