CONTRACTOR EMERGENCY CALL LIST

Contractor to complete the following:

- Project Name and Number
- General contact information
- All emergency contact information

Scan completed form and email to: valerie.craig@myclearwater.com or provide original at Pre-Construction Meeting.



Clearwater Engineering Department Contractor Emergency Call List

| Project Name and | |
|---------------------------------------|--|
| Project Number: | |
| | |
| Contractor Name: | |
| Contractor Address | |
| City, State, Zip Code: | |
| Office Phone: | Office E-mail: |
| | |
| In Case of Emergency – Please Notif | fy: |
| | |
| First Contact: | Title: |
| Cell Number: | E-mail: |
| | |
| Second Contact: | Title: |
| Cell Number: | E-mail: |
| | |
| Third Contact: | Title: |
| Cell Number: | E-mail: |
| | |
| Safety Officer: | Title: |
| Cell Number: | E-mail: |
| | |
| Emergency Traffic Maintenance Person: | |
| Cell Number: | E-mail: |
| It shall be the responsibility of the | contractor to notify the Traffic Engineering |
| Division and the Clearwater Polic | e Department when work commences and |
| when streets ar | e to be closed to traffic. |
| | |
| | |

FOR INTERNAL USE ONLY: **Project Location: Project Start Date: Project Completion: Utilities Dispatch/Gas System:** Keith Downs Fire Administration: Bobbie Eigenmann Eng. Construction Manager: Tara Kivett **Fire Inspector:** Ed Schultz **Eng. Traffic Division: Corey Martens Police Communications:** Kimberly Turner **Engineering Office:** Judy Kolmer Stormwater Division: Melvin Maciolek **David Porter Engineering Contracts:** Valerie Craig **Public Utilities Dir.: Public Utilities/Water: Engineering P.M.:** Terry LaBelle **Public Utilities/Wastewater:** Construction Inspector: Jerry Wells

Once submitted by the contractor, a copy of this document should be e-mailed to the above noted individuals. A copy should be placed in the project electronic file and on the office clip board.

CONTRACTOR SIGNATURE AUTHORIZATION

Contractor to complete the following information:

- Project Name and Number
- Contact information
- Names and Titles of individuals authorized to approve pay applications, invoices, submittals, change orders, etc.
- Each person named must sign on their signature line

Scan completed form and email to: valerie.craig@myclearwater.com or provide original at Pre-Construction Meeting.



Engineering Department/Construction Contractor Signature Authorization

| Project Name and Project Number: | |
|----------------------------------|--|
| | |
| Contractor Name: | |
| Contractor Address: | |
| Contractor Phone: | |
| Contractor Email: | |
| | |
| Authorized Name #1: | |
| Title: | |
| Signature: | |
| | |
| Authorized Name #2: | |
| Title: | |
| Signature: | |
| | |
| Authorized Name #3: | |
| Title: | |
| Signature: | |
| | |
| I, | serving as |
| (print name) | serving as (title) |
| | ontractor, verify that the personnel listed on this form are |
| | submittals for the above named project. |
| , - | |
| Signature (must be an office | er of the corporation) Date |



Illegal Discharge Construction Site Training

Illegal Discharge Construction Site Training is a statewide requirement. To comply with this requirement, choose one of the following training options:

- 1. The Florida Department of Environmental Protection has a Stormwater Erosion and Sedimentation Control Inspector Training. If this course has been completed provide the certificate numbers of on-site workers (including sub-contractors).
- 2. The City of Clearwater has a presentation related to illegal discharge at construction sites. A training document in PowerPoint format and titled "Illegal Discharge Construction Site Training" is available for your use. If necessary, coordinate with Sarah Kessler in the Engineering Department (sarah.kessler@myclearwater.com) to ensure on-site workers (including sub-contractors) are trained. Then, submit this completed sign-in sheet verifying workers present at the job site have completed the tailgate training.
- 3. Other municipalities in Florida have the same requirement. <u>Provide evidence that on-site workers</u> (including sub-contractors) have received training through another municipality or source.

THIS TRAINING MUST BE COMPLETE PRIOR TO THE START OF CONSTRUCTION ACTIVITIES.

| Project Name and Number: | | |
|--------------------------|------|---------------------|
| Training Date | Name | Company Represented |
| | | |
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Submit proof of training to: City of Clearwater-Engineering Dept., ATTN: Cathy Tefft, P.O. Box 4748, Clearwater, FL, 33758-4748. Or, scan and email to: valerie.craig@myclearwater.com.