



INTERNATIONAL BOUNDARY & WATER COMMISSION  
**RECORD OF PREPARATORY PHASE MEETING**

Contractor: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Project \_\_\_\_\_ Date: \_\_\_\_\_

Definable Feature of Work (DFOW): \_\_\_\_\_

Activities included in DFOW: \_\_\_\_\_

**A. PERSONNEL PRESENT**

<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
_____	CQC System Manager	_____
_____	Superintendent	_____
_____	Crew Foreman	_____
_____	SSHO	_____
_____	Gov't Inspector	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. REVIEW DRAWINGS AND SPECIFICATIONS**

<u>DRAWING/SPEC SECTION</u>	<u>COMMENTS/CONFLICTS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**C. PRECEDING WORK**

Preceding DFOW: \_\_\_\_\_

Is all preceding work correct and meet specifications? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Is preceding work still ongoing? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Have all surveys been performed on preceding work? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. SUBMITTALS INVOLVED**

#	ITEM	CODE	DATE OF GOV'T REVIEW
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have all items involved been reviewed by Government? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
 If no, list items below that have not been reviewed by Government. Explain NA.

ITEM	STATUS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. MATERIAL ON HAND**

Are all materials on hand in accordance with Contract requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Are materials stored properly? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Explain No and NA responses. Include list of "just in time" materials such as concrete.


**F. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT**

TEST & FREQUENCY	SECTION/PARAGRAPH	BY WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Use USIBWC test forms for concrete and soil tests.

## G. VARIANCES

Have any variances been granted by Government? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
If yes, list items below that are in variance to the Technical Specifications, Drawings, or Contract. Explain NA.

ITEM

DESCRIPTION

[illegible]

#### **H. AGREED UPON INITIAL WORK**

Discuss and agree upon the initial work to be performed prior to the Initial Phase Meeting. The extent of work required shall be of sufficient quantity to inspect the quality of workmanship for all DFOV activities and establish the minimum acceptable standards. Describe the work to be completed for each activity in detail including location or stationing, quantity, limits, or sections. To the maximum extent possible, describe the work in quantifiable units of measurement. Quantity of initial work to be completed is as decided here and is not required to correlate with the measurement and payment sections of the Technical Specifications.

Preliminary Work to be Completed:

[illegible]

It is estimated that this work will be completed on or around:

Additional Comments:

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**I. SAFETY**

Review AHA for this DFW and any other applicable tasks. List all AHAs reviewed.

<u>AHA TITLE</u>	<u>SUBMIT #</u>	<u>DATE OF GOV'T REVIEW</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify applicable portions of EM 385-1-1. Discuss all applicable.

___ 05-PPE	___ 14-Material Handling	___ 23-Demolition
___ 06-Hazardous/Toxic	___ 15-Rigging	___ 24-Access/Ladders/Stairs
___ 09-Fire Protection	___ 16-LHE/Cranes/Lifts	___ 25-Excavation/Trenches
___ 10-Welding/Cutting	___ 18-Machinery/Equipment	___ 27-Concrete/Masonry
___ 11-Electrical	___ 20-Compressed Air/Gas	___ 28-Steel Erection
___ 12-Lock Out/Tag Out	___ 21-Fall Protection	___ 34-Confined Space
___ 13-Hand/Power Tools	___ 22-Platforms/Scaffolding	___ Other: _____

List all required PPE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List competent persons for this DFW:

<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify safety inspections related to this work:

<u>NAME OF INSPECTION/FORM</u>	<u>FREQUENCY</u>			<u>RESPONSIBLE PERSON or POSITION</u>
	<u>DAY</u>	<u>WEEK</u>	<u>MONTH</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other safety notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J. OTHER DISCUSSIONS**

Explain other discussions held, agreements reached, decisions made, etc.: \_\_\_\_\_

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***Attach any additional document, sketches/details, manufacturer instructions, etc. discussed or used in preparatory meeting.***

***Repeat Preparatory Meeting if any of the following occur:***

1. Changes in the applicable CQC staff or onsite supervision (superintendent, SSHO, foreman, comp person).
2. If work on a definable feature of work is resumed after a substantial period of inactivity.
3. If quality cannot be maintained or other problems develop.

\_\_\_\_\_  
SSHO Signature

\_\_\_\_\_  
SSHO Name

\_\_\_\_\_  
Crew Foreman Signature

\_\_\_\_\_  
Crew Foreman Name

\_\_\_\_\_  
Government Inspector Signature

\_\_\_\_\_  
Government Inspector Name

\_\_\_\_\_  
Prime Contractor's Superintendent Signature

\_\_\_\_\_  
Prime Contractor's Superintendent Name

\_\_\_\_\_  
Contractor's QC System Manger Signature

\_\_\_\_\_  
Contractor's QC System Manger Name

\_\_\_\_\_  
COR Signature, if in attendance

\_\_\_\_\_  
COR Name