

NATIONAL DEMOLITION ASSOCIATION PROJECT PRE-START SURVEY

PROJECT INFORMATION

Project Name _____ Project Number _____

Project Location _____ City _____

Legal Description:

Plat # _____

State _____ Zip Code _____ County _____

Client _____

Client Address _____

Contact(s) _____ Phone # _____

Owner _____

Owner Address _____

Owner Representative _____ Phone # _____

Required Project Meetings include Dates and Times:

Prestart _____

Production _____

Safety _____

Description of Work to be Performed

Is a **SCOPE OF WORK** included with the Project Survey? YES ___ NO ___

PROJECT SURVEY

Section #1

DESCRIPTION OF STRUCTURE(S) TO BE REMOVED OR ALTERED: (Include separate page for each structure)

Name of Structure _____ Date of Construction ____/____/____

Location on Site _____

Original Function _____

Length of Structure _____ Width _____ Height _____ Basement Depth _____

Structural Framing Construction and Material _____

Foundation Construction and Material _____

Roof Construction and Material _____

Wall Construction and Material _____

Floor Construction and Material _____

Floor loading Design-lb/sq. ft _____

STRUCTURAL CONDITIONS

Structural Alterations Yes ____ No ____ Locations _____

Unusual Structural Conditions Yes ____ No ____ Locations _____

Pre-Stressed Concrete Yes ____ No ____ Locations _____

Post-Tensioned Concrete

With Grouted Tendons Yes ____ No ____ Locations _____

Without Grouted Tendons Yes ____ No ____ Locations _____

KNOWN STRUCTURAL HAZARDS

Physical Damage Yes ____ No ____ Locations _____

Structural Failures Yes ____ No ____ Locations _____

Fire Damage Yes ____ No ____ Locations _____

ADJACENT STRUCTURES

Describe Structure & Conditions _____

Location on Project _____

Describe Structure & Conditions _____

Location on Project _____

Describe Structure & Conditions _____

Location on Project _____

Describe Structure & Conditions _____

Location on Project _____

ENGINEERING SURVEY
STRUCTURES
STRUCTURE, UTILITIES AND SITE CONDITIONS
STRUCTURAL STABILIZATION

Temporary Structural Stabilization Required Yes _____ No _____

Comments _____

Structural Failure Prevention Plan _____

Floors and Roof Shoring Plan _____

Wall Shoring or Bracing Plan _____

Overhead Protective Structures or Scaffold Locations Plan _____

UTILITIES

UTILITIES TO REMAIN INTACT AND PROTECTED

Describe Utility _____

Location on Project _____

Describe Utility _____

Location on Project _____

Describe Utility _____

Location on Project _____

Describe Utility _____

Location on Project _____

Describe Utility _____

Location on Project _____

UTILITIES TO BE RELOCATED

Telephone/Cable Relocation	Yes ___ No ___	subcontracted Yes ___ No ___
Natural gas relocation	Yes ___ No ___	subcontracted Yes ___ No ___
Electrical relocation	Yes ___ No ___	subcontracted Yes ___ No ___
Direct current relocation	Yes ___ No ___	subcontracted Yes ___ No ___
Potable water relocation	Yes ___ No ___	subcontracted Yes ___ No ___
Industrial water relocation	Yes ___ No ___	subcontracted Yes ___ No ___

