|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name: Institution:Location:SBC No.: |

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**Contact Persons:**

|  |  |  |
| --- | --- | --- |
|  | Owner’s Construction Representative | Owner’s System Office Supervisor |
| Name |  |  |
| Landline |  |  |
| Mobile |  |  |
| e-mail |  |  |
| Address |  |  |
|  |  |  |
|  | Owner’s Facility coordinator | Owner’s on-site back-up |
| Name |  |  |
| Landline |  |  |
| Mobile |  |  |
| e-mail |  |  |
| Address |  |  |
|  |  |  |
|  | Designer’s field rep | Designer’s back-up |
| Name |  |  |
| Landline |  |  |
| Mobile |  |  |
| e-mail |  |  |
| Address |  |  |
|  |  |  |
|  | Contractor’s project manager | Contractor’s Superintendent |
| Name |  |  |
| Landline |  |  |
| Mobile |  |  |
| e-mail |  |  |
| Address |  |  |

**A**. **Reality checks:**

1. Has Contractor received an executed contract?

🞎 yes 🞎 no

2. Has Contractor received asbestos, sub-surface, and other reports?

🞎 yes 🞎 no 🞎 n/a

3. Has Contractor received the stamped fire marshal set?

🞎 yes 🞎 no 🞎 n/a

4. How many more sets of plans and specs does Contractor need?

|  |
| --- |
|  |

**B. Permits:**

1. local building

🞎 got 🞎 need

🞎 no local agency

2. storm water

🞎 got 🞎 need 🞎 n/a

**C. Progress Meetings**

1. Time:

|  |
| --- |
|  |

2. Day (indicate cycle, e.g. 1st & 3rd Tuesday):

|  |
| --- |
|  |

3. Place:

|  |
| --- |
|  |