



Port of San Francisco
 Pier 1, The Embarcadero, San Francisco, CA 94111
 Phone: (415) 274-0552 Fax: (415) 274-0551

SUBMITTAL CONTROL FORM

CONTRACT: _____

CONTRACTOR: _____

REFERENCED SPECIFICATIONS & DRAWINGS:

Specifications: _____

Drawings: _____

Others: _____

For Contractor Use

| | |
|---------------|------------------|
| Submittal No. | Submittal Date |
| | |
| Sent by | Date Required by |
| | |

For CM Office Use

| | |
|------------------|---------------|
| Port Control No. | Lead Reviewer |
| | |

| Item | Descriptions of Submittal | No. of Sets | No Exception Taken | Make Corrections Noted | Revise And Resubmit | Rejected |
|------|---------------------------|-------------|--------------------|------------------------|---------------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

REVIEWER'S NOTES:

REVIEWER NAME: _____

DATE: _____

RESIDENT ENGINEER DISTRIBUTIONS

| | For Review | | | Final Distribution | |
|--------------------|-------------|-----------|---------------|--------------------|------------------|
| | No. of Sets | Date Sent | Date Returned | No of Sets | Date Distributed |
| Project Architect | | | | | |
| Project Engineer | | | | | |
| Others | | | | | |
| | | | | | |
| | | | | | |
| Contractor: | | | | | |
| Inspector: | | | | | |
| RE/CM Project File | | | | | |

DATE RECEIVED BY Port _____

DATE RETURNED TO RE/CM _____

DATE RETURNED TO CONTRACTOR _____