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| **NORTHWEST REGION START CONSTRUCTION CHECKLIST** |

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| **PROJECT ID:** | | |  | | | **FEDERAL ID:** | | | |  | | | | **CONTRACT ID:** | | | |  |
| **COUNTY:** |  | | | | | | | **HIGHWAY:** | |  | | | | | | | | |
| **NAME OF ROAD:** | | | | |  | | | | | | | | | | | | | |
| **TYPE OF WORK:** | | | | |  | | | | | | | | | | | | | |
| **PROJECT LEADER:** | |  | | | | | **PROJECT**  **MANAGER:** | | | |  | | | | **PROJECT SUPERVISOR:** | | |  |
| **CONTRACTOR:** | | | |  | | | | | | | | **LETTING DATE:** | | | |  | | |
| **PRE-CON DATE:** |  | | | | | | **PRE-CON TIME:** | |  | | | | **CONFERENCE HELD AT:** | | | |  | |

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| **This form is to be included in the project field records when the project is assigned to the project manager.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **This checklist is only a supplement to the construction and materials manual.** | | | | | | | | | | | |
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| **Checklist** | | | | | | | **Date** | | |  | |
| 1. Project assigned to project manager | | | | | | |  | | |  | |
| 1. Project let / awarded | | | | | | |  | | | *(See Contract Specialist)* | |
| 1. Contract executed (Governor signs) | | | | | | |  | | | *(See Contract Specialist)* | |
| 1. Contractor notified | | | | | | |  | | | *(See Contract Specialist)* | |
| 1. Prime contractor contacted | | | | | | |  | | | *(See Contract Specialist)* | |
|  | | Prime contractor project manager | |  | | | | | | | |
|  | | Prime contractor’s address | |  | | | | | | | |
|  | |  | |  | | | | | | | |
|  | |  | |  | | | | | | | |
|  | | Prime contractor’s phone number | |  | | | | | | | |
|  | | Prime contractor’s fax number | |  | | | | | | | |
|  | | Prime contractor’s mobile numbers | |  | | | | | | | |
|  | |  | |  | | | | | | | |
|  | | Prime contractor’s e-mail address | |  | | | | | | | |
|  | | | | | | | | | | | |
| 1. Prior to partnering / pre-con review: | | | | | **Notes** | | | | |  | |
|  | A. | | Plan | |  | | | | | *(with Designer)* | |
|  | B. | | Proposal | |  | | | | | *(with Designer)* | |
|  | C. | | Contract time | |  | | | | | *(with Designer)* | |
|  | D. | | Prosecution and progress | |  | | | | | *(with Designer)* | |
|  | E. | | Incentive / disincentive | |  | | | | | *(with Designer)* | |
|  | F. | | R/W commitments | |  | | | | |  | |
|  | G. | | Design file | |  | | | | |  | |
|  | H. | | Low bids (DOT homepage) | |  | | | | |  | |
|  | | | | | | | | | | | |
| **Checklist** | | | | | | | **Date** | | |  | |
| 1. Contact Technical Services Supervisor | | | | | | |  | | |  | |
|  | (Letters to preserve local and county survey monuments, section corners) | | | | | | | | | | |
| 1. Partnering in specials? If yes, see page 3 | | | | |  | Yes | |  | No | |  |
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| **Checklist** | **Date** | | | |  |
| 1. Contractor contacted to set up pre-con |  | | | |  |
| 1. See pre-construction conference checklist |  | | | |  |
| 1. Develop tentative construction budget |  | | | |  |
| 1. Supervisor approves construction budget |  | | | |  |
| 1. Final construction budget routed to file |  | | | |  |
| 1. Is there a detour on project? If yes, see detour checklist |  | Yes |  | No | |

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| **Forms Requred:** | | |  | | | | | | | |
|  | **From Prime Contractor:** | | | **Date** | | |  | | | |
|  | 1. Railroad insurance (if required) | | |  | | | *(See Contract Specialist)* | | | |
|  | 1. Erosion control implementation plan | | |  | | | *(See Contract Specialist)* | | | |
|  | 1. Sublet request | | |  | | | *(approved by Labor Compliance Specialist)* | | | |
|  | 1. Source of materials | | |  | | | *(Submit to Contract Specialist)* | | | |
|  | 1. Project schedule (check for compliance) | | |  | | | *(Submit to Contract Specialist)* | | | |
|  | 1. Shop drawings | | |  | | | *(See Contract Specialist)* | | | |
|  | 1. Retaining wall design | | |  | | | *(See Contract Specialist)* | | | |
|  |  | | |  | | |  | | | |
|  | **From State DOT:** | | | **Date:** | | |  | | | |
|  | 1. Agree on project start-up date | | |  | | | *(Notify Contract Specialist, project manager and supervisor)* | | | |
|  | 1. Send notice to start work | | |  | | | *(Contract Specialist sends)* | | | |
|  |  | | |  | | | |  | | |
|  | **UTILITIES ON PROJECT\*:** | | | **COMPANY / CONTACT PERSON** | | | | | | |
| **\*NOTE:** Verify that plan information on utilities is correct. | | | |  | | | | | | |
|  | 1. Telephone | | |  | | | | | | |
|  | 1. Electric Distribution | | |  | | | | | | |
|  | 1. Electric Transmission | | |  | | | | | | |
|  | 1. Natural Gas | | |  | | | | | | |
|  | 1. Cable Television | | |  | | | | | | |
|  | 1. Other | | |  | | | | | | |
|  | 1. Is a separate Utility Pre-Construction Conference Needed? | | | |  | Yes | | |  | No |
|  | | Date: | |  | | | | | | |
|  | | Time: | |  | | | | | | |
|  | | Location | |  | | | | | | |
|  | | Supervisor / Prime Contractor Notified: | |  | | | | | | |