

Pre-Construction Meeting Checklist:

This checklist is to be completed prior to the Pre-Construction Meeting:

- Request from Architect/Engineer
 - E-Builder Submittal Log (if being used)
 - Construction Sets of Contract Documents that Incorporate Addendums
 - Dates Available for Pre-Construction Meeting
 - Outline the following:
 - Mock ups Expectations
 - Pre-install Meetings
 - Owner Subcontractors if different from 01 10 00 1.2A
 - Any Specific Project Related Topics for the Pre-Construction Meeting

- Request from Contractor
 - List of Subcontractors
 - Signed Contract
 - Insurance Certificate
 - List of Key Personnel
 - Preliminary Schedule
 - Schedule of Values
 - Submittal Schedule
 - List of E-Builder Team Members

- Request from the Client
 - Confirm Start Date of Construction is still functional
 - Confirm Use of existing space – Toilets, parking, etc.
 - Discuss any Major Scheduling Conflicts during the Schedule
 - Any Specific Project Related Topics for the Pre-Construction Meeting

- Information to collect
 - Interested Parties to invite to Pre-Con Meeting (DOR, Parking, etc.)
 - Contractor SWPPP Sign On Form (if Required) – Copy in Project Folder
 - Door Keying drawing – [Floor](#) Plans
 - Coordinate between Trisha and Custodial
 - Signage Requirements – View Site Plans
 - Allowances – 01 20 00
 - Liquidated Damages Requirements – Signed Contract
 - List of Owner Furnished Equipment – 01 10 00
 - Expected Delivery Dates of Owner Supplied Materials – Discuss with Design Team
 - List of Salvage Items – 01 10 00

- Salvage Material Storage Location – Discuss with Warehouse
 - Temporary Utilities Locations – Review Site Plans
 - Major Utility Outages Scheduled – 01 10 00 1.4D
 - Construction Staking Responsibilities – 01 10 00
 - Asbestos Remediation Requirements including Hazardous Materials Notification Form – 01 00 00
 - Topsoil Stockpile Location – Check with Grounds
 - Copy of Hot Work Permits – Talk with EH&S
 - MBI WORKSAFE Requirements - \$1.5M or higher Projects 00 74 13
 - Testing and Inspection Requirements
- **Action Items**
 - Fill out Pre-Construction Meeting Agenda
 - Send out Hazardous Materials Notification Form
 - Send out Utility Outages and Closures Notifications (if known)
 - Coordinate Abatement Contractor
 - Coordinate Testing and Inspection
 - Ensure Current University Construction Map is Updated
 - Reserve a Location for Pre-Construction Meeting
 - Update the Forecast in eBuilder

University of Northern Iowa Preconstruction Meeting Agenda

Date: **DATE**

Project: **PROJECT NAME**

CONSTRUCTOR: **GENERAL CONTRACTOR**

DESIGN PROFESSIONAL: **DESIGN PROFESSIONAL**

OWNERS Construction Project Manager(s): **YOUR NAME**

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 - COMPLETE
 - b. Form of Agreement - COMPLETE
 - c. Insurance Certificates - COMPLETE
 - d. Other Related Items
 - i. Alternates Selected:
 - e. Construction Set Documents
3. Sub-Contractors
 - a. Review Sub-Contractor List:
 - i. **Subcontractor A**
4. List of Key Personnel
 - a. Project Superintendent: Superintendent
 - b. Project Manager: PM
 - c. Other Key Personnel:
 - d. Telephone Numbers:
 - i. On-site: **319-XXX-XXXX**
 - ii. Office: **319-XXX-XXXX**
 - iii. Emergency/After Hours: **319-XXX-XXXX**
 - 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. Liquidated Damages
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 (00 72 13 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 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. Submit the following with the Pay App:
 - i. Updated Submittal Schedule.
 - ii. Updated Project Schedule.
 - iii. Daily Logs submitted for Pay Period.
 - iv. NPDES documentation where required.
8. Shop Drawings (GC and 01 33 00)
- a. CONSTRUCTOR to provide a submittal schedule.
 - b. 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.
 - c. The documents require a 14-day approval time unless noted otherwise in schedule. Communication on critical items is essential.
 - d. All submittals shall be consecutively numbered, beginning with number 1 and identified with technical section number.
 - e. All submittals shall be published on E-Builder for review and comments by the OWNER and the DESIGN PROFESSIONAL.
 - f. Final approved shop drawings shall be republished with comments by the DESIGN PROFESSIONAL on E-Builder.
 - g. Re-submittals (number sequential with all submittals).

