

INITIAL PHASE CHECKLIST

DATE: _____

T.O. #: _____ TITLE: _____

SPEC SECTION: _____ DRAWING NO(S): _____

DEFINABLE FEATURE OF WORK: _____

A. PERSONNEL PRESENT:

	<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

B. MATERIALS BEING USED ARE IN STRICT COMPLIANCE WITH THE CONTRACT PLANS AND SPECIFICATIONS: YES NO

If not, explain: _____

C. WORKMANSHIP:

I. Procedures and/or work methods witnessed are in strict compliance with the requirement of the contract specifications: YES NO

If not, explain: _____

II. Workmanship is acceptable: YES NO

State areas where improvement is needed: _____

D. SAFETY VIOLATIONS AND CORRECTIVE ACTION TAKEN: _____

E. COMMENTS: _____