SITE CONDITIONS

Roadways to be Maintained Yes ___ No ___

Locations _____

Comments _____

Roadways to be Temporarily Relocated Yes ___ No ___

Locations _____

Comments _____

Pedestrian Traffic to be Maintained Yes ___ No ___

Locations _____

Comments _____

Pedestrian Traffic to be Temporarily Relocated Yes ___ No ___

Locations _____

Comments _____

Temporary Pedestrian Protection Canopy Yes ___ No ___

Locations _____

Comments _____

Security Closure Yes ___ No ___

Locations _____

Comments _____

Temporary Fencing Yes ___ No ___

Locations _____

Comments _____

Silt Fencing Required Yes ___ No ___

Locations _____

Comments _____

Storm Water Runoff Plan Needed Yes____ No _____

Locations _____

Comments _____

Storm Water Runoff Plan Completed Yes____ No____ Date ____/____/____

Comments _____

Other _____

Project Survey Completed By

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

PROJECT SURVEY

Section # 2 SAFETY AND ENVIRONMENTAL

SPECIAL SAFETY REGULATIONS

PROJECT # _____

WORK ZONE SAFETY

Work Zone Traffic Control Plan Completed Yes____ No ____ Date ____/____/____

Temporary Traffic Control Barricades Yes____ No ____

Locations _____

Comments _____

Temporary Traffic Control Signage Yes____ No ____

Locations _____

Comments _____

UTILITY PROTECTION AND PRESERVATION

Underground Piping Yes____ No ____

Locations _____

Underground Storage Tank Yes____ No ____

Locations _____

Underground Electrical Ducts Yes____ No ____

Locations _____

Water Lines Yes____ No ____ Yes____ No ____

Locations _____

Oxygen Lines Yes____ No ____ Yes____ No ____

Locations _____

Natural Gas Lines Yes____ No ____ Yes____ No ____

Locations _____

Telephone and Communication Lines Yes____ No ____ Yes____ No ____

Locations _____

Aerial Electrical Systems Yes____ No ____ Yes____ No ____

Locations _____

Electrical Conduits Yes____ No _____ Yes____ No _____

Locations_____

Transformers Yes____ No _____ Yes____ No _____

Locations_____

Manholes Yes____ No _____ Yes____ No _____

Locations_____

Underground Vaults Yes____ No _____ Yes____ No _____

Locations_____

SAFETY HAZARDS

Common or Party Walls Yes ____ No ____

Location on Site _____

Control Measures _____

Energized Electrical Equipment Yes ____ No ____

Location on Site _____

Control Measures _____

Combustible Materials Yes ____ No ____

Location on Site _____

Control Measures _____

Flammable Materials Yes ____ No ____

Location on Site _____

Control Measures _____

Explosion Hazards Yes ____ No ____

Location on Site _____

Control Measures _____

Existing Openings & Fall Hazards Yes ____ No ____

Location on Site _____

Control Measures _____

Basements and Pits Yes ____ No ____

Location on Site _____

Control Measures _____

Trenches & Excavation Exposures Yes ____ No ____

Location on Site _____

Control Measures _____

Confined Spaces Yes ____ No ____

Location on Site _____

Control Measures _____

Process Piping & Tanks Yes ____ No ____

Location on Site _____

Control Measures _____

Toxic Substances Yes ____ No ____

Location on Site _____

Control Measures _____

ENVIRONMENTAL HAZARDS

Mercury Vapor Lamps:

Count _____

Location _____

Quantity _____

Sodium Vapor Lamps:

Count _____

Location _____

Quantity _____

Fluorescent Lamps:

Count _____

Location _____

Quantity 2ft _____ 4ft _____ 8ft _____ U Shape _____

Ballasts:

Count _____

Location _____

Total Weight _____ Non PCB _____ Suspected PCB _____

PCB Transformers:

Count _____

Location _____

Total Gallons _____

Total Weight _____

Highest PCB Concentration _____

Removal Methods _____

Transport & Disposal _____

PCB Capacitors:

Count _____

Location _____

Removal Methods _____

Transport & Disposal _____

Switches, Thermostats and Relays:

Count _____

Location _____

Removal Methods _____

Transport and Disposal _____

Emergency Exit Signs:

Count _____

Location _____

Removal Methods _____

Transport and Disposal _____

Contained Oil:

Quantity _____

Location _____

Contaminants _____

Transport & Disposal _____

Spilled Oil:

Quantity _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Grease:

Quantity _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Other Lubricants:

Quantity _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Drums & Container:

Count _____

Contents _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Tanks & Carboys:

Count _____

Contents _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Residual & Process Waste:

Vessel or Tank:

Count _____

Contents _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

Brick or Refractory:

Count _____

Contents _____

Location _____

Contaminants _____

Removal Methods _____

Transport & Disposal _____

KNOWN HAZARDOUS MATERIALS

Reported Quantity of Asbestos Containing Material (ACM)

ACM description _____

Friable _____

Quantity _____

Location _____

Non Friable _____

Quantity _____

Location _____

ACM Gaskets & Seals:

Count _____

Location _____

Quantity _____

MSDS Listing from Last Operator Yes ____ No ____

Hazardous MSDSs _____

Describe Material _____

Location _____

Hazardous Constituents _____

Control Measures _____

Removal Methods _____

Containment Measures _____

MSDS Listing from Last Operator Yes ____ No ____

Hazardous MSDSs _____

Describe Material _____

Location _____

Hazardous Constituents _____

Control Measures _____

Removal Methods _____

Containment Measures _____

Control Measures _____

Site Safety Hazard Survey Completed By

Date: ____ / ____ / ____

Reviewed By _____

Date: ____ / ____ / ____

Reviewed By _____

Date: ____ / ____ / ____

PROJECT SURVEY
UTILITY LOCATES and DISCONNECTS

Section # 3

PUBLIC UTILITIES LOCATES

PROJECT # _____

DIG # _____

Site Address: _____

County: _____ Cross Street: _____

Contact: _____

Scheduled Locate Date: ____/____/____ Locate Good Until: ____/____/____

PUBLIC UTILITIES DISCONNECT

PROJECT # _____

NATURAL GAS UTILITIES: _____ **PH: #** _____

Meter / Unit # _____ Date of Notification ____/____/____

Site Address: _____

County: _____ Cross Street: _____

Person Notified: _____

Scheduled Disconnect Time & Date _____ ____/____/____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Completed # _____ / _____ / _____

