Black & McDonald	Document Type FORM	Document Classification **Internal Use Only**	
		Document Number BM-230	Revision Number 00
			Page **1** of **2**

Title: Pre-Execution Checklist

Subcontractor Name		Date DDMMMYYYY	

This form shall be completed by the Site Manager or delegate for each subcontractor working on a Nuclear Facility site.

Topic	Yes	No	N/A	Comments
Have the Subcontractor workers completed the required B&M orientation? Verify by: a) checking Orientation Attendance Sheets b) confirmation from B&M Training Coordinator	☐	☐	☐	
Have the Subcontractor workers completed the required training for the specific work to be performed? Verify by: a) checking in the customer training information system for customer training b) confirmation from B&M Training Coordinator	☐	☐	☐	
Do the Subcontractor workers have valid security clearance? Verify by confirmation from B&M Training Coordinator	☐	☐	☐	
Do the Subcontractor workers have the required and valid radiation qualification for the specific work to be performed? Verify by: a) checking in the customer training information system b) confirmation from B&M Training Coordinator	☐	☐	☐	
Have the Subcontractor tools and equipment been approved for use? Verify by obtaining signed copies of the nuclear customer's safety certification for subcontractor equipment documents	☐	☐	☐	
Has the Job Safety Analysis or Safe work plan been approved? Verify by obtaining a signed copy	☐	☐	☐	
Has the Subcontractor Management Plan been approved?	☐	☐	☐	

Black & McDonald	Document Type FORM	Document Classification **Internal Use Only**	
		Document Number BM-230	Revision Number 00
			Page **2** of **2**
Title: Pre-Execution Checklist			

Topic	Yes	No	N/A	Comments
Verify by obtaining a signed copy				
Have arrangements been made for qualified escorts? Verify by obtaining confirmation from supervisor of escort	☐	☐	☐	
Have chemicals that will be brought on to the Nuclear Facility site been approved? Verify by obtaining signed copy of the approval	☐	☐	☐	
Does the Subcontractor supervision understand the work to be performed and the requirements under which the work is to be performed? Obtain confirmation from Subcontractor supervision at end of Pre-Execution Meeting	☐	☐	☐	

Prepared By:			Date:	
	Print Name	Signature		DDMMMYYYY