



# CRAW / SOW / Methodology Alignment Checklist

Client: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 SOW Doc Number : \_\_\_\_\_  
 Project Methodology  
 Doc Number: \_\_\_\_\_

Project: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 HSE Advisor: \_\_\_\_\_  
 Client Representative: \_\_\_\_\_

Client procedures referenced are contained within the reference section of the CRAW.

Sequence Number	Job activity step	Supervisor initial to confirm inclusion	Client Rep initial to confirm inclusion in CRAW review meeting	SCEE pre mob workshop member initial to confirm inclusion
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



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11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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Additional Steps as identified on review

Sequence Number	Job activity step	Supervisor initial to confirm inclusion	Client Rep initial to confirm inclusion in CRAW review meeting	SCEE pre mob workshop member initial to confirm inclusion
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

By signing the below, I declare that I have read and understood the Scope of Works and the project specific methodology for the project. I have also referenced any other material available, including Client procedures and standards and declare that the CRAW has been constructed with consideration given to these documents.

HSE Name : \_\_\_\_\_

HSE Signature : \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_