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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: |       |