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

- 9. Clarifications of Documents
 - a. Supplemental Instructions
 - b. Request for Information

- 10. 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.

- 11. Utilities (01 50 00)
 - a. Locates, Responsibility
 - b. Temporary
 - c. Usage of University Utilities by Constructor
 - i. Use of utilities must be done in a responsible manner
 - d. Telephone
 - e. Toilet Facilities

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

- 13. Security (01 50 00)
 - a. Job Site Security
 - b. Temporary Lighting
 - c. Fencing/Barricades
 - d. Keys - <https://fm.uni.edu/building-access-guidelines>
 - e. Maintenance and Housekeeping Procedures

- 14. Use of Site (Article 3 of Section 00 73 13)
 - a. CONSTRUCTOR Parking
 - b. Construction Parking Permits - <https://publicsafety.uni.edu/parking-division>
 - 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
 - i. Scheduled Walk Through Date:
 - b. Asbestos Abatement
 - c. 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.
 - d. Materials Testing
 - e. Material Deliveries
 - f. Allowances – 01 20 00
 - g. Construction Staking
 - h. Working Hours (7 AM – 5PM) – 01 10 00
 - i. Excess Dirt Removal/Disposal
 - j. Salvage Items – 01 10 00
 - k. Owner Furnished Materials – 01 10 00
 - l. Concrete Truck Wash-Out
 - m. Hydrant Meter/Water Keys
 - n. Hot Work Permits - <https://risk.uni.edu/hot-works-program>
 - o. NPDES or SWPPP – 01 50 00
 - p. Owner Occupancy
16. Substantial Completion (01 70 00)
- a. Preliminary As built drawings and O & M manuals
 - b. Punchlist
 - c. Owner Occupancy
 - d. Equipment Training/Demonstration
 - e. Substantial Completion Certificate
17. Final Acceptance (01 70 00)
- 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.

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

STORMWATER POLLUTION PREVENTION PLAN CONTRACTOR/SUBCONTRACTOR CERTIFICATION

PROJECT NAME: _____

Certification Statement

I certify under penalty of law that I understand the terms and conditions of the General National Pollutant Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site as part of this certification. Further, by my signature, I understand that I am becoming a co-permittee, along with the Owner(s) and other contractors and subcontractors signing such certifications, to the Iowa Department of Natural Resources NPDES General Permit No. 2 for "Storm Water Discharge Associated with Industrial Activity for Construction Activities" at the identified site. As a co-permittee, I understand that I, and my company, are legally required under the Clean Water Act and the Code of Iowa, to ensure compliance with the terms and conditions of the Storm Water Pollution Prevention Plan developed under this NPDES permit and the terms of the NPDES permit.

DESCRIPTION OF CONSTRUCTION ACTIVITY PERFORMED BY THE FOLLOWING
CONTRACTOR/SUBCONTRACTOR

NAME

TITLE

COMPANY NAME

TELEPHONE NO.

COMPANY ADDRESS

SIGNATURE

DATE

KEEP A COPY OF THIS SIGNED CERTIFICATION WITH THE STORMWATER POLLUTION PREVENTION PLAN ON THE JOB SITE. SUBMIT A COPY TO THE OWNER'S REPRESENTATIVE.

TABLE OF CONTRACTOR/SUBCONTRACTORS IMPLEMENTING EROSION/SEDIMENT CONTROL MEASURES

PROJECT NAME: _____

On the following chart indicate the name of each Contractor or Subcontractor who will implement erosion/sediment control measures and which measure they will implement.

<u>Name of Contractor/Subcontractor</u>	<u>Erosion/Sediment Control Measure</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

KEEP A COPY OF THIS TABLE WITH THE STORMWATER POLLUTION PREVENTION PLAN ON THE JOB SITE. SUBMIT A COPY TO THE OWNER'S REPRESENTATIVE.

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):

- | | |
|---|---|
| <input type="checkbox"/> Tenant – _____
<input type="checkbox"/> Tenant – _____
<input type="checkbox"/> Intern – Department: _____
<input type="checkbox"/> Spouse/ Family Member | <input type="checkbox"/> Wellness & Recreation Center User
<input type="checkbox"/> Contractor – Project: _____
<input type="checkbox"/> Other: _____ |
|---|---|

Justification (why access is needed):

Access Request:	Building:	Room Number:	End Date: (required)
<input type="checkbox"/> Temporary Access	_____	_____	_____
<input type="checkbox"/> Temporary Access	_____	_____	_____
<input type="checkbox"/> 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

This page is intentionally left blank.

