

# FOLLOW-UP PHASE CHECKLIST

DATE:

**PROJECT TITLE: Lower River**

AGENCY REPRESENTATIVE(S) NOTIFIED:

YES NO

**PERSONNEL  
PRESENT**

NAME

COMPANY/AGENCY

**SUBMITTALS**

UNRESOLVED SUBMITTALS FROM PREPARATORY PHASE APPROVED?  
IF NO, WHEN WILL SUBMITTALS BE APPROVED?

YES NO

**WORK**

WORK COMPLETED AND APPROVED?  
IF NO, WHEN WILL WORK BE COMPLETED AND APPROVED?

YES NO

**TESTING**

TEST(S) COMPLETED AND APPROVED?  
IF NO, WHEN WILL TEST(S) BE COMPLETED WITH APPROVAL?

YES NO

**OTHER COMMENTS  
OR REMARKS**

OTHER ITEMS OR REMARKS:

QUALITY COORDINATOR

DATE