

INITIAL PHASE CHECKLIST FORM

Contract No.: _____ Date: _____

Definable Feature: _____

Government Rep Notified: _____ Hours in Advance Yes _____ No _____

I. Personnel Present:

	NAME	POSITION	COMPANY/GOVERNMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(List additional personnel on reverse side)

II. Identify full compliance with procedures identified at preparatory phase. Coordinate plans, specifications, and submittals.

Comments: _____

III. Preliminary work. Ensure preliminary work is complete and correct. If not, what action is taken? _____

IV. Establish Level of Workmanship.

1. Where is work located? _____

2. Is a sample panel required? Yes _____ No _____

3. Will the initial work be considered as a sample? Yes _____ No _____
(If yes, maintain in present condition as long as possible.)

V. Resolve any Differences.

Comments: _____

INITIAL PHASE CHECKLIST FORM (Cont'd)

VI. Check Safety.

Review job condition using EM 385-1-1 and job hazard analysis.

Comments: _____

CQC Representative