



Appendix 10.2b
 University of Alaska Anchorage
 Facilities Planning and Construction

Project Name

Superintendent: _____

Project Manager: _____

Area C&D	WEEK #1							WEEK #2								
	September/October															
Activity	Contractor	28	29	30	31	1	2	3	4	5	6	7	8	9		10
		M	T	W	T	F	S	S	M	T	W	T	F	S	S	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
							/	/						/	/	
Have you talked to client this week?							/	/						/	/	
Is your Compliance paperwork complete?							/	/						/	/	
Permit #							/	/						/	/	

Safety Planning				
Activity	Subcontractor	Task Plan Submitted	Coordination Complete	Task Start Date & Description

Problems Or Delays	
Date	Description