

Project Data			
Title			
Project Manager			
Client		Early Warning Number	EWN-XXX-YYY
Council Reference:			
Item	Early Warning Notification From:	Early Warning Notification To:	
Name			
Position			
Address			
Telephone Number			
Mobile Number			
E-mail			
Details of Early Warning Notice			
Date of Issue			
Response required within		working days	
Related Early Warnings Notices			
Date at which contractor became aware of event			
Event Title			
Description			
Implications of Event			
Anticipated effect			
Increase the total of the Prices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Delay Completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Impair the performance of the works in use	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Adversely affect the Contractor's performance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Early Warning Meeting instructed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
X AECOM Project Manager signature		Name	
Date:			
Acknowledgement of Early Warning:			
From:		To:	
Early Warning Meeting Instructed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
X Signature:		Date:	
Early Warning Meeting held:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Minutes of Meeting/Comments:			
X Signature:		Date:	