DESIGN KICKOFF AGENDA

PROJECT NAME: ________________________________________________________

PROJECT NUMBER: ________________________________________________________

Notes:

1. The ASU Design Manager and/or ASU Project Manager will review the following items during the Design Kickoff Meeting.
2. The Design Professional shall review each item and check the box or note as N/A if not applicable to the project.
3. The Design Professional must verify completed checklist to the ASU Design/Project Manager.
4. This checklist is for the Design Professional’s use and does not relieve the Design Professional from the contractual obligations or scope of work as defined by the specifications and drawings.

Checklist:

_____ Review Scope, Program, Schedule, and Budget
_____ Review Constraints, Issues, and Risks
_____ Discuss and Verify Any and All Jurisdictional Authorities that will Require Review
_____ Identify Possible Variances to the Project Guidelines
_____ Schedule all OAC Meeting Dates Including Start Time, Location, and Duration
_____ Set User Stakeholder Meetings Required During Design (FM, UTO, EH&S, PTS, ISAAC, Customer, etc.)
_____ Establish User Group and FDM Review Milestones Based on the Project Size and Scope
_____ Determine if Design Approvals will be Required from Senior Administration
_____ Review Environmental and Specialty Graphics Scope Requirements
_____ Verify if a 3rd Party Estimator will be Engaged and Schedule
_____ Review Facilities Maintenance Zone Map
_____ Review Overlapping Projects

CHECKLIST SUBMITTED BY:

Name
Date

ASU Project Manager: ________________________________________________________

ASU Design Manager: ________________________________________________________

FM Zone Manager: ________________________________________________________

General Contractor: ________________________________________________________

Project Design Professional: ________________________________________________________

Facilities Development and Management
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