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

**Project No.: \_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Introduction**
* *Provide background and context of the project (refer space form)*
1. **Scope of Project**
* *Provide scope of project outlining dimension, quantities, space usage, etc.*
1. **Governance Structure**

**Example:**

Sponsor (SMT)

Name:

Project Manager

Name:

Client (Facility User)

Name:

Clerk of Works

Name:

1. **Costing and Funding**

*Fill out the below table for the costing and funding details (place N/A where information is not available)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Space Form Estimate** | **Design Cost (Estimate)** | **Tender Estimate/Cost (Vote Code)** | **Construction Estimate/Cost****(PO #)** |
|   |   |   |   |   |
|   |   |   |   |   |

1. **Objectives**
	1. **USP Objective**
* *provide a brief University objective focusing on the Strategic Plan Priority areas that this project fall under*
	1. **Client Objective**
* *provide a brief client objective that will be achieved for this project*
	1. **Project Objective**
* *provide a brief project objective that will be achieved for this project such as getting certifications, timeline, scope and budget*
1. **Inputs – Design Phase**
	1. Approved Space Form
2. **Outputs – Design Phase**
	1. Approved Design Brief
	2. Concept Design and Cost Plan
	3. Detailed Design, Technical Specification and Cost Plan
	4. Approved ITB documents:
		* Tender drawings
		* Technical Specification
		* Contract Document
		* Technical Evaluation Criteria
		* Price Bid Template

1. **Inputs – Tender Phase**
	1. Vote code funding
	2. Approved ITB documents
2. **Outputs – Tender Phase**
	1. Technical evaluation report
	2. Price evaluation report
3. **Inputs – Construction Phase**
	1. Purchase Order (P.O)
	2. Signed Contract
* General conditions of contract
* All contract negotiation
* Contractors PI and all risks insurance covers
* Contractor tender submission
	1. Construction work program
	2. Project kick-off meeting minutes (checklist)
1. **Outputs – Construction Phase**
	1. Clerk of Works weekly report
	2. Practical completion report
	3. Project close out report
	4. Energy Fiji Limited certificate
2. **Timeline**
* *provide a project Gantt chart showing project task*



1. **Key Performance Indicators (KPI)**

The following KPI’s needs to be monitored:

* 1. OHS Safety and Zero Incident on site
	2. Recycling of the waste materials
* *A – 20% recycled*
* *B – 0% recycled*
* *C – unsalvageable items left on site*
	1. Number of defects at 1 month post practical completion
* *A - Proactive*
* *B - Satisfactory*
* *C – Dissatisfied*
	1. Client feedback survey
* *A – very satisfactory*
* *B – average/satisfactory*
* *C – dissatisfied*
1. **Reporting Requirements**
* *update the reporting table below based on the project requirement*

|  |  |  |  |
| --- | --- | --- | --- |
| Reported By | To Whom | Reporting Requirement  | Format |
| Clerk of Works | Client, Project Sponsor and Director E & I | Weekly  | Clerk of Works Weekly Report |
| Project Manager  | Client, Project Sponsor and Director E & I | At the Practical Completion of the project | Practical Completion Report |
| Project Manager  | Client, Project Sponsor and Director E & I | At the End of Defects Liability Period | Project Close Out Report |

1. **Responsibilities**
	1. **Client** – the Client responsibilities are as follows:
		* Provide endorsement and sign-off on reports
	2. **Project Coordinator** – the Project Coordinator responsibilities are as follows:
		* Making sure building users comply with the OHS site signage
		* Manage the contract and the performance of the contractor
		* Making sure compliance to approved project plan
		* Making sure the project sponsor is updated on the progress of the construction
2. **Risk Register**
* *Prepare a project risk register only to focus on the project risk from the scope, budget and timeline. OHS and safety items need to be highlighted.*
* *Review and approve the risk register with the client. This should be done at key project output.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Description** | **Potential Causes of the risk** | **Risk Owner**  | **Current internal Controls (provide details of how you currently manage the risk)** | **Assessment of Risk** | **Overall indicator** |
| **Likelihood** (1,2,3,4,5) | **Impact** (1,2,3,4,5) | **Score** |
| **Design**  |
| Delay in finalising the design documents | Scope – verify unseen services / covered plumbing services  | 1. Design Manager
 | 1. Site inspection including tracing of existing services
2. Consultation with maintenance team

**Output**1. Drawings showing existing services
 | 1 | 3 | 3 |  |
| Poor design – resource assignment  | 1. Design Manager
 | 1. Provide realistic timeline for the design to be completed.

