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| **NORTHWEST REGION START CONSTRUCTION CHECKLIST** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PROJECT ID:** | | | | **«Controlling\_Project\_ID»** | | **FEDERAL ID:** | | | «Controlling\_Fed\_ID» | | | **CONTRACT ID:** | | | | «Contract\_ID» | |
| **COUNTY:** | «County» | | | | | **HIGHWAY:** | | | «Highway» | | | | | | | | |
| **PROJECT LEADER:** | | | «PE\_Name»,  «PE\_Company» | | | **PROJECT**  **MANAGER:** | | «PM\_Name» | | | | | **PROJECT SUPERVISOR:** | | | | «Supervisor\_Name» |
| **CONTRACTOR:** | | | | | «Contractor\_Name» | | | | | **LETTING DATE:** | | | | «LET\_Date» | | | |
| **PRE-CON DATE:** | | «Precon\_Date» | | | | **PRE-CON TIME:** | «Precon\_Time» | | | | **CONFERENCE HELD AT:** | | | | «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 | | | | | | | |  | | *(CO sends & CS places in BOX – Award file)* | | | | | | | | |
| 1. Contract executed (Governor signs) | | | | | | | |  | | *(CS sends and places in BOX – Award file)* | | | | | | | | |
| 1. Contractor notified | | | | | | | |  | | *(CS sends and places in BOX – Award file)* | | | | | | | | |
| 1. Prime contractor contacted | | | | | | | |  | |  | | | | | | | | |
|  | | | 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 | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **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 | | | | |
| **Forms Required:** | | | | | |  | | | | | | | | | | | | |
|  | | **From Prime Contractor:** | | | | | | **Date** | | |  | | | | | | | |
|  | | 1. Railroad insurance (if required) | | | | | |  | | | *(CS will document in AWP and save in BOX)* | | | | | | | |
|  | | 1. Erosion control implementation plan | | | | | |  | | | *(Notify CS when signed version is saved to BOX)* | | | | | | | |
|  | | 1. Sublet request | | | | | |  | | | *(Approved by Labor Compliance Specialist)* | | | | | | | |
|  | | 1. Source of materials | | | | | |  | | | *(Notify CS when saved to BOX)* | | | | | | | |
|  | | 1. Project schedule (check for compliance) | | | | | |  | | | *(Notify CS when saved to BOX)* | | | | | | | |
|  | | 1. Shop drawings | | | | | |  | | |  | | | | | | | |
|  | | 1. Retaining wall design | | | | | |  | | |  | | | | | | | |
|  | |  | | | | | |  | | |  | | | | | | | |
|  | | **From State DOT:** | | | | | | **Date:** | | |  | | | | | | | |
|  | | 1. Agree on project start-up date | | | | | |  | | | *(Request NTP from CS after confirming with PM & Supervisor)* | | | | | | | |
|  | | 1. Send notice to start work | | | | | |  | | | *(CS 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: | | |  | | | | | | | | | | |