University of Northern Iowa

Preconstruction Meeting Agenda

Date:

Project:

CONSTRUCTOR:

DESIGN PROFESSIONAL:

OWNERS Representative(s):

Discussion Items:

1. Introductions: CONSTRUCTOR, Sub-Contractors, DESIGN PROFESSIONAL, OWNER, Others. This includes designation of responsible personnel throughout the duration of the contract.

2. Status of Contract Documents

 a. Notice of Award

 b. Form of Agreement

 c. Insurance Certificates

1. Other Related Items
2. Construction Set Documents

3. Sub-Contractors

a. Review Sub-Contractor List (Submittal required within 48 hours of the receipt of the Notice of Award).

4. List of Key Personnel

 a. Project Superintendent – provide resume

 b. Project Manager – provide resume

 c. Other Key Personnel

 d. Telephone Numbers; On-site, Office, Emergency/After Hours

 e. Communication is essential to a successful project.

5. Construction Schedule (01 30 00 and Project Requirements)

 a. Start/Commence Date

 b. Discussion of Schedule

 c. Contract Time

d. The UNI Hazardous Material Plan is available in the safety office. A list of hazardous materials used in the area is available from building occupants.

e. Liquidated Damages, if appropriate as noted in the Project Requirements.

6. Construction Progress Meetings (01 30 00)

 a. Meetings shall be a minimum of once every two weeks.

 b. Set day of week, time, location and frequency.

 c. Meetings shall be run by CONSTRUCTOR.

d. Minutes/Distribution by DESIGN PROFESSIONAL on the Computerized Project Management System.

 e. Other meetings.

7. Application for Payment (GC Article 9 and 01 20 00)

a. Schedule of Values shall be submitted to OWNER within 21 days (Not required for unit price contracts) shall be approved by OWNER prior to initial pay application.

b. Stored Materials, On/Off Site (Bill of Sale/Insurance) in advance of meeting.

c. Submit a preliminary copy to on the Project Management System for review by OWNER and DESIGN PROFESSIONAL prior to meeting. The OWNER, DESIGN PROFESSIONAL and CONSTRUCTOR will review the Application for Payment at the On Site Meeting and sign the copies.

d. Form provided by OWNER.

e. NPDES documentation where required.

 f. Updated schedule and other information as required.

1. Shop Drawings (GC and 01 33 00)

a. CONSTRUCTOR to provide a submittal schedule. SDS sheets must be provided to the CPM before any chemical is brought on site. Copies of all SDS sheets for products being used must be available at the job site.

b. The documents require a 14-day approval time unless noted otherwise in schedule. Communication on critical items is essential.

c. All submittals shall be consecutively numbered, beginning with number 1 and identified with technical section number.

d. All submittals shall be published on Panther Projects for review and comments by the OWNER and the DESIGN PROFESSIONAL.

e. Final approved shop drawings shall be republished with comments by the DESIGN PROFESSIONAL on Panther Projects.

f. Re-submittals (number sequential with all submittals).

g. We encourage approving submittals as noted or other similar methods to keep the process moving. If possible, do not reject entire multi item submittals for one item.

h. No substitutions will be permitted unless prequalified and presented in accordance with Section 01 60 00 of the specifications.

9. Changes to Contract Amount (01 20 00)

 a. Interim Directed Change

 b. Proposal Request

 c. Change Orders

 d. Change in time must be fully justified as specified.

10. Clarifications of Documents

1. Supplemental Instructions
2. Request for Information

11. Utilities

 a. Locates, Responsibility

 b. Temporary

 c. Usage of University Utilities by Constructor

 d. Telephone

 e. Toilet Facilities

12. Testing and Scheduling Owner’s Testing Agency (01 40 00)

13. Security

 a. Job Site Security

 b. Temporary Lighting

 c. Fencing/Barricades

1. Keys (Affiliate Contractor Set-up Form required 48 hours prior to key being issued)

e. Maintenance and Housekeeping Procedures

14. Use of Site

 a. CONSTRUCTOR Parking

 b. Construction Parking Permits

 c. Construction Limits

d. OWNER must approve fence location and construction entrances. Emergency fire and rescue plan also required when building exits are affected.

