

INITIAL PHASE CHECKLIST

SPEC SECTION _____

DATE _____

CONTRACT NO _____	DEFINABLE FEATURE OF WORK (DFOW) _____	SCHEDULE ACT NO. _____	INDEX # _____
----------------------	---	---------------------------	------------------

PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE:	<input type="radio"/> YES <input type="radio"/> NO
--------------------------	---	--

NAME _____	POSITION _____	COMPANY/GOVERNMENT _____
---------------	-------------------	-----------------------------

PROCEDURE COMPLIANCE	IDENTIFY 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? WILL THE INITIAL WORK BE CONSIDERED A SAMPLE? (IF YES, PROVIDE THE LOCATION WHERE THE INITIAL WORK CONSIDERED AS A SAMPLE IS LOCATED AND THE PRECAUTIONS TAKEN TO PRESERVE THE SAMPLE	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
---	--

RESOLUTION	RESOLVE ANY DIFFERENCES.
-------------------	--------------------------

COMMENTS:

CHECK SAFETY	REVIEW JOB CONDITIONS USING EM 385-1-1, ACTIVITY HAZARD ANALYSIS AND MSDS
---------------------	---

COMMENTS:

OTHER	OTHER ITEMS OR REMARKS
--------------	------------------------

 QC MANAGER

 DATE