

Contract: _____ Job W/A No.: _____ Location: _____			Required	Completed Date	Not Required
Est Job Start: _____ Date of Survey: _____					
Completed by: _____ <input type="checkbox"/> Foreman <input type="checkbox"/> Site Supervisor					
Did Site Supervisor Visit Job? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has Miss Utility Been Called? Ticket No. _____ Miss Utility Marked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do You Have Permits? <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Local Permit No. _____					
Is the Site Ready to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Site / Ground Conditions Ready to Start? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Staked and Marked by Engineer?					
Do you Have a Copy of the Job Print / Drawing?					
What Visible Conflicts Exist?					
Do You Need Photos / Video of Potential Problems?					
Restricted Time? If Required, List Times: From _____ To _____ Date _____					
Do You Have Traffic Control Plan? Plan: _____					
What Roadway or Pedestrian Signs are Required?					
Roadway Plates? <i>(FILL IN ONLY IF REQUIRED)</i> How Many? _____ Size? _____ I-Beams? _____					
Do You Expect Parking Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do You Need to Register "NO PARKING" Signs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Flaggers Needed? <i>(FILL IN ONLY IF REQUIRED)</i> How Many? _____ Walkie Talkies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Storage Area for Materials and Equipment Available? Where? _____					
Will You Need a Cable Crew? Verizon <input type="checkbox"/> Yes <input type="checkbox"/> No Power <input type="checkbox"/> Yes <input type="checkbox"/> No CATV <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are Sanitary Facilities Required?					
Do You Need Job-Specific Safety Plan? <small>(professional engineer, 15' or greater in depth, \$100k in sales or greater, 20 days or longer in duration, or customer requirement)</small> If Required, Obtain Safety Department Input.					
Do You Need to Meet With: <input type="checkbox"/> Customer <input type="checkbox"/> Project Site Superintendent <input type="checkbox"/> Owner's Site Manager <input type="checkbox"/> Homeowner					
Customer Name: _____ Phone No: _____ Company _____					
Inspector Name: _____ Phone No: _____ Company _____					
Others Name: _____ Phone No: _____ Company _____					
Special Requirements to Site or Property:					
Comments:					