15. Other Issues Related to Project (Examples below. Shall be customized as needed.)

 a. Site Survey Existing Condition

 b. Asbestos Abatement

 c. Materials Testing

 d. Material Deliveries

 e. Construction Staking

 f. Working Hours

 g. Excess Dirt Removal/Disposal

 h. Salvage Items

 i. Owner Furnished Materials

 j. Concrete Truck Wash-Out

 k. Hydrant Meter/Water Keys

 l. Hot Work Permits

 m. NPDES

 n. Owner Occupancy

16. Substantial Completion

 a. As built drawings and O & M manuals

 b. Punchlist

 c. Owner Occupancy

 d. Equipment Training/Demonstration

 e. Substantial Completion Certificate

17. Project Acceptance

 a. Punchlist

 b. Final Observation

 c. Final Application for Payment/Retainage

d. TSB Reporting Form

Hazardous Materials Notification

All

As you may know there will be a construction project in to . The CONSTRUCTOR is scheduled to start work on and it is estimated that the work will be complete by . The CONSTRUCTOR is expected to observe all required safety procedures and methods and have as little impact as possible on the normal activities that occur within the building. To accomplish the work various construction materials will be brought into the building and used throughout the course of the project. SDS sheets for these materials are available on site with the CONSTRUCTOR or by contacting , the Owner’s Construction Representative, in Facilities Planning at 273-2611. The work will involve a variety of CONSTRUCTORS and their personnel, if there are specific concerns about certain products please notify the Owner’s Construction Representative and these concerns will be relayed to the CONSTRUCTOR and additional precautions taken to minimize problems.

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Construction Project Manager (CPM)

Fill in blanks and Email this notice to building occupants prior to preconstruction meeting.

Hazardous Communications Program

Hazardous Materials Notification

Pursuant to OSHA Standards 1910.1200(e) (1) and 1910.1200(H) (2)(i) (i), all CONSTRUCTORS conducting any work on the premises of the University of Northern Iowa or its satellite facilities will provide the project manager with an inventory and SDS(s) of chemicals and/or hazardous materials being brought on the campus or satellite facilities for the purpose of performing the contracted work. Upon completion of its work, the contractor will be responsible for removal of any chemicals and/or hazardous materials brought on campus. The University must inform contractors of any hazardous chemicals they may come into contact with in the project area.

The University unit or department hiring the contractor is responsible for notifying its employees of the hazards of the chemicals being used and make SDS(s) available for review for the duration of the project. The notification will be sent to employees in the project area and a copy of the notification will be provided to the department head.

* The contractor has been told how to access the University’s Hazardous Communications Program information.
* The CONSTRUCTOR has been informed to provide UNI with a list of hazardous chemicals that will be used in the project that the CONSTRUCTOR will bring to the job site and provide MSDS sheets for each item.
* The University has informed the CONSTRUCTOR of any hazardous chemicals the CONSTRUCTOR may come into contact with in the project area.
* University employees have been notified about the hazardous chemicals that will be used in the project.

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

Project/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Constructor Employer Signature Constructor Employer, Print

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNI Witness Signature UNI Witness, Print

UNIVERSITY OF NORTHERN IOWA

MEETING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ATTENDEES NAME | FIRM | E-MAIL | PHONE |
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Affiliate Access Request Form

First Name: Last Name:

Phone Number: Alternate Number:

Company Name:

Address: Email:

City: State: Zip:

Requester: Req Department:

**Affiliation** (please check one):

🞎 Tenant – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Wellness & Recreation Center User

🞎 Tenant – 🞎 Contractor – Project:

🞎 Intern – Department:

🞎 Spouse/ Family Member 🞎 Other:

**Justification** (why access is needed):

**Access Request:** Building: Room Number: End Date: (required)

🞎 Temporary Access

🞎 Temporary Access

🞎 Temporary Access

**Next Steps:**

* If a brass key is being requested, the individual above will receive an email when their key is ready for pick up. They must bring a photo ID in order to be issued the key. Keys are located at the Facilities Management office.
* If requesting electronic access, the individual above as well as the requester will be emailed an affiliate number. The individual above will take that affiliate number to the Housing and Dining office (Redeker Center) to have a picture taken for the affiliate ID card. **Any current UNI ID cards (if applicable) must be surrendered at the time of being issued the affiliate card**. Please note that electronic access can only be assigned after an affiliate ID card is issued and fully processed.

If you have any questions, feel free to email fmworkorders@uni.edu or call 273-4400.

Please send the original of this form to: FM 0189 attention: Facilities Management Facilities Access Office

Authorized by:

 Dean/ Dept Head: Phone: Date:

 Please Print Dean/ Dept. Head Name