F62 PRE-CONSTRUCTION DATA SHEET

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: