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

**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:

|  |
| --- |
|  |