IPD Stage 2UT1 – Utilities Unit QC Checklist

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| --- | --- |
| **SPOT ID/Project TIP #:** | Click to edit. |
| **County:** | Click to edit. |

2UT1 – Kickoff Meeting Prep

| **Item #** | **Review Item** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **Invitee List** | | | |
|  | Invitee list includes: |  |  |  |
|  | Representative from each utility on project. |  |  |  |
|  | Confirmation of planned attendance by a representative from the owner of each transmission line or long-distance pipeline. |  |  |  |
|  | NCDOT Project Manager |  |  |  |
|  | NCDOT Utilities Lead and Utilities team members. |  |  |  |
|  | Division Utilities Team |  |  |  |
|  | Division Project Manager and Team Lead |  |  |  |
|  | Division Construction Engineer |  |  |  |
|  | NCDOT ECAP |  |  |  |
|  | NCDOT ITS |  |  |  |
|  | NCDOT Signals |  |  |  |
|  | PEF Project Manager |  |  |  |
|  | Hydraulics Designer |  |  |  |
|  | Signals Designer |  |  |  |
|  | Work Zone Traffic Control |  |  |  |
|  | Utilities Designer (if part of team or hired separately by NCDOT) |  |  |  |
|  | **Agenda** | | | |
|  | The agenda includes: |  |  |  |
|  | Project overview and schedule |  |  |  |
|  | Description of proposed strategy for drainage design |  |  |  |
|  | Description of detour plans (bridge) |  |  |  |
|  | Description of likely construction sequencing |  |  |  |
|  | Discussion of environmental features and known restrictions |  |  |  |
|  | Verification with utilities of the accuracy of the utility depiction on the surveys |  |  |  |
|  | Identification of critical or difficult utility facilities for relocation |  |  |  |
|  | Discussion of likely relocation routes and probable timeframe and schedules for relocation |  |  |  |
|  | Reminder of utility obligation under the Dig Once Policy |  |  |  |
|  | **Plans** | | | |
|  | Project plans are distributed in advance to all utilities. |  |  |  |

*For items marked* ***No*** *that require further explanation, provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
| Click to edit. | Click to edit. |

|  |  |  |  |
| --- | --- | --- | --- |
| ***This checklist may not be comprehensive to every project. All items may not be applicable for smaller projects. It is the responsibility of the reviewer to ensure that an adequate review is performed.*** | | | |
| **QC Reviewer Name:** | | Click to edit. | **Date:** | Click to edit. |
| **QC Reviewer (Signature):** | |  |  |  |