IPD Stage 4UT2 – Utilities Unit QA Checklist

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

4UT1 – UBO Plans and Special Provisions

| **Item #** | **Review Item** | **Acceptable** | **Unacceptable** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **Quality Control** |
|  | The latest version of the QC checklist was used. |[ ] [ ] [ ]
|  | QC for UBO Plans is submitted and complete. |[ ] [ ] [ ]
|  | QC for UBO Special Provisions is submitted and complete. |[ ] [ ] [ ]
|  | **Plans** |
|  | The personnel listed on the title sheet are appropriate to the project. |[ ] [ ] [ ]
|  | Utility moves are depicted clearly without unnecessary information. |[ ] [ ] [ ]
|  | Plan sheet are legible when printed half-size. |[ ] [ ] [ ]
|  | Temporary moves and moves during the period of the contract are shown clearly. |[ ] [ ] [ ]
|  | **Special Provisions** |
|  | For relocations completed before the Date of Availability, no date is shown. The Special Provisions clearly express the specific date for relocations to be completed after the Date of Availability. Requirements for the contractor are clear. |[ ] [ ] [ ]
|  | Dates for moves are expressed without conditions not within the control of the contractor. |[ ] [ ] [ ]
|  | For relocations initialed by the contractor, the response duration and work duration are clearly expressed. |[ ] [ ] [ ]
|  | The date in the footer has been updated. |[ ] [ ] [ ]

*For items marked* ***Unacceptable****, provide comments or action items in the table below.*

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

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| ***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.*** |
| **QA Reviewer Name:** |  Click to edit. | **Date:** |  Click to edit. |
| **QA Reviewer (Signature):** |  |  |  |