



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

Contractor: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 Project \_\_\_\_\_ Date: \_\_\_\_\_  
 Definable Feature of Work (DFOW): \_\_\_\_\_  
 Activities included in DFW: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>A. PERSONNEL PRESENT</b>		
<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
_____	CQC System Manager	_____
_____	Superintendent	_____
_____	Crew Foreman	_____
_____	SSHO	_____
_____	Gov't Inspector	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>B. REVIEW DRAWINGS AND SPECIFICATIONS</b>	
<u>DRAWING/SPEC SECTION</u>	<u>COMMENTS/CONFLICTS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>C. PRECEDING WORK</b>			
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 USBWC test forms for concrete and soil tests.



**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.

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

\_\_\_\_\_  
SSH0 Signature

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

\_\_\_\_\_  
SSH0 Name

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

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

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

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

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

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

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

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

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