Verification Completed Disconnect: _____

PUBLIC UTILITIES DISCONNECT

PROJECT # _____

ELECTRIC CO. UTILITIES: _____ **PH: #** _____

Meter / Unit # _____ Date of Notification _____ / _____ / _____

Site Address: _____

County: _____ Cross Street: _____

Person Notified: _____

Scheduled Disconnect Time & Date _____ / _____ / _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Completed # _____ / _____ / _____

Verification Completed Disconnect: _____

PUBLIC UTILITIES DISCONNECT

PROJECT # _____

TELEPHONE UTILITY: PHONE SERVICES

PH: # _____

Meter / Unit # _____ Date of Notification _____ / _____ / _____

Site Address: _____

County: _____ Cross Street: _____

Person Notified: _____

Scheduled Disconnect Time & Date _____ / _____ / _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Completed # _____ / _____ / _____

Verification Completed Disconnect: _____

PUBLIC UTILITIES DISCONNECT

PROJECT # _____

CABLE SERVICE COMPANY

NAME: _____ **PH: #** _____

NAME: _____ **PH: #** _____

Meter / Unit # _____ Date of Notification ____/____/____

Site Address: _____

County: _____ Cross Street: _____

Person Notified: _____

Scheduled Disconnect Time & Date _____ / ____ / ____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Completed # _____ / ____ / ____

Verification Completed Disconnect: _____

PUBLIC UTILITIES DISCONNECT

PROJECT # _____

WATER DEPARTMENT: _____ **PH: #** _____

Un-paid Water Cost: \$ _____ Disconnect Fee: \$ _____

Meter / Unit # _____ Date of Notification ____/____/____

Site Address: _____

County: _____ Cross Street: _____

Person Notified: _____

Scheduled Disconnect Time & Date _____ / ____ / ____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

PRIVATE UTILITIES DISCONNECT

PRIVATE UTILITIES DISCONNECT

PROJECT # _____

WATER/WELL DISCONNECT

Site Address: _____

County: _____ Cross Street: _____

Date of Contact ____/____/____ Scheduled Disconnect Date ____/____/____

ESTIMATED COST: \$ _____ **OTHER FEE: \$** _____

SUBCONTRACTOR: _____

CONTACT: _____ **PH: #** _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

FOLLOW UP

Person Notified & Date _____ Date: _____

Comments _____

Conformation # & Date Disconnect Done # _____ /____/____

Verification Completed By _____

PRIVATE UTILITIES DISCONNECT

PROJECT # _____

SEWER DISCONNECT

Site Address: _____

County: _____ Cross Street: _____

Date of Contact ____/____/____ Scheduled Disconnect Date ____/____/____

ESTIMATED COST: \$ _____ **OTHER FEE: \$** _____

SUBCONTRACTOR _____

CONTACT: _____ **PH: #** _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Done # _____ /____/____

Verification Completed By _____

PRIVATE UTILITIES DISCONNECT

PROJECT # _____

SEPTIC DISCONNECT

Site Address: _____

County: _____ Cross Street: _____

Date of Contact ____/____/____ Scheduled Disconnect Date ____/____/____

ESTIMATED COST: \$ _____ **OTHER FEE: \$** _____

SUBCONTRACTOR: _____

CONTACT: _____ **PH: #** _____

FOLLOW UP

Person Notified: _____ Date: _____

Comments _____

Conformation # & Date Disconnect Done # _____ /____/____

Verification Completed By _____

Disconnect Form Completed By

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

PROJECT SURVEY

Section # 4

LICENSING, PERMITTING,

PROJECT # _____

LICENSE

CONTRACTOR LICENSE

Licensing Agency _____

Address of Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / License Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

BONDS

SURETY OR L&P BOND

Bonding Agency _____

Address of Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Bond Number ____/____/____ # _____

Bond Amount _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Bond Number ____/____/____ # _____

Bond Number /

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

PERMITTING

COUNTY OR DISTRICT DEMOLITION / BUILDING PERMIT

Permitting Agency _____

Address of Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Bond Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

CITY OR MUNICIPALITY DEMOLITION / BUILDING PERMIT

Permitting Agency _____

Address of Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Permit Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

PUBLIC PLACE OBSTRUCTION PERMIT

Permitting Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Permit Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

Special Permit Conditions _____

PERMITTING

STREET USE PERMIT

Permitting Agency _____
Agency Contact Person _____
Contact Telephone Number _____ Ext # _____
Application Submitted By _____ Title _____
Date Submitted / Fee Paid ____/____/____ Fee \$ _____
Date Issued / Permit Number ____/____/____ # _____
Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____
Special Permit Conditions _____

ALLEY USE PERMIT

Permitting Agency _____
Agency Contact Person _____
Contact Telephone Number _____ Ext # _____
Application Submitted By _____ Title _____
Date Submitted / Fee Paid ____/____/____ Fee \$ _____
Date Issued / Permit Number ____/____/____ # _____
Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____
Special Permit Conditions _____

WALKWAY / PARKWAY PERMIT

Permitting Agency _____
Agency Contact Person _____
Contact Telephone Number _____ Ext # _____
Application Submitted By _____ Title _____
Date Submitted / Fee Paid ____/____/____ Fee \$ _____
Date Issued / Permit Number ____/____/____ # _____
Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____
Special Permit Conditions _____

PERMITTING

FIRE HYDRANT USE PERMIT

Permitting Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Permit Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

Special Permit Conditions _____

MISCELLANEOUS PERMITS

Permitting Agency _____

Agency Contact Person _____

Contact Telephone Number _____ Ext # _____

Application Submitted By _____ Title _____

Date Submitted / Fee Paid ____/____/____ Fee \$ _____

Date Issued / Permit Number ____/____/____ # _____

Effective Date / Expiration Date ____/____/____ Exp Date ____/____/____

Special Permit Conditions _____

Permit Form Completed By

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

Reviewed By _____

Date: ____/____/____

PROJECT SURVEY

Section #5

REQUIRED REGULATORY NOTIFICATION

NOTIFICATIONS

PROJECT # _____

ENVIRONMENTAL FILING

FED/STATE EPA NOTIFICATION:

Name of Agency _____

Address of Agency _____

Time & Date Written Notifications _____ / ____ / ____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Target Start Date / Completion Date _____ / ____ / ____

Amount of Fee Paid/Time & Date _____ / ____ / ____

ENVIRONMENTAL FILING

COUNTY EPA NOTIFICATION

Name of Agency _____

Address of Agency _____

Time & Date Written Notifications _____ / ____ / ____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Target Start Date / Completion Date _____ / ____ / ____

Amount of Fee Paid/Time & Date _____ / ____ / ____

ENVIRONMENTAL FILING

CITY EPA NOTIFICATION:

Name of Agency _____

Address of Agency _____

Time & Date Written Notifications _____ / ____ / ____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Target Start Date / Completion Date _____ / ____ / ____

Amount of Fee Paid/Time & Date _____ / ____ / ____

NON-ENVIRONMENTAL FILING

Name of Agency _____

Address of Agency _____

Time & Date written notifications _____ / _____ / _____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Time & Date of Telephone Notification _____ / _____ / _____

Telephone Notification Completed By _____

UNDERGROUND TANK REMOVAL NOTIFICATION

Target Start Date / Completion Date _____ / _____ / _____

Amount of Fee Paid/Time & Date _____ / _____ / _____

Permit/Authorization Secured By _____

Permit Number _____

Name of Agency _____

Address of Agency _____

Time & Date written notifications _____ / _____ / _____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Time & Date of Telephone Notification _____ / _____ / _____

Telephone Notification Completed By _____

Target Start Date / Completion Date _____ / _____ / _____

Amount of Fee Paid/Time & Date _____ / _____ / _____

Permit/Authorization Secured By _____

OTHER REQUIRED NOTIFICATION

Name of Agency _____

Address of Agency _____

Time & Date Written Notifications _____ / _____ / _____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Target Start Date / Completion Date _____ / _____ / _____

Amount of Fee Paid/Time & Date _____ / _____ / _____

Permit Number _____

OTHER REQUIRED NOTIFICATION:

Name of Agency _____

Address of Agency _____

Time & Date Written Notifications _____ / _____ / _____

Written Notifications Completed By _____

Agency Contact Person & Telephone _____ Ph: _____

Target Start Date / Completion Date _____ / _____ / _____

Notifications Form Completed By

Date: _____ / _____ / _____

Reviewed By _____

Date: _____ / _____ / _____

Reviewed By _____

Date: _____ / _____ / _____