**Output**1. Signed SOP’s for the project
 | 1 | 3 | 3 |  |
| Quality control | 1. Design Manager
 | 1. Quality check on missing items such as signage for flush signage, toilet cleaning and emergency contact, push tap. etc.

**Output**1. Drawings showing project signage
 | 1 | 3 | 3 |  |
| **Tender** |
| Delay to project timeline/delivery | Contract award timeline | 1. Project Coordinator
2. Procurement Manager
 | 1. Comply with tender timeline including arranging for TEC and final contract award
2. Calling for site pre-bid meeting

**Output** 1. TEC meeting minutes
2. Contractor site visit and attendance register
 | 3 | 4 | 12 |  |
| **Construction** |
| Delay to project timeline/ delivery | Loss of time due to Injury | 1. Project Coordinator
 | 1. OHS induction and daily reminders/ refreshers during progress meeting updates and toolbox meetings.

**Output** 1. Signed OHS Checklist, Permits (Hot works & Heights)
 | 2 | 5 | 10 |   |
| Supply of Materials  | 1. Project Coordinator
 | 1. Design phase materials verification at local hardware
2. Pre-bid meeting to verify with the contractors
3. Contract penalties to contractor (selective materials only)
4. Kick –off meeting – supplier confirmation on material delivery

**Output**1. Design phase checklist
2. Meeting minutes
3. CoW weekly report
 | 1 | 3 | 3 |  |
| Risk of injury or death  | 1. Electrocution
2. Not using trained staff
3. Not using PPE
4. Poor site safety
5. Poor contractor works methodology
 | 1. Project Coordinator
 | 1. OHS induction for contractor staffs
2. Provide site safety signage
3. Contractor to have toolbox meeting daily

**Output**1. OHS Induction checklist & sign-off
2. CoW weekly report
3. SIN issued to the contractor
 | 3 | 2 | 6 |  |
| Design changes during construction  | Unapproved materials used for the construction and compliance not met | 1. Project Coordinator
 | 1. Design changes or selection of materials needs to be approved by the Design Team
2. NTC to be issued by the contractor

**Output**1. Design team approvals and NTC issued to contractor
 | 3 | 2 | 6 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Impact** | **Extreme (5)** | Low (5) | Medium (10) | High (15) | Extreme (20) | Extreme (25) | Impact Rating from 1-5 is assigned based on following any one of the following conditions being met:1. No lost time injury (minor cut/abrasion/first aid kit on site) – Cost impact less than 1% of project sum, and no delays2. Lost time injury less than 5 days – Cost impact less than 5% of project sum, delay less than 5 days.3. Lost time injury less than 1 month – Cost impact less than 10 % of project sum, delay less than 1 month4. Lost time injury greater than 1 month or Permanent disability – Cost impact less than 15 % of project sum, delay greater than 1 month but less than contract length5. Death – Cost impact greater than 15% of project sum, delay greater than duration of contract |
| **Major (4)** | Low (4) | Medium (8) | Medium (12) | High (16) | Extreme (20) |
| **Moderate (3)** | Low (3) | Low (6) | Medium (9) | Medium (12) | High (15) |
| **Minor (2)** | Low (2) | Low( 4) | Low (6) | Medium (8) | Medium (10) |
| **Insignificant (1)** | Low (1) | Low (2) | Low (3) | Low (4) | Low (5) |
|  |  | **Rare (1)** | **Unlikely (2)** | **Possible (3)** | **Likely(4)** | **Almost Certain (5)** |
| Less than 10% chance of occurrence | 10-39% chance of occurrence | 40-69% chance of occurrence | 70-79% chance of occurrence | 80% or above chance of occurrence |
|  |  | Likelihood Scale |  |

**Project Plan Approval**

|  |  |  |  |
| --- | --- | --- | --- |
|  Reviewed By |  |  |  |
|  |  |  | Date |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  Approval  |  |  |  |
|  |  |  | Date |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client Approval  |  |  |  |
|  |  |  | Date |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SMT Approval |  |  |  |
|  |  |  | Date |
|  |  |  |  |