

CATEGORY I PROGRESS SCHEDULE REVIEW CHECKLIST

Contract ID:		Date Submittal Received:	
VDOT Project No.:		Date Schedule Reviewed:	
FHWA Project No.:		Date Comments Returned:	
Contractor:		Reviewer:	
Project Name:			
Schedule Submittal:	Baseline: <input type="checkbox"/>	Revision: <input type="checkbox"/>	Recovery: <input type="checkbox"/>

REVIEW THE CONTRACT PLANS AND SPECIFICATIONS TO BE FAMILIAR WITH THE CONTRACT REQUIREMENTS PRIOR TO REVIEWING THE CONTRACTOR'S SCHEDULE SUBMITTAL			
(CHECK "YES", "NO", OR "NA" (NOT APPLICABLE) FOR EACH ITEM BELOW)	YES	NO	NA
1. Are there any interim milestones that have to be met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any phasing or sequencing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any traffic control requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there work to be performed by the Department or other third parties that may impact or maybe impacted by work on this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any other specified constraints or restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW THE PROGRESS SCHEDULE SUBMITTAL FOR <u>COMPLETENESS</u> AND <u>CONFORMANCE</u> WITH THE REQUIREMENTS OF THE PROGRESS SCHEDULE PROVISION			
(CHECK "YES", "NO", OR "NA" (NOT APPLICABLE) FOR EACH ITEM BELOW)	YES	NO	NA
1. Are all required submittal items and schedule information provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the narrative clearly describe the Contractor's sequence of construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the narrative clearly describe the Contractor's procedures for completing the major operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the narrative clearly describe the Contractor's planned resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the tabular schedule show when all work and associated time-based tasks required to complete the project will be performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the tabular schedule provide key dates required for coordination of any work to be performed by the Department or other third parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the schedule provide for other key date(s) needed for assessing progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the schedule reflect a practicable work plan and a logical sequence of progress relative to constructability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the schedule clearly describe the Contractor's proposed working calendar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the progress earnings schedule reflect the Contractor's work plan and schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the revised or recovery schedule accurately reflect progress of the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any major deficiencies relative to the above questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEW THE SCHEDULE SUBMITTAL FOR CONFORMANCE WITH THE REQUIREMENTS OF THE CONTRACT AND SPECIFICATIONS			
(CHECK "YES", "NO", OR "NA" (NOT APPLICABLE) FOR EACH ITEM BELOW)	YES	NO	NA
1. Does the schedule meet the contract milestone requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the schedule meet the phasing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the schedule meet the sequencing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the schedule meet the traffic control requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the schedule allow for sufficient time for work by the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the schedule provide for sufficient time for work by other third parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the schedule conform to the specified constraints and restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any major deficiencies relative to the above questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW THE SCHEDULE SUBMITTAL FOR REASONABLENESS TO ENSURE THAT THE SCHEDULE REPRESENTS A REASONABLE WORK PLAN			
(CHECK "YES", "NO", OR "NA" (NOT APPLICABLE) FOR EACH ITEM BELOW)	YES	NO	NA
1. Does the schedule reflect a logical sequence of progress relative to availability of resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the schedule allow for adequate and reasonable time to complete each work task and other related time-based tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any schedule conflicts due to work by different trades or other related work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the schedule reflect a doable plan with considerations for normal weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the schedule reflect a doable plan with considerations for traffic constraints, holidays, or other applicable constraints and restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the key dates for work by other third parties reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the schedule reveal any potential issues that may cause schedule delays such as safety, quality, or other project risk issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the schedule and progress earnings schedule reflect reality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any major deficiencies relative to the above questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS (USE THIS SECTION TO DOCUMENT ANY COMMENTS OR CONCERNS)			
DETERMINE ACCEPTABILITY BASED ON COMPLETENESS AND CONFORMANCE WITH THE CONTRACT AND SPECIFICATIONS			
Is the schedule submittal in compliance with the Special Provision, the Contract and Specifications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
RESPOND TO THE CONTRACTOR TO INDICATE WHETHER THE SUBMITTAL IS ACCEPTED AS SUBMITTED, ACCEPTED WITH COMMENTS, OR RETURNED FOR RESUBMISSION			