MINUTES OF MEETING

Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MEETING NAME :** Kick Off Meeting : Trade Name …………….

# **DATE & TIME :**

# **VENUE :**

**ATTENDEES :**

**TAKEN BY :**

**REVIEWED BY :**

**DISTRIBUTION :** All Attendees

 Site Circulation

**ATTACHMENT :**

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** | **No. of Pages** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| ITEM | **ISSUE** | **ACTION** | **DATE** |
| --- | --- | --- | --- |
| **1** | **Introduction** | **-** | **-** |
| 1.1 | Project Goal, Objective and Introduction |  |  |
| 1.2 | All Companies and Attendees Introduction  |  |  |
| **2** | **Contractual** | **-** | **-** |
| 2.1 | LOI |  |  |
| 2.2 | Contract |  |  |
| 2.3 | Price |  |  |
| 2.4 | Scope of Work |  |  |
| 2.5 | Material Supply by Owner |  |  |
| 2.6 | Nominated Sub-Contactor (NSC) |  |  |
| 2.7 | Contract Start Date |  |  |
| 2.8 | Contract Completion Date, Milestones |  |  |
| 2.9 | Permit |  |  |
| 2.10 | Insurance* CAR
1. Copy policy to contractor if insurance was purchased by Owner and advise value of 1st deduction.
2. Contractor were to advise copy of policy if the insurance was purchased by contractor.
* Other Insurance (e.g. Machine, Workers)
1. Contractor were to advise copy of policy.
 |  |  |
| **3** | **Project Communication** | **-** | **-** |
| 3.1 | Company Organization / Contact Person |  |  |
| 3.2 | Project Directory (To be done by PAC) |  |  |
| 3.3 | Type of Document (Letter, Memo, Facsimile, RFA, RFI, S.I. etc.) |  |  |
| **4** | **Working Drawing** | **-** | **-** |
| 4.1 | For Tender Drawings |  |  |
| 4.2 | For Construction Drawings |  |  |
| 4.3 | Other Related Drawings |  |  |
| 4.4 | Setting Out Plan, Survey / Reference |  |  |
| **5** | **Working Schedule** | **-** | **-** |
| 5.1 | Sequence of Work |  |  |
| 5.2 | Working Schedule (3-Weekly, 3-Monthly) |  |  |
| 5.3 | Milestone Completion |  |  |
| 5.4 | Partial Completion |  |  |
| 5.5 | Practical Completion |  |  |
| 5.6 | Final Completion |  |  |
| **6** | **Site Logistic & Facility** | **-** | **-** |
| 6.1 | Labor Camp |  |  |
| 6.2 | Use of Electricity, Water, Telephone and Internet (For Working Area & Site Office/Store) |  |  |
| 6.3 | Subcontractor’s Office/Storage/Carpark |  |  |
| 6.4 | Drainage |  |  |
| 6.5 | Location/Use of Toilets |  |  |
| 6.6 | Lighting |  |  |
| 6.7 | Signage |  |  |
| 6.8 | Site Access, Hoarding / Fence and Security / Shirt Color / Access Card |  |  |
| 6.9 | House Rules |  |  |
| 6.10 | Neighbors |  |  |
| 6.11 | Working Day / Time |  |  |
| 6.12 | Owner/PM/Consultant Office Facilities |  |  |
| 6.13 | Ceremony |  |  |
| **7** | **QA, QC** | **-** | **-** |
| 7.1 | Project Quality Plan (within 30 days) |  |  |
| 7.2 | RFI, RFA & SI |  |  |
| 7.3 | Work Method Statement (within 30 days) |  |  |
| 7.4 | Work Request of Permit (Concreting Checklist, Survey Checklist of Daily Work Request) |  |  |
| 7.5 | Meetings (Site Meeting, Safety Meeting, Technical Meeting & Special Meeting)  |  |  |
| 7.6 | Report (Daily, Weekly, Monthly) |  |  |
| 7.7 | Material Testing & Report |  |  |
| 7.8 | Inspection Test Plan |  |  |
| 7.9 | Non-Conformance Report (NC) |  |  |
| 7.10 | Defect List/Hand Over |  |  |
| 7.11 | Equipment and Tools Calibration |  |  |
| 7.12 | Work Flow |  |  |
| **8** | **Cost & Financial** | **-** | **-** |
| 8.1 | Advance Payment |  |  |
| 8.2 | Advance Payment Bond & Condition |  |  |
| 8.3 | Performance Bond & Condition |  |  |
| 8.4 | Retention |  |  |
| 8.5 | Defect Liability Period |  |  |
| 8.6 | Retention Bond & Condition |  |  |
| 8.7 | Over Time Work & Record |  |  |
| 8.8 | Provisional Sum |  |  |
| 8.9 | PC Rate |  |  |
| 8.10 | Variations Order Procedures (Design Change, Obstruction, RFV) |  |  |
| 8.11 | Payment Certification Procedure & Form |  |  |
| **9** | **EH&S** | **-** | **-** |
| 9.1 | Safety Plan / Safety Officer (within 30 days) |  |  |
| 9.2 | Risk Assessment (Safe Work Method Statement) (within 30 days) |  |  |
| 9.3 | Safety Committee  |  |  |
| 9.4 | Accident/ Incident Report- Flash Report, submit within 8 hrs. to be issued.- Full Report to be submit, with in 24 hrs. to be issued. |  |  |
| 9.5 | Dilapidation Report (Neighbor Building and Condition Survey) |  |  |
| 9.6 | Report of EH&S (Daily, Weekly, Monthly) |  |  |
| 9.7 | Major accident/ Incident:- Falling from high ground- Electrocute - Fire- Falling Materials- Others |  |  |

NA = Not Applicable, TBA = To Be Advised

# These minutes constitute understanding in the meeting’s contents by the taker(s). Should there be any comments, please notify the taker(s) in writing within 7 calendar days after receiving these minutes. Otherwise these minutes are deemed accepted by